

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: sipfep	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ECHELON LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAUREL ROAD VOORHEES, NJ 08043
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00179534 and NJ00176892 CENSUS: 104 SAMPLE SIZE: 6 SURVEY DATE: 01/06/2025 through 01/10/2025</p> <p>The facility is not in substantial compliance with all the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on this Complaint Survey.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 235	<p>8:36-2.4(d) Licensure Procedures</p> <p>(d) Survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and resident records and conferences with residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure records were available for review at any time by a representative of the State Survey Agency for 1 (Resident #6) of 6 resident</p>	A 235		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: sipfep	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ECHELON LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAUREL ROAD VOORHEES, NJ 08043
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 235	<p>Continued From page 1 records reviewed.</p> <p>Findings included:</p> <p>An "Admission Record" revealed the facility admitted Resident #6 on [redacted] NJ ex order 26.4b1. According to the Admission Record the resident had a medical history that included diagnoses of [redacted] NJ ex order 26.4b1.</p> <p>Resident #6's "Personal Service Plan" dated [redacted] NJ ex order 26.4b1 revealed a focus area titled [redacted] NJ ex order 26.4b1. " The focus area revealed that the resident [redacted] NJ ex order 26.4b1 [redacted]</p> <p>A "New Jersey Universal Transfer Form," dated [redacted] NJ ex order 26.4b1 at 2:05 PM, revealed that Resident #6 [redacted] NJ ex order 26.4b1 [redacted]</p> <p>Resident #6's "Progress Notes," dated [redacted] NJ ex order 26.4b1 at 10:44 PM, revealed Resident #6 [redacted] NJ ex order 26.4b1 [redacted]. The notes revealed Resident #6 [redacted] NJ ex order 26.4b1 [redacted].</p> <p>An incident report for Resident #6's [redacted] NJ ex order 26.4b1 [redacted].</p> <p>During the survey, the Infection Preventionist (IP) and Registered Nurse (RN) #2 stated that the incident report for Resident #6's [redacted] NJ ex order 26.4b1 [redacted] could not be located, they were not sure what happened to the incident report.</p>	A 235		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: sipfep	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ECHELON LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAUREL ROAD VOORHEES, NJ 08043
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 565	<p>8:36-5.10(a)(3) General Requirements</p> <p>(a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following:</p> <p>3. Any suspected cases of resident abuse or exploitation which have been reported to the State Long-Term Care Ombudsman.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to report allegations of NJ Exec Order to the New Jersey State Department of Health and Senior Services for 4 of 5 incidents of NJ Exec Order 26.4b1 NJ Exec Order reviewed.</p> <p>Findings included:</p> <p>A facility policy titled, "Abuse, Neglect, & Exploitation Policy," revised 05/2021, revealed, "d. Report to Department of Health and Senior Services. The Executive Director or designee should immediately report (1) all cases of suspected abuse, neglect or exploitation that have been reported to the Office of the Ombudsman for the Institutionalized Elderly, (2) criminal or potentially criminal acts" and "(3) events involving physical plan and operational" "to</p>	A 565		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: sipfep	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ECHELON LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAUREL ROAD VOORHEES, NJ 08043
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 565	<p>Continued From page 3</p> <p>the Department of Health and Senior Services [State Agency], immediately, by telephone." The policy revealed "The Executive Director or designee should submit a written report within 72 hours afterwards."</p> <p>An "Incident Report" revealed an [redacted] NJ ex order 26.4b1, [redacted] NJ ex order 26.4b1 " incident occurred on [redacted] NJ ex order 26.4b1 involving Resident #2. The Incident Report revealed no evidence that the State Agency was notified of the incident.</p> <p>An "Incident Report" revealed an [redacted] NJ ex order 26.4b1 [redacted] incident occurred on [redacted] NJ ex order 26.4b1 at [redacted] involving Resident #2. The Incident Report revealed no evidence that the State Agency was notified of the incident.</p> <p>An "Incident Report" revealed an [redacted] NJ ex order 26.4b1 [redacted] " incident occurred on [redacted] NJ ex order 26.4b1 involving Resident #2. The Incident Report revealed no evidence that the State Agency was notified of the incident.</p> <p>An "Incident Report" revealed an [redacted] NJ ex order 26.4b1 [redacted] incident occurred on [redacted] NJ ex order 26.4b1 at [redacted] involving Resident #2. The Incident Report revealed no evidence that the State Agency was notified of the incident.</p> <p>During an interview on 01/08/2025 at 2:35 PM, the Infection Preventionist (IP) stated that if an</p>	A 565		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: sipfep	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE ECHELON LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAUREL ROAD VOORHEES, NJ 08043
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 565	<p>Continued From page 4</p> <p>NJ ex order 26.4b1 . The IP stated that NJ ex order 26.4b1 . The IP stated that the administrator would call corporate to determine when something was reportable.</p> <p>During an interview on 01/09/2025 at 1:51 PM, Health and Wellness Coordinator (HWC) #4 stated that if a NJ Exec Order 26.4b1 , it was reportable. HWC #4 stated that witnessed incidents were not reported. HWC #4 stated an unwitnessed incident would be reported so an investigation would be conducted.</p> <p>During an interview on 01/09/2025 at 11:39 AM, the Executive Director (ED) stated that she followed a form on what to report and she was the one who self-reported incidents.</p>	A 565		