

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>sipfep</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2025</b>
--	---	---	---

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

(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</p> <p>Complaint #: NJ 00188368</p> <p>Census: 122</p> <p>Sample Size: 3</p> <p>The facility is not in substantial compliance with all of 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. 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 935	<p>8:36-11.4(b) Administration of medications</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.</p>	A 935		

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

TITLE

(X6) DATE

09/03/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>sipfep</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2025</b>
--	---	---	---

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

(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 935	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188368</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that medications were administered to the resident as prescribed in accordance with the physician's orders for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 8/6/25 at 10:23 a.m., the surveyor interviewed Resident #3 and inquired if the resident had any concerns regarding his/her medications. The resident stated that he/she went about a week without receiving the medication, <b>NJ Ex Order 26.4B1</b> [REDACTED]</p> <p>Additionally, the surveyor reviewed Resident #3's MR which revealed that the resident was admitted to the facility in <b>NJ Ex Order 26.4(b)(1)</b> with a diagnoses of <b>NJ Ex Order 26.4(b)(1)</b> and a history of <b>NJ Ex Order 26.4(b)(1)</b> [REDACTED]).</p> <p>At 11:49 a.m., the surveyor reviewed the "Order Review Report" dated <b>NJ Ex Order 26.4B1</b>, provided by the Health and Wellness Director (HWD) which revealed that Resident #3 had an order for <b>NJ Ex Order 26.4B1</b> [REDACTED].</p> <p>Further, the surveyor reviewed Resident #3's Medication Administration Record (MAR) dated <b>NJ Ex Order 26.4B1</b>, which revealed that the medication <b>NJ Ex Order 26.4B1</b> was ordered to be administered daily at 5:00 p.m. Surveyor review of the resident's MAR revealed the following:</p>	A 935		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>sipfep</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2025</b>
--	---	---	---

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

(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 935	<p>Continued From page 2</p> <p>On <b>NJ Ex Order 26. 4B1</b>, the resident was not administered the <b>NJ Ex Order 26. 4B1</b> as ordered by the physician. The MAR was coded "N/A" which indicated that the medications was not available.</p> <p>On <b>NJ Ex Order 26. 4B1</b> and <b>NJ Ex Order 26. 4B1</b>, the MAR was coded, "N/A", which revealed in the resident's progress note that the resident the medication on <b>NJ Ex Order 26. 4B1</b>. There was no documentation for <b>NJ Ex Order 26. 4B1</b>.</p> <p>At 12:37 p.m., the surveyor interviewed the Health and Wellness Director (HWD) and inquired about Resident #3 not receiving his/her <b>NJ Ex Order 26. 4B1</b> as ordered by the physician from <b>NJ Ex Order 26. 4B1</b> through <b>NJ Ex Order 26. 4B1</b>. The HWD stated that there were issues with his/her previous physician with obtaining refills for the ordered <b>NJ Ex Order 26. 4B1</b> and Resident #3 changed physicians after <b>NJ Ex Order 26. 4B1</b>. The HWD confirmed that the medication was not available for Resident #3 from <b>NJ Ex Order 26. 4B1</b> through <b>NJ Ex Order 26. 4B1</b>.</p> <p>Resident #3 did not receive his/her <b>NJ Ex Order 26. 4B1</b> as ordered by the physician for a total of 11 days and 11 doses</p> <p>The surveyor reviewed the facility policy, titled, "Medication &amp; Treatment-Administration/Assistance-NJ-10 ..." dated 3/31/22 which indicated, "... Medication Assistance and or treatment should be provided in a safe and timely manner, and as prescribed by the resident's health care provider ..."</p>	A 935		
A1073	8:36-15.6(b) Resident Records	A1073		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>sipfep</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2025</b>
--	---	---	---

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

(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
--------------------	--	---------------	---	--------------------

A1073	<p>Continued From page 3</p> <p>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188368</p> <p>Based on interview and record review, it was determined that the facility failed to ensure the documentation of health care and service providers for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 8/6/25 at 11:49 a.m., the surveyor reviewed Resident #3's medical record (MR) which revealed that the resident was admitted to the facility in [redacted] with diagnoses of [redacted] and history of [redacted].</p> <p>The surveyor reviewed the Medication Administration Record (MAR) which revealed that the medication [redacted] was ordered to be administered daily at 5:00 p.m. The surveyor observed that on <i>NJ Ex Order 26. 4B1</i> [redacted], Resident #3 did not receive his/her [redacted] as ordered by</p>	A1073		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>sipfep</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2025</b>
--	---	---	---

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

(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
A1073	<p>Continued From page 4</p> <p>the physician for a total of 11 days and 11 doses.</p> <p>Additionally, the surveyor reviewed the resident's progress notes (PN) and did not observe documentation of communication to the physician and pharmacy regarding the resident's missed doses of <b>NJ Ex Order 26.4B1</b>.</p> <p>At 11:05 a.m., the surveyor reviewed the physician "Communication binder" provided by a Certified Medication Aide and did not observe notification to the physician regarding the resident's order for <b>NJ Ex Order 26.4B1</b>.</p> <p>At 9:38 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) and inquired about when medications were not available for a resident. The LPN stated that LPNs and Registered Nurses (RNs) were expected to contact the provider for a new prescription and contact the pharmacy to coordinate medication refills.</p> <p>At 10:37 a.m. and 12:37 p.m., the surveyor interviewed a RN and the HWD and inquired about the process for obtaining medication refills. The HWD stated that RNs were responsible to contact the physician and the pharmacy for refills. In addition, the HWD stated that the RNs should also document their communications with the physician and pharmacy in the resident's MR.</p> <p>During continued surveyor interview with the HWD the surveyor inquired about Resident #3's missed <b>NJ Ex Order 26.4B1</b> doses between <b>NJ Ex Order 26.4B1</b> through <b>NJ Ex Order 26.4B1</b>. The HWD stated that there were no changes to Resident #3's <b>NJ Ex Order 26.4B1</b> order and that the medication was out not available at the time of the missed doses. The HWD stated that he notified Resident #3's physician but could not recall if he documented the notification in the</p>	A1073		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>sipfep</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2025</b>
--	---	---	---

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

(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
A1073	<p>Continued From page 5</p> <p>resident's MR.</p> <p>At 12:20 p.m., the surveyor interviewed the Executive Director (ED) and inquired about the facility's coordination of services with the physicians and pharmacy. The ED stated that all communication with the physician and pharmacy should be documented in the MR. The ED added that communications with the physician and pharmacy should also be documented in 24-hour communication log, which all clinical staff had access to.</p> <p>The surveyor reviewed a facility policy titled, "Documentation Policy-Doc-1" dated 08/2024, which indicated, "... Documentation of ... physician/healthcare provider and responsible party notification ... may be documented in detail in the Resident Log/PointClickCare (PCC) Progress Notes ..."</p>	A1073		

POC#2 received 9/17/25  
Accepted 9/19/25



**BROOKDALE**  
SENIOR LIVING SOLUTIONS

**Brookdale Echelon Lake**  
207 Laurel Road  
Voorhees, NJ 08043

**Survey Date- August 6, 2025**

**A 935 8:36-11.4(b) Administration of Medications**

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

The Health and Wellness Director ran a PCC "Medication Administration Audit Report" and reviewed with Health and Wellness Coordinators, RN nurses and Executive Director on 9/3/2025. No other residents, except for resident # 3 who is a currently residing in the facility (Brookdale Echelon Lake) was identified to NJ Ex Order 26.4(b)(1) by this deficient practice.

- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?**

All residents have the potential to be affected by this deficient practice.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

On 9/3/2025 the Health and Wellness Director provided the RNs the in-service on: 7 DAY REVIEW: RN Attestation Statement Related to Medications and Delegation-NJ Directions: At least weekly, a Registered Nurse (RN) shall review and sign to attest that the RN has reviewed with the LPN/CMA all medication actions and untoward effects for each drug to be administered, contraindications and potential interactions, and eMAR review for accuracy / missed medications, and follow-up completed where indicated.

On 9/3/2025 the Health and Wellness Director in-serviced the LPNs and CMA associates on : Brookdale General Guidelines on administering or assisting the resident with medication management and treatments per physician/healthcare provider (HCP) order, delegating RN instructions, and as per state regulation.

On 9/3/2025 the Health and Wellness Director in-serviced the LPNs and CMAs on: Medication Administration Records (eMARs) change of shift audits should be completed for each shift or during the change of each shift. Any missed or not administered medications must be reported to the RN on duty or Health and Wellness Director.

**COMPLETION DATE: 09/5/2025**

*XZ approved 9/19/25*

- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**

The Health and Wellness Director or RN designee to monitor medication administration compliance report at least 1 x weekly and as needed. Executive Director to monitor PPC Medication Administration Audit Report 1x monthly for 3 months, and as needed thereafter.

## A1073 8:36-15.6(b) Resident Records

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

No other residents except for resident # 3 who is currently residing in the facility (Brookdale Echelon Lake) was identified to <sup>NJ Ex Order 26.4(b)(1)</sup> by this deficient practice.

On 9/3/2025 the Health and Wellness Director in-serviced the CMAs and LPNs on: Brookdale policies and guidance: PCC/ eMAR Documentation, Missed Medication, and Medication Administration General Guidance.

On 9/3/2025 the Health and Wellness Scheduled in-services on: Brookdale policies on CMAs, LPNs, RNs "Shift-to-shift written reports and verbal communication in providing for the continuity of resident care and services on a shift by shift daily basis (AL and Memory Care Residents).

- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?**

All residents have the potential to be affected by this deficient practice.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

Health and Wellness Director or RN designee to complete "7 DAY REVIEW RN Attestation Statement Related to Medications and Delegation-NJ Directions": At least weekly, a Registered Nurse (RN) shall review and sign to attest that the RN has reviewed with the LPN/CMA all medication actions and untoward effects for each drug to be administered, contraindications and potential interactions. 1 x weekly and as needed the RNs will complete an eMAR review for accuracy / missed medications, documentation, and follow-up completed when indicated.

On 9/3/2025 the Health and Wellness Director ran a PCC "Progress Notes and Medication Audit Report" and reviewed with Health and Wellness Coordinators, RN nurses, and Executive Director.

On 9/3/2025 the Health and Wellness Director in-serviced LPNs, CMAs, and RNs on the importance of communication and documentation of nursing care coordination with the 3<sup>rd</sup> party providers and PCPs on 1. Shift to Shift log, Progress Notes on PCC, and Provider/MD communication book.

- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**

Executive Director to monitor in-services and PPC Medication Administration Audit Report 1x monthly for 3 months, and as needed thereafter.

**COMPLETION DATE: 09/5/2025**

*K7 approved  
9/19/25*

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER sipfep <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/19/2025 <span style="float: right;">Y3</span>
NAME OF FACILITY BROOKDALE ECHELON LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAUREL ROAD VOORHEES, NJ 08043	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0935	Correction	ID Prefix A1073	Correction	ID Prefix _____	Correction
Reg. # 8:36-11.4(b)	Completed	Reg. # 8:36-15.6(b)	Completed	Reg. # _____	Completed
LSC _____	09/05/2025	LSC _____	09/05/2025	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/6/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		