STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A116	A. BUILDING: _____ B. WING _____	C 05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTIS SENIOR LIVING OF BRICK	466 JACK MARTIN BOULEVARD BRICK, NJ 08724

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00154452, NJ 00148940, NJ 00152127 CENSUS: 69 SAMPLE SIZE: 6 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.	A 000		
A 749	8:36-7.3(a) Resident Assessments and Care Plans (a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. This REQUIREMENT is not met as evidenced	A 749		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 749	Continued From page 1	A 749		

by:
Complaint # NJ00154452

Based on observation, interview, and record review it was determined that the facility failed to develop and ensure that a service plan was revised and implemented to include specific interventions to reduce the risk of [NJ Exec Order 26.4b1] for 1 of 6 residents, Resident #6.
This deficient practice was evidenced by the following:

On 5/4/22 at 10:15 a.m., the surveyor reviewed the closed medical record (MR) of Resident #6 which identified that the resident moved into the facility on [NJ Exec Order 26] with diagnoses which included [NJ Exec Order 26.4b1] The resident was discharged from the facility on [NJ Exec Order 26]. According to the "Nursing Assessment" dated [NJ Exec Order 26], the resident was [NJ Exec Order 26.4b1]

The surveyor reviewed Resident #6's "Nurse's Notes" (NNs) of of 4/6/22 at 8:00 a.m., written by the Licensed Practical Nurse (LPN) which identified, "...[NJ Exec Order 26.4b1] had to be redirected several times away from lobby door, PRN [as needed] [NJ Exec Order 26.4b1] was given for [NJ Exec Order 26.4] prn (as needed) [NJ Exec. Order 26:4.b.1]." Additionally, the LPN documented at 2:30 p.m., that a Care Partner (CP) saw the resident [NJ Exec Order 26.4b1] "..[NJ Exec Order 26.4b1] ...resident was [NJ Exec. Order 26:4.b.1] into the building and then 10 min (minutes) later resident went back [NJ Exec Order 26.4b1] Further review of the NNs written by the LPN on [NJ Exec Order 26] at 11:00 a.m. continued to identify, "Resident continuous

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A 749	Continued From page 2	A 749		

[continues] NJ Exec Order 26.4b1 frequent checks done."

The surveyor reviewed the NN written by the Registered Nurse (RN) on NJ Exec Order 26 at 11:30 a.m. which identified, "Received phone call at front desk that resident (Resident #6) NJ Exec Order 26.4b1 ...police.. NJ Exec. Order 26:4.b.1 to the community. Resident. NJ Exec Order 26.4b1 ...prior to event NJ Exec. Order 26:4.b.1 outside in front of gate..."

Upon further review of Resident #6's MR, the surveyor observed a document titled, "Service Plan" (SP) dated NJ Exec Orde, NJ Exec Order 26.4b1 , via coded doors and fences." with an intervention requiring that NJ Exec. Order 26:4.b.1

The surveyor identified during review of the SP that the facility provided interventions for Resident #6's NJ Exec Order 26.4b1 inside the facility. However, the surveyor identified that there were no interventions or monitoring developed for Resident #6 when going outside to the courtyard where the resident had NJ Exec Order 26.4b1

On 5/4/22 at 10:40 a.m., during tour of the facility, the surveyor interviewed the CP who explained to the surveyor that residents were free to wander around and go out to the courtyard unaccompanied by staff. Further, the CP informed the surveyor that staff checked on the residents every one to two hours.

On 5/4/22 at 11:00 a.m., during an interview, the

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A 749	Continued From page 3	A 749		

LPN informed the surveyor that there were no assigned staff to monitor residents. Also, Resident #6 constantly displayed [NJ Exec Order 26.4b1] and all staff provided ongoing monitoring of all residents. Additionally, the LPN informed the surveyor that the residents were free to wander around and about the facility and go out to the courtyard unaccompanied.

On 5/4/22 at 11:15 a.m., the surveyor toured the courtyard with the Director of Maintenance (DM) and observed that residents were going in and out of the exit door to the facility courtyard unaccompanied by staff. Additionally, the surveyor observed patio furniture and a tall fence surrounding the facility. The DM informed the surveyor that the fence was eight feet tall. The MD also stated that on [NJ Exec Order 2] the facility found [NJ Exec. Order 26:4.b.1] that led to the road at the front of the facility where Resident #6 [NJ Exec Order 26.4b1].

The surveyor observed during tour of the courtyard that the gate led to the highway outside of the community. Additionally, the surveyor observed that the highway was one lane in both directions with a speed limit of 45 miles per hour.

On 5/4/22 at 12:30 p.m., the Health and Wellness Director (HWD) explained to the surveyor that there were no individually assigned staff to check on Resident #6 [NJ Exec. Order 26:4.b.1] and that all staff were assigned to check on Resident #6. The surveyor asked the HWD if the facility kept a recorded log of Resident #6's [NJ Exec. Order 26:4.b.1]. The HWD informed the surveyor that the facility recorded Resident #6's checks and that she was the last to observe Resident #6 [NJ Exec. Order 26:4.b.1] prior to the [NJ Exec Order 26.4b1]. The surveyor then requested a copy of the [NJ Exec. Order 26:4.b.1]

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A 749	Continued From page 4 record. The HWD informed the surveyor that she did not have a record of Resident #6's [NJ Exec. Order 26:4.b.1] checks for [NJ Exec Order 26.4b1] and provided the surveyor with a document titled, "[NJ Exec. Order 26:4.b.1]" dated [NJ Exec Orde] through [NJ Exec Orde] that recorded [NJ Exec. Order 26:4.b.1] checks on Resident #6. The facility failed to develop and implement interventions which included monitoring Resident #6 when outside of the facility in the courtyard, in which the facility was aware of Resident #6's prior [NJ Exec Order 26.4b1]	A 749		

ARTIS
SENIOR LIVING
Brick
MEMORY CARE BY DESIGN

Deficiency #1, Tag # A 749

1. Resident #6 that was involved in NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 was sent to OMC for evaluation of NJ Exec Order 26.4b1 immediately after event. NJ Exec. Order 26:4.b.1 occurred as a result of the event. Resident #6 remained under the care of the hospital until NJ Exec Order 26.4b1 and returned to facility with private duty NJ Exec aide in place provided by the guardian until resident moved out on NJ Exec Order 26.4b1. No additional events occurred during Resident #6's remaining duration of stay.
2. Facility will continue on-going assessment for Elopement Risk among residents. Any new or increasing elopement risk behaviors will be assessed via the Elopement Risk Assessment by Director of Health and Wellness. Elopement risk behaviors include but are not limited to attempting to exit through secured doors, attempting to move furniture in order to climb over gate, attempting to obtain the coded door security number, or attempts to walk out behind anyone who is allowed to exit through coded doors.
3. The following measures were put into place upon determination of increased Elopement Risk Assessment
    - 15 minute resident checks will be put into place (please see attached 15 minute check worksheet). Notation of resident location within the facility is to be noted on the 15 minute worksheet, inclusive of out the outside areas and signed off every shift by Director of Health and Wellness, Executive Director, or designee.
    - Medical Evaluation to be done by practitioner, including review of medications to ensure underlying medical condition can be ruled out and appropriate medication regiment for reduction of anxiety in in place, with ongoing assessment and follow up by nurses.
    - If above measures are proven ineffective after 48 hours, POA will be notified that they will have 24 hours to secure 1:1 private duty aide for resident. During the 24 hours wait period, the facility will provide the 1:1. This 1:1 will ensure resident is within the sight of the designated aide within the entire facility.

4. All measures above that will be implemented will be discussed at morning Stand-Up Management team meetings throughout the week, as well as notated by Manager on Duty on the weekends or holidays, to ensure that necessary measures are being addressed. Additionally, all residents that meet the needs of measures put in place will be discussed in detail at monthly management meetings to evaluate effectiveness of measures put in place. If measures are not effective, Executive Director and Director of Health and Wellness will meet with POA to discuss alternative options for resident, as well as appropriateness for facility. Completion Date May 18, 2022

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
15A116 Y1	A. Building B. Wing Y2	5/26/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTIS SENIOR LIVING OF BRICK	466 JACK MARTIN BOULEVARD BRICK, NJ 08724

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 A0749 Reg. # 8:36-7.3(a) LSC	Correction Completed 05/18/2022	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 5/4/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?			☐ **YES** ☐ **NO**