STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
			D MINIC						
		7EKKEK		B. WING		06/0	09/2023		
NAME OF PF	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE				
BRANDYV	VINE LIVING AT REFLEC	CTIONS AT COLTS N	3 MERIDIAN	N CIRCLE CK, NJ 07722					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
A 000	Initial Comments			A 000					
	Initial Comments: TYPE OF SURVEY: COMPLAINT #: NJ0	•							
	CENSUS: 50								
	SAMPLE SIZE: 7								
	The facility is not in substantial compliance with N.J.A.C. Title 8 Chapter 36- Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs for this Complaint Investigation: C#NJ00164281 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 310	1. Ensuring the o	or designee shall be ot limited to, the followir	ies	A 310					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED				
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	ROVIDER OR SUPPLIER VINE LIVING AT REFLEC	TIONS AT COLTS N	DDRESS, CITY, STATE IAN CIRCLE IECK, NJ 07722	, ZIP CODE				
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A 310	Continued From page	÷ 1	A 310					
	by: Complaint #: 0016428 Based on interview and determined the facility implement and enforce procedure titled "Sign deficient practice is expressed to the weights of resider sampled residents, Res	and record review, it was y's Administrator failed to be the facility's policy and ifficant weight change". The vidence by the following: document used to document has revealed that 2 of the 7 resident #1 and Resident #7 so in one month or 10% and Resident #1's medical did that Resident #1 had a with diagnoses which eview of Resident #1's his, we was was a was a was a was a was a total of wex lbs. in a total of wex lbs. in a total of wex lbs. Wex over corder 264b1 lbs. in a 5% wexterned to Nexterned to contain Dietician was consulted						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
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NAME OF T	NOVIDER OR GOLFELER		3 MERIDIA		TE, ZII OODE		
BRANDY	VINE LIVING AT REFLEC	CTIONS AT COLTS N		CK, NJ 07722			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
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A 310	Continued From page	e 2		A 310			
	weight was lex on lbs. lbs. in NJ EX Order. 26 lbs. in NJ EX Order. 26 lbs. in NJ EX Order. 26 lbs. in NJ EX Order lbs. in NJ EX Order lbs. in NJ EX Order. 26 lbs. lost ov of NJ EX Order. 26 lbs. lbs. lost ov of NJ EX Order. 26 lbs. lbs. lost ov of NJ EX Order. 26 lbs. lbs. lost ov of NJ EX Order. 26 lbs. lbs. lost ov of NJ EX Order. 26 lbs. lbs. lbs. lost ov of NJ EX Order. 26 lbs. lbs. lost ov of NJ EX Order. 26 lbs. lbs. lost ov of NJ EX Order. 26 lbs. lbs. lost ov of NJ EX Order. 26 lbs. lbs. lost ov of NJ EX Order. 26 lbs. lbs. lost ov of NJ EX Order. 26 lbs. lbs. lbs. lbs. lbs. lbs. lbs. lbs.	in NJ EX Order. 264 1451 lbs. in NJ EX Order. 264 1451 lbs. in NJ EX Order. 264 1451 lbs. in NJ EX Order. 264 1551 lbs. in NJ	r 10% tions"				
	The facility policy titled "Significant weight change" included but not limited to: Policy: Residents are weighed monthly as a measurement of nutritional status as part of the monthly wellness check. When there is a significant weight change that is unplanned, unscheduled and/or unwanted, the Center nursing staff will respond appropriately. A significant weight change will be defined as 5% in one month or 10% over months. Procedure:						
	initial steps. a. Residents with side reweighed under the nurse within five days bearing and to obtain a potential cause. c. Nurse will contact member for input. d. Nurse will scheduvisit and assess.	ificant weight changes ignificant weight change he supervision of a lice of a tending physician to additional information a ct responsible party/famule consulting dietician Dietician will be notified	es will ensed o s to nily to				
	residents with signific wellness director. - The Consulting	ant weight change by t g Dietician will visit the od preferences, offer sn	he				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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A 310	Continued From page	3	A 310				
	documentation; - may make writ Wellness Director for physician All visits and o documented on Resid resident's chart. 3. Licensed nurse v physician of the signif dietician recommenda 4. If it is determined medically unavoidable physician, dietician, n note containing suppo be written. 5. Resident and/or member will be conta discuss significant we has been recommend physician and/or dieti 6. A significant char	dent service notes in the vill notify the attending ficant weight change and ations, if available; If that the weight loss/gain is the based on discussion from turse, family and resident, a cortive documentation should responsible party/family cted by licensed nurse to the bight change and what plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the attending cian the party of the plant ded by the plant ded by the attending cian the party of the plant ded by th					
A 887	8:36-10.4(a)(1) Dining	g Services	A 887				
	 (a) If indicated, according to residents' needs, a dietitian shall be responsible for providing resident care, including, but not limited to, the following: 1. Assessing the nutritional needs of the resident. If indicated, preparing the dietary portion of the health care plan on the basis of the assessment, providing dietary services to the resident as specified in the dietary portion of the health plan, reassessing the resident, 						

` ,		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		7EKKEK		B. WING		06	C 5/ 09/2023	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
BRANDY	WINE LIVING AT REFLEC	TIONS AT COLTS N	3 MERIDIAI	N CIRCLE				
DIG. NO.	THE EIGHT AT REFEE	- TONO AT GOLIO N	COLTS NE	CK, NJ 07722				
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A 887	Continued From page	e 4		A 887				
	activities shall be	ry alth care plan. Each of t ne resident's record;	these					
	This REQUIREMENT by: Complaint #: NJ0016	is not met as evidence	ed					
	Based on interview and record review it was determined that the facility failed to ensure that a Registered Dietician (RD) conducted nutritional assessments and assessed dietary needs for residents that had a NULL ORDER 2000 for 2 of the 7 sampled residents, Resident #1, and Resident #7. This deficient practice was evidenced by the following:							
	record which revealed move in date of included revealed that pounds (lbs.) in NJ EX Order. 264b1 lb. NJ EX Order.	COrder. 264b1 lbs. in NJ EX Order. 264b1 lbs. in NJ EX Order. 264b1 la total of NJ EX Order. 264b1 lbs. lost of Order. 264b1 lto NJ EX Order. 264b1 in of ations" failed to contain Dietician was consulted 1's NJ EX Order. 264b1.	a hich lbs. lbs. in ver					
	record which revealed move in date of NIEXORD included NJ EX Ord	d Resident #7's medical that Resident #7 had with diagnoses what with diagnoses what revealed that his/her	a hich					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED								
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED							
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NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
BRANDY	WINE LIVING AT REFLEC	CTIONS AT COLTS N 3 MERIDIA	N CIRCLE									
		COLTS NE	CK, NJ 07722									
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE								
A 887	Continued From page	e 5	A 887									
	weight was lbs. lbs. in NJ EX Order. 26 lbs. in NJ EX Order. 26 lbs. in NJ EX Order. 26 lbs. in NJ EX Order. lbs. in NJ EX Order. lbs. lost ov of NJ EX Order. 20401 over failed to contain docuwas consulted regard.	s. in NJ EX Order. 264b1, JEX										
	On 6/9/2023 at 2:43 p.m., the surveyor conducted an interview with the Director of Nursing (DON) and Executive Director (ED). The DON stated that the Licensed Practical Nurse (LPN) took the resident's weight within the first five days of the month, then weights were reviewed by the DON. The DON reported that there was not documentation that she reviews the weights.											
		ole to provide dietary/ ation that the Registered ny of the residents in the										
	dietician shall be respresident care, including following: 1. Assessing the nutril findicated, preparing health care plan on the providing dietary services specified in the dietal Each of these activities the resident's record.	revealed that: e Dietician: g to the resident's need, a ponsible for providing ng, but not limited to, the itional needs of the resident. g the dietary portion of the he basis of the assessment, vices to the resident as ry portion of the health plan. es shall be documented in										

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		7EKKEK		B. WING		06/0	9/2023
NAME OF PI	ROVIDER OR SUPPLIER			ESS, CITY, STAT	TE, ZIP CODE		
BRANDYV	VINE LIVING AT REFLEC	TIONS AT COLTS N	MERIDIAN OLTS NECK	CIRCLE K, NJ 07722			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULING CROSS-REFERENCED TO THE APPROFICIENCY)	(X5) COMPLETE DATE	
A 887	revealed that: "Responsibilities of th 5. Counsels the paregard to the patient's 7. Makes appropriate nutritional care" The dietician failed to Resident #1 and Resident charted notes we	n's contract titled e Consultant Services" e Consultant atient, staff and family with a nutritional needs d referrals for continuing revise care plans for ident #7 and failed to ensure informative and vices provided and the	n	A 887	DEFICIENCY)		

New Jersey Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ___ С B. WING **7EKKEK** 06/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3 MERIDIAN CIRCLE** BRANDYWINE LIVING AT REFLECTIONS AT COLTS N COLTS NECK, NJ 07722 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 000 Initial Comments A 000 **Initial Comments:** TYPE OF SURVEY: Complaint COMPLAINT #: NJ00164281 CENSUS: 50 SAMPLE SIZE: 7 The facility is not in substantial compliance with N.J.A.C. Title 8 Chapter 36- Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs for this Complaint Investigation: C#NJ00164281 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 310 A 310 8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies including resident rights; and procedures,

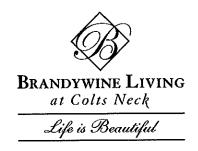
LABORATORY DIRECTOR'S OF PROVIDER/SUPPLER REPRESENTATIVE'S SIGNATURE

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8:36-10.4 (a)(1)Dining Services

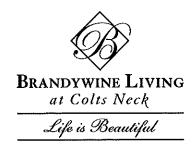
(a) If indicated, according to residents' needs, a dietician shall be responsible for providing resident care, including, but not limited to, the following:

1. Assessing the nutritional needs of the resident. If indicated, preparing the dietary portion of health care plan on the basis of the assessment, providing dietarty services to the resident as specified in the dietary portion of the health plan, reassessing the resident and revising the dietarty portion of the health care plan. Each of these activities shall be documented in the residents record;

Plan of Correction:

- 1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice: The resident (#1) will be seen and assessed by the Dietician. The resident (#7) will be assessed by the Dietician.
- 2. 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.
- 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur; RN and Administrator will look at weights monthly and send change form monthly to the dietician. The Dietician will make recommendations and communicate to the RN.
- 4. How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur; i.e. What program will be put into place to monitor the continued effectiveness of changes: Corporate conducts yearly QI and unannounced times to monitor policy and procedure adherence. The RN and Administrator will sign the change forms when emailing Dietician monthly. Administrator and RN will review the policy and procedure.

The facility will be in compliance by 6/26/23.



The following plan of Correction correlates to the Statement of Deficiencies resulting from the New Jersey Department of Health Compliance Survey completed at this facility on 6/09/2023.

A310

8:36-3.4 (a)(1)Administration

(a) The administrator or designee shall be responsible for, but not limited to, the following:1 Ensuring the development, implementation and enforcement of all policies and procedures, including residents rights;

Plan of Correction:

1.How the corrective action will be accomplished for those residents found to have been affected by the deficient practice: The Dietician has been called for a consult on Resident (#1). Resident (#1) has been offered Oxford 264bii 3xdaily and has been placed on weekly weights x4. The Resident (#7) has been placed on Care and the Dietician was also called for a consult.

2. 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.

3. What measures will be put into place or systemic changes made to ensure deficient practice will not occur: The Administrator will read nursing notes and communication logs daily to ensure proper procedure and policies are being adhered to. All nurses will be in-serviced on the importance of obtaining accurate monthly weights and reporting to the RN. A form has been designed to notify RN of NUEX Order. 26461. RN will email the dietician monthly with all

4. How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur :i.e. What program will be put into place to monitor the continued effectiveness of changes: Corporate conducts yearly and unannounced QI to monitor policy and procedure adherence. The Administrator will sign weight changes form monthly after the are emailed to the dietician.

The facility will be in compliance by 6/26/23.

				ST	ATE FORM: REV	VISIT REPORT					
	R / SUPPLIER / C CATION NUMBER	LIA /	MULTIPLE CONS A. Building B. Wing	STRUCTION				Y2	DATE OF 7/3/2023	REVISIT Y3	
	FACILITY WINE LIVING A		CTIONS AT COL	TS NECK		STREET ADDRESS, CITY, STATE, ZIP CODE 3 MERIDIAN CIRCLE COLTS NECK, NJ 07722					
corrective	e action was acc	omplishe	d. Each deficien	cy should be	e fully identified usin	reported that have beeing either the regulation es shown to the left of e	or LSC provision nu	mber and t	ne		
ITEI	VI		DATE	ITEM		DATE	ITEM		DATE		
Y4			Y5	Y4		Y5	Y4			Y5	
ID Prefix	A0310		Correction	ID Prefix	A0887	Correction	ID Prefix			Correction	
Reg.#	8:36-3.4(a)(1)		Completed	Reg.#	8:36-10.4(a)(1)	Completed	Reg. #			Completed	
LSC			06/26/2023	LSC		06/26/2023	LSC			Completed	
ID Prefix			Correction	ID Prefix	_	Correction	ID Prefix			Correction	
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FOLLOWUP TO SURVEY COMPLETED ON 6/9/2023					RRECTED DEFICIENCIES ENCIES (CMS-2567) SEN)F	YES	□ NO		

Page 1 of 1 EVENT ID:

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