STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 000	INITIAL COMMENTS A Recertification and Complaint Survey was conducted by Healthcare Management Solutions on behalf of the New Jersey Department of Health. Complaint #: NJ153393, NJ153491, NJ155983, NJ156842, NJ156879, NJ157907, NJ1602145, NJ160748, NJ162328, and NJ163468. Survey Dates: 03/04/24-03/07/24 Survey Census: 112 Sample Size: 27 Supplemental Residents: 0 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as	F 656		4/29/24

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

Electronically Signed | 03/27/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 656	Continued From page 1 required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure that one of eight residents (Resident (R) 38) reviewed for side rails from a sample of 27 residents, had a comprehensive, resident-centered care plan. Findings include:	F 656	1. Resident 38's care plan was updated to include the use of [NJ Ex Order: 26481] when resident is in bed for [NJ Ex Order: 26481] 2. Residents using [NJ Ex Order: 26481] have the potential to be affected by the alleged deficient practice.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 656	Continued From page 2 Review of the facility provided "Face Sheet" revealed that R38 was re-admitted to the facility on [redacted] with a diagnosis including [redacted]. Observation of R38's room on [redacted] between 6:45 PM-7:15 PM, revealed that R38 was in bed with the [redacted], in the up position. Review of the facility provided "Order Summary Record" dated [redacted] revealed, "[redacted] when in bed as enabler, [redacted], and for [redacted], every shift" with a start date of [redacted]. Review of the facility provided "Quarterly/Annual/Significant Change Nursing Evaluation Packet [redacted]," dated [redacted], revealed, "R38 is non-ambulatory, has difficulty in [redacted], and [redacted]. R38 uses the [redacted] for positioning." Review of the facility provided R38's "Care Plan" dated [redacted] revealed no concern of R38 having difficulty in [redacted] and [redacted] and the intervention that R38 used [redacted] for [redacted]. Interview with the Social Services Director (SSD) on 03/07/24 at 11:34 AM, the SSD indicated that each department does their own care plan. Interview with the Director of Nursing (DON) on 03/07/24 at 1:30 PM, the DON confirmed that R38 did not have a comprehensive, resident-centered care plan for the use of side rails on the bed when resident was in the bed for	F 656	Care plans for residents who have order for [redacted] were reviewed and updated as needed. No other residents were identified as affected. 3. ADON initiated a re-education to all licensed nurses that residents who have an order for side rails must have a comprehensive, resident centered care plan for the use of [redacted] when in bed. These education will be provided to newly-hired licensed nurses and to all licensed nurses and annually and as needed. 4. Director of Nursing/Designee will conduct audits on 3 residents with order of side rails weekly for 4 weeks and then 3 residents monthly for 3 months to ensure that there is a comprehensive, resident centered care plan for the use of [redacted] when in bed. Results of the audits will be reported to the QA committee monthly. The QAPI Committee will make recommendations based upon the results of the audits. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 656	Continued From page 3 positioning. NJAC 8:39-11.2(e)-(i) NJAC 8:39-27.1(a)	F 656		
F 657 SS=E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and review	F 657	1. The Comprehensive care plans for	4/29/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 657	Continued From page 4 of the facility policy, the facility failed to ensure eight of 27 sampled residents (Resident (R)78, R111, R38, R14, R23, R45, R47, R112) did not have the required participation of all interdisciplinary team members. Findings include: Review of the facility's policy titled, Comprehensive Care Plans," revised 02/01/22, revealed that the comprehensive care plan would be prepared by an interdisciplinary team, that includes, but is not limited to the attending physician or non-physician practitioner designee involved in the resident's care, a registered nurse with responsibility for the resident, a nurse aide with responsibility for the resident, a member of the food and nutrition services staff, the resident and/or the resident's representative (RR), other appropriate staff or professionals in disciplines as determined by the resident's needs in activities, social services, and therapy staff. 1. Review of R78's electronic medical record (EMR) "Profile" tab, indicated R78 was admitted to the facility on [redacted] R78's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] revealed R78's "Brief Interview of Mental Status (BIMS)" score [redacted] that indicated resident was [redacted]. Review of R78's EMR, "Care plan" tab, "Interdisciplinary Team (IDT) meeting notes' dated [redacted] and dated [redacted] revealed no documentation of which staff participated and attended R78's care plan meeting. During an interview on 03/04/24 at 11:10 AM, R78	F 657	Residents #78, #111, #38, #14, #23, #45, #47, and #112 were reviewed and revised immediately with the required participation of all Interdisciplinary team (IDT) members. 2. All residents have the potential to be affected by the alleged deficient practice. 3. ADON initiated a re-education to all IDT members that comprehensive care plans must be reviewed and revised by the IDT members after each assessment, including both the comprehensive and quarterly review assessments. 4. Director of Nursing/Designee will conduct audits on 3 residents weekly for 4 weeks and then 3 residents monthly for 3 months to ensure that comprehensive care plans were reviewed and revised by the IDT members after each assessment, including both the comprehensive and quarterly review assessments. Results of the audits will be reported to the QA committee monthly. The QAPI Committee will make recommendations based upon the results of the audits. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 657	Continued From page 5 stated that he had not been notified of any care plan meetings and that he had not attended a care plan meeting. 2. Review of R111's EMR "Profile" tab, indicates R111 was admitted to the facility on [redacted]. Review of R111's admission "MDS" with ARD date of [redacted], revealed R111's "BIMS" score [redacted] that indicated resident was [redacted]. Review of R111's EMR, "Care plan" tab, revealed the "IDT meeting notes" dated [redacted], documented nursing staff and the resident had not attended the IDT meeting. During an interview on 03/04/24 at 11:51 AM, R111 stated that he had not been notified of any care plan meetings and that he had not attended a care plan meeting. 3. Review of the facility provided "Face Sheet" revealed that R38 was re-admitted to the facility on [redacted] with a diagnosis including NJ EX Order. 264b1 [redacted]. Review of the facility provided "IDT Meeting Notes," dated [redacted] revealed that there was no evidence of a Certified Nursing Assistant (CNA), nurse, and/or physician/designee participating or attending the care plan meeting. Review of facility provided "IDT Meeting Notes," dated [redacted] revealed that there was no evidence of a CNA, nurse, and/or physician/designee attending the care plan meeting.	F 657		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 657	Continued From page 6 Review of facility provided "IDT Meeting Notes," dated [redacted] revealed that there was no evidence of a CNA, physician/designee, activity director (AT), and/or therapy attending the care plan meeting. Review of facility provided "IDT Meeting Notes," dated [redacted] revealed that there was no evidence of a CNA, activity department, nurse, and/or physician/designee attending the care plan meeting. Review of the facility provided "Progress Notes" dated [redacted] through [redacted] revealed no evidence of the unit manager getting CNA input for care plan meetings. 4. Review of R14's "Admission Record" located in the EMR under the "Profile" tab indicated admission date on [redacted] with diagnoses of [redacted]. Review of R14's quarterly "MDS" located in the EMR under the "MDS" tab with an ARD of [redacted] included a "BIMS" score of [redacted] which indicated R14 was cognitively intact. Review of R14's "IDT Meeting Notes" dated [redacted], and [redacted] located in the EMR under the "Assessments" tab revealed R14's IDT meetings had no documentation as to which staff, resident or RR attended the care plan meeting. 5. Review of R23's "Admission Record" located in the EMR under the "Profile" tab indicated admission date of [redacted] with diagnoses of [redacted] and [redacted] following unspecified	F 657		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 657	Continued From page 7	F 657		

NJ EX Order. 264b1 .

Review of R23's quarterly "MDS" located in the EMR under the "MDS" tab with an ARD of NJ EX Order. 264b1 included a "BIMS" score of NJ EX Order. 264b1 which indicated R23 was NJ EX Order. 264b1

Review of R23's "IDT Meeting Notes" located in the EMR under the "Assessments" tab revealed the IDT meeting dated NJ EX Order. 264b1 failed to include the nursing department. The IDT meeting notes for NJ EX Order. 264b1 and NJ EX Order. 264b1 were blank in that the document did not indicate which staff, resident or RR attended the meeting and the meeting dated NJ EX Order. 264b1 only included notation from the nursing department without proof of dietary, social services, or activities being included in the care plan meeting.

6. Review of R45's "Admission Record" located in the EMR under the "Profile" tab indicated admission date of NJ EX Order. 264b1 with a primary NJ EX Order. 264b1.

Review of R45's significant change in status "MDS" located in the EMR under the "MDS" tab with an ARD of NJ EX Order. 264b1 included a BIMS score of 99 which indicated R45 had NJ EX Order. 264b1 NJ EX Order. 264b1

Review of R45's "IDT Meeting Notes" located in the EMR under the "Assessments" tab revealed the IDT meeting notes dated NJ EX Order. 264b1 were blank in that the document did not indicate which staff, resident or RR attended the meeting. There was no documentation indicating a meeting was held in NJ EX Order. 264b1, and NJ EX Order. 264b1 document did not indicate which staff, resident or RR attended the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 657	Continued From page 8	F 657		

meeting was blank as well. The IDT meeting notes for NJ EX Order. 264b1 failed to include the nursing department.

7. Review of R47's "Admission Record" located in the EMR under the "Profile" tab indicated admission date of NJ EX Order. 264b1 with diagnosis of NJ EX Order. 264b1

Review of R47's quarterly "MDS" located in the EMR under the "MDS" tab with an ARD of NJ EX Order. 264b1 included a "BIMS" score of NJ EX Order. 264b1 indicating NJ EX O was NJ EX Order. 264b1.

Review of R47's "IDT Meeting Notes" located in the EMR under the "Assessments" tab revealed the "IDT meeting notes" dated NJ EX Order. 264b1 NJ EX Order. 264b1, and NJ EX Order. 264b1 failed to include notation from dietary, social services, or activities of their attendance at the care plan meeting.

8. Review of R112's "Admission Record" located in the EMR under the "Profile" tab indicated admission date of NJ EX Order. 264b1 with diagnosis of NJ EX Order. 264b1

Review of R112's admission "MDS" located in the EMR under the "MDS" tab with an ARD of NJ EX Order. 264b1 included a "BIMS" score of NJ EX Order. 264b1 which indicated R112 was not able to participate in the interview.

Review of R112's "IDT Meeting Notes" located in the EMR under the "Assessments" tab revealed the IDT meeting note dated NJ EX Order. 264b1 failed to include the nursing department participation in the care plan meeting.

During an interview on 03/07/24 at 3:16 PM with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 657	Continued From page 9	F 657		

the Director of Nursing (DON) confirmed that R14, R78, R111 and R38's "IDT meetings" did not indicate which staff, resident or RR attended the meeting.

R23's "IDT meeting" dated NJ EX Order 264b1 failed to include the nursing department. The "IDT meeting notes" for NJ EX Order. 264b1 and NJ EX Order. 264b1 were blank, and the meeting dated NJ EX Order. 264b1 only included notation from the nursing department without proof of dietary, social services, or activities being included in the care conference meeting.

R45's "IDT meeting notes" dated NJ EX Order. 264b1 and NJ EX Order. 264b1 were blank, IDT meeting notes for NJ EX Order. 264b1 failed to include the nursing department, and no IDT notes for NJ EX Order. 264b1 were located.

R47's "IDT meeting notes" dated NJ EX Order. 264b1, NJ EX Order. 264b1, and NJ EX Order. 264b1 failed to include notation from dietary, social services, or activities.

R112's "IDT meeting note" dated NJ EX Order. 264b1 failed to include the nursing department.

Interview with CNA1 on 03/06/24 at 10:15 AM, CNA1 indicated that CNAs went to care plan meetings at one time; however, it has been a while and confirmed that currently, CNAs do not attend care plan meetings.

Interview on 03/06/24 at 2:03 PM, Registered Nurse (RN) 2 indicated the key players in care plan meetings are unit manager, dietician, therapy, social services, family, and resident. If the resident and/or family want to speak with the physician, then the physician will be contacted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 657	Continued From page 10 during the meeting. Interview on 03/07/24 at 11:34 AM, the Social Services Director (SSD) stated that the resident, resident representative (RR), therapy, dietary, recreational attend when able and that the unit manager come and CNA can come if they want to, and others as needed such as hospice attend the care plan meetings. During an interview on 03/07/24 at 3:16 PM, the DON stated that her expectation was for anyone attending the meeting to sign an attendance sheet that was kept by the Social Services Director and that all IDT meeting notes would be located in the EMR under the "Assessments" tab titled, "IDT Meeting Note."	F 657		
F 684 SS=D	NJAC 8:39-11.2(e)(f)(h) Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observations, record review, interview and facility policy review, the facility failed to follow physician orders for one of 11 residents (Resident (R)74) reviewed for physician orders. Specifically, the facility failed to apply R74's	F 684	1. Resident 74's NJ EX Order. 264b1 to NJ EX Order. 264b1 was applied as ordered. LPN 7 was given a 1:1 re-education on ensuring that residents receive the treatment and care as ordered by the	4/29/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 684	Continued From page 11 NJ EX Order. 264b1 to NJ EX Order. 264b1 per the physician orders. Findings include: Review of the facility's policy provided by the facility titled, "Physician Orders" revised NJ EX Order. 264b1 indicated "It is the policy of this facility to secure physician orders for care and services for residents as required by ...federal law. Physician orders will be dated and signed according to ...federal guidelines ..." Review of R74's "Admission Record" located in the Electronic Medical Record (EMR) under the "Profile" tab indicated admission date of NJ EX Order. 264b1 with a primary diagnoses of hemiplegia and hemiparesis following a NJ EX Order. 264b1 incident affecting the NJ EX Order. 264b1 side. Review of R74's quarterly "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an "Assessment Reference Date (ARD)" of NJ EX Order. 264b1 included a "Brief Interview for Mental Status (BIMS)" score of NJ EX Order. 264b1 which indicated resident was NJ EX Order. 264b1 Review of R74's "Clinical Physician Orders" located in the EMR under the "Orders" tab included an order dated NJ EX Order. 264b1 for NJ EX Order. 264b1 to be applied to the NJ EX Order. 2 daily (9:00 AM) and removed at night. During an observation and interview on 03/04/24 at 12:06 PM; on 03/05/24 at 2:46 PM; on 03/06/24 at 2:33 PM; on 03/07/24 at 8:42 AM, R74 was lying in bed and stated that NJ EX O was not aware that NJ EX Order. 264b1 were to be applied.	F 684	physician. 2. All residents in the facility have the potential to be affected by this deficient practice. 3. ADON initiated a re-education to all licensed nurses on following physician orders to ensure that residents receive treatment and care as ordered. These education will be provided to newly-hired licensed nurses and to all licensed nurses and annually and as needed. 4. Director of Nursing/Designee will conduct audits on 3 residents weekly for 4 weeks and then 3 residents monthly for 3 months to ensure physician orders are being followed. Results of the audits will be reported to the QA committee monthly. The QAPI Committee will make recommendations based upon the results of the audits. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 684	Continued From page 12 During an observation and interview on 03/07/24 at 11:34 AM, R74 was lying in bed and stated that [redacted] was experiencing NJ EX Order. 264b1 e[redacted]. R74 pointed to the [redacted] of [redacted] t. [redacted] was not aware that [redacted] had a current physician's order for NJ EX Order. 264b1 and stated that no one had put them on [redacted] quite some time. During an interview on 03/06/24 at 4:01 PM, Certified Nursing Assistant (CNA2) stated to her knowledge R74 did not wear NJ EX Order. 264b1. CNA2 stated she had never applied hose to R74's NJ EX Order. 264b1 and had never seen any in [redacted] room. During an interview on 03/07/24 at 12:00 PM, Licensed Practical Nurse (LPN7) verified R74 had orders for NJ EX Order. 264b1 and that she had signed off in the EMR that they had been applied, but she had not put them on R74's [redacted]. When LPN7 was asked why the task had been signed off she stated that she thought the nurse aide was going to put them on but did not verify. During an interview on 03/07/24 at 12:00 PM, CNA4 stated she was not sure if NJ EX Order. 264b1 [redacted] were part of R74's daily tasks but that she had not put any [redacted] on [redacted] in the past. During an interview on 03/07/24 at 7:06 PM, the Director of Nursing (DON) was made aware of R74 not wearing NJ EX Order. 264b1 and that there was no documentation to indicate if the [redacted] had been offered or refused. The DON confirmed that R74 had orders in place for NJ EX Order. 264b1 since [redacted] NJAC 8:39-27.1	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observations, record review, interview, and facility policy review, the facility failed to follow physician orders for one of 11 residents (Resident (R)74) reviewed for following physician orders. Specifically, the facility failed to apply R74's left upper extremity splints or provide restorative nursing NJ EX Order. 264b1 er. 264b1 or NJ EX Order. 264b1 (NJ EX Order. 264b1 and Active NJ EX Order. 264b1 and NJ EX Order. 264b1 per the physician orders. Findings include: Review of the facility's policy titled "Functional Maintenance/Restorative Nursing Program"	F 688	1. Resident 74's NJ EX Order. 264b1 were applied as ordered. Active Range of Motion (AROM) to resident's NJ EX Order. 264b1 and NJ EX Order. 264b1 to resident's and left lower extremities were performed as ordered by the Physician. LPN 7 was given a 1:1 re-education on ensuring that orders for restorative nursing are being done by confirming with the nurses' aide and that they are being done on a consistent basis. 2. Residents with restorative nursing orders have the potential to be affected by	4/29/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 688	Continued From page 14 revised 08/2023 indicated, " ...4. The primary caregiver/designated CNA [certified nursing assistant] will be informed by written documentation as a form filled by therapy dept [department] or restorative nurse indicating that the resident has been placed on the Restorative Nursing or Functional Maintenance program. 5. The Unit Manager/ Nurse will record this change in care needs in PCC [electronic medical record] under the tasks and the CNA assigned to care for the resident will be responsible for carry [sic] out the instructions and to implement the plan ..." Review of R74's "Admission Record" located in the Electronic Medical Record (EMR) under the "Profile" tab indicated admission date of [redacted] with a primary diagnoses of [redacted] r incident [redacted]. Review of R74's quarterly "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an "Assessment Reference Date (ARD)" of [redacted] included a "Brief Interview for Mental Status (BIMS)" score of [redacted] which indicated resident was [redacted]. Additionally, the MDS indicated that no [redacted] had been provided, one day of [redacted] had been provided, and no [redacted] assistance had been provided. Review of R74's "Care Plan" located in the EMR under the "Care Plan" tab, updated [redacted] indicated R74 had the potential for alteration in functional mobility and Activities of Daily Living (ADLs) performance related to [redacted]. Interventions included [redacted] on [redacted] and [redacted] repetitions times [redacted] sets each or as tolerated, [redacted] or [redacted] and [redacted]	F 688	this deficient practice. 3. ADON initiated a re-education to all licensed nurses and CNA's on following orders for restorative nursing on a consistent basis. These education will be provided to newly-hired licensed nurses and CNA's and to all licensed nurses and CNA's annually and as needed. 4. Director of Nursing/Designee will conduct audits on 3 residents with restorative nursing orders weekly for 4 weeks and then 3 residents monthly for 3 months to ensure orders are being followed. Results of the audits will be reported to the QA committee monthly. The QAPI Committee will make recommendations based upon the results of the audits. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 688	Continued From page 15	F 688		

repetitions times [redacted] sets each or as tolerated, application of NJ EX Order. 264b1 for [redacted] hours, or as tolerated, and NJ EX Order. 264b1 for [redacted] hours.

Review of R74's "Clinical Physician Orders" located in the EMR under the "Orders" tab included an order dated [redacted] included restorative nursing program to apply [redacted] and NJ EX Order. 264b1 for [redacted] hours or as tolerated, [redacted] on NJ EX Order. 264b1 repetitions times [redacted] sets each or as tolerated, and [redacted] to NJ EX Order. 264b1 repetitions times [redacted] sets each or as tolerated.

Review of R74's "OT [Occupation Therapy] Evaluation & Plan of Treatment" dated NJ EX Order. 264b1 and provided by the Certified Occupational Therapist Assistant (COTA) indicated the OT team was working with the resident to wear a NJ EX Order. 264b1 for [redacted] hours without signs or symptoms of [redacted] or [redacted] to maintain [redacted] integrity as of [redacted] Additionally, the therapy department was working with R74 to tolerate a [redacted] NJ EX Order. 264b1 for [redacted] hours without signs or symptoms of NJ EX Order. 264b1 irritation to maintain [redacted] integrity as of [redacted]. The goal was later revised on [redacted] for the resident to wear [redacted] for at least [redacted] hours.

Review of R74's "Therapy In-Service Form" dated [redacted] and provided by the COTA revealed Certified Nursing Assistants (CNAs) were in-serviced regarding NJ EX Order. 264b1 on NJ EX Order. 264b1 repetitions for [redacted] sets each or as tolerated. NJ EX Order. 264b1 on NJ EX Order. 264b1 repetitions for t[redacted] sets each or as tolerated. Apply NJ EX Order. 264b1 for [redacted] hours or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 688	Continued From page 16 as tolerated, [redacted] before and after wearing [redacted]. Apply NJ EX Order. 264b1 for [redacted] hours, check [redacted] before and after wearing NJ EX Order. 264b1 side to side with maximum assist for [redacted] repetitions with 30 seconds hold, daily, incorporated into morning and evening care in order to provide NJ EX Order. 264b1 and decrease risk for NJ EX Order. 264b1. Review of R74's CNA documentation "POC [Point of Care] Response History" located in the EMR under the "Tasks" tab dated NJ EX Order. 264b1 revealed [redacted] had not received assistance with NJ EX Order. 264b1, or [redacted] application for [redacted] (NJ EX Order. 264b1 [redacted] of [redacted] days. During an interview on 03/04/24 at 12:06 PM, R74 stated [redacted] had not received any [redacted] assistance from staff in a long time. During an observation and interview on 03/07/24 at 11:34 AM, R74 stated that [redacted] was experiencing ongoing discomfort to [redacted]. R74 stated that [redacted] had not consistently received restorative nursing assistance from nursing staff since [redacted] was moved to the NJ EX Order. 264b1 During an interview on 03/06/24 at 4:01 PM, CNA2 stated she had never provided R74 restorative nursing care. During an interview on 03/07/24 at 12:00 PM, Licensed Practical Nurse (LPN7) verified R74 had orders for restorative nursing and that she had signed off in the EMR that NJ EX Order. 264b1 were being done, but she had not confirmed the	F 688		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 688	Continued From page 17 activity, and was not aware that it was not being done on a consistent basis. When LPN7 was asked why the task had been signed off she stated that she thought the nurse aide was going to perform the tasks but did not verify. During an interview on 03/07/24 at 12:00 PM, CNA4 stated she was not sure if restorative nursing tasks were included R74's daily tasks but that she had not done any [redacted] in quite a while because she thought the restorative nursing aide would do it. She was not aware that the facility no longer had restorative nursing staff. During an interview on 03/07/24 at 7:06 PM, the Director of Nursing (DON) was made aware of R74 not receiving restorative nursing assistance. The DON confirmed that R74 had orders in place for restorative nursing program and that the facility no longer had a restorative nursing assistant and that her expectation was that the CNAs would perform restorative nursing program (RNP) tasks. NJAC 8:39-27.1 NJAC 8:39-27.2(m)	F 688		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.	F 695		4/29/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 695	Continued From page 18 This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and policy review, the facility failed to ensure staff followed physician orders related to oxygen administration for one (Resident (R) 19 of one sampled residents. In addition, the facility failed to assess for one of one sampled residents reviewed for [redacted] treatments (R221) the resident's [redacted] or [redacted] before or after administering the [redacted] medication. Findings include: 1. Review of R19's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR) revealed admission to the facility [redacted] with diagnosis of [redacted] Review of R19's quarterly "Minimum Data Set (MDS)" under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of [redacted] revealed a "Brief Interview for Mental Status (BIMS)," score of [redacted] which indicated resident had NJ EX Order. 264b1 . Further review of the "MDS" revealed R19 received continuous [redacted] therapy on admission and while a resident. Observations on 03/04/24 at 11:30 AM, 03/05/24 at 5:30 PM and 03/06/24 at 2:35 PM revealed R19 wearing a [redacted] and the [redacted] setting was at NJ EX Order. 264b1 Review of R19's "Care Plan," located under the "Care Plan" tab of the EMR dated 01/12/24, revealed the resident has NJ EX Order. 264b1 [redacted] and is on [redacted]	F 695	1. Resident 19 c [redacted] was set to [redacted] via nasal cannula as ordered. Resident was assessed and no issues found. Resident 221 [redacted] and [redacted] were also assessed after [redacted] medication. No issues noted. 2. Residents using [redacted] and on nebulizer medication have the potential to be affected by the alleged deficient practice. Residents on [redacted] were checked to ensure that the right amount of [redacted] is being administered as ordered. No other residents were identified as affected. Residents on [redacted] medication were checked if they were assessed before and after administering the [redacted] medication. No other residents were identified as affected. 3. ADON initiated a re-education to all licensed nurses to ensure residents who have an order for [redacted] are getting the right amount of [redacted] as ordered and residents who have an order for [redacted] medication are being assessed before and after administering the [redacted] medication. These education will be provided to newly-hired licensed nurses and to all licensed nurses and annually and as needed. 4. Director of Nursing/Designee will conduct audits on 3 residents with oxygen order weekly for 4 weeks and then 3	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 695	Continued From page 19 Review of R19 "Physician Orders" located under the "Orders" tab of the EMR dated [redacted], revealed an order for continuous [redacted] NJ EX Order. 264b1 Review of R19 "Treatment Administration Record (TAR)" located under the "Orders" tab of the EMR dated March 2024 revealed NJ EX Order. 264b1 [redacted] was signed off on [redacted] by Licensed Practical Nurse (LPN) 5 for the 7 AM to 3 PM shift. During an interview on 03/06/24 at 2:37 PM, LPN5 said that R19's [redacted] should be set at [redacted] He stated that he checked this morning, and it was at set at [redacted] LPN 2 verified R19 setting was at [redacted] and stated that he was unaware R19's physician order was for 3 LPM. During an interview on 03/07/24 at 1:29 PM, the Director of Nursing (DON) said when a resident was on [redacted], she expected staff to follow the physician order exactly. Review of the facility's policy titled "Respiratory Practices" dated [redacted] revealed, [redacted] therapy via nasal cannula is administered as ordered by a physician and includes correct flow rate." 2. Review of the facility's policy titled, [redacted] revised 04/2008 indicated the procedure included, " ... note pre-treatment data such as pulse and breath sounds ... note post treatment data (pulse, breath sounds and any side effects) and record in the medical record ..." Review of R221's "Admission Record" located in the EMR under the "Profile" tab indicated R221	F 695	residents monthly for 3 months to ensure that the right amount of [redacted] is being administered. Director of Nursing/Designee will also conduct audits on 3 residents with order for [redacted] medication weekly for 4 weeks and then 3 residents monthly for 3 months to ensure that they are being assessed before and after administering the [redacted] medication. Results of the audits will be reported to the QA committee monthly. The QAPI Committee will make recommendations based upon the results of the audits. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 695	Continued From page 20	F 695		

was admitted to the facility on NJ EX Order. 264b1 and re-admitted on NJ EX Order. 264b1 with a diagnosis of NJ EX Order. 264b1.

Review of R221's admission "MDS" located in the EMR under the "MDS" was not completed due to admission on NJ EX Order. 264b1 and re-admission on NJ EX Order. 264b1.

Review of R221's "Care Plan" located in the EMR under the "Care Plan" tab, updated NJ EX Order. 264b1 included NJ EX Order. 264b1 related to NJ EX Order. 264b1, but did not include NJ EX Order. 264b1 treatments that were implemented on NJ EX Order. 264b1.

Review of R221's "Clinical Physician Orders" located in the EMR under the "Orders" tab included an order dated NJ EX Order. 264b1 for NJ EX Order. 264b1 (milligram)-NJ EX mg NJ EX Order. 264b1 (milliliter), give NJ EX Order. 264b1 milliliters every NJ EX Order. 264b1 hours for NJ EX Order. 264b1, NJ EX Order. 264b1 and NJ EX Order. 264b1.

During an observation and interview on 03/07/24 at 10:09 AM, LPN4 revealed that she did not check R221's NJ EX Order. 264b1, or NJ EX Order. 264b1 NJ EX Order. 264b1 before or after NJ EX Order. 264b1 administration, nor did she listen to NJ EX Order. 264b1. LPN4 did not give a reason as to why she did not perform NJ EX Order. 264b1 assessments but stated that she should have checked NJ EX Order. 264b1 and NJ EX Order. 264b1 before and after administering the medication. LPN4 stated she was getting ready to give NJ EX NJ EX oral medications and would check NJ EX Order. 264b1. LPN4 was not sure if not checking NJ EX Order. 264b1 or not checking NJ EX Order. 264b1 was considered a medication error.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 695	Continued From page 21 During an interview on 03/07/24 at 3:44 PM, the DON was made aware of LPN4 not checking vital signs or NJ EX Order. 264b1 before or after administering NJ EX Order. 264b1 medication to R221. The DON confirmed that it was her expectation that all nurses follow physician orders and check NJ EX Order. 264b1 and NJ EX Order. 264b1 before and after NJ EX Order. 264b1 medication administration.	F 695		
F 700 SS=E	NJAC 8:39-27.1 Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced	F 700		4/29/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 700	Continued From page 22 by: Based on observations, interviews, record review, and facility policy review, the facility failed to ensure that [redacted] were maintained properly for seven of seven residents (Resident (R)7, R14, R38, R45, R96, R101, and R112) reviewed for side rails out of 27 sampled residents. This had the potential to cause [redacted] which could potentially cause death. Findings include: Review of the facility's policy titled "Proper Use of [redacted]," revised date 02/24, revealed, "...3. If a bed or [redacted] is used, the facility must ensure correct installation, use and maintenance of [redacted], including, but not limited to, the following elements ...c. Ensure that the bed's dimensions are appropriate for the resident's size and weight. d. Follow the manufacturer's recommendations and specifications for installing and maintaining [redacted] ...17. Inspection, evaluation, maintenance, and upgrade of equipment NJ EX Order. 264b1) must be completed prior to use to identify and remove potential fall and entrapment hazards and appropriately match the equipment to resident needs, considering all relevant risk factors." 1. Review of the facility provided "Face Sheet" revealed that R38 was re-admitted to the facility on [redacted] with diagnoses including NJ EX Order. 264b1 [redacted] Review of the facility provided "Order Summary Record" dated active orders as of [redacted], revealed, "NJ EX Order. 264b1 when in bed as [redacted] repositioning, and for bed mobility., every shift"	F 700	. The [redacted] for Residents #7, #14, #38, #45, #96, #101 and #112 were tightened. 2. Residents using bedrails have the potential to be affected by the alleged deficient practice. All [redacted] were checked by the Maintenance Department. No issues were identified. 3. The Maintenance Director was given a re-education by the Administrator to ensure [redacted] are being checked on a regular basis. 4. Administrator/Designee will conduct audits on 3 residents with bedrails weekly for 4 weeks and then 3 residents monthly for 3 months to ensure that the [redacted] are not loose. Results of the audits will be reported to the QA committee monthly. The QAPI Committee will make recommendations based upon the results of the audits. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 700	Continued From page 23 with start date of [redacted] 2. Review of R7's "Admission Record" located in the Electronic Medical Record (EMR) under the "Profile" tab indicated he was admitted to the facility on [redacted] with diagnosis of [redacted]. Review of R7's Significant Change in Status "MDS" located in the EMR under the "MDS" tab with an ARD of 0[redacted] included a "BIMS" score of [redacted] indicating [redacted] had [redacted] Review of R7's "Care Plan" located in the EMR under the "Care Plan" tab, initiated on [redacted] included use of [redacted] for positioning. Review of R7's "Admission/Readmission Nursing Evaluation Packet" located in the EMR under the "Assessment" tab dated [redacted] indicated the resident wanted [redacted] as an enabler to promote independence and the [redacted] did not prohibit resident's [redacted] or freedom of movement. Review of R7's "Clinical Physician Orders" located in the EMR under the "Orders" tab dated [redacted] included [redacted] when in bed as [redacted], and for bed mobility. 3. Review of R14's "Admission Record" located in the EMR under the "Profile" tab indicated he was admitted to the facility on [redacted] with diagnoses of [redacted] Review of R14's Five Day "MDS" located in the	F 700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 700	Continued From page 24	F 700		

EMR under the "MDS" tab with an ARD of NJ EX Order. 264b1 included a "BIMS" score of [redacted] indicating NJ EX was NJ EX Order. 264b1.

Review of R14's "Care Plan" located in the EMR under the "Care Plan" tab, revised on NJ EX Order. 264b1 included use of NJ EX Order. 264b1 for positioning.

Review of R14's "Admission/Readmission Nursing Evaluation Packet" located in the EMR under the "Assessment" tab dated NJNJ EX Order. 264 indicated the resident wanted NJ EX Order. 264b1 as an enabler to promote independence and the NJ EX Or [redacted] did not prohibit resident's NJ NJ Ex Order [redacted] or freedom of movement.

Review of R14's "Clinical Physician Orders" located in the EMR under the "Orders" tab dated NJ EX Order. 264b1 included NJ EX Order. 264b1 when in bed as NJ EX Order. 264b1, and for NJ EX Order. 264b1.

4. Review of R45's "Admission Record" located in the EMR under the "Profile" tab indicated he was admitted to the facility on NJ EX Order. 264b1 with diagnosis of encounter for attention to NJ EX Order. 264b1

Review of R45's Significant Change in Status "MDS" located in the EMR under the "MDS" tab with an ARD of NJ EX Order. 264b1 included a "BIMS" score of NJ EX indicating NJ EX Or had NJ EX Order. 264b1 NJ EX Order. 264b1.

Review of R45's "Care Plan" located in the EMR under the "Care Plan" tab, revised on NJ EX Order. 264b1 included use of NJ EX Order. 264b1 for positioning.

Review of R45's "Admission/Readmission Nursing Evaluation Packet" located in the EMR under the "Assessment" tab dated NJ EX Order. 264b1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 700	Continued From page 25	F 700		

indicated the resident wanted NJ EX Order. 264b1 as an enabler to promote independence and the NJ EX Order. 264b1 did not prohibit resident's mobility or freedom of movement.

Review of R45's "Clinical Physician Orders" located in the EMR under the "Orders" tab dated NJ EX Order. 264b1 included quarter NJ EX Order. 264b1 when in bed as NJ EX Order. 264b1, and for NJ EX Order. 264b1

5. Review of R96's "Admission Record" located in the EMR under the "Profile" tab indicated he was admitted to the facility on NJ EX Order. 264b1 with diagnosis of NJ EX Order. 264b1 not having NJ EX Order. 264b1 NJ EX Order. 264b1

Review of R96's Significant Change in Status "MDS" located in the EMR under the "MDS" tab with an ARD of NJ EX Order. 264b1 included a "BIMS" score of NJ EX Order. 264b1 indicating NJ EX had NJ EX Order. 264b1 NJ EX Order. 264b1

Review of R96's "Care Plan" located in the EMR under the "Care Plan" tab, revised on NJ EX Order. 264b1 included use of NJ EX Order. 264b1

Review of R96's "Admission/Readmission Nursing Evaluation Packet" located in the EMR under the "Assessment" tab dated NJ EX Order. 264b1 indicated the resident wanted NJ EX Order. 264b1 as an enabler to promote independence and the NJ EX Or did not prohibit resident's mobility or freedom of movement.

Review of R96's "Clinical Physician Orders" located in the EMR under the "Orders" tab dated NJ EX Order. 264b1 included NJ EX Order. 264b1 when in bed as NJ EX Order. 264b1 r and for NJ EX Order. 264b1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 700	Continued From page 26	F 700		

During an observation and interview on NJ EX Order. 264b1 at 10:33 AM R96's NJ EX Order. 264b1 was noted to be loose. R96 stated he had reported the loose NJ EX O on multiple occasions, but no one had come to tighten it.

6. Review of R101's "Admission Record" located in the EMR under the "Profile" tab indicated he was admitted to the facility on NJ EX Order. 264b1 with diagnoses of NJ EX Order. 264b1 and NJ EX Order. 264b1 following NJ EX Order. 264b1 .

Review of R101's "Care Plan" located in the EMR under the "Care Plan" tab, revised on NJ EX Order. 264b1 included use of NJ EX Order. 264b1 for positioning.

Review of R101's "Admission/Readmission Nursing Evaluation Packet" located in the EMR under the "Assessment" tab dated NJ EX Order. 264b1 indicated the resident wanted NJ EX Order. 264b1 as an NJ EX Order. 264 to promote independence and the NJ EX Orde NJ EX Orde did not prohibit resident's mobility or freedom of movement.

Review of R101's "Clinical Physician Orders" located in the EMR under the "Orders" tab dated NJ EX Order. 264b1 included NJ EX Order. 264b1 when in bed as NJ EX Order. 264 for NJ EX Order. 264b1

7. Review of R112's "Admission Record" located in the EMR under the "Profile" tab indicated he was admitted to the facility on NJ EX Order. 264b1 with diagnosis of NJ EX Order. 264b1

Review of R112's Admission "MDS" located in the EMR under the "MDS" tab with an ARD of NJ EX Order. 264b1 included a "BIMS" score of NJ , R112 was not able to participate in the interview.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 700	Continued From page 27 Review of R112's "Care Plan" located in the EMR under the "Care Plan" tab, revised on [NJ EX Order 264b1] included use of [NJ EX Order 264b1] for positioning. Review of R112's "Admission/Readmission Nursing Evaluation Packet" located in the EMR under the "Assessment" tab dated [NJ EX Order 264b1] indicated the resident wanted [NJ EX Order 264b1] as an enabler to promote independence and the [NJ EX Or] [NJ EX Or] did not prohibit resident's mobility or freedom of movement. Review of R112's "Clinical Physician Orders" located in the EMR under the "Orders" tab dated [NJ EX Order 264b1] included [NJ EX Order 264b1] when in bed as [NJ EX Order 264] , [NJ EX Order 264b1] , and for [NJ EX Order 264b1] During an interview on 03/04/24 at 11:30 AM, R112's [NJ EX Order 264b1] was loose. Resident's [NJ EX Order 264b1] prevented [NJ EX O] from confirming status of [NJ EX Order 264] or if he used them for repositioning. During an interview on 03/05/24 at 5:00 PM, the Administrator stated that the Maintenance Director (MD) and the maintenance team were responsible for ensuring that [NJ EX Order 264b1] were properly maintained and inspected. During an observation and interview on 03/05/24 6:45 PM-07:15 PM, MD performed bed rounds and reported that every week two rooms are chosen on each floor for [NJ EX Order 26] inspections, some beds have a pin lock with no bolt to tighten the [NJ EX Order] and other beds have a round knob that allows the [NJ EX Or] to be tightened, and confirmed the following loose [NJ EX Order 264b1] :	F 700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 700	Continued From page 28 R7's NJ EX Order. 264b1 were loose. R14's NJ EX Order. 264b1 were loose. R45's NJ EX Order. 264b1 were loose. R96's righ NJ EX Order. 264b1 was loose. R101's NJ EX Order. 264b1 was loose. R112's NJ EX Order. 264b1 were loose. R38's NJ EX Order. 264b1 were loose. NJAC 8:39-27.1(a)	F 700		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F 880		4/29/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 880	Continued From page 29 (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 880	Continued From page 30 Based on observation, interview, record review and policy review, the facility failed to ensure nursing staff properly stored NJ EX Order. 264b1 when not in use for one (Resident (R) 19 of one sampled residents. Findings include: Review of R19's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR) revealed admission to the facility on NJ EX Order. 264b1 with diagnosis of NJ EX Order. 264b1. Review of R19's quarterly "Minimum Data Set (MDS)" under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of NJ EX Order. 264b1, revealed a "Brief Interview for Mental Status (BIMS)," score of NJ EX Order. 264b1 which indicated resident had NJ EX Order. 264b1. Observations on 03/04/24 at 11:30 AM, 03/05/24 at 5:30 PM and 03/06/24 at 2:35 PM revealed R19's NJ EX Order. 264b1 was placed inside a bag on the dresser by R19's bed. The bag was not sealed or closed. Review of R19's "Care Plan," located under the "Care Plan" tab of the EMR dated NJ EX Order. 264b1 revealed, "The resident had periods of NJ EX Order. 264b1 Administer NJ EX Order. 264b1 treatment ..." During an observation and interview on 03/06/24 at 2:37 PM, Licensed Practical Nurse (LPN)5 stated the NJ EX Order. 264b1 went in a plastic bag that was dated and the bag was ziplocked closed to prevent air from getting in which was an infection control issue. LPN5 observed R19's NJ EX Order. 264b1 an unsealed bag and stated that the NJ EX Order. 264b1 was still attached to the NJ EX Order. 264b1 so	F 880	1. Resident 19 NJ EX Order. 264b1 was changed. When not in use, the NJ EX Order. 264b1 was disconnected from the machine and was properly stored in a sealed plastic bag. 2. Residents on with orders of NJ EX Order. 264b1 medications medication have the potential to be affected by the alleged deficient practice. LPN5 was given a 1:1 in-service by the Infection Control Preventionist (ICP) that NJ EX Order. 264b1 should be kept in a sealed plastic bag when not in use. 3. The ICP initiated an in-service to all licensed nurses and CNA's regarding placing NJ EX Order. 264b1 in a sealed plastic bag when not in use. This education will be provided to newly-hired licensed nurses and CNA's, and to all licensed nurses and CNA's annually and as needed. 4. The ICP will audit 3 residents with order for nebulizer medication weekly for 4 weeks and then 3 residents monthly for 3 months to ensure that NJ EX Order. 264b1 are stored in sealed plastic bag when not in use. Results of the audits will be reported to the QA committee monthly. The QAPI Committee will make recommendations based upon the results of the audits. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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) COMPLETION DATE
F 880	Continued From page 31 there was no way to seal the zip lock bag. During an interview on 03/06/24 at 3:17 PM, LPN 6 said he was the floor supervisor for both the [redacted] and [redacted] floors and that [redacted] should be kept in a plastic bag that was closed and sealed to prevent possible infection control issues. During an interview on 03/07/24 at 1:29 PM, the Director of Nursing (DON) said [redacted] should be stored in a sealed plastic bag for infection control purposes. Review of the facility's policy titled "Infection Control" dated 01/2024 revealed, when not in use store [redacted] and [redacted] in plastic bags labeled with the resident's name and date. NJAC 8:39-19.4(k)	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060732	A. BUILDING: _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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
S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. 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 the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were	S 560	1. There was no negative outcome to residents on the shifts identified as not meeting the NJ staffing requirements during the 7 a.m. to 3 p.m. (day shift) for the following days: 3/13/22, 3/14/22, 3/21/22, 3/22/22 4/10/22, 4/12/22, 4/13/22 7/3/22, 7/4/22, 7/9/22 7/31/22, 8/6/22, 8/7/22, 9/4/22, 9/10/22, 3/5/23, 3/9/23, 3/11/23, 3/13/23, 3/15/23 4/9/23, 4/10/23, 4/11/23, 4/12/23, 4/13/23, 4/14/23, 4/15/23 2/18/24, 2/19/24, 2/22/24, 2/23/24, 2/24/24, 2/25/24, 2/26/24, 2/27/24 2/29/24, 3/1/24, 3/2/24	4/29/24

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

Electronically Signed — 03/27/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060732	A. BUILDING: _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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
S 560	Continued From page 1 effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. 1. For the 2 weeks of Complaint staffing from 03/13/2022 to 03/26/2022, the facility was deficient in CNA staffing for residents on 4 of 14 day shifts as follows: -03/13/22 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs. -03/14/22 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs. -03/21/22 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs. -03/22/22 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs. 2. For the week of Complaint staffing from 04/10/2022 to 04/16/2022, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows: -04/10/22 had 13 CNAs for 119 residents on the day shift, required at least 15 CNAs. -04/12/22 had 14 CNAs for 117 residents on the	S 560	2. All residents have the potential to be affected by the deficient practice of not meeting the NJ Staffing requirement ratios. 3. The following measures have been put into place to prevent the deficient practice from recurring: a. Advertisement / Job postings for CNAs have been posted on social media websites as well as flyers posted in local supermarkets and stores that we are hiring. b. Incentives are offered to CNAs to work extra shifts such as gift cards and raffles. c. Administrator has reached out to CNA schools to advise we are hiring and willing to train new graduates. 4. The Administrator/Designee will review the staffing schedule weekly to monitor the staffing ratio on the day shift for 3 months. a) All results of the monitoring will be presented to the QA committee for review and any additional monitoring or modification of this plan monthly for 3 months. b) The Quality Assurance and Performance Improvement Committee can modify this plan to ensure the facility remains in compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060732	A. BUILDING: _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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
S 560	Continued From page 2	S 560		

day shift, required at least 15 CNAs.
-04/13/22 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs.

3. For the week of Complaint staffing from 07/03/2022 to 07/09/2022, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:

-07/03/22 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs.
-07/04/22 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs.
-07/09/22 had 12 CNAs for 116 residents on the day shift, required at least 14 CNAs.

4. For the 2 weeks of Complaint staffing from 07/31/2022 to 08/13/2022, the facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows:

-07/31/22 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs.
-08/06/22 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs.
-08/07/22 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs.

5. For the week of Complaint staffing from 09/04/2022 to 09/10/2022, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:

-09/04/22 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs.
-09/10/22 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs.

6. For the 2 weeks of Complaint staffing from 03/05/2023 to 03/18/2023, the facility was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060732	A. BUILDING: _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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
S 560	Continued From page 3 deficient in CNA staffing for residents on 6 of 14 day shifts as follows: -03/05/23 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs. -03/09/23 had 12 CNAs for 118 residents on the day shift, required at least 15 CNAs. -03/11/23 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs. -03/12/23 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs. -03/13/23 had 11 CNAs for 114 residents on the day shift, required at least 14 CNAs. -03/15/23 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs. 7. For the week of Complaint staffing from04/09/2023 to 04/15/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -04/09/23 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs. -04/10/23 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs. -04/11/23 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs. -04/12/23 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs. -04/13/23 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs. -04/14/23 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs. -04/15/23 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs. 8. For the week of Complaint staffing from 12/03/2023 to 12/09/2023, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060732	A. BUILDING: _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

(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
S 560	Continued From page 4 -12/03/23 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs. -12/09/23 had 14 CNAs for 118 residents on the day shift, required at least 15 CNAs. 9. For the 2 weeks of staffing prior to survey from 02/18/2024 to 03/02/2024, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows: -02/18/24 had 12 CNAs for 116 residents on the day shift, required at least 14 CNAs. -02/19/24 had 13 CNAs for 116 residents on the day shift, required at least 14 CNAs. -02/22/24 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. -02/23/24 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. -02/24/24 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs. -02/25/24 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs. -02/26/24 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs. -02/27/24 had 13 CNAs for 115 residents on the day shift, required at least 14 CNAs. -02/29/24 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs. -03/01/24 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. -03/02/24 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
060732		5/17/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

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 S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 04/29/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
3/7/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER Y1	MULTIPLE CONSTRUCTION Y2	DATE OF REVISIT Y3
060732	A. Building B. Wing	5/17/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

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 S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 04/29/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 3/7/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
060732		5/17/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

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 S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 04/29/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 3/7/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?			☐ **YES** ☐ **NO**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315268 Y1	A. Building B. Wing Y2	5/17/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0656	Correction	ID Prefix F0657	Correction	ID Prefix F0684	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.25	Completed
LSC	04/29/2024	LSC	04/29/2024	LSC	04/29/2024
ID Prefix F0688	Correction	ID Prefix F0695	Correction	ID Prefix F0700	Correction
Reg. # 483.25(c)(1)-(3)	Completed	Reg. # 483.25(i)	Completed	Reg. # 483.25(n)(1)-(4)	Completed
LSC	04/29/2024	LSC	04/29/2024	LSC	04/29/2024
ID Prefix F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/29/2024	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
3/7/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO