New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
					C			
		sipfep	B. WING		02/01/2024			
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE				
BROOKD	BROOKDALE ECHELON LAKE 207 LAUREL ROAD VOORHEES, NJ 08043							
(X4) ID								
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE			
A 000	Initial Comments		A 000					
	Initial Comments: TYPE OF SURVEY:							
	COMPLAINT #: NJ00164461, NJ00168931, NJ00166555							
	CENSUS: 114							
	SAMPLE SIZE: 5							
A4404	The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.		A4404					
A1191	(a) The housekeeping in paragraphs 1 throu Application of this recindividual living environmental consideration resident style of living:	g and sanitation conditions 12 below shall be met. 14 puirement with respect to the conment shall take into 15 personal preferences for 16 personal be free of 16 personal be free of 16 personal be free of 16 personal preferences for 16 personal be free of 16 personal preferences for 16 personal preferences fo	A1191					

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

TITLE (X6) DATE

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			A. BOILDING.			•
		sipfep	B. WING		1	1/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE ECHELON LAKE	207 LAURE				
			S, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
A1191	Continued From page 1		A1191			
	by: Complaint: NJ001644 NJ00166555 Based on interview ar determined the facility areas free from NJEXC oder was noted nJEX order 26400 unit an during the survey for #6. This deficient practice following: On 1/31/2024 at 10:30 opened to the high flood detected a strong main corridors. At 10:46 a.m., the sur Health Aide (HHA) wh housekeeping what n there is not enough high further stated, housek of Number of the car they clean them. At 11:37 a.m., the sur Director of Maintenant	nd observations, it was y failed to keep residents' where a strong in the main corridors of the district was evidenced by the of a.m., as the elevator doors of unit the surveyor odor of unit the surveyor odor of the interveyor interviewed a Home ho stated that they tell needs to be cleaned, but ousekeeping staff. The HHA keeping can't get the smell repets no matter how often reveyor interviewed the nee (DOM) who stated he				
	currently has only two clean 116 resident roc areas. The DOM furth residents on the nousekeeping is constheir assignments to constell the constant of the constant of the current of the c	o full-time housekeepers to om as well as the common her stated many of the loor are incontinent and stantly getting pulled from				

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						С	
		sipfep	B. WING		02	/01/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
BROOKD	ALE ECHELON LAKE		REL ROAD ES, NJ 08043				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
	#6 who stated, rooms carpets are not clean is so bad some! At 1:45 p.m., the surv Executive Director who corridors had a noxio recently hired a part-time.	SC IDENTIFYING INFORMATION)		CROSS-REFERENCED TO THE		DATE	



Brookdale Echelon Lake 207 Laurel Road Voorhees, NJ 08043

DEFICIENCY TAG# A1191

- 1. HOW THE CORRRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE? Resident #6: On 2/21/2024, all hallway carpets and main resident area carpets (2 living rooms, library, and activities room) were professionally cleaned. The housekeeping cleaning schedule and carpet care schedule was revised and re-implemented on 2/5/2024. Every resident will have housekeeping services once per week. One new housekeeper was hired 1/31/2024 and was oriented and trained. She has been assigned to the fourth floor, Claire Bridge unit. One additional housekeeper will be hired.
- 2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE? The Executive Director (ED), Associate Executive Director (AED), and/or Maintenance Manager (MM) will audit rooms and carpets weekly x 1 month and as needed thereafter to ensure compliance. We will continue to address any housekeeping and carpet care needs with residents monthly at Resident Council.
- 3. WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR? All staff receive Fresh Impressions training upon hire. Housekeepers and nursing staff will be in-serviced on sanitation, proper housekeeping procedures, and (for nursing) proper incontinence care procedures.
- 4. HOW THE FACILITY MONITOR IT'S CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR? ED/AED/MM/Health and Wellness Director (HWD) or it's designee to audit and monitor compliance weekly x 1 month and as needed thereafter.

COMPLETION DATE: 03/31/2024