New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
			A. BOILDING		С
		sipfep	B. WING		09/18/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
PPOOKD	N E ECHELON I AKE	207 LAU	REL ROAD		
ВКООКИ	ALE ECHELON LAKE	VOORH	EES, 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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
A 000	Initial Comments		A 000		
	all of the standards in Administrative Code & Licensure of Assisted Comprehensive Personassisted Living Progr Complaint Survey.  The facility must submincluding a completion and ensure that the p to correct deficiencies action in accordance	378 and #NJ154407  8/2022  Ubstantial compliance with the New Jersey 3:36, Standards for Living Residences, and Care Homes and ams, based on this  nit a plan of correction, and date for each deficiency lan is implemented. Failure a may result in enforcement with provisions of New Code Title 8, Chapter 43E,			
A1179	(a) The facility shall p	tion-Safety-Maintenance rovide and maintain a ironment for residents.	A1179		
	by: COMPLAINTS #s NJ Based on observation reviews and facility po	is not met as evidenced 148378 and #NJ154407 as, interviews, record blicy review, the facility failed and safe environment as			

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _		
		sipfep	B. WING		C <b>09/18/2022</b>
					1 03/10/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	
BROOKD	ALE ECHELON LAKE		REL ROAD EES, NJ 08043		
	CLIMMA DV CT			DDOWDEDIS DI AN OF CODDECTIO	N
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
A1179	Continued From page	e 1	A1179		
	growing on walls and apartments, Apartment, in the hallward Apartment 104, and in This had the potential On 09/18/2022 at 3:4 Department of Health practice represented health and safety. The was informed of the uninvolving the growth of multiple locations, and requested.  Findings included:  On 09/18/2022 at 10:	ents NJ Exec Order 26.4b1 ay above the door of the first-floor lounge area. I to affect all residents.  6 PM, the New Jersey determined the failed a serious threat to residents' the facility's Executive Director argency of the situation of a black substance in d a Removal Plan was			
	an independent four of 11:53 AM.	of the facility that ended at			
	substance growing in bathroom of the apart was present on the cowall; an additional are commode and the shrapproximately 2-inch substance. At 10:50 A (HHA) was interviewed was in a bathroom willooking around and wacknowledged the blaand ceiling area in the Com 09/18/2022 at 10:	which revealed a black multiple locations in the timent. The black substance eiling tile where it met the ea of the wall between the lower which had an by 2-inch area of the black AM, the Home Health Aide et and stated that when she eth a resident, she was not looking up. The HHA lack substance on the wall ele bathroom of Apartment and not noticed it before.			
		#1 who explained that			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	sipfep	B. WING		C <b>09/18/2022</b>	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STAT	E, ZIP CODE		
BROOKDALE ECHELON LAKE		REL ROAD			
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PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
A1179 Continued From page	2	A1179			
he/she had been move because the previous a had "mold growing in it been "JEXEC Order 26.45"] si explained that the resident's family had conduct the "mold". Reviewed about the "mold". Reviewed action was tested to have a Brief Interviewed ascore of "Jet indicating "Jex order 26.45"].  On 09/18/2022 at 11:00 observed Apartment ceiling of the apartment and extending approximation of the wall, approximately eight indicating approximately eight indicating (AC) under the top of the wall, approximately two inchaustance was growing.  On 09/18/2022 at 11:10 observed Apartment approximately two inchaustance was growing.  On 09/18/2022 at 11:11 observed Apartment apart the window where that had been patched color. The resident was during the observations.  On 09/18/2022 at 11:10 the surveyor to observe Resident #7 stated he/residents had "mold" in	ed to this current apartment apartment (Apartment (Apartment 1) t". Resident #1 stated it had noe the move. Resident #1 dent as well as the omplained to management ew of the electronic for Resident #1 revealed don (Mark of Mental Status (BIMS)) the resident was  4 AM, the surveyor which revealed the at, starting by the window mately six feet into the a gray color. The gray tinge of from the window. By the nit, where the ceiling tiles there was an area ches in length by nes in height where a black gon the wall.  5 AM, the surveyor which revealed an area enthe wall met the ceiling. The area was dark gray in sunavailable for interview s.  8 AM, Resident #7 allowed the resident's apartment. She was aware that other in their apartments. There in Resident #7's apartment.	A11/9			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
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			B. WING			
		sipfep	D. WING		<u>ı 09/1</u>	8/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			EL ROAD	,		
BROOKD	ALE ECHELON LAKE					
		VOORHEI	ES, NJ 08043			T
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
TAG	REGOLATORT OR E	100 IDENTIFY THE INTO ON INTO IN	TAG	DEFICIENCY)	WATE .	
			+			
A1179	Continued From page	e 3	A1179			
	O= 00/40/2022 =± 44.5	27 AM Decident #2 allowed				
		37 AM, Resident #2 allowed				
		ve the resident's apartment.				
		artment, a black substance				
		rowing on the wall near the				
		nit. The black substance				
		a corner where the wall met				
	_	he ceiling, coming down the				
	· ·	s an area of the black				
		tely 18 inches long by about				
	_	the ceiling, at the top of the				
		a that was approximately 12				
	inches long and abou	t 2 inches high. Resident #2				
	stated he/she had rep	oorted "the mold," but since				
	Resident #2 did not h	ave anyone to advocate on				
	the resident's behalf,	the resident felt as though				
	the concerns NJ Exec C	Order 26.4b1 Resident #2				
	stated the Maintenan	ce Director (MD) had				
	cleaned the AC unit b	ecause when the MD				
	started the unit, a bla	ck puff of smoke came out				
	of the unit and into the	e air. A review of the				
	electronic medical red	cord (EMR) for Resident #2				
		was tested on NJ ex order 26.4b1				
	and found to have a E					
	the resident was NJ ex					
	On 09/18/2022 at 11:	57 AM, an initial interview				
		ne Executive Director (ED).				
		v the facility's grievance log,				
		not keep a grievance log.				
		residents' folders and she				
	•	on a one-to-one basis. The				
		not recall if any residents				
		it mold growing in their				
	-	it mold growing in their				
	apartments.					
	On 00/10/2022 at 42:	21 DM the curveyer				
	On 09/18/2022 at 12:					
		enance Director (MD). The				
	MD stated the issue v					
		unit. The facility consulted				
	∣ with a heating, ventila	ition, and air conditioning				[

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
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		sipfep	B. WING		09/18/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
BROOKD	ALE ECHELON LAKE	207 LAUR	EL ROAD		
Биосив	ALL LONLLON LAKE	VOORHEE	S, 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
A1179	Continued From page	÷ 4	A1179		
	the inside and outside wiped down and the of MD stated the facility was supposed to cut area and replace the supposed to get replate black substance had stated he would have	It the AC unit was cleaned on e. The affected area was carpeting was cleaned. The had now hired a painter who out a two-foot by two-foot drywall. The carpeting was need, too. The MD stated the not been tested. The MD to talk with the Regional a substance needed to be			
	the MD stated he was	s not aware of an issue in  MD recalled cleaning the AC  st 2022 but stated nothing  him about a black			
	about the black subst Apartment The Mount Stated he had cleasubstance" from the Alounge area. He state had not been tested, wipe off the black subsolution that was a m MD, if anyone in the f dietary, et cetera) not substance, they were Receptionist who was the TELS (an online r system) system. The that he had been transister facility. He had issues with mold but i months. He stated thi that the Regional MD	Ig had been reported to him ance in the bathroom of MD did not provide a date aned a "black fuzzy AC units in the first-floor ad again that the substance and his only direction was to estance with a mild cleaning ulti-surface cleaner. Per the facility (housekeepers, aides, iced any kind of black supposed to report it to the sinstructed to enter it into maintenance work order MD informed the surveyor sferred to the facility from a heard the facility had past it was mostly in the summer is was not a new issue and recommended the best to cut out the areas and			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		sipfep	B. WING		C 09/18/2022	
NAME OF PROVID	DER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BROOKDALE!	ECHELON LAKE	207 LAURE VOORHEES	EL ROAD S, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
rem MD sub star had sub ceil Beç according affects affects and down star and down star and down star and sub me sub as star the than than six have as star had six have as star had six had so the sub sub than six had so the sub than sub than six had so the sub than sub t	o had not been out obstance. Referring the he had not been of cleaned the AC unstance was wiped ling.  ginning on 09/18/20 companied the survected areas, as followed and the survected areas, as followed as growing in the barween the commodited it had not been that the ceiling tile with the see what was ted it was concernicupied.  In 09/18/2022 at 2:00 with vacated and the liked into the aparting where the issue with the wall. When as obstance was, the Millim not sure what he ted that the last time issue was on the fit was cleaned off as MD observed the to started above the feet into the aparting to have the Regist, since he did not lead to the result of the parting the since he did not lead to the since he did not lead to the started above the feet into the aparting to have the Regist, since he did not lead to the si	nem. However, the Regional to inspect the black to Apartment , The MD in to the apartment since he nit and at that time, a black from the AC unit, walls, and	A1179			

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED	
		sipfep	B. WING		1	8/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE	•		
		207 LAURE		,			
BROOKD	ALE ECHELON LAKE		S, NJ 08043				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)	
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A1179	Continued From page	e 6	A1179				
	- On 09/18/2022 at 2: the surveyor and MD MD stated, "Again, th when I cleaned the Adis." Resident #2 state several times.  - On 09/18/2022 at 2: the surveyor and MD MD observed the bas pulling away from the the unit, starting from there was an area of approximately 24 inch 6 inches wide. A revie #3, indicated the residual and had a	08 PM, Resident #2 invited into his/her apartment. The is is not what I cleaned C unit. I'm not sure what this d it had been reported  11 PM, Resident #3 invited into his/her apartment. The e around the AC unit was wall. On the front side of the floor and coming up, the black substance nes high and approximately ew of the EMR for Resident					
	window were observed brownish substance. Substance. The reside apartment was in the - On 09/18/2022 at 2: acknowledged another substance on the first doorway to Apartmen substance measured by 8 inches long, and below the black substance on 09/18/2022 at 3:5 was conducted with the substance of the substance measured by 8 inches long, and below the black substance on 09/18/2022 at 3:5 was conducted with the substance of the subst	at of the AC unit and over the ed to have a black and The MD acknowledged the ent who occupied this hospital at this time.  22 PM, the MD er area of the black of floor hallway above the to the ent wide the paint was peeling off					
	the carpet was wet fro	om the AC unit and that carpeting. The ED stated					

New Jers	sey Department of Heal	ltn				
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		ainfon	B. WING		1	
		sipfep			09/1	8/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BBOOKE	ALE FOUELON LAKE	207 LAUF	REL ROAD			
BROOKDA	ALE ECHELON LAKE	VOORHE	ES, NJ 08043			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
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			+	DETIGIENCY)		
A1179	Continued From page	e 7	A1179			
	the minum to me de	A in a refuse and NJ Exert				
		Apartment . The ED  se with Resident #2 but had				
	•	sident's apartment to look at				
		The ED stated she had not or				
		re any expense if there was				
		to be addressed. The ED				
		entioned anything to her				
		lding, but it could have been				
	mentioned to the MD.					
	Including to the M.S.	•				
	The surveyor reviewe	ad the work orders				
		S system in August and				
		the following findings:				
		ceiling and smells in room -				
	Apartment NJ Exect					
	-	mold on ceiling and wall -				
	Apartment NJ Exec	3				
	- 08/11/2022 - leaking	g in the ceiling tile -				
	Apartment NJ Exect.	,				
		e water-damaged ceiling tile				
	- Apartment					
	- 09/02/2022 - mold o	on wall - Apartment <sup>NJ Exce</sup> .				
		n the communal living room				
	by the air conditioner	- 1st floor.				
	- 09/18/2022 - black r	mold on side of wall -				
	Apartment .					
		olicy titled, "Departmental				
		nbing, HVAC and Related				
	Systems," revised 06					
		tioning unit drains and filters				
	, ,	s at least monthly during				
	use. Discard soiled fil					
		nits should have major				
		nance performed in the				
		the system is changed over.				
		ths check the units in the				
		east monthly during the				
ļ	<sub>l</sub> summer. vacuum and	d maintain as necessary."				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7.1. 20.22		С	
		sipfep	B. WING		09/18/20	022
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE ECHELON LAKE	207 LAURE VOORHEE	EL ROAD S, NJ 08043			
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A1179	Continued From page	. 8	A1179			
	A Removal Plan was the surveyor on 09/18 2:29 PM, an updated	requested and provided to 3/2022. On 09/23/2022 at Removal Plan was received New Jersey Department of				

#### **DEFICIENCY** TAG#

## **BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN** AFFECTED BY THE DEFICIENT

#### **Brookdale Echelon Lake**

#### NJ00154407

**Black fuzzy** substance identified in rooms 104,107, 209, 211, 311, 321 & 407

# **HOW THE CORRECTIVE ACTION WILL** PRACTICE?

- 9/19 confirmed Industrial Hygienist and Restoration company walkthrough, sampling, and cleaning processes and procedures on 9/20/22.
- HWD health assessment focused on respiratory infection signs and symptoms was completed on 09/19/22 for residents in units

NJ Exec Order 26.4b1 . All residents (NJExec Order all NJ Exec Order 28 have not experienced a recentNJ Exec Order 26.4b1 did not express any NJ Exec Order 26.4b and did not have anv signs and symptoms of

- Primary care provider and legal representatives for residents in units NJ Exec Order 26.4b1
- Re-training of direct caregivers on reporting and care for signs and symptoms of respiratory infection. Started on 9/18, 9/19.

were notified.

Community is currently working on possible apartment transfers of for residents in units NIExec Ord

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

- No other residents were identified having the potential to be affected by "Black Fuzzy Substance". **Industrial Hygienist** will complete a facility walkthrough on 9/20/22.
- Health and Wellness Director or designee will assess residents in units

daily for one week to identify any potential airway irritations, or respiratory infections.

Informed all associates on reporting procedures if and when a "Black Fuzzy Substance" is observed esp. in resident apartments.

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

- Executive Director/Health and Wellness Director/ Maintenance/Designees will communicate with Industrial Hygienist and **Restoration Company** before and after each site/facility visits.
- **Executive Director or** designee will perform an environmental walkthrough 2 to 3 times weekly for 2 weeks
- Executive Director or designee to continue with associates and residents reeducation based on review of the recommendations of Industrial Hygienist.

#### **COMPLETION DATE**

- Industrial Hygienist site visit on 9/20/22 at 11am.
- Remediation plan, based on the results of Industrial Hygienist and **Restoration Company** has begun with preliminary setting of containments and sealing off the rooms from the corridors (began 9/21).
- Containment of the affected areas Rooms 107, 209, 211, and 407 was completed on each unit was sealed off from the remainder of the building at each doorway on 9/22. Containments will be completed on 10/6 after final content is removed and surface cleaning of the entire unit will be completed on this will be done in stages and performed after the sheetrock/impacted

	T	
		materials are removed
		in each room(scheduled
		for 9/28, 9/29, 9/30 Air
		scrubbing in progress at
		this time.
		<ul> <li>Removal of the affected</li> </ul>
		materials in the
		affected area. Visual
		assessment in the
		remaining materials for
		mold growth will be
		completed on is
		scheduled based on the
		initial protocol with PRV
		(Air Sampling) events
		taking place on 10/2(1st
		Floor), 10/4(2 <sup>nd</sup> Floor),
		10/6(3 <sup>rd</sup> Floor), and
		10/7(4 <sup>th</sup> Floor) In the
		event that mold growth
		is observed, removal of
		the affected materials
		approximately two feet
		in all directions beyond
		the edge of growth will
		occur.
		Expected completion date
		October 10, 2022.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			7 50.25			R-C	
		sipfep	B. WING		l l	/17/2022	
NAME OF F	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	TE, ZIP CODE			
BROOKD	ALE ECHELON LAKE		REL ROAD EES, 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
{A 0000	Initial Comments: TYPE OF SURVEY: FOUR CENSUS: 122 SAMPLE SIZE: 6 SURVEY DATE: 12/1 The facility is in substated standards in the New 8:36, Standards for Line Residences, Compresent the standards of the standar		{A 000}				

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

TITLE (X6) DATE

	STATE FORM: REVISIT REPORT									
	R / SUPPLIER / C		MULTIPLE CONS	STRUCTION					DATE O	F REVISIT
sipfep	CATION NUMBER		A. Building B. Wing					Y2	12/17/2	022 <sub>Y3</sub>
NAME OF	FACILITY					STREET ADDRESS, CIT	Y, STATE, ZIP COD	E		
BROOKE	DALE ECHELON	LAKE			207 LAUREL ROAD					
						VOORHEES, NJ 08043				
corrective	e action was acc tion prefix code p	omplished	I. Each deficien	cy should be full	y identified usi	reported that have beeing either the regulation es shown to the left of e	or LSC provision	number and	the	
ITE	М		DATE	ITEM		DATE ITEM				DATE
Y4			Y5	Y4		Y5	Y4			Y5
ID Prefix	A1179		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#	8:36-17.1(a)		Completed	Reg. #		Completed	Reg. #			Completed
LSC			12/16/2022	LSC —			LSC			
			-	_						
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #		Completed	Reg. #			Completed
LSC			-	LSC			LSC			
							-			
ID Prefix			Correction	ID Prefix —		Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #		Completed	Reg. #			Completed
LSC			-	LSC			LSC			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Dog #			- Camandatad			Commission				Camanlatad
Reg. # LSC			Completed	Reg. #		Completed	Reg. #			Completed
			-							
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LSC			-	LSC			LSC			озр.отоа
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REVIEWE CMS RO	D BY	REVIEW (INITIALS		DATE	TITLE				DATE	
<b>FOLLOW</b> ( 9/18/2022	FOLLOWUP TO SURVEY COMPLETED ON				CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?					

Page 1 of 1 EVENT ID: 3B6112