

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: sipfep	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/22/2020
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NAME OF PROVIDER OR SUPPLIER BROOKDALE ECHELON LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAUREL ROAD VOORHEES, NJ 08043
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint and COVID-19 Focused Infection Control COMPLAINT #: NJ00138367 CENSUS: 71 SAMPLE SIZE: 1 SURVEY DATE: 10/21/20 - 10/22/20</p> <p>The facility is not in 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, based on this Complaint Survey.</p> <p>The facility was found to be in compliance with the New Jersey Administrative Code 3:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs, based on this COVID-19 Focused Infection Control Survey.</p> <p>This 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.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #00138367</p> <p>Based on record review, interview and facility policy review, the Administrator failed to implement the facility's policies and procedures to complete an incident report for an injury of unknown origin, and failed to maintain a written record of an investigation for an allegation of abuse/neglect for one of one sampled resident, Resident #1, whose clinical record was reviewed for an injury of unknown origin/abuse/neglect. This had the potential to affect all 71 residents who resided in the facility.</p> <p>Findings included:</p> <p>The facility's "BAIRS [Brookdale Automated Incident Reporting System] Incident Reporting Policy," revised 09/01/19, revealed the following forms do not document: ". . .In the event that a resident or visitor experiences an occurrence such as, but not limited to: . . .injury of unknown origin; the associate reporting the incident along with the supervisor or management representative, must either complete the Preliminary Draft Notes of a Reported Incident. .</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>.or enter the incident into the BAIRS during the shift on the day of the incident. . ."</p> <p>The facility's "Abuse, Neglect & Exploitation Policy," revised 12/2018, revealed the following: ". . . Upon receipt of an allegation of abuse, neglect or exploitation, the Executive Director, or designee, should conduct a confidential internal investigation of the incident. The Executive Director or designee should maintain a written record of the investigation. A summary of interviews should be prepared by the Executive Director or designee, including the date, time, name of person being questioned and an impartial report of the facts. . ."</p> <p>Resident #1 was admitted to the facility in [REDACTED] with diagnoses which included NJ EX Order: 264b1 and NJ EX Order: 264b1 [REDACTED]</p> <p>A progress note dated 07/24/20 at 8:00 AM, revealed Resident #1 was observed [REDACTED] the [REDACTED] of [REDACTED] recliner, drooling, and was unable to follow commands. Upon assessment, his/her NJ EX Order: 264b1, [REDACTED] was noted to his/her [REDACTED] his/her [REDACTED] was noted to have NJ EX Order: 264b1 (typicall [REDACTED]), his/her speech was [REDACTED], and vital signs were taken. His/her power of attorney (POA) was notified, and the POA requested the resident be sent to a local hospital. The resident's physician was notified, and the resident was transferred.</p> <p>On 10/21/20 at 1:21 PM, the Administrator was interviewed regarding Resident #1. He stated a full investigation of the resident's [REDACTED] and NJ EX Order: 264b1 to his/her face had been completed. He stated all staff who had</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>worked with the resident the evening and night before and the morning he/she was transferred had been interviewed. He stated no staff member was aware if the resident might have fallen. The Administrator was asked to provide the surveyor with a copy of the investigation.</p> <p>On 10/21/20 at 2:10 PM, the Administrator stated he could not find documentation of an investigation.</p> <p>On 10/21/20 at 2:05 PM, in a telephone interview, Resident #1's family member stated she was present at the hospital emergency room when her parent arrived by ambulance the morning of [REDACTED]. She stated the resident's [REDACTED] NJ EX Order: 26461 was [REDACTED] and the [REDACTED] of his/her [REDACTED] was NJ EX Order: 26461. She stated she contacted the Administrator on [REDACTED] and reported the NJ EX Order: 26461 and asked questions about what had happened to his/her family member.</p> <p>On 10/22/20 at 4:00 PM, the Administrator was interviewed. The above documented incident report policy was reviewed. The Administrator was asked if Resident #1's family member had reported to him on or about [REDACTED] that the resident had significant bruising to his/her [REDACTED] to the [REDACTED] of his/her [REDACTED] when he/she arrived at the hospital emergency department on [REDACTED]. He stated, "She definitely reported it, but I'm not sure about the date." When asked if an incident report had been completed when Resident #1's family member reported the NJ EX Order: 26461 and NJ EX Order: 26461, he stated no incident report had been completed. When asked if the significant [REDACTED] would be considered an injury of unknown origin, the Administrator stated, "If you</p>	A 310		
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A 310	<p>Continued From page 4</p> <p>ask us, it didn't appear to be bruising." The Administrator was asked if it would have been helpful to obtain the emergency room records to determine the extent of Resident #1's [REDACTED]. He replied, "Yes," and stated he had not attempted to obtain the emergency room records. The Administrator was asked if he had considered Resident #1's family member's report of significant [REDACTED] to his/her [REDACTED] and NJ EX Order, 26-4b1 [REDACTED] of his/her [REDACTED] as an allegation of potential abuse or neglect. He stated, "No." When asked if he should have considered the information an allegation of abuse or neglect, he stated, "No." The Administrator was asked if he had implemented the facility's policy to complete an incident report for Resident #1's injury of unknown origin. He stated, "No." The above documented section of the facility's "Abuse, Neglect, & Exploitation Policy" was reviewed with the Administrator. He was asked if he had implemented the facility's abuse/neglect policy to investigate and to maintain a written record of the investigation. He stated, "No."</p>	A 310		

<p>Brookdale Echelon Lake</p> <p>License:sipfep</p>	<p>HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE.</p>	<p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE.</p>	<p>WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR.</p>	<p>HOW THE FACILITY MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR.</p>
<p>A1281</p> <p>Date of Compliance: 10/11/19</p>	<p>The glucometer noted on Medication Cart #4 has been discarded. The [REDACTED] from unknown resident has been discarded. New [REDACTED] for Resident #1's dedicated use has been obtained. Resident #3's dedicated [REDACTED] opened on 10/9/19, is continuing to be used solely for Resident #3.</p>	<p>Facility removed all old glucometers during time of survey as immediate jeopardy situation was identified by surveyor. All residents in facility with [REDACTED] diagnosis have been audited to ensure dedicated [REDACTED]s are being utilized and that [REDACTED] are maintained per CDC guidelines and facility policy.</p>	<p>-CMA/ nurses completed In Service Training on CDC guidelines titled, "Infection Prevention during [REDACTED] Monitoring and [REDACTED] Administration "and facility policy titled, "How to Clean and Maintain a [REDACTED]" on 10/9/19, 10/10/19 and 10/11/19</p>	<p>-RN designee to review the medication cart, weekly for 4 weeks, then monthly to ensure that the [REDACTED] are properly maintained for safe dedicated resident use.</p> <p>ED to verify with HWD or designee on a quarterly basis.</p>
<p>A1299</p> <p>Date of Compliance: 10/11/19</p>	<p>No actual harm was caused to Resident #1 or Resident #3. Physician for both resident #1 and #3 were both notified. Facility P&P in-service on "How to: Hand Washing" on 10/9/19, 10/10/19 and 10/11/19</p>	<p>All residents in the facility who have [REDACTED] Monitoring and the potential to be affected by the same deficient practice have been identified.</p>	<p>-CMA/ nurses completed In Service Training on facility policy titled, [REDACTED] Injection [REDACTED] Readings" on 10/9/19, 10/10/19 and 10/11/19</p>	<p>-RN designee to complete random observations weekly for 4 weeks, then monthly to ensure that proper adherence to infection control is maintained during [REDACTED] administration process.</p> <p>ED to verify with HWD or designee on a quarterly basis.</p>
<p>A1303</p> <p>Date of Compliance: 10/11/19</p>	<p>Unlabeled glucometers noted on Medication Carts #1 and #2 have been discarded. [REDACTED] noted on Medication Cart #3 has been discarded. New [REDACTED] for Resident #1's dedicated use has been obtained. Resident #3's dedicated [REDACTED] opened on 10/9/19, is continuing to be used solely for Resident #3. [REDACTED] noted on Medication Cart #4 has been discarded. The insulin pen on Med Cart #2 was discarded and a new [REDACTED] replaced by facility. [REDACTED] noted on Medication Cart #4 was removed and returned to outside laboratory provider.</p>	<p>Facility removed all old [REDACTED] during time of survey as immediate jeopardy situation was identified by surveyor. All residents in facility with [REDACTED] dependent diabetes diagnosis have been audited to ensure dedicated [REDACTED] are being utilized and that [REDACTED] are maintained per CDC guidelines and facility policy. Outside laboratory provider has been notified of not being able to have [REDACTED] in facility.</p>	<p>-CMA/ nurses completed In Service Training on CDC guidelines titled, "Infection Prevention during [REDACTED] Monitoring and Insulin Administration "and facility policy titled, "How to Clean and Maintain a [REDACTED]" on 10/9/19, 10/10/19 and 10/11/19</p>	<p>-RN designee to review the medication cart, weekly for 4 weeks, then monthly to ensure that the [REDACTED] are properly maintained for safe dedicated resident use.</p> <p>ED to verify with HWD or designee on a quarterly basis.</p>