STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65A008	A. BUILDING: _____ B. WING _____	C 08/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA TERRA BY MONARCH	2 KATHLEEN DRIVE JACKSON, NJ 08527

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00174997 and NJ00175131 CENSUS: 81 SAMPLE SIZE: 3 SURVEY DATE: 08/22/2024 - 08/26/2024 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, based on this Complaint Survey. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 751	8:36-7.3(b) Resident Assessments and Care Plans (b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. This REQUIREMENT is not met as evidenced by: Based on interview, record review, facility document review, and facility policy review, the facility failed to effectively implement strategies	A 751		

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

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A 751	Continued From page 1	A 751		

listed for 1 (Resident #3) of 3 sampled residents' health service plan related to NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 Specifically, Resident #3 NJ Exec Order 2 from the facility's NJ Exec Order 2 NJ Exec Order 26.4b1 through a NJ Exec Order 26. in a room being renovated when the room door was left unlocked and the window left open by a construction worker. The resident NJ Exec Order 2 a NJ Exec Order 26.4b1 when the resident NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 .

Findings included:

A facility policy titled, "Elopement/Missing Resident," revised 11/28/2023, indicated "The community will ensure residents who are at risk for elopement are identified and that proper interventions are implemented to minimize elopement opportunities." The policy also indicated, "3. The resident's care plan will identify if the resident is determined to be at risk for elopement and interventions to minimize risk will be included in the care plan."

A demographic record revealed the facility admitted Resident #3 on NJ Exec Order 26.4b1. According to the demographic record, the resident had a medical history that included diagnoses of NJ Exec Order 26.4b1

Resident #3's admission "Senior Living Evaluation," dated NJ Exec Order 26.4b1, revealed, under the "Safety and Risk" section that Resident #3 was a NJ Exec Order 26.4b1 resident and received NJ Exec Order 2 as part of the "NJ Exec Order 26.4b1 package." Further review revealed the resident could NJ Exec Order 26.4b1 and was NJ Exec Orde

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A 751	Continued From page 2	A 751		

Resident #3's "Care Plan," last updated on NJ Exec Order 26.4b1, included a care item that indicated the resident required NJ Exec Order 26 The Care Plan directed staff to do NJ Exec Order 26.4b1 on the resident and indicated there would be assistance from a NJ Exec Order 26.4b1). The Care Plan also included a care item that indicated staff were to perform NJ Exec Order 26.4b1 on Resident #3 as of NJ Exec Order 26.4b1.

Resident #3's "Charted Care Report" generated on NJ Exec Order 26.4b1 revealed no evidence of NJ Exec Order , and NJ Exec Order 26.4b1. Per the Charted Care Report, NJ Exec Order 26 were completed on NJ Exec Order 26.4b1 4 at 7:00 AM, NJ Exec Order 26.4b1 at 11:15 PM, and NJ Exec Order 26.4b1 at 7:00 AM, 3:00 PM, and 11:15 PM.

A "Reportable Event Record/Report" revealed that on NJ Exec Order 26.4b1 2:35 PM, Resident #3 NJ Exec Order 2 from the NJ Exec Order 26.4b1 Per the Reportable Event Record/Report, Resident #3 was NJ Exec Order 26.4b1 . The Reportable Event Record/Report revealed that upon investigation it was determined that construction workers had left a door unlocked and a window unhinged to a vacant room that was being renovated and the resident NJ Exec Order . Per the Reportable Event Record/Report, immediate NJ Exec Order 26.4b1 included an in-service held with staff regarding frequent door and window checks; windows checks completed by maintenance; Resident #3 was sent to the NJ Exec Order 26.4b1 and was referred for a NJ Exec Order 26.4b1.

Resident #3's NJ Exec Order 26.4b1 "Senior Living Evaluation," dated NJ Exec Order 26.4b1, revealed, under the "Safety and Risk" section titled, NJ Exec Order 26.4b1

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A 751	Continued From page 3	A 751		

Risk Evaluation," "Staff is aware to do [redacted] on residents and making sure [the resident] is [redacted] at all times. Resident is also assisted by [redacted]." The Senior Living Evaluation also indicated the resident had a history of [redacted], [redacted] in the past [redacted] and had [redacted]. The section titled, "[redacted]" indicated the resident was at [redacted] for [redacted] and needed staff assistance through [redacted].

A "Reportable Event Record/Report," revealed that on [redacted] at 5:10 PM, Resident #3 [redacted] for a [redacted] Per the Reportable Event Record/Report, Resident #3 was [redacted] around 5:10 PM. Per the Reportable Event Record/Report, the resident [redacted]. The Reportable Event Record/Report revealed the resident was [redacted] and was [redacted] y. Per the Reportable Event Record/Report, new [redacted] put into place after the incident included a [redacted] was put into place, the resident's [redacted], and the resident's [redacted]

During an interview on 08/22/2024 at 12:30 PM, the Executive Director (ED) stated Resident #3 [redacted] from the [redacted]. The ED stated the [redacted] happened on [redacted]. The ED stated Resident #3 resided in the facility's [redacted]. The ED stated active renovations were happening around the facility. The ED stated it was discovered that on [redacted] Resident #3 [redacted] located in a vacant room that was being renovated. The ED stated it was discovered that

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A 751	Continued From page 4	A 751		

workers had left the door unlocked, and the window opened to air out the paint smell. The ED stated Resident #3 was NJ Exec Order 26.4b1 [redacted]. The ED said Resident #3 was NJ Exec Order 26.4b1 [redacted] by staff, was NJ Exec Order 26.4b1 and NJ Exec O [redacted] and a NJ Exec Order 26.4b1 was recommended. The ED said the immediate actions taken included maintenance secured all the windows and staff were in-serviced regarding resident safety during the renovation. The ED said she had a discussion with the contractors regarding the importance of safety and security for the NJ Exec Order 26.4b1 and stated Resident #3's care plan was updated to indicate the resident was NJ Exec Order 26.4b1. The ED stated unfortunately, there was a NJ Exec Order 26 [redacted]. The ED said Resident #3 was NJ Exec Order 26.4b1 around 5:00 PM. The ED stated the resident had NJ Exec Order 26.4b1 [redacted]. She said staff NJ Exec Order 26.4b1 the resident and NJ Exec Order 26.4b the resident NJ Exec Order 26.4b1. The ED said the NJ Exec Order 26.4b1 was completed on NJ Exec Order 26.4b1 and the resident's care plan was updated as NJ Exec Order 26.4b1 and included a NJ Exec Order 26.4b1.

During a follow-up interview on 08/23/2024 at 1:57 PM, the ED stated the NJ Exec Order 26.4b1 were conducted once the resident's service plan was updated on NJ Exec Order 26.4b1, however the resident did not NJ Exec Order 26.4b1 until around midnight on NJ Exec Order 26.4b1. The ED further stated it was discovered the electronic monitoring system was not collecting data for any of the residents, but once the issue was resolved, the data tracking worked properly.

POC received 2/2/25

MONARCH
BELLA TERRA

Monarch Bella Terra
Plan of Correction
Survey Date: 8.26.24

A751

Resident #3 was assessed for risk of NJ Exec Order 26.4b1. Assessment result placed on care plan and noted on staff assignment sheet.

Elopement risk assessments will be completed within 24 hours of identification of risk or in the event of a new incident. Residents identified as an elopement risk will have interventions implemented and the ED, Regional Nurse, family and physician will be made aware. Those interventions can include placement in Bella Terra's secured Memory Care neighborhood, frequent visual monitoring, and/or reviewing of all medications.
The care plan and assignment sheet will be updated immediately outlining all related interventions.

A periodic review of assessments and care plans will be conducted by the ED and Regional Nurse. In addition, residents assessed as an elopement risk will have their Resident Assessment and Care Plan reviewed during QA & QI meetings.

Assignment sheets will be periodically audited by the RN, ED, and Regional Nurse for compliance and completion.

Submitted By: Amauris Bustamante, CALA, CDP.
Date: 2.2.25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0751	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-7.3(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/02/2025	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
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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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	
8/26/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

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Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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LSC		LSC		LSC	
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