



The surveyor conducted an interview with Allegria's Executive Director (ED) who stated it was unknown how the resident got out of the facility. The surveyor also interviewed the facility's Director of Nursing (DON) who stated the resident did not have a wander guard, an electronic accessory worn by a resident as a wander management solution, in place at the time of the elopement, nor was the wander guard indicated on the Medication Administration Record (MAR). The surveyor reviewed the facility documents titled "General Service Evaluation – Level of Care" and "Wellness Baseline" both dated July 2022, which stated the resident required a wander guard upon move-in. The facility failed to provide the order for the wander guard on the MAR which led to the facility failing to follow the facility's policy and procedure titled "Wander Guard" by not observing the wander guard daily and signing off as viewed on the MAR.

The ED also stated the resident's assessment was not completed upon the resident's return to the facility from the hospital. On March 8, 2023, the ED and ADON both confirmed the resident should have been reassessed upon return to the facility. The facility failed to assess the resident to determine that the resident's safety and medical needs were met.

The surveyor reviewed the facility document titled "Progress Notes," which revealed the resident had a fall on December 8, 2022, requiring hospital evaluation and returned on the same day. The surveyor also interviewed the Assistant Director of Nursing (ADON), who stated the wander guard was removed before the resident left the facility to be assessed at the hospital. Thus, the resident did not have a wander guard in place from December 8, 2022, to January 21, 2023.

The facility is in violation of N.J.A.C. 8:36-3.4(a)(1), which requires the administrator or designee to be responsible for ensuring the development, implementation, and enforcement of all policies, and procedures, including resident rights. The surveyor reviewed the facility's policy titled, "Wander Guard" which stated the device will be tested for function weekly, or as applicable, and signed as functioning in the MAR. If the device does not function or if the device is missing, it will be replaced immediately. The facility failed to provide on the MAR the order for the wander guard that was written upon move-in. Survey determined that the administrator failed to implement and enforce the facility's policy and procedure titled "Wander Guard" which resulted in a resident eloping from the facility's secured memory care unit.

The facility is also in violation of N.J.A.C. 8:36-7.4(c)(1) for failing to reassess the resident upon return from the hospital, where the resident was diagnosed with a nasal fracture, and for failing to determine whether the resident's safety and medical needs were met.

In accordance with N.J.A.C. 8:43E-3.4(a)(10), and because the violations of N.J.A.C. 8:36-3.4(a)(1) and N.J.A.C. 8:36-7.4(c)(1) resulted in either actual harm to a patient or resident, or in an immediate and serious risk of harm, a penalty of \$2,500 per day is assessed from December 8, 2022, the day the resident's wander guard should have been placed upon return from the hospital, to January 21, 2023, the day the resident eloped and local police witnessed the resident fall, which resulted in a nasal fracture. Thus, the total penalty assessed for this violation is \$112,500.

The total penalty imposed for these violations is \$112,500.

The total amount of this penalty is required to be paid within 30 days of receipt of this letter by certified check or money order made payable to the "Treasurer of the State of New Jersey" and forwarded to Office of Program Compliance, New Jersey Department of Health, P.O. Box 358, Trenton, New Jersey 08625-0358, Attention: Lisa King. **On all future correspondence related to this Notice, please refer to Control AX22006.**

#### **INFORMAL DISPUTE RESOLUTION (IDR)**

N.J.A.C. 8:43E-2.3 provides facilities the option to challenge factual survey findings by requesting Informal Dispute Resolution with Department representatives. Facilities wishing to challenge only the assessment of penalties are not entitled to IDR review, but such facilities may request a formal hearing at the Office of Administrative Law as set forth herein below. Please note that the facility's rights to IDR and administrative hearings are not mutually exclusive and both may be invoked simultaneously. IDR requests must be made

in writing within ten (10) business days from receipt of this letter and must state whether the facility opts for a telephone conference or review of facility documentation only. The request must include an original and ten (10) copies of the following:

1. The written survey findings;
2. A list of each specific deficiency the facility is contesting;
3. A specific explanation of why each contested deficiency should be removed; and
4. Any relevant supporting documentation.

Any supporting documentation or other papers submitted later than 10 business days prior to the scheduled IDR may not be considered at the discretion of the IDR panel. Send the above-referenced information to:

Nadine Jackman, Office of Program Compliance  
New Jersey Department of Health  
P.O. Box 358  
Trenton, New Jersey 08625-0358

The IDR review will be conducted by professional Department staff who do not participate in the survey process. Requesting IDR does not delay the imposition of any enforcement remedies.

**FORMAL HEARING:**

Allegría Assisted Living is entitled to challenge the assessment of penalties pursuant to N.J.S.A. 26:2H-13, by requesting a formal hearing at the Office of Administrative Law (OAL). The facility may request a hearing to challenge any or all of the following: the factual survey findings and/or the assessed penalties. Allegría Assisted Living must advise this Department within 30 days of the date of this letter if it requests an OAL hearing.

Please forward your OAL hearing request to:

Attention: OAL Hearing Requests  
Office of Legal and Regulatory Compliance, New Jersey Department of Health  
P.O. Box 360  
Trenton, New Jersey 08625-0360

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if Allegría Assisted Living is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Allegría Assisted Living is further required to submit a written response to each, and every charge as specified in this notice, which shall accompany its written request for a hearing.

Failure to submit a written request for a hearing within 30 days from the date of this notice will render this a final agency decision. The final agency order shall thereafter have the same effect as a judgment of the court. The Department also reserves the right to pursue all other remedies available by law.

Finally, be advised that Department staff will monitor compliance with this notice to determine whether corrective measures are implemented by Allegría Assisted Living in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of additional penalties.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this notice, please contact Lisa King, Office of Program Compliance at [Lisa.King@doh.nj.gov](mailto:Lisa.King@doh.nj.gov).

Sincerely,

A handwritten signature in blue ink that reads "Gene Rosenblum". The signature is fluid and cursive, with the first name "Gene" being more prominent and the last name "Rosenblum" following in a similar style.

Gene Rosenblum, Director  
Office of Program Compliance  
Division of Certificate of Need and Licensing

GR:LK:jc:nj  
DATE: June 7, 2023  
E-MAIL: [KATHLEEN.MALAVAR@ALLEGRA.SL.COM](mailto:KATHLEEN.MALAVAR@ALLEGRA.SL.COM)  
REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED  
Control# AX22006