



**State of New Jersey**  
**DEPARTMENT OF HEALTH**  
 PO BOX 358  
 TRENTON, N.J. 08625-0358  
[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

JUDITH M. PERSICILLI, RN, BSN, MA  
*Commissioner*

IN RE: LICENSURE VIOLATION	:	NOTICE OF
	:	ASSESSMENT OF
NJ Facility ID #: NJ90106	:	PENALTIES

TO: Lavanda Clinkscales, Administrator  
 Brightview Mount Laurel  
 400 Fernbrooke Lane  
 Mount Laurel, NJ 08054

The Health Care Facilities Planning Act (N.J.S.A. 26:2H-1 et seq.) (the Act) provides a statutory scheme designed to ensure that all health care facilities are of the highest quality. Pursuant to the Act and N.J.A.C. 8:43E-1.1 et seq., General Licensure Procedures and Standards Applicable to All Licensed Facilities, the Commissioner of the Department of Health (the "Department") is authorized to inspect all health care facilities and to enforce the Standards for Licensure of Assisted Living Facilities set forth at N.J.A.C. 8:36-1.1 et seq.

**LICENSURE VIOLATIONS & MONETARY PENALTIES:**

Staff from the Department (Department) visited Brightview Mount Laurel (the facility) on May 18, 2022, for the purpose of conducting a complaint survey. The report of this visit, which is incorporated herein by reference, revealed the following licensure violations:

1. The facility was in violation of N.J.A.C. 8:36-5.1(a)-General requirement – Survey Tag A447. Based on interviews and record review, it was determined that the facility failed to ensure that consultations received by outside providers were coordinated and implemented into two residents' care plans. The facility's Registered Nurse (RN) failed to coordinate information from multiple psychiatric consultations for integration into Resident #1's dementia care plan. For Resident #2, who suffers with "adjustment disorder" related to escalating frustration due to the resident's spouse's decline due to dementia, the RN failed to develop and implement the recommendations from Resident #2's Psychiatry Service Report into Resident #2's service plan.

In accordance with N.J.A.C. 8:43E-3.4(a)(7), because the violations were related to patient care, and represented a risk to the health, safety, or welfare of residents at the facility and such deficiencies are isolated or occasional and do not represent a pattern or widespread practice

throughout the facility, \$500 per violation is assessed for these two violations, amounting to \$1,000.

2. The facility was in violation of N.J.A.C. 8:36-7.3(a)-Resident Assessments and Care Plans – Survey Tag A749. Based on interviews and record review, it was determined that the facility failed to develop, revise, and implement service plans (SP) with specific interventions to address psychosocial behaviors for Residents #1 and #2. Review of Resident #1's "Service Plans"(SP), dated 12/14/21, 1/11/22 and 3/17/22, showed the facility failed to include interventions provided by the Memory Care Director (MCD) to the resident. The facility failed to update Resident #1's SP to reflect the Psychiatrist's recommendations for the resident's behavioral disturbances due to the dementia diagnosis, which included diagnosis, symptoms, target behaviors, medication use/effects, and possible side effects of the medications. Resident #2, Resident #1's spouse, reported to the facility that she/he felt frustrated by Resident #1's condition and behaviors. The facility failed to revise Resident #2's service plan to address the resident's new diagnosis of adjustment disorder to include the interventions to aide Resident #2 to cope with Resident #1.

In accordance with N.J.A.C. 8:43E-3.4(a)(7), because the violations were related to patient care, and represented a risk to the health, safety, or welfare of residents at the facility and such deficiencies are isolated or occasional and do not represent a pattern or widespread practice throughout the facility, \$500 per violation is assessed for these two violations, amounting to \$1,000.

3. The facility was in violation of N.J.A.C. 8:36-7.5(c)-Resident Assessments and Care Plans – Survey Tag A779. Based on interviews and record review, it was determined that the facility failed to notify an RN of Resident #1's change in condition and need for the resident to be evaluated by a physician due to the resident's increased anxiety, agitation, and inability to sleep. The surveyor interviewed the Director of Nursing (DON) and inquired about a psychiatry consult and if she was aware of Resident #1's change in behaviors and the escalation between Resident #1 and Resident #2 that occurred weeks ago. The DON stated that she was on a leave of absence from October 2021 through April 2022. The DON was not aware of any incident and stated that two other RNs covered in her absence. However, the surveyor interviewed the two RNs, and both stated that they were not aware of Resident #1's behavior changes, escalation between Resident #1 and #2, and an evaluation by a psychiatrist.

In accordance with N.J.A.C. 8:43E-3.4(a)(7), because the violations were related to patient care, and represented a risk to the health, safety, or welfare of residents at the facility and such deficiencies are isolated or occasional and do not represent a pattern or widespread practice throughout the facility, \$500 is assessed for this violation.

4. The facility was in violation of N.J.A.C. 8:36-7.5(d)-Resident Assessments and Care Plans – Survey Tag A781. Based on interviews and record review, the facility failed to notify the resident's physician of a significant change in the resident's physical or cognitive/mental condition and record any physician intervention. The facility failed to notify the physician and it failed to document the resident's refusal of a blood draw to measure TSH (Thyroid-stimulating hormone), which is monitored to determine thyroid function and dosing of thyroid replacement therapy.

In accordance with N.J.A.C. 8:43E-3.4(a)(7), because the violations were related to patient care, and represented a risk to the health, safety, or welfare of residents at the facility and such

deficiencies are isolated or occasional and do not represent a pattern or widespread practice throughout the facility, \$500 is assessed for this violation.

5. The facility was in violation of N.J.A.C. 8:36-11.3(a)(2)-Pharmaceutical Services – Survey Tag A929. Based on interviews and record review, it was determined that the facility failed to implement a system for monitoring and accountability for self-administration of medications by residents and/or by a family member in order to assure that medications are administered in accordance with prescriber's orders, for four residents. Although the residents self-administered their medications, Resident #2, who also cared for her spouse Resident #1 including his medications, moved into the facility with a diagnosis that included a mild cognitive disorder. Resident #5's medical record revealed that the resident was alert and oriented to person, place and time and was independent with medication administration; this resident was not available for interview. Resident #6's medical record revealed that the resident had mild long/short term memory impairment with periods of disorientation to person, place and time. To reorder medication Resident #6 had to inform the nurse when 3 to 4 doses remained to ingest. Nonetheless, the DON/RN told the surveyors that there was no system in place to reconcile medication doses in order to ensure that the residents were administering their medications in accordance with the prescriber's orders.

In accordance with N.J.A.C. 8:43E-3.4(a)(7), because the violations were related to patient care, and represented a risk to the health, safety, or welfare of residents at the facility and such deficiencies are isolated or occasional and do not represent a pattern or widespread practice throughout the facility, \$500 per violation is assessed for these four violations, amounting to \$2,000.

6. The facility was in violation of N.J.A.C. 8:36-13.2-Social Work Services – Survey Tag A1021. The facility failed to ensure that two residents received social work services during times of need. The surveyor interviewed the Health Service Director (HSD), who confirmed that the facility did not have social work services for the residents. Resident #2, who helped care for his/her spouse, Resident #1, complained to the Assisted Living Director (ALD) about her frustration over Resident #1's dementia. But there were no social work services to assist Resident #2, who was diagnosed with adjustment disorder, with mixed anxious and depressive symptoms for periods of increased stress related to care giver strain. The facility did not have a social worker to provide services to assist with Resident #1's dementia issues, with Resident #2's adjustment disorder, or services to help Resident #2 deal with Resident #1.

In accordance with N.J.A.C. 8:43E-3.4(a)(7), because the violations were related to patient care, and represented a risk to the health, safety, or welfare of residents at the facility and such deficiencies are isolated or occasional and do not represent a pattern or widespread practice throughout the facility, \$500 per violation is assessed for these two violations, amounting to \$1,000.

These violations pertain to the care of residents using the services at Brightview Mount Laurel. In accordance with N.J.S.A. 26:2H-13 and N.J.A.C. 8:43E-3.4(a), Brightview Mount Laurel is hereby assessed penalties amounting to \$6,000.00.

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 X21037.**

**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. 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:

- The written survey findings;
- A list of each specific deficiency the facility is contesting;
- A specific explanation of why each contested deficiency should be removed; and
- 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.

**FORMAL HEARING:**

Brightview Mount Laurel is entitled to a prompt formal hearing at the Office of Administrative Law (OAL) to challenge this assessment of penalties pursuant to N.J.S.A. 26:2H-13. Brightview Mount Laurel may request a hearing to challenge the assessment of penalties. Brightview Mount Laurel must advise this Department within 30 days of receipt of this letter if it requests an OAL hearing regarding this matter.

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 Brightview Mount Laurel is owned by a corporation, representation by counsel is required by law.

In the event of an OAL hearing regarding this matter, Brightview Mount Laurel is further required to submit a written response to every charge specified in this Notice, which shall accompany your written request for a hearing.

Be advised that Department staff will monitor facility compliance with this Notice to determine whether corrective measures are implemented by the facility and whether assessed penalties are

paid 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.

In accordance with N.J.A.C. 8:43E-3.5(c)(1), failure to submit a written request for a hearing within 30 days from the date of receipt of this notice will render this a final agency decision assessing the amount of the penalty, which shall then become due and owing. Further, at the request of the Department, the Clerk of the Superior Court or the Clerk of the Superior Court, Law Division, Special Civil Part, shall record the final order assessing the penalty on the judgment docket of the court, in accordance with N.J.S.A. 2A:58-10. The final agency decision shall thereafter have the same effect as a judgment of the court.

Sincerely,

A handwritten signature in blue ink, appearing to read "Gene Rosenblum", written in a cursive style.

Gene Rosenblum, Director  
Office of Program Compliance

LK:mdj  
DATE: November 2, 2022  
REGULAR AND  
CERTIFIED MAIL:  
RETURN RECEIPT REQUEST  
Control # X21037