

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50a003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE MONROE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 FORSGATE DRIVE MONROE TOWNSHIP, NJ 08831</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ00188918</p> <p>Census: 110</p> <p>Sample Size: 3</p> <p>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. 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.</p>	A 000		
A 235	<p>8:36-2.4(d) Licensure Procedures</p> <p>(d) Survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and resident records and conferences with residents.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188918</p> <p>Based on observation, interview, and record</p>	A 235		

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

TITLE

(X6) DATE

12/11/25

New Jersey Department of Health

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A 235	<p>Continued From page 1</p> <p>review, the facility failed to provide full access to review facility documents and resident records for 1 of 3 residents reviewed, Resident # 2. This deficient practice was evidenced by the following:</p> <p>On 10/3/25 at 3:03 p.m., the New Jersey Department of Health (DOH) received a Facility Reportable Event (FRE) (a form utilized by facilities to report an incident) revealed that Resident <b>NJ Ex Order 26. 4B1</b>. The report indicated that a facility staff member checked on the resident at 5:44 a.m., to administer medications, but Resident # 2 was <b>NJ Ex O</b> his/her room. Staff began to <b>NJ Ex Order 26. 4B1</b> the resident and <b>NJ Ex Order 26. 4B1</b>. The resident appeared <b>NJ Ex Order 26. 4B1</b>.</p> <p>On 10/7/25 at 9:15 a.m., the surveyor interviewed the Associate Executive Director (AED) during the entrance conference, at which time the surveyor requested copies of facility policies and procedures, and a copy of the incident investigation report regarding the resident <b>NJ Ex Order 26. 4B1</b>.</p> <p>At 10:20 a.m., the surveyor reviewed the January 2024 facility policy and procedure titled, "BAIRS Incident Reporting Policy", that revealed "Policy Detail: ... The Completed Incident Report should not be printed unless state regulations require a hard copy be kept in a secure, private area that can be locked."</p> <p>At 12:50 p.m., the surveyor again requested a copy of the incident investigation report regarding the <b>NJ Ex Order 26. 4B1</b>. The AED stated that the report was an internal document and cannot be provided to the surveyor.</p>	A 235		
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A 313	Continued From page 2	A 313		
A 313	<p>8:36-3.4(a)(4) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>4. Ensuring the provision of staff orientation and staff education;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188918</p> <p>Based on interview and record review, it was determined that the Executive Director of the facility failed to provide education to the facility staff regarding an <b>NJ Ex Order 26. 4B1</b> of 3 residents reviewed, Resident # 2. This deficient practice was evidenced by the following:</p> <p>On 10/3/25 at 3:03 p.m., the New Jersey Department of Health (DOH) received a Facility Reportable Event (FRE) (a form utilized by facilities to report an incident) revealing that Resident # <b>NJ Ex Order 26. 4B1</b>. The report indicated that a facility staff member checked on the resident at 5:44 a.m., to administer medications, but the resident was not in his/her room. Staff began to <b>NJ Ex Order 26. 4B1</b> the resident and <b>NJ Ex Order 26. 4B1</b>. The resident appeared <b>NJ Ex Order 26. 4B1</b>.</p> <p>On 10/7/25 at 12:20 p.m., the surveyor interviewed the Associate Executive Director (AED) regarding staff education provided after the <b>NJ Ex Order 26.4(b)(1)</b>. The AED stated that <b>NJ Ex Order 26. 4B1</b> Drills were routinely conducted for the facility staff.</p>	A 313		

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A 313	<p>Continued From page 3</p> <p>When inquired about providing staff with an in-service or re-education after the <b>NJ Ex Order 26. 4B1</b>, the AED stated that none was provided.</p> <p>At 12:53 p.m., the surveyor reviewed a facility document titled, "Record of Elopement Drill Healthcare Facility", dated 9/29/25, which revealed an <b>NJ Ex Order 26. 4B1</b> drill was conducted at the facility during the evening shift (3 p.m. to 11 p.m.). The surveyor observed that the staff members signed their names on the back of the form. Upon continued surveyor review, no written documentation that indicated additional education was provided after the <b>NJ Ex Order 26. 4B1</b> was located.</p> <p>At 3:12 p.m., the surveyor interviewed the AED, Director of Nursing, and the Executive Director (ED), who was on the phone, regarding the lack of education after the <b>NJ Ex Order 26. 4B1</b>. The ED stated that she educated Resident # 2 regarding the procedure for leaving the facility and staff performed an <b>NJ Ex Order 26. 4B1</b> drill, but when asked about staff education, she stated that there was no staff re-education provided.</p>	A 313		
A 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate</p>	A 401		

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A 401	<p>Continued From page 4</p> <p>while providing services and care;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188918</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure a safe environment for 1 of 3 residents reviewed, Resident # 2. This deficient practice was evidenced by the following:</p> <p>On 10/3/25 at 3:03 p.m., the New Jersey Department of Health (DOH) received a Facility Reportable Event (FRE) (a form utilized by facilities to report an incident) revealing that Resident # <b>NJ Ex Order 26. 4B1</b>. The report indicated that a facility staff member checked on Resident # 2 at 5:44 a.m., to administer medications, but he/she was not in his/her room. Staff began to <b>NJ Ex Order 26. 4B1</b> Resident # 2 and <b>NJ Ex Order 26. 4B1</b>. The resident appeared <b>NJ Ex Order 26. 4B1</b>.</p> <p>On 10/7/25 at 9:36 a.m., the surveyor interviewed the Receptionist regarding the procedures when residents <b>NJ Ex Order 26.4(b)(1)</b> the facility. The Receptionist stated that each resident signed out in a book at the front desk and signed in when they returned. When the surveyor asked if staff were always present at the front desk, the Receptionist stated that staff were not always present and there were no cameras that monitored the building.</p> <p>In the same interview, when the surveyor asked what time the front doors were locked and the procedure for letting a resident back into the</p>	A 401		

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A 401	<p>Continued From page 5</p> <p>building. The Receptionist stated that the front doors were locked at 7 p.m. and that if a resident returned to the building, they called the facility's main number, which would be re-directed to the nurses' station, and then a staff member unlocked the door for them. When the surveyor asked how did she know of residents who wandered, the Receptionist stated there was a binder. The surveyor reviewed the binder which displayed a picture of each resident, their name, and room number. Resident #2 was included in the binder with the same information noted.</p> <p>At 9:52 a.m., the surveyor interviewed the Director of Nursing (DON), a Registered Nurse, who stated that two (2) days prior to the [NJ Ex Order 26. 4B1], Resident # 2 talked about babysitting and about his/her mother. The DON stated the facility attempted twice to have the Resident # 2 transferred to the [NJ Ex Order 26. 4B1], but Resident # 2 refused both times. The DON stated that the Certified Medication Aide (CMA) administered [NJ Ex Order 26. 4B1] at 12:00 a.m., and checked on Resident # 2 again at 1 a.m. The DON stated that the CMA had told the DON that Resident # 2 repeatedly pushed the button on the pendant ([NJ Ex Order 26. 4B1]).</p> <p>When asked if he/she was [NJ Ex Order 26.] or needed something, Resident # 2 stated "[NJ Ex 1]". The DON further stated that after Resident # 2 [NJ Ex Order 26.], a caregiver [NJ Ex Order 26.] Resident # 2 who attempted to come back into the building via the front doors and stated he/she [NJ Ex Order 26.4(b)(1)] and was looking for it. In addition, the DON stated that Resident # 2 utilized a wheelchair and often complained about both of his/her [NJ Ex Order 26. 4B1] and needed to be pushed in the wheelchair. The DON stated that Resident # 2 was then transferred to the [NJ Ex Order 26. 4B1] and returned to the facility on [NJ Ex Order 26. 4B1]. The DON performed an</p>	A 401		
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A 401	<p>Continued From page 6</p> <p>assessment upon Resident # 2's return and followed up with <b>NJ Ex Order 26. 4B1</b>.</p> <p>At 10:40 a.m., the surveyor reviewed Resident # 2's Medical Record (MR) which revealed Resident # 2 was <b>NJ Ex Order 26. 4B1</b></p> <p>At 11:42 a.m., the surveyor interviewed the CMA, regarding the night of the <b>NJ Ex Order 26. 4B1</b>. The CMA stated that she administered <b>NJ Ex Order 26. 4B1</b> to Resident # 2 at 12:00 a.m. on 10/2/25 while he/she was sitting in a wheelchair. The CMA also stated that she checked at 5:20 a.m. and Resident # 2 was still sitting in the wheelchair and talked about <b>NJ Ex Order 26.4(b)(1)</b></p> <p>Then the CMA stated that she checked at 5:44 a.m., at which time Resident # 2 was <b>NJ Ex Order 26. 4B1</b>. The CMA further stated she looked around Resident # 2's room, throughout the second floor, and then notified other staff members that Resident # 2 was <b>NJ Ex Order 26. 4B1</b>. In addition, the CMA stated that she attempted to notify the DON as a Certified Nursing Assistant (CNA) <b>NJ Ex Order 26. 4B1</b> Resident # 2, who attempted to <b>NJ Ex Order 26. 4B1</b> him/herself <b>NJ Ex Order 26.4(b)(1)</b> through the <b>NJ Ex Order 26.4(b)(1)</b>. The CMA also stated that the CNA reported that Resident # 2 stated he/she went <b>NJ Ex Order 26. 4B1</b> to look for his/her <b>NJ Ex Order 26.4(b)(1)</b> in the <b>NJ Ex Order 26. 4B1</b></p> <p>In the same interview, the CMA further stated that the night before, Resident # 2 <b>NJ Ex Order 26. 4B1</b>. The surveyor inquired if a <b>NJ Ex Order 26. 4B1</b> referral was in place or if Resident # 2's physician was notified about the <b>NJ Ex Order 26. 4B1</b>, the CMA stated <b>NJ Ex</b>. When asked about the front doors being locked, the CMA</p>	A 401		

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A 401	Continued From page 7  stated that the interior front doors were locked at 7:00 p.m., but residents and staff still exited the building, just not able to return without calling. The CMA stated that she unlocked the internal front doors at 6:00 a.m. each morning.  At the time of the survey, the CNA was not available for interview.	A 401		
A 477	8:36-5.1(i) General Requirements  (i) An existing assisted living residence or comprehensive personal care home which increases its number of licensed beds on or after September 1, 2001, shall occupy at least 10 percent of the additional beds with Medicaid-eligible persons and shall maintain this level of Medicaid occupancy thereafter.  This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188918  Based on interview and record review, it was determined that the facility failed to maintain a level of at least ten (10) percent of Medicaid occupancy. This deficient practice was evidenced by the following:  On 10/7/25 at 9:15 a.m., the surveyor interviewed the Associate Executive Director (AED) during the entrance conference. When asked about the number of facility residents who received Medicaid, the AED responded that there were <span style="background-color: black; color: white; font-size: small;">NJ Ex Order 26, 4B1</span> residents. The surveyor inquired again about the number of residents who received Medicaid, and the AED confirmed that there were	A 477		

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A 477	Continued From page 8  [redacted] residents that received Medicaid.  At 9:44 a.m., the surveyor reviewed the facility census, showing a total of 110 residents at the facility. The surveyor observed that [redacted] residents received Medicaid out of a census of 110 equalled <b>NJ Ex Order 26. 4B1</b> , which was below the <b>NJ Ex Order 26. 4B1</b> threshold.	A 477		
A 709	8:36-7.2(d)(1-18) Resident Assessments and Care Plans  (d) Each health care assessment by the registered professional nurse shall include, at a minimum, evaluation of the following:  1. Need for assistance with "activities of daily living";  2. Cognitive patterns;  3. Communication/hearing patterns;  4. Vision patterns;  5. Physical functioning and structural problems;  6. Continence;  7. Psychosocial well-being;  8. Mood and behavior problems;  9. Activity pursuit patterns;  10. Disease diagnoses;  11. Health conditions and preventive health	A 709		

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A 709	<p>Continued From page 9</p> <p>measures, including, but not limited to, pain, falls, and lifestyle;</p> <p>12. Oral/nutritional status;</p> <p>13. Oral/dental status;</p> <p>14. Skin conditions;</p> <p>15. Medication use;</p> <p>16. Special treatment and procedures;</p> <p>17. Restraint use;</p> <p>18. Outside service utilization.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188918</p> <p>Based on interview and record review, it was determined that the facility failed to implement an <b>NJ Ex Order 26. 4B1</b> of 3 residents reviewed, Resident # 2. This deficient practice was evidenced by the following:</p> <p>On 10/3/25 at 3:03 p.m., the New Jersey Department of Health (DOH) received a Facility Reportable Event (FRE) (a form utilized by facilities to report an incident) revealed that Resident # <b>NJ Ex Order 26. 4B1</b>. The report indicated that a facility staff member checked on Resident # 2 at 5:44 a.m., to administer medications, but Resident # 2 was <b>NJ Ex O</b>. Staff began to <b>NJ Ex Order 26. 4B1</b>. Resident # 2 and <b>NJ Ex Order 26. 4B1</b>. Resident # 2 appeared <b>NJ Ex Order 26. 4B1</b>.</p>	A 709		
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A 709	<p>Continued From page 10</p> <p><b>NJ Ex Order 26. 4B1</b> .</p> <p>On 10/7/25 at 9:52 a.m., the surveyor interviewed the Director of Nursing (DON) regarding Resident # 2's health care plan and <b>NJ Ex Order 26. 4B1</b> risk assessments. The DON stated that the assessments and service plans were in Resident # 2's chart.</p> <p>At 10:45 a.m., the surveyor reviewed Resident # 2's medical record (MR) which revealed he/she was <b>NJ Ex Order 26. 4B1</b></p> <p><b>NJ Ex Order 26. 4B1</b> The surveyor also discovered a document titled, "Personal Service Plan", dated <b>NJ Ex Order 26. 4B1</b>. The document addressed medications, <b>NJ Ex Order 26. 4B1</b> functional status, and <b>NJ Ex Order 26. 4B1</b>, but failed to indicate an <b>NJ Ex Order 26. 4B1</b> risk assessment.</p>	A 709		
A 751	<p>8:36-7.3(b) Resident Assessments and Care Plans</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188918</p> <p>Based on interview and record review, it was determined that the Director of Nursing failed to update the service plan for 1 of 3 residents reviewed, Resident # 2. This deficient practice</p>	A 751		

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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 751	<p>Continued From page 11</p> <p>was evidenced by the following:</p> <p>On 10/7/25 at 9:52 a.m., the surveyor interviewed the Director of Nursing (DON) regarding updates to Resident # 2's Health Service Plan. The DON stated that all updates were reflected in Resident # 2's medical record.</p> <p>At 10:08 a.m., the surveyor reviewed a record review which revealed a document titled, "Change of Condition", dated 8/1997 and last edited 4/2025. This document indicated that a resident's medical record was to be updated as follows: "Policy Overview ... A change of condition should be evaluated and documented for residents who exhibit significant deviation in physical or mental status such as: Change in medical condition, Change in behavior, Change in cognitive ability ... Policy Detail ... 5. Update the Resident Record as needed ...".</p> <p>At 10:45 a.m., the surveyor reviewed Resident # 2's medical record (MR) which revealed that Resident # 2 <b>NJ Ex Order 26.4B1</b></p> <p><b>[REDACTED]</b>. The surveyor discovered a document titled, "Personal Service Plan", dated <b>NJ Ex Order 26.4B1</b>. The document failed to indicate Resident # 2's service plan was updated.</p>	A 751		
A 763	<p>8:36-7.4(b) Resident Assessments and Care Plans</p> <p>(b) A registered professional nurse shall be responsible for developing nursing practice policies and procedures and the coordination of all health care services required in the resident's health service plan.</p>	A 763		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50a003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE MONROE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 FORSGATE DRIVE MONROE TOWNSHIP, NJ 08831</b>
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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
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A 763	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188918</p> <p>Based on interview and record review, it was determined that the Director of Nursing failed to coordinate <b>NJ Ex Order 26.4(b)(1)</b> services for 1 of 3 residents reviewed, Resident # 2. This deficient practice is evidenced by the following:</p> <p>On 10/7/25 at 9:52 a.m., the surveyor interviewed the Director of Nursing (DON) regarding arranging for a <b>NJ Ex Order 26. 4B1</b> for Resident # 2 as he/she had <b>NJ Ex Order 26. 4B1</b>. The DON stated that she arranged for a <b>NJ Ex Order 26. 4B1</b> after Resident # 2 returned from the <b>NJ Ex Order 26. 4B1</b>. When inquired about when Resident # 2 <b>NJ Ex Order 26. 4B1</b>, the DON replied that it started 2 days prior to being transferred to the <b>NJ Ex Order 26. 4B1</b>. The surveyor asked the DON about interventions, such as was Resident # 2's physician notified, increased monitoring, and a <b>NJ Ex Order 26. 4B1</b> for when Resident # 2 first <b>NJ Ex Order 26. 4B1</b>. The DON stated that that staff checked on Resident # 2 more frequently, but denied physician or <b>NJ Ex Order 26. 4B1</b> notifications. The DON also stated that Resident # 2's health service plan was updated after Resident # 2 returned from the <b>NJ Ex Order 26. 4B1</b>.</p> <p>At 10:45 a.m., the surveyor reviewed Resident # 2's medical record (MR) which revealed the resident was <b>NJ Ex Order 26. 4B1</b></p> <p>Continued surveyor review revealed a document titled, "Progress Notes *New*", with an entry noted on <b>NJ Ex Order 26.4(b)</b> at 12:30 p.m. by the DON. This</p>	A 763		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50a003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE MONROE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 FORSGATE DRIVE MONROE TOWNSHIP, NJ 08831</b>
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A 763	Continued From page 13  entry indicated that a <b>NJ Ex Order 26. 4B1</b> consult had been arranged, but only after Resident # 2 returned from the <b>NJ Ex Order 26. 4B1</b> .	A 763		
A1073	8:36-15.6(b) Resident Records  (b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.  This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188918  Based on interview and record review, it was determined that the facility failed to ensure documentation of safety checks were maintained in the medical records for 1 of 3 residents reviewed, Resident #2. The deficient practice was evidenced by the following:  On 10/3/25 at 3:03 p.m., the New Jersey Department of Health (DOH) received a Facility Reportable Event (FRE) (a form utilized by facilities to report an incident) which revealed that Resident # <b>NJ Ex Order 26. 4B1</b> . The report indicated that a facility staff member checked on the resident at 5:44 a.m., to administer medications, but the resident was not in his/her room. Staff <b>NJ Ex Order 26. 4B1</b> the resident and <b>NJ Ex Order 26. 4B1</b> . The resident	A1073		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50a003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE MONROE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 FORSGATE DRIVE MONROE TOWNSHIP, NJ 08831</b>
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A1073	<p>Continued From page 14</p> <p>appeared <b>NJ Ex Order 26. 4B1</b></p> <p>On 10/7/25 at 10:40 a.m., the surveyor reviewed Resident # 2's Medical Record (MR), which revealed a document titled, "Progress Notes *New*". This document revealed a late entry dated <b>NJ Ex Order 26.4(b)(1)</b> at 4:24 p.m., written by the Health and Wellness Director (HWD), which disclosed a note, "Care partners educated to perform frequent <b>NJ Ex Order 26.4(b)(1)</b>." The surveyor did not observe any documentation in Resident #2's MR that regarded increased <b>NJ Ex Order 26.4(b)(1)</b> from <b>NJ Ex Order 26. 4B1</b> due to Resident # 2 having <b>NJ Ex Order 26. 4B1</b>.</p> <p>At 11:42 a.m., the surveyor interviewed the Certified Medication Aide (CMA) regarding safety interventions for Resident #2. The CMA stated that she increased <b>NJ Ex Order 26.4(b)(1)</b> to ensure Resident # 2's safety. When inquired about documenting the increased <b>NJ Ex Order 26.4(b)(1)</b>, the CMA stated that she did not.</p> <p>At 12:00 p.m., the surveyor interviewed the Associate Executive Director (AED) regarding safety interventions for Resident #2. The AED stated that facility staff increased rounding to check on Resident # 2 more frequently. When the surveyor asked if there was any documentation regarding the increased <b>NJ Ex Order 26.4</b> on Resident # 2, the AED stated there was not.</p>	A1073		
H 000	<p>Initials Comments</p> <p>This was a complaint survey conducted on 10/7/25. The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedure and Standards Applicable to All</p>	H 000		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50a003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE MONROE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 FORSGATE DRIVE MONROE TOWNSHIP, NJ 08831</b>
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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
H 000	Continued From page 15 Licensed Facilities.	H 000		
H5790	<p>8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM</p> <p>A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188918</p> <p>Based on interview and observation, it was determined that the Director of Nursing failed to maintain a copy of the Universal Transfer Form (a document utilized to communicate pertinent medical information between two medical facilities when a resident is being transferred from one facility to another facility) for █ of 3 residents reviewed, Resident # 2. This deficient practice was evidenced by the following:</p> <p>On 10/7/25 at 9:52 a.m., the surveyor interviewed the Director of Nursing regarding maintaining Resident # 2's medical record, in respect to the Universal Transfer Form. The DON stated that she believed a copy was in Resident #2's medical record for when he/she was transferred to the <b><u>NJ Ex Order 26. 4B1</u></b></p>	H5790		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50a003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE MONROE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 FORSGATE DRIVE</b> <b>MONROE TOWNSHIP, NJ 08831</b>
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H5790	Continued From page 16  At 10:45 a.m., the surveyor reviewed Resident # 2's medical record (MR) which revealed Resident # 2 was <b>NJ Ex Order 26. 4B1</b> [REDACTED]. Continued surveyor review failed to reveal a copy of the Universal Transfer Form in Resident # 2's medical record.	H5790		



**BROOKDALE**  
SENIOR LIVING SOLUTIONS

POC #2  
rec'd 12/23  
reviewed 12/23

Brookdale Monroe  
380 Forsgate Drive  
Monroe Township, NJ 08831

Survey Date- October 7, 2025

**A235 8:36-2.4 (d) Licensure Procedures**

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**  
Resident #2's care plan was updated on 10/3/2025. Resident #2 continue to reside at the community.
- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFIEICIENT PRACTICE?**  
All residents have the potential to be affected by this deficient practice.
- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**  
The Executive Director (ED) or designee retrained all managers on community procedure and guidelines regarding requirements of New Jersey administrative code 8:36-2.4 (d) Licensure Procedures, on 12/4/25 and 12/5/25. Procedures and guidelines will be discussed with staff by the ED (or designee) during a stand-up meetings.
- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**

Executive Director or designee will verify compliance to this requirement during survey visits.

COMPLETION DATE: 12/31/25

**A313 8:36-3.4(a)(4) Administration**

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**  
Resident #2's care plan was updated on 10/3/2025. Resident #2 continue to reside at the community.  
**NJ Ex Order 26. 4B1**
- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFIEICIENT PRACTICE?**  
All residents have the potential to be affected by this deficient practice.
- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**  
On October 8, 2025, the ED retrained all managers and staff on reportable events, with a focus on the need for education after all **NJ Ex Order 26. 4B1** within the community. The Executive Director will maintain a reportable event log. Executive Director or designee shall update the event log as necessary.

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

Reportable event log created on 10/8/2025. The Executive Director, Health and Wellness Director (HWD) or designee audit the report event log monthly for one (1) month.

**COMPLETION DATE: 1/31/2026**

#### **A401 8:36-4.1(a)(22) Resident Rights**

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

Resident #2's care plan was updated on 10/3/2025. Resident #2 continue to reside at the community.

**NJ Ex Order 26. 4B1**

Resident 2: Personal Service Plans was reviewed and updated by the Health & Wellness Director on 10/3/2025. **NJ Ex Order 26. 4B1** consult was completed on **NJ Ex Order 26. 4B1**. Primary care physician contacted on 10/2/25 at 10:45am.

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

All residents have the potential to be affected by the deficient practice. The documentation and reporting policies were reviewed by the HWD. HWD or designee will verify all health care services required in a resident's health service plan are coordinated through shift reporting procedures.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

On October 8, 2025, HWD provided the LPNs, CNAs, CHHAs, and CMAs the in-service on: Alert Charting Guidelines, change in condition policy, shift report form, documentation policy, shift to shift hand off communication and report policy. On October 8, 2025, the ED retrained all managers and staff on reportable events policy and elopement policy, with a focus on the need for education after all elopements within the community. All change in conditions need to be communicated to both ED and HWD immediately.

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

The ED, HWD or designee will monitor interventions and outcomes. ED and HWD will conduct audits monthly for two (2) months to ensure compliance.

**COMPLETION DATE: 1/31/26**

#### **A477 8:36-5.1(i) General Requirements**

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

Resident #2's care plan was updated on 10/3/2025. Resident #2 continue to reside at the community.

**NJ Ex Order 26. 4B1**

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

Any resident with the potential to become Medicaid eligible has the potential to be affected.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

The Executive Director reviewed with the Business Office on 10/8/25 the requirements for Medicaid eligible residents. The Business Office Manager or designee will follow up weekly on all Medicaid pending resident applications to verify they are processed according to state requirements.

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

Executive Director or designee will audit Medicaid census effective immediately and monthly for two (2) months.

**COMPLETION DATE: 12/31/25**

#### **A709 8:36-7.2(d)(1-18) Resident Assessments and Care Plans**

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

Resident 2: The HWD reviewed and updated the Personal Service Plans on 10/3/2025. Residents plan of care included on monthly Collaborative Care Review. Primary care physician informed on 10/2/25. #2 continue to reside at the community. *NJ Ex Order 26. 4B1*

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

All residents have the potential to be affected by the deficient practice. HWD will review current residents with dementia and encephalopathy diagnosis and ensure their elopement risk assessment is accurate and updated within the RN Health assessment.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

On October 8, 2025, HWD provided the LPNs, CNAs, CHHAs, and CMAs the in-service on: Alert Charting Guidelines, change in condition policy, shift report form, documentation policy, shift to shift hand off communication and report policy. The ED, HWD or designee will review and audit documentation practices monthly with all staff.

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

To assist with ongoing compliance, the Health and Wellness Director, ED, or designee will review clinical reporting documentation and follow up compliance weekly for three weeks.

**COMPLETION DATE: 12/31/25**

#### **A751 8:36-7.3(b) Resident Assessments and Care Plans**

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

Resident 2: The HWD reviewed and updated the Personal Service Plans on 10/3/2025. Residents plan of care included on monthly Collaborative Care Review. Primary care physician informed on 10/2/25. #2 continue to reside at the community. *NJ Ex Order 26. 4B1*

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

All residents have the potential to be affected by the deficient practice. HWD will review current residents with *NJ Ex Order 26. 4B1* diagnosis and ensure their *NJ Ex Order 26. 4B1* risk assessment is accurate and updated within the most recent RN Health assessment.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

On October 8, 2025, HWD provided the LPNs, CNAs, CHHAs, and CMAs the in-service on: Alert Charting Guidelines, change in condition policy, shift report form, documentation policy, shift to shift hand off communication and report policy. The ED, HWD or designee will review and audit documentation practices monthly with all staff.

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

To assist with ongoing compliance, the Health and Wellness Director, ED, or designee will review clinical reporting documentation and follow up compliance weekly for three (3) weeks.

**COMPLETION DATE: 12/31/25**

### **A763 8:36-7.4(b) Resident Assessments and Care Plans**

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

Resident 2: The HWD reviewed and updated the Personal Service Plan on 10/3/2025. Primary care physician informed on 10/2/25. **NJ Ex Order 26.4B1** was completed on **NJ Ex Order 26.4B1**. Resident 2: The HWD reviewed and updated the Personal Service Plans on 10/3/2025. Residents plan of care included on monthly Collaborative Care Review. #2 continue to reside at the community. **NJ Ex Order 26.4(b)(1)** and no longer presenting **NJ Ex Order 26.4B1** behaviors.

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

All residents have the potential to be affected by the deficient practice. HWD or designee will ensure all health care services required in a resident's health service plan are coordinated through shift reporting procedures.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

On October 8, 2025, HWD provided the LPNs, CNAs, CHHAs, and CMAs the in-service on: Alert Charting Guidelines, change in condition policy, shift report form, documentation policy, shift to shift hand off communication and report policy. Staff to report all change in conditions to both ED and HWD immediately to ensure proper coordination of service. 24 hour log to also be utilized, and ED/ HWD, or designee to review daily. The ED, HWD or designee will review and audit documentation practices monthly with all staff.

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

Coordination of service to start effective immediately post survey, 10/8/25. To assist with ongoing compliance, the Health and Wellness Director, ED, or designee will review clinical reporting documentation, 24 hour log, and follow up compliance weekly for three (3) weeks.

**COMPLETION DATE: 12/31/25**

### **A1073 8:36-15.6(b) Resident Records**

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

Resident 2: The HWD reviewed and updated the Personal Service Plan on 10/3/2025.

Primary care physician informed on [REDACTED] NJ Ex Order 26. 4B1 consult was completed on [REDACTED] NJ Ex Order 26. 4B1.  
Resident 2: The HWD reviewed and updated the Personal Service Plans on 10/3/2025. Residents plan of care included on monthly Collaborative Care Review. #2 continue to reside at the community [REDACTED] NJ Ex Order 26.4B1 and no longer presenting [REDACTED] NJ Ex Order 26. 4B1 behaviors.

- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFIEICIENT PRACTICE?**  
All residents have the potential to be affected by the deficient practice. HWD or designees will utilize PCC dashboard notifications, update assignment plans as needed, and follow alert charting guidelines.
- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**  
On October 8, 2025, HWD provided the LPNs, CNAs, CHHAs, and CMAs the in-service on: Alert Charting Guidelines, change in condition policy, shift report form, documentation policy, shift to shift hand off communication and report policy. Staff to report all change in conditions to both ED and HWD immediately to ensure proper coordination of service. 24 hour log to also be utilized, and ED/ HWD, or designee to review daily. The ED, HWD or designee will review and audit documentation practices monthly with all staff.
- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**
- Coordination of service to start effective immediately post survey, 10/8/25. To assist with ongoing compliance, the Health and Wellness Director, ED, or designee will review clinical reporting documentation, 24 hour log, and follow up compliance weekly for three (3) weeks.

**COMPLETION DATE: 12/31/25**

#### **H5790 8:43E-13.4(d)- Universal Transfer Form- Mandatory Use Form**

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**  
No residents have been affected by the deficient practice.
- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFIEICIENT PRACTICE?**  
All residents have the potential to be affected by the deficient practice.
- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**  
On October 8, 2025, the HWD or designee provided the RNs, LPNs, CNAs, CHHAs, and CMAs in-service on the mandatory use of the universal transfer form, specifically making a copy to retain in the resident's record.
- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**  
Health and Wellness Director, Executive Director, or designee will review universal transfer form weekly for one month to verify compliance.

**COMPLETION DATE: 1/31/2026**

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 50a003 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/23/2025 <span style="float: right;">Y3</span>
NAME OF FACILITY BROOKDALE MONROE	STREET ADDRESS, CITY, STATE, ZIP CODE 380 FORSGATE DRIVE MONROE TOWNSHIP, NJ 08831	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix H5790	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-13.4(d)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/31/2026	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/7/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 50a003 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/23/2025 <span style="float: right;">Y3</span>
NAME OF FACILITY BROOKDALE MONROE	STREET ADDRESS, CITY, STATE, ZIP CODE 380 FORSGATE DRIVE MONROE TOWNSHIP, NJ 08831	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0235 Reg. # 8:36-2.4(d) LSC	Correction Completed 12/31/2025	ID Prefix A0313 Reg. # 8:36-3.4(a)(4) LSC	Correction Completed 01/31/2026	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 01/31/2026
ID Prefix A0477 Reg. # 8:36-5.1(i) LSC	Correction Completed 12/31/2025	ID Prefix A0709 Reg. # 8:36-7.2(d)(1-18) LSC	Correction Completed 12/31/2025	ID Prefix A0751 Reg. # 8:36-7.3(b) LSC	Correction Completed 12/31/2025
ID Prefix A0763 Reg. # 8:36-7.4(b) LSC	Correction Completed 12/31/2025	ID Prefix A1073 Reg. # 8:36-15.6(b) LSC	Correction Completed 12/31/2025	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/7/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		