New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05C001	A. BUILDING: _____ B. WING _____	C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLENDALE SENIOR LIVING	85 HARRETON ROAD ALLENDALE, NJ 07401

(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: NJ 00189900, NJ 00190204, NJ 00190207 Census: 118 Sample Size: 3 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.	A 000		
A1193	8:36-17.3(a)(4) Resident Environment (a) The housekeeping and sanitation conditions in paragraphs 1 through 12 below shall be met. Application of this requirement with respect to the individual living environment shall take into consideration residents' personal preferences for style of living: 4. All furnishings shall be clean and in good repair, and mechanical equipment shall be in working order. Items which are broken or worn to the extent that they may cause discomfort or present danger to residents shall be repaired, replaced, or removed promptly;	A1193		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05C001	A. BUILDING: _____ B. WING _____	C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLENDALE SENIOR LIVING	85 HARRETON ROAD ALLENDALE, NJ 07401

(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
A1193	Continued From page 1	A1193		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ 00190207

Based on interview and record review, it was determined that the facility failed to provide documented evidence that residents phone services were promptly addressed and repaired for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On 4/1/26 at 11:00 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 moved into the facility in [NJ Exec O] of [NJ Exec Orde] with a diagnosis of [NJ Exec Order] [redacted].

Surveyor continued review of the MR revealed "Progress Notes (PN)" dated [NJ Exec Order 26] [redacted], written by a Registered Nurse (RN), which documented that the RN discussed with Resident #2 concerns regarding Resident #2's phone not working. Additionally, the RN documented that Resident #2 was informed that maintenance was actively working on the issue with the phone and offered Resident #2 alternative communication options that the resident [NJ Exec Order 26] [redacted] at the time.

At 12:09 p.m., the surveyor interviewed the Director of Maintenance (DOM) and inquired about Resident #2's broken phone service. The DOM stated that he was notified that Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05C001	A. BUILDING: _____ B. WING _____	C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLENDALE SENIOR LIVING	85 HARRETON ROAD ALLENDALE, NJ 07401

(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
A1193	Continued From page 2 #2's phone was not working but was unable to remember the date. The DOM also stated that he tried to repair Resident #2's phone service but he could not, so he notified IT (Information technology). The surveyor then requested copies of the phone repair request and repair completion date. At 1:00 p.m., the Executive Director (ED) provided the surveyor with a copy of the email notification to IT for Resident #2's phone service repair. The email notification revealed that on [NJ Exec Order 26.4], IT was notified that Resident #2's phone dial tone was not working, and a request was made to reboot Resident #2's phone line. However, the IT email notification did not indicate date and time when Resident #2's phone service was restored. At 2:51 p.m., the surveyor interviewed the RN regarding Resident #2's phone not working. The RN stated that she was unsure of the date when Resident #2's phone stopped working. The RN stated that she offered the resident alternatives communication devices, but she did not document her discussion with Resident #2 until [NJ Exec Order 26.4]. On 4/2/26 at 12:18 p.m., the surveyor interviewed Resident #2 and inquired about the phone service repair. Resident #2 stated that the phone problem started on [NJ Exec Order 26.4] and was not repaired until [NJ Exec Order 26.4], 11 days later. At 12:39 p.m., the surveyor interviewed a Certified Medication Aide (CMA) regarding Resident #2's phone service not working. The CMA stated that Resident #2 on [NJ Exec Order 26.4], notified her that the phone was not working and Resident #2 called maintenance. The CMA stated that on	A1193		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05C001	A. BUILDING: _____ B. WING _____	C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLENDALE SENIOR LIVING	85 HARRETON ROAD ALLENDALE, NJ 07401

(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
A1193	Continued From page 3 3/14/26, she [CMA] notified maintenance through the employee group chat that Resident #2's phone was not working. At 1:00 p.m., the surveyor interviewed the ED regarding the procedure for repair request. The ED stated that a resident or a staff member can notify maintenance via phone or electronically. The ED stated that the facility used an electronic tracking system for repairs but was unable to provide the surveyor with documented evidence of Resident #2's phone repair request and completion date. The surveyor reviewed the facility policy and procedure titled, "Maintenance Work Orders" dated 9/2021, which revealed, "Maintenance requests will be responded to in a prompt and efficient manner. Records will be kept of work performed."	A1193		

POC#1 Rcd 4/22/26 accepted 4/23/26

Allendale
Senior Living

Plan of Correction (POC)

Tag: Resident Environment – Furnishings & Equipment in Good Repair

Regulation: 3 8:36-17.3(a)(4)

Facility: Allendale Senior Living

Survey Date: April 02, 2026

Complaint #: NJ 00190207

---

1. Corrective Action for Affected Resident (Resident #2)

Resident #2's phone service was temporarily fixed and functional on [redacted] The phone line was fully repaired on [redacted]

- The facility verified that the resident's phone is currently functioning properly.
- The resident was interviewed by Nursing and maintenance to ensure satisfaction with communication access.
- Alternative communication options (facility phone, staff-assisted calls, and virtual communication devices) were re-educated and offered.
- No further concerns were voiced by the resident at the time of follow-up.

---

2. Identification of Other Residents Affected

To ensure no other residents were affected by a similar deficient practice:

- A facility-wide audit of all resident phone services and communication devices was conducted by Maintenance.
- All resident rooms were checked to confirm phones were in working order.
- A review of maintenance logs, IT requests, and work order systems for the past 30 days was completed to identify any unresolved or undocumented repair requests.
- Any identified issues were immediately corrected.

---

85 Harreton Road Allendale, NJ 07401 Phone:(201) 825-0660

3. Systemic Changes to Prevent Recurrence

The facility has implemented the following corrective measures:

- Revised Maintenance Work Order Process:
    - All maintenance requests (including phone/IT issues) must be entered into the electronic work order tracking system immediately upon notification.
    - Work orders must include:
        - Date and time reported
        - Description of issue
        - Date and time of completion
        - Confirmation of resolution
- IT Communication Protocol:
    - All IT-related requests must include documented follow-up and resolution confirmation.
    - IT will provide written or electronic confirmation when issues are resolved.
- Timeliness Standards Established:
    - Routine repairs: addressed within 24–48 hours
    - Urgent resident-impacting issues (e.g., communication devices): addressed within 24 hours or escalated
- Escalation Process:
    - If a repair is not completed within the expected timeframe, it will automatically escalate to the Director of Maintenance and Executive Director.
- Nursing Documentation Requirement:
    - Nursing staff must document all resident complaints related to environmental or equipment issues at the time of occurrence, including interventions and follow-up.

85 Harreton Road Allendale, NJ 07401 Phone:(201) 825-0660

4. Staff Education

Education was provided to the following staff by the Executive Director:

- Nursing (RNs, LPNs, CNAs, CMAs)
- Maintenance Department

Education Topics Included:

- Importance of maintaining a safe and functional resident environment
- Proper use of the maintenance work order system
- Documentation requirements for resident complaints and interventions
- Timely response expectations and escalation procedures

All staff completed education by 04/15/2026, with attendance records maintained.

---

5. Monitoring and Quality Assurance

To ensure ongoing compliance:

- The Director of Maintenance or designee will audit 10 maintenance work orders weekly x 4 weeks, then monthly x 2 months to ensure:
  - Timely completion
  - Proper documentation
  - Evidence of resolution
- Results of audits will be reviewed at the Quality Assurance Performance Improvement (QAPI) Committee meetings.
- Any identified trends or concerns will result in immediate corrective action and re-education.

---

6. Completion Date

All corrective actions and systemic changes were completed by:

April 15, 2026

accepted 4/23/26 [redacted]

---

85 Harreton Road Allendale, NJ 07401 Phone:(201) 825-0660

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05C001	A. BUILDING: _____ B. WING _____	R-C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLENDALE SENIOR LIVING	85 HARRETON ROAD ALLENDALE, NJ 07401

(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: NJ 00189900, NJ 00190204, NJ 00190207 Census: 118 Sample Size: 3 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.	{A 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/24/26

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
05C001	A. Building B. Wing	4/2/2026

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLENDALE SENIOR LIVING	85 HARRETON ROAD ALLENDALE, NJ 07401

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 A1193 Reg. # 8:36-17.3(a)(4) LSC	Correction Completed 04/15/2026	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	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
4/2/2026	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO