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 10/02/2025

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 #: 188264, 188627, and 188779 DATE OF SURVEY: 10/2/2025 CENSUS: 105 SAMPLE SIZE: 3 The facility was 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 the New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A1049	8:36-15.1 Health Record A current, complete health record shall be maintained for each resident who is receiving health care services.. This REQUIREMENT is not met as evidenced by:	A1049		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/17/25

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A1049	Continued From page 1 Complaint: 188264 Based on interview and review of pertinent facility documents, it was determined that the facility failed to maintain a complete health record for a resident that received health care services for 1 of 3 residents (Resident #1) reviewed. This deficient practice was evidenced by the following: On 10/2/25 at 10:53 AM, the surveyor reviewed Resident #1's closed medical record (MR) and the following was documented: According to the Admission Record (a form which provided resident demographics), Resident #1 was admitted with diagnoses of NJ Exec Order 26.4b1 [redacted] On that same date at 11:06 AM, the surveyor interviewed the Licensed Practical Nurse Supervisor (LPNS #1) who stated that Resident #1 was hospitalized NJ Exec Order 26.4b1 and NJ Exec Order 2 [redacted]. Per the Admission Record, Resident #1 was discharged NJ Exec Order 26.4b1 A review of the Service Plan Report (SPR; a guide on what health concerns a resident had and how to provide care) revealed that the resident had NJ Exec Order 26.4b1 with an intervention to assist the resident to the NJ Exec Order 26.4b1 initiated on NJ Exec Order 26. [redacted]. In addition, the SPR documented that the resident had an ADL (activities of daily living) NJ Exec Order 26.4b1 [redacted] related to NJ Exec Order 26.4b1 with interventions that	A1049		

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A1049	Continued From page 2 included, but not limited to: assist with NJ Exec Order 26.4b1 [redacted] initiated on NJ Exec Order 26.4b1) and to provide assistance with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 (initiated on NJ Exec Order 26 . The SPR also documented that the resident had a potential for NJ Exec Order 26.4b1 with an intervention to observe that the resident's NJ Exec Order 26.4b1 were NJ Exec Order 26.4b1, as well as, to keep the NJ Exec Order 26.4b1. A review of the Documentation Survey Report (DSR: an electronic accountability log for staff to document that care was performed) from NJ Exec Order 26.4b [redacted], revealed the following: The following tasks listed NJ Exec Order 26.4b1 [redacted]. For NJ Exec Order 26.4b1 each shift had 31 opportunities to document the level of assistance provided for each of the above tasks. For each task there were 18 blanks (58%) for the 7 AM-3 PM shift; 28 blanks (90%) for the 3 PM-11 PM shift; and 31 blanks (100%) for the 11 PM-7 AM shift. Including all shifts, each task had 93 opportunities to document the level of assistance provided for the month of NJ Exec Order 26.4b [redacted] Out of the 93 opportunities, 77 were blank (82%). For NJ Exec Order 26.4b1, each shift had 28 opportunities to document the level of assistance provided for each of the above tasks. For each task there were 18 blanks (64%) for the 7 AM-3 PM shift; 22 blanks (78%) for the 3 PM-11 PM shift; and 28 blanks (100%) for the 11 PM-7 AM shift. Including all shifts, each task had 84 opportunities to document the level of assistance provided for the month of NJ Exec Order 26.4b1 [redacted] Out of the 84 opportunities, 71 were blank (84%).	A1049		

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A1049	Continued From page 3 For NJ Exec Order 26.4b1, each shift had 31 opportunities to document the level of assistance provided for each of the above tasks. For each task there were 20 blanks (64%) for the 7 AM-3 PM shift; 31 blanks (100%) for the 3 PM-11 PM shift; and 24 blanks (77%) for the 11 PM-7 AM shift. Including all shifts, each task had 93 opportunities to document the level of assistance provided for the month of NJ Exec Order 2 Out of the 93 opportunities, 75 were blank (80%). For NJ Exec Order 26.4b1, each shift had 90 opportunities to document the level of assistance provided for each of the above tasks. For each task there were 20 blanks (66%) for the 7 AM-3 PM shift; 28 blanks (93%) for the 3 PM-11 PM shift; and 25 blanks (83%) for the 11 PM-7 AM shift. Including all shifts, each task had 90 opportunities to document the level of assistance provided for the month of NJ Exec Orde Out of the 90 opportunities, 73 were blank (81%). On 10/2/25 at 2:04 PM, the surveyor interviewed a Licensed Practical Nurse (LPN #1) via telephone. LPN #1 informed the surveyor that the SPR was about resident care and should have been followed. On 10/2/25 at 2:16 PM, the surveyor interviewed LPNS #1, who informed the surveyor that Resident #1 was NJ Exec Order 26.4b1. The surveyor notified LPNS #1 about the resident's NJ Exec Order 26.4b1 DSR having blanks. LPNS #1 stated that the DSR should have been filled out every shift to reflect that NJ Exec Order 26.4b1 services were provided to the resident. On 10/2/25 at 3:18 PM, the surveyor interviewed a Home Health Aide (HHA #1) who informed the surveyor that the DSR was to be filled out every	A1049		

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A1049	Continued From page 4 shift by the HHAs to reflect that NJ Exec Order 26.4b1 services were provided to the resident. The surveyor asked HHA #1 what it meant if the DSR had blanks and if NJ Exec Order 26.4b1 services were provided. HHA #1 did not respond. On 10/2/25 at 3:32 PM, the surveyor met with the Administrator and notified him about the above findings and concerns. The Administrator confirmed that the DSR should be filled out routinely and there should be no blanks. A review of the facility's "Personal Care Services" policy, adopted in August 2021, revealed that the facility would ensure that residents received personal care services as required. Under Policy Interpretation and Implementation it documented that the facility would monitor that residents were maintaining personal hygiene and personal care services would include education in assistance with ADLs and supervision of personal hygiene.	A1049		
A1179	8:36-17.1(a) Provision of Services (a) The facility shall provide and maintain a sanitary and safe environment for residents. This REQUIREMENT is not met as evidenced by: Complaint: 188264 Based on interview and review of pertinent facility documents, it was determined that the facility	A1179		

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A1179	Continued From page 5 failed to provide a safe and hazard-free environment for 1 of 3 sampled residents (Resident #1) reviewed for falls. This deficient practice was evidenced by the following: On 10/2/25 at 10:53 AM, the surveyor reviewed Resident #1's closed medical record (MR) which revealed that Resident #1 was admitted to the facility with diagnoses of NJ Exec Order 26.4b1 [redacted] On that same date at 11:06 AM, the surveyor interviewed the Licensed Practical Nurse Supervisor (LPNS #1) who informed the surveyor that Resident #1 was hospitalized and NJ Exec Order 26. [redacted]. LPNS #1 could not recall when the resident was hospitalized. She further stated that she was unsure of the resident's NJ Exec Order 26.4b1 while at the facility. The surveyor reviewed the resident's MR and the following was revealed: A review of the Service Plan Report (SPR; a guide on what health concerns a resident had and how to provide care) documented a focus for a NJ Exec Order 26.4b1 that was initiated on NJ Exec Order [redacted]. Another focus was about the resident on NJ Exec Order 26.4b1 medications, initiated on NJ Exec Order 26.4b [redacted]. Under Interventions, a list of potential NJ Exec Order 26.4b1 were documented. Included in the list, but not limited to, were NJ Exec Order 26.4b1 [redacted] The SPR also revealed that Resident #1 had NJ Exec Order 26.4b1 and the goal	A1179		

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A1179	Continued From page 6 was for the resident to live in a safe, NJ Exec Order 26.4b1 environment. A review of the NJ Exec Order 26.4 P NJ Exec Order 26.4b1 Report (a report that detailed how a NJ Exec Order 26.4b1 and interventions to maintain resident safety) revealed that Resident #1 was NJ Exec Order 26.4b1 by staff after the resident NJ Exec Order 26.4b1 water and NJ Exec O his/her NJ Exec Order 26.4b The resident NJ Exec Order 26.4b1. The facility educated all staff to call maintenance to clean up any spills or wet floor as soon as it was noticed. The resident also had NJ Exec evaluation on NJ Exec Order 26. after the NJ Exec O The NJ Exec Order 26 evaluation revealed that Resident #1 had recent NJ Exec Or was NJ Exec Order 26.4b1 used 'NJ Exec Order 26.4b1 and/or NJ Exec Order 26.4b NJ Exec Order 2 wore NJ Exec Order 26.4b1 and had NJ Exec Order 26.4b1 Resident #1 had a score of NJ Ex which indicated a NJ Exec Order 26.4b1. A review of the NJ Exec Order 26.4b1 revealed that Resident #1 was NJ Exec Order 26.4b1 on his/her NJ Exec O . The resident was wearing NJ Exec Order 26.4b The fall investigation determined that the resident NJ Exec Order 26.4b1 that was taped to the floor due to construction occurring in the hallway. The resident did NJ Exec Order 26.4b1. The resident's NJ Exec evaluation on NJ Exec Order 2 , after the NJ Exec occurred, revealed that Resident #1 had recent NJ Exec Or was NJ Exec Order 26.4b1 and used 'NJ Exec Or and/or NJ Exec Order 26.4b1." Resident #1 had a score of NJ Ex which indicated a NJ Exec Order 26.4b1. On 10/2/25 at 2:04 PM, the surveyor interviewed a Licensed Practical Nurse (LPN #1) via phone interview. LPN #1 informed the surveyor that she was unsure what had happened regarding the	A1179		

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A1179	Continued From page 7 [NJ Exec Order 26.4b1] incident and as to why there were wires on the floor. On 10/2/25 at 3:32 PM, the surveyors met with the Administrator regarding the above findings and concerns. The Administrator stated that the facility had no policy about environmental safety. A review of the facility's policy titled "Accidents and Incidents," with an adopted date of August 2021, did not include information about safety. The policy instructed staff on what to do after an accident or incident occurs.	A1179		

POC #1 received 11/13/25
Accepted

Allendale
Senior Living

Plan of Correction (PoC)
Facility Name: Allendale Senior Living
Survey Date: October 2, 2025
Complaint Numbers: 188264, 188627, 188779
Census: 105
Deficiency Tag: A1049 – N.J.A.C. 8:36-15.1 Health Record
Completion Date: November 15, 2025
Administrator: NJ Exec Order 26.4b1
Health and Wellness Director (HWD): NJ Exec Order 26.4b1

Deficiency Summary:
The facility failed to maintain a current and complete health record for Resident #1, including documentation of NJ Exec Order 26.4b1 services as required. Review of the Documentation Survey Report (DSR) revealed extensive omissions in daily documentation of ADL assistance across multiple shifts from NJ Exec Order 26.4b1. This deficient practice had the potential to affect all residents receiving personal care services by compromising the accuracy and continuity of care records.

Corrective Action for Resident(s) Affected:

1. The medical record of Resident #1 has been reviewed in its entirety by the Health and Wellness Director on October 07, 2025.
2. All missing data that could be reasonably verified from staff interviews and shift reports was reconstructed and audits were performed .
3. Resident #1's record has been closed and archived as complete in accordance with N.J.A.C. 8:36-15.1.

Completion Date: October 09, 2025

Identification of Other Residents with Potential to Be Affected:

1. The HWD/designee conducted an audit of 100% of active residents receiving personal care services to ensure that DSRs and electronic service documentation are monitored for completion for the previous 30 days.
2. Any documentation gaps identified were immediately reviewed with the assigned caregiver(s), and missing entries were completed within 24 hours.
3. No other incomplete health records were found during this audit.

Completion Date: October 09, 2025

Systemic Changes to Prevent Recurrence:
To ensure compliance and prevent recurrence, the following actions have been implemented:

1. Policy Review and Revision:
    - The "Personal Care Services" policy (adopted August 2021) was reviewed on October 08, 2025 to clarify that *documentation of all ADL care provided must be completed at the end of each shift in real time.*
2. Staff Re-education:
    - All nursing and HHA staff were in-serviced on October 08, 2025 by the HWD regarding:

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- The importance of accurate and timely documentation of care.
- The facility's policy and state regulations governing maintenance of complete health records.
- Disciplinary consequences for incomplete documentation.

- Attendance logs and training materials are maintained in the Staff Education Binder.

3. Supervisory Monitoring Process:
   - Unit nurses will review DSR completion daily at the end of each shift.
   - The HWD or their designee will verify documentation completeness before the end of each 24-hour period.
   - The HWD will review a random sample of 10 residents' DSRs weekly for four weeks, then monthly for three months to ensure compliance.

Responsible Party: Health and Wellness Director
Completion Date: November 12, 2025

Monitoring and Quality Assurance (QA) Plan:

1. The Health and Wellness Director will conduct weekly audits for four weeks, then monthly for three months to verify completion of all resident care documentation.
2. Results of these audits will be reviewed at the facility's monthly Quality Assurance and Performance Improvement (QAPI) meeting.
3. Trends or repeat issues will trigger additional staff education and/or disciplinary action as appropriate.
4. Sustained compliance (100% complete documentation for three consecutive months) will be required before audit frequency is reduced.

Responsible Party: Director of Nursing / Health Information Coordinator
Completion Date: Ongoing; initial compliance validation by November 12, 2025

Date of Compliance:
All corrective actions will be completed and compliance achieved by November 12, 2025

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Allendale
Senior Living

Tag: A1179 – N.J.A.C. 8:36-17.1(a) Provision of Services
Census: 105
Completion Date: November 15, 2025
Administrator: NJ Exec Order 26.4b1
Health and Wellness Director (HWD): NJ Exec Order 26.4b1

Deficiency Summary:
The facility failed to provide and maintain a safe and hazard-free environment for Resident #1, who had a NJ Exec Order 26.4b1. Review of documentation revealed that the resident experienced NJ Exec Order 26.4b1 due to environmental hazards, including water on the floor and a taped-down wire from construction. The Administrator also confirmed that the facility lacked a written environmental safety policy to guide preventive measures.
This deficient practice had the potential to affect all residents by placing them at increased risk for falls and injury related to environmental hazards.

Corrective Action for Resident(s) Affected:

1. Resident #1 is no longer residing at the facility (discharged NJ Exec Order 26.4b1).
2. Any identified hazards were corrected immediately on October 07, 2025, including removal of cords, securing of equipment, and ensuring all wet floor signage and spill cleanup protocols were implemented.

Completion Date: October 07, 2025

Identification of Other Residents with Potential to Be Affected:

1. A facility-wide environmental safety audit was completed on October 08, 2025 by the Assistant Maintenance Director and Administrator.
2. All resident care areas, corridors, and common spaces were inspected for environmental hazards, including obstructions, floor wetness, uneven surfaces, or unsecured wires.
3. Any identified hazards were immediately addressed. No additional hazards were noted.
4. All residents were determined to be free from risk of environmental hazards after audit completion.

Completion Date: October 08, 2025

Systemic Changes to Prevent Recurrence:

1. Policy Review:
    - The existing "Accidents and Incidents" policy (August 2021) was reviewed.
2. Staff Education:
    - On October 07, 2025, the HWD and Maintenance Director provided mandatory in-service training for all staff (nursing, housekeeping, maintenance, and dietary) on:
        - Identifying and reporting environmental hazards.
        - Immediate action to take when hazards are found.
        - Documentation of environmental safety checks and corrective actions.
    - Attendance logs and materials were placed in the facility's education binder.

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3. Maintenance Oversight Process:
    - Maintenance will conduct daily environmental rounds in all resident areas using a standardized checklist.
    - Any identified hazards will be corrected immediately or marked with safety signage until resolved.
    - The Maintenance Director will submit a weekly environmental safety report to the Administrator and HWD.

Monitoring and Quality Assurance Plan:

1. The Administrator and Maintenance Director will perform weekly environmental audits for four weeks, followed by monthly audits for three months to ensure ongoing compliance with the Environmental Safety and Hazard Prevention policy.
2. Results of each audit will be reviewed during the monthly Quality Assurance and Performance Improvement (QAPI) meeting.
3. Any repeat findings will result in immediate retraining or corrective action.
4. Sustained compliance (zero hazards identified for three consecutive months) will be required before reducing audit frequency.

Responsible Party: Administrator and Maintenance Director
Completion Date: October 31, 2025

Date of Full Compliance:
All corrective actions will be completed, and the facility will be in full compliance by October 31, 2025

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
05C001		11/17/2025

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 A1049 Reg. # 8:36-15.1 LSC	Correction Completed 11/12/2025	ID Prefix A1179 Reg. # 8:36-17.1(a) LSC	Correction Completed 10/31/2025	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
10/2/2025	