

## New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  05C001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/25/2025
NAME OF PROVIDER OR SUPPLIER  <b>ALLENDALE SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>85 HARRETON ROAD</b> <b>ALLENDALE, NJ 07401</b>		
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A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Standard with Complaints</p> <p>Complaint #: NJ 00188476, NJ 00188289, NJ 00187038, NJ 00184656, NJ 00180595, NJ 00162962</p> <p>Census: 100</p> <p>Sample Size: 9</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 310	<p>8:36-3.4(a)(1) Administrator's Responsibilities</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

11/07/25

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188476, NJ 00188289, NJ 00187038, NJ 00184656, NJ 00180595, NJ 00162962</p> <p>Based on interview and record review, it was determined that the facility Executive Director (ED) failed to implement and enforce the policies and procedure titled, "Self-Administration of Medications", "Accidents and Incidents" and "Resident Assessments &amp; Service Plans" for 2 of 9 residents reviewed, Resident #1 and Resident #3. This deficient practice was evidenced by the following:</p> <p>1. On 8/20/25 at 11:55 a.m., the surveyor interviewed Resident #3 who stated that on [REDACTED] NJ Exec Order 26.4b1, there was an incident where the resident's room was filled with [REDACTED] due to the resident's [REDACTED] NJ Exec Order 26.4b1. Additionally, Resident #3 stated that the [REDACTED] NJ Exec Order 26.4b1 detector did not activate and it was when [REDACTED] NJ Exec Order 26.4b1 spread into the hallway that two identified staff members went to the resident's room to check on the resident.</p> <p>At 12:45 p.m., the surveyor interviewed Staff Member (SM) #1, who stated that he smelled [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 coming out of Resident #3's room into the hallway. SM #1, stated that he immediately went into the room to check on the resident and the resident told him that he/she [REDACTED] NJ Exec Order 26.4b1. SM #1, stated</p>	A 310		

## New Jersey Department of Health

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A 310	<p>Continued From page 2</p> <p>that he reported the incident to the nursing supervisor on duty. SM #2 and the nursing supervisor were not available for interview.</p> <p>At 1:20 p.m., the surveyor interviewed the ED regarding the above incident that occurred on [REDACTED] <sup>NJ Exec Order 26.4b1</sup> The ED stated that he was not notified or aware of the above incident. Later, the ED provided the surveyor a "Maintenance Report" dated [REDACTED] <sup>NJ Exec Order 26.4b1</sup>, which confirmed that the incident did occur. However, the ED was never made aware of the incident until the survey date.</p> <p>The surveyor reviewed the policy titled, "Accidents and Incidents" adopted August 2021, which revealed, "All accidents or incidents involving residents, employees ..., occurring on our premises shall be investigated and reported to the administrator."</p> <p>2. On 8/19/25 at 11:40 a.m. the surveyor observed Resident #3 in his/her room. Resident #3 notified the surveyors that he/she has been a resident at the facility for [REDACTED] <sup>NJ Exec Order 26.4b1</sup>, stayed in his/her room [REDACTED] <sup>NJ Exec Order 26.4b1</sup> utilized [REDACTED] <sup>NJ Exec Order 26.4b1</sup> at the facility and administered his/her [REDACTED] <sup>NJ Exec Order 26.4b1</sup> and [REDACTED] <sup>NJ Exec Order 26.4b1</sup></p> <p>At 12:25 the surveyor reviewed Resident #3's medical record (MR) which revealed that Resident #3 moved into the facility in [REDACTED] <sup>NJ Exec Order 26.4b1</sup> with diagnoses of [REDACTED] <sup>NJ Exec Order 26.4b1</sup> and [REDACTED] <sup>NJ Exec Order 26.4b1</sup></p> <p>The surveyor observed a document titled, "Order Summary Report", a Physician Order Sheet (POS), for Resident #3. The POS revealed that Resident #3 was able to [REDACTED] <sup>NJ Exec Order 26.4b1</sup> the following routine order medications:</p>	A 310		

## New Jersey Department of Health

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A 310	<p>Continued From page 3</p> <p>a). NJ Exec Order 26.4b1 [REDACTED] Instill [REDACTED] NJ Exec Order 26.4b1 two times a day for [REDACTED]</p> <p>b). NJ Exec Order 26.4b1 Instill [REDACTED] NJ Exec Order 26.4b1 in [REDACTED] at bedtime for [REDACTED]</p> <p>c). NJ Exec Order 26.4b1 Oral Tablet extended [REDACTED] NJ Exec Order 26.4b1 Give one tablet by mouth every 8 hours for NJ Exec Order 26.4b1</p> <p>During continued review of Resident #3's MR, the surveyor observed a Service Plan (SP) dated [REDACTED] NJ Exec Order 26.4b1, that was completed by a Licensed Practical Nurse (LPN #1). The SP indicated that Resident #3 was NJ Exec Order 26.4b1 medications and that medications will be administered by licensed or certified staff.</p> <p>On 8/20/25 at 12:01 p.m., the surveyor interviewed LPN #1 regarding Resident #3's medications administration. LPN #1 stated that Resident #3 administered his/her NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 as ordered by the Physician. LPN #1 also stated that the facility administered Resident #3's morning medications.</p> <p>Further surveyor review of Resident #3's MR, revealed a document titled, [REDACTED] NJ Exec Order 26.4b1 with an effective date of [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] indicated, "... INSTRUCTIONS Complete this assessment prior to resident initiating [REDACTED] NJ Exec Order 26.4b1 and with any medication order changes ... Ongoing [sic] (Ongoing?) assessment should occur at a minimum of quarterly ... A. MEDICATIONS List all medications that are being considered for resident NJ Exec Order 26.4b1. List medication,</p>	A 310		

## New Jersey Department of Health

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A 310	<p>Continued From page 4</p> <p>route, dose, and frequency. Indicate where medication wil [sic] (will?) be stored ...."</p> <p>The surveyor was unable to locate a <sup>NJ Exec Order 26.4b</sup> dated after <sup>NJ Exec Order 26.4</sup> nor was the surveyor able to locate a <sup>NJ Exec Order 26.4</sup> that included the current medication that Resident #3 <sup>NJ Exec Order 26.4b1</sup> [REDACTED]</p> <p>[REDACTED]</p> <p>On 8/29/25 at 2:14 p.m. post survey, the surveyor interviewed the Regional Director of Clinical Service (RDCS) who was also the covering Director of Wellness/Registered Nurse for the facility regarding the time frame for <sup>NJ Exec Order 26.4b</sup>. The RDCS stated that <sup>NJ Exec Order 26.4b1</sup> was completed every three months. The surveyor then informed the RDCS that Resident #3's <sup>NJ Exec Order 26.4b</sup> was not completed since <sup>NJ Exec Order 26.4b1</sup> of <sup>NJ Exec Order 26.4b1</sup> [REDACTED]</p> <p>The surveyor reviewed a facility policy titled, "Self-Administration of Medications" with an adopted dated of 8/2021 which revealed, "... 1. The Registered Nurse will assess residents' capabilities to self-administer medications, encourage self-administration when possible, and determine which individuals require direct administration of medication ... 3. If it is deemed safe and appropriate for a resident to self administer medications, this is documented in the resident's record ad service plan ..."</p> <p>Complaint #: NJ 00162962</p> <p>3. On 3/28/23, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), (a document used by healthcare facilities to report incidents to the NJDOH). The FRE revealed that on <sup>NJ Exec Order 26.4b1</sup> at 1:30 p.m., Resident #1 <sup>NJ Exec Order 26.4b1</sup> an <sup>NJ Exec Order 26.4b1</sup> of <sup>NJ Exec Order 26.4b1</sup> [REDACTED] The FRE indicated that on <sup>NJ Exec Order 26.4b1</sup>, a [REDACTED]</p>	A 310		

## New Jersey Department of Health

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A 310	<p>Continued From page 5</p> <p>Certified Medication Aide (CMA) observed that Resident #1 was showing signs of [REDACTED] [REDACTED] When asked if he/she was in [REDACTED] Resident #1 nodded "yes." The CMA administered [REDACTED] as ordered by the Medical Doctor (MD). During lunchtime, the resident's family member visited and noticed that Resident #1 continued to [REDACTED] of [REDACTED] The CMA notified the supervisor on duty, contacted the MD, and obtained an order for an [REDACTED], which was completed.</p> <p>On [REDACTED], the MD assessed Resident #1 and ordered transfer to the hospital. Later that day, Resident #1 returned with an [REDACTED] and instructions for [REDACTED] follow-up related to a [REDACTED].</p> <p>On 8/20/25, the surveyor reviewed the medical record (MR) of Resident #1 which revealed a move in date of [REDACTED] with diagnoses that included [REDACTED] and [REDACTED].</p> <p>Further review of the (MR) revealed that the incident had been reported only to the Licensed Practical Nurse (LPN) supervisor not the Registered Nurse/Director of Wellness (RN/DOW).</p> <p>The RN/DOW failed to assess or document the incident at the time of [REDACTED] and failed to assess Resident #1 upon return from the hospital.</p> <p>At 12:17 p.m., the surveyor interviewed the Executive Director (ED) who stated that he was not familiar with the incident because he was not [REDACTED]. He said that he would review investigation files to locate the documentation.</p> <p>At 12:51 p.m., the surveyor received the</p>	A 310		

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A 310	<p>Continued From page 6</p> <p>investigation report from the ED and he stated that it was the only document available related to the [REDACTED] incident. The ED confirmed that no witness statements or staff lists were available.</p> <p>Surveyor review of the investigation report revealed that Resident #1 attended an [REDACTED] follow-up appointment where a [REDACTED] was applied. Orders included: [REDACTED] for [REDACTED] as needed, staff to monitor for [REDACTED] or [REDACTED] to [REDACTED] with notification to the DOW as [REDACTED] NJ Exec Order 26.4b1 on the [REDACTED], and instructions to keep the [REDACTED] and [REDACTED]</p> <p>Continued review revealed the investigation report was incomplete. There were no witness statements from staff involved and no physician or family notification times.</p> <p>The surveyor reviewed the facility's job description for the Director of Wellness-Assisted Living/Personal Care Home, which indicated that the job duties included "...documents all significant reported/observed medically related events or incidents within the resident's medical record outlined by all Local, State and Federal regulatory agencies."</p> <p>Surveyor review of the August 2021 facility policy titled, "Resident Assessments &amp; Service Plans," indicated, "Policy Statement: Residents will receive assessments by a registered nurse to determine the resident's needs ...General Service Plans ...a. Upon the resident's return to the facility from the hospital, the resident will be reassessed by a registered nurse etc..."</p> <p>Surveyor review of the facility policy titled, "Accidents and Incidents," with the adopted date</p>	A 310		

## New Jersey Department of Health

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A 310	Continued From page 7  of August 2021, revealed "...Policy: All accidents or incidents involving residents ... , occurring on our premises shall be investigated and reported to the administrator ... Policy Interpretation and Implementation: 1. The administrator and / or director of nursing shall promptly initiate and document investigation of the accident or incident ...2. The following data, as applicable shall be included on the report of incident/Accident: ...5. The name (s) of witnesses and their accounts of the accident or incident ...7. The time the injured person's attending physician was notified, as well as the time the physician responded ...8. The date and time the injured family was notified and by whom. The condition of the injured person including, his or her vital signs ...12. follow up information..."	A 310		
A 667	8:36-6.2(b)(1) Financial Arrangements and Full Disclosure  (b) Concerning financial arrangements, the facility shall:  1. Upon admission and at the time of any change in charges, inform the residents in writing, of any and all fees for services provided and charges for supplies routinely provided by the facility.  The facility shall also inform the resident of the costs of supplies which are specially ordered. At the resident's request, this information may be provided instead to the resident's family, guardian, or responsible person;	A 667		

## New Jersey Department of Health

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A 667	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188476, NJ 00188289, NJ 00187038, NJ 00184656, NJ 00180595</p> <p>Based on interview and record review, it was determined that the facility failed to notify a resident of the <b>NJ Exec Order 26.4b1</b> for 1 of 9 residents, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 8/19/25 at 11:28 a.m., the surveyor interviewed the Executive Director (ED) regarding Resident #3's billing. The ED stated that Residents #3 had <b>NJ Exec Order 26.4b1</b> about <b>NJ Exec Order 26.4b1</b> statements that he/she received with <b>NJ Exec Order 26.4b1</b> that included <b>NJ Exec Order 26.4b1</b>. The ED stated that Resident #3 was billed for <b>NJ Exec Order 26.4b1</b> for breakfast, lunch, and dinner as Resident #3 <b>NJ Exec Order 26.4b1</b> and requested for <b>NJ Exec Order 26.4b1</b> to the resident's apartment. Additionally, the ED stated that Resident #3 stated that he/she was not <b>NJ Exec Order 26.4b1</b> by the former EDs.</p> <p>At 11:40 a.m., the surveyor observed Resident #3 in his/her room. Resident #3 informed the surveyors that he/she has been a resident at the facility for about <b>NJ Exec Order 26.4b1</b>, <b>NJ Exec Order 26.4b1</b> as per the resident's <b>NJ Exec Order 26.4b1</b>, and <b>NJ Exec Order 26.4b1</b> at the facility. Resident #3 also stated that prior to the current ED he/she was <b>NJ Exec Order 26.4b1</b> service. Resident #3 stated that he/she was <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b>.</p>	A 667		

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A 667	<p>Continued From page 9</p> <p>On 8/25/25 the facility provided the surveyor with the billing statement for Resident #3. The statement included 'NJ Exec Order 26.4b1" with a rate of NJ Exec Order 26.4b1). Continued surveyor review of Resident #3's MR did not reveal an updated contract and/or documentation which indicated that Resident #3 was notified of the NJ Exec Order 26.4b1 in NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>Surveyor review of Resident #3's MR revealed a "Resident Agreement" which included a document titled 'NJ Exec Order 26.4b1 and Additional [REDACTED] and [REDACTED] signed and dated by Resident #3 on [REDACTED]. The document revealed, " (Note: We may change these fees upon thirty (30) days' written notice to you, ... Additional Services and Charges ... [REDACTED] ..."</p>	A 667		
A 693	<p>8:36-7.1(a) Initial Assessments and Resident Service Plan</p> <p>(a) Upon admission, each resident shall receive an initial assessment by a registered professional nurse to determine the resident's needs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, medical record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that an initial assessment was completed by a Registered Nurse (RN) upon admission to determine the resident's NJ Exec Order 26.4b1 and</p>	A 693		

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A 693	<p>Continued From page 10</p> <p>medical needs, for 1 of 9 residents reviewed, Resident #7. This deficient practice was evidenced by the following:</p> <p>On 8/20/25, the surveyor reviewed the Medical Record (MR) of Resident #7 which revealed a move in date of <sup>NJ Exec Order 26.4b1</sup> with diagnoses including <sup>NJ Exec Order 26.4b1</sup> [REDACTED]</p> <p>[REDACTED]</p> <p>Surveyor review of the "Comprehensive Nursing Evaluation for ALF/PC-V2" (identified by the facility as a nursing assessment) with an effective date of <sup>NJ Exec Order 26.4</sup> for Resident #7 revealed that a Licensed Practical Nurse (LPN) completed and electronically signed the assessment on <sup>NJ Exec Order 26.4</sup>. At the time of the survey, the LPN was not available for interview.</p> <p>On 8/20/25, at 2:00 p.m., when asked if she was aware of a new resident admission on [REDACTED], the Regional Director of Clinical Service (RDCS), who is currently serving as the acting Director of Wellness (DOW), stated that she was not and explained she thought the admission date had been delayed. The RDCS further stated that the LPN was responsible for the initial evaluation, skin, and pain assessments. When asked if she was aware that the LPN completed and signed all assessments, the RDCS stated, "I think she may have sent me a list of what was not completed."</p> <p>Surveyor review of the job description for the, "Director of Wellness-Assisted Living/Personal Care Home Job Description," revealed, "...Responsibilities: 24-hour responsibility for completing or assisting staff with admissions. Performs assessments on residents as per guidelines and state regulations."</p>	A 693		

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A 693	<p>Continued From page 11</p> <p>Surveyor review of an adopted August 2021, facility policy titled, "Resident Assessments &amp; Service Plans," revealed, "Policy Interpretation and Implementation, Admission..1: Upon admission, each resident will receive an initial assessment by a registered nurse to determine the resident's needs...."</p>	A 693		
A 749	<p>8:36-7.3(a) General and Health Service Plans</p> <p>(a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently 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 #'s: NJ 00188476, NJ 00188289, NJ 00187038, NJ 00184656, NJ 00180595</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that a resident Service Plan (SP) was updated to reflect changes and preferences for 1 of 9 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 8/19/25 at 12:15 p.m., the surveyor reviewed Resident #3's medical record (MR) which</p>	A 749		

## New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  05C001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/25/2025
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A 749	<p>Continued From page 12</p> <p>revealed that Resident #3 moved into the facility in [REDACTED] of [REDACTED] with diagnoses of [REDACTED] [REDACTED] [REDACTED] and [REDACTED].</p> <p>The surveyor observed a Service Plan (SP) that had a last "completed" date of [REDACTED] which was completed by a Licensed Practical Nurse (LPN).</p> <p>The surveyor reviewed a [REDACTED] Consult dated [REDACTED], which revealed that Resident #3 wanted to discontinue his/her [REDACTED] and stated, [REDACTED]</p> <p>The consult further documented a plan of care to [REDACTED] Resident #3's [REDACTED] [REDACTED] from [REDACTED] to [REDACTED] daily for seven (7) days, then [REDACTED] every other day for seven (7) days and then discontinue.</p> <p>The consult further documented that Resident #3 was in agreement with the plan of care. The surveyor reviewed the Medication Administration Record (MAR) which revealed that the last day Resident #3 received the [REDACTED] was [REDACTED] and then it was discontinued as ordered.</p> <p>The surveyor reviewed Resident #3's SP which reflected that the resident "uses [REDACTED] medications," and listed interventions which included to "observe and report to the nurse or med tech any of the following adverse reactions of [REDACTED] medications..." The SP also documented the intervention to "Administer medications per MD order for [REDACTED]"</p> <p>However, the surveyor observed no documentation to reflect the discontinuation of the [REDACTED] or interventions to observe and report any changes for Resident #3.</p>	A 749		

## New Jersey Department of Health

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A 749	<p>Continued From page 13</p> <p>Further review of Resident #3's physician orders, revealed that the resident <sup>NJ Exec Order 26.4b1</sup> [REDACTED] se, one (1) tablet by mouth daily every eight (8) hours for <sup>NJ Exec Order 26.4b1</sup> [REDACTED]. The surveyor observed a Service Plan (SP) that had a last "completed" date of <sup>NJ Exec Order 26.4b1</sup> [REDACTED], which reflected that Resident #3 was <sup>NJ Exec Order 26.4b1</sup> [REDACTED] to <sup>NJ Exec Order 26.4b1</sup> [REDACTED] and that medications would be administered by licensed or certified team members.</p> <p>On 8/19/25 at 11:40 a.m., the surveyor interviewed Resident #3 with his/her permission in the privacy of Resident #3's apartment. During the interview, Resident #3 discussed his/her preferences which included but were not limited to the following:</p> <ol style="list-style-type: none"> <li>1). To <sup>NJ Exec Order 26.4b1</sup> [REDACTED] in his/her apartment</li> <li>2). To have <sup>NJ Exec Order 26.4b1</sup> [REDACTED] and not <sup>NJ Exec Order 26.4b1</sup> [REDACTED]</li> <li>3). To have enough filtered water in his/her apartment for hydration</li> <li>5). To have snacks as needed in his/her apartment</li> </ol> <p>Surveyor review of the Service Plan revealed no documentation to reflect Resident #3's individualized preferences.</p> <p>On 8/20/25 at 2:00 p.m., the surveyor interviewed the Regional Director of Clinical Service (RDCS) who was currently the Registered Nurse covering for the facility. The surveyor inquired about where the General Service Plans (GSP) and Health Service Plans (HSP) were documented. The RDCS stated that the GSPs and HSPs were documented together in the Service Plan (SP). The surveyor inquired how often the SP needs</p>	A 749		

## New Jersey Department of Health

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A 749	<p>Continued From page 14</p> <p>were updated and the RDCS stated that the SP was automatically scheduled to be updated every six (6) months.</p> <p>On 8/20/25 at 11:00 a.m., the surveyor reviewed a facility policy dated, August 2021, titled, Resident Assessments and Service Plans which revealed the following:</p> <p>"Policy Statement Residents will receive assessments by a Registered Nurse and service plans as required. Policy Interpretation and Implementation...General Service Plans 1. If the initial assessment indicates the resident has general service needs, a general service plan will be developed...2. The general service plan will include, but not be limited to, the following: a. The resident's need, if any with activities of daily living; b. The resident's need, if any, for assistance with recreational and other activities; and c. The resident's need, if any, for assistance with transportation..."</p>	A 749		
A 779	<p>8:36-7.5(c) Provision of Health Care Services</p> <p>(c) The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care.</p>	A 779		

## New Jersey Department of Health

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A 779	<p>Continued From page 15</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188476, NJ 00188289, NJ 00187038, NJ 00184656, NJ 00180595</p> <p>Based on interview and record review, it was determined that a Licensed Practical Nurse (LPN) failed to notify the Registered Nurse (RN) of a resident's <a href="#">NJ Exec Order 26.4b1</a> for 1 of 9 residents reviewed, Resident #9. The deficient practice was evidenced by the following:</p> <p>On 8/20/2025 at 12:01 p.m., the surveyor interviewed LPN #1 and inquired about a RN. LPN #1 stated that the former Director of Wellness (DOW), a RN resigned about two weeks ago. LPN #1 stated that she did not know who was covering since the DOW resigned and that she reported to the LPN #2 supervisor who was currently on vacation. LPN #1 explained that since LPN #2 supervisor was on vacation, she directly reported all concerns to the Executive Director.</p> <p>At 2:00 p.m., the surveyor observed a "Universal Transfer Form" (UTF) dated <a href="#">NJ Exec Order 26.4b1</a> for Resident #9 completed by LPN #1, which revealed that on <a href="#">NJ Exec Order 26.4b1</a> Resident #9 was transferred to the hospital due to <a href="#">NJ Exec Order 26.4b1</a>.</p> <p>At 2:00 p.m., the surveyor interviewed the Regional Director of Clinical Services (RDCS) who confirmed that she was the covering RN. The surveyor asked the RDCS if she was informed about Resident #9's transfer to the hospital. The RDCS stated that she had to review her call log and emails prior to stating if she had been notified of Resident #9 transfer. After the RDCS reviewed her call log in the presence of</p>	A 779		

## New Jersey Department of Health

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A 779	<p>Continued From page 16</p> <p>the surveyor, the RDCS stated that she was not aware of Resident #9's transfer to the hospital. Additionally, the RDCS stated that the last call she received from the facility was on <small>NJ Exec Order 26.4b1</small> from LPN #2 supervisor who was still on <small>NJ Exec Order 26.4b2</small> during the survey.</p> <p>The surveyor reviewed the facility policy, titled, "Nursing Services" with an adopted date of August 2021 which indicated, "... 7. The Registered Nurse is to be notified if there is an illness, injury, or significant change in a resident's condition ..."</p>	A 779		
A 781	<p>8:36-7.5(d) Provision of Health Care Services</p> <p>(d) The resident's physician or the physician's designee, that is, another physician or an advanced practice nurse or physician assistant, shall be notified by the licensed professional nurse of any significant changes in the resident's physical or cognitive/mental condition and any intervention by the physician shall be recorded.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188476, NJ 00188289, NJ 00187038, NJ 00184656, NJ 00180595,</p> <p>Based on interview and record review, it was determined that the facility failed to notify the resident's physician of a <small>NJ Exec Order 26.4b1</small> for 1 of 9 resident's reviewed, Resident #5. This deficient practice was evidenced by the following:</p>	A 781		

## New Jersey Department of Health

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A 781	<p>Continued From page 17</p> <p>On 8/20/25 at 11:30 a.m., the surveyor reviewed Resident #5's medical record (MR) which revealed that the resident moved into the facility in [REDACTED], with diagnoses of [REDACTED] and [REDACTED].</p> <p>The surveyor reviewed Resident #5's weight recordings since the resident's admission in [REDACTED] of [REDACTED] which revealed the following:</p> <p>On [REDACTED] the [REDACTED] was [REDACTED] On [REDACTED] the [REDACTED] was [REDACTED]</p> <p>The surveyor review of the resident's MR revealed that Resident #5 [REDACTED] a [REDACTED] from [REDACTED] of [REDACTED] to [REDACTED] of [REDACTED] in [REDACTED].</p> <p>Further review of Resident #5's MR revealed no documentation to reflect that the RN assessed the resident after the [REDACTED], or that the physician or [REDACTED] was consulted regarding the [REDACTED]. The surveyor observed no documentation to reflect that the [REDACTED] had reviewed the [REDACTED] or assessed Resident #5's [REDACTED].</p> <p>The surveyor reviewed a policy titled, "Nutrition (Impaired)/Unplanned Weight Loss - Clinical Protocol", dated 2001, which revealed, "Assessment and Recognition 1. The nursing staff will monitor and document weight and dietary intake of residents...3. The physician will consider whether any assessment including additional diagnostic testing is indicated to help clarify the severity or consequences of weight loss</p>	A 781		

## New Jersey Department of Health

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A 781	Continued From page 18  and/or impaired nutrition ... 4. The staff will report to the physician significant weight gains or losses ..."	A 781		
A 783	8:36-7.5(e) Provision of Health Care Services  (e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing.    This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188476, NJ 00188289, NJ 00187038, NJ 00184656, NJ 00180595,  Based on interview and record review, it was determined that the facility failed to ensure that certification by a physician was completed annually to ensure that residents did not have needs which exceeded the care that the facility could provide for 5 of 9 residents reviewed, Resident #'s 2, 3, 5, 6 and 8. This deficient practice was evidenced by the following:  1. On 8/19/25 at 10:30 a.m., the surveyor reviewed Resident #2's medical record (MR) which revealed that the resident moved into the facility in <b>NJ Exec Order 26.4b1</b> , with a diagnosis of	A 783		

## New Jersey Department of Health

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A 783	<p>Continued From page 19</p> <p><b>NJ Exec Order 26.4b1</b>. The surveyor reviewed a document titled, "Resident Physician Evaluation-NJ Exec Order 26.4b1" that was dated <sup>NJ Exec Order 26.4b</sup>. The surveyor observed that the <sup>NJ Exec Ord</sup> also included a physician's certification that Resident #2 was <sup>NJ Exec Order 26.4b1</sup> for assisted living level of care and <sup>NJ Exec Order 26.4b1</sup> of a skilled nursing facility."</p> <p>2. At 10:45 a.m., the surveyor reviewed Resident #3's MR which revealed that the resident moved into the facility in <sup>NJ Exec Ord</sup> of <sup>NJ Exec Ord</sup> with a diagnosis of <sup>NJ Exec Order 26.4b1</sup>. The surveyor reviewed a document titled, "Resident Physician Evaluation-NJ Exec Order 26.4b1", that was dated <sup>NJ Exec Order 26.4</sup>. The surveyor observed that the <sup>NJ Exec Ord</sup> also included a physician's certification that Resident #3 was <sup>NJ Exec Order 26.4b1</sup> for assisted living level of care and <sup>NJ Exec Order 26.4b1</sup> of a skilled nursing facility."</p> <p>3. On 8/20/25 at 11:00 a.m., the surveyor reviewed Resident #5's MR which revealed that the resident moved into the facility in <sup>NJ Exec Ord</sup> of <sup>NJ Exec Ord</sup> with a diagnosis of <sup>NJ Exec Order 26.4b1</sup>. The surveyor reviewed a document titled, "Resident Physician Evaluation-NJ Exec Order 26.4b1", that was dated <sup>NJ Exec Order 26.4</sup>. The surveyor observed that the <sup>NJ Exec Ord</sup> also included a physician's certification that Resident #2 was <sup>NJ Exec Order 26.4b1</sup> for assisted living level of care and <sup>NJ Exec Order 26.4b1</sup> of a skilled nursing facility."</p> <p>4. At 11:15 a.m., the surveyor reviewed Resident #6's MR which revealed that the resident moved into the facility in <sup>NJ Exec Order 26.4</sup> of <sup>NJ Exec Ord</sup> with a diagnosis of <sup>NJ Exec Order 26.4b1</sup>. The surveyor reviewed a document titled, "Resident Physician Evaluation-NJ Exec Order 26.4b1", that was dated <sup>NJ Exec Order 26.4</sup>. The surveyor observed that</p>	A 783		

## New Jersey Department of Health

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A 783	<p>Continued From page 20</p> <p>the [REDACTED] also included a physician's certification that Resident #6 was [REDACTED] for assisted living level of care and [REDACTED] of a skilled nursing facility."</p> <p>5. At 11:30 a.m., the surveyor reviewed Resident #8's MR which revealed that the resident had an admission date of [REDACTED] of [REDACTED] with a diagnosis of [REDACTED]. The surveyor reviewed a document titled, "Resident Physician Evaluation-[REDACTED]", that was dated [REDACTED]. The surveyor observed that the [REDACTED] also included physician certification that Resident #6 was [REDACTED] for assisted living level of care and [REDACTED] of a skilled nursing facility."</p> <p>Surveyor review of the residents Electronic Medical Record and their paper charts revealed no further documentation to reflect that an annual certification by the physician was completed after admission, to ensure that Resident #'s 2, 3, 5, 6 and 8 did not have needs which exceed the care the facility could provide.</p> <p>At 2:10 p.m., during interview with the Regional Director of Clinical Services regarding residents [REDACTED]'s and physician certifications, she stated that she would follow up.</p>	A 783		
A 793	8:36-8.2 Qualifications of Professional Nurses  A facility shall have at least one registered professional nurse available at all times.	A 793		

## New Jersey Department of Health

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A 793	<p>Continued From page 21</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188476, NJ 00188289, NJ 00187038, NJ 00184656, NJ 00180595</p> <p>Based on interview, and record review it was determined that the facility failed to ensure that a Registered Nurse (RN) was available to the facility at all times. The facility had a census of one hundred (100) residents. This deficient practice was evidenced by the following:</p> <p>On 8/19/25 at 10:23 a.m., the surveyor interviewed a Certified Medication Aide (CMA) and inquired about the facility's RN. The CMA stated that he did not know who the RN was and had not seen a RN. The CMA stated that the former Director of Wellness (DOW), who was a RN, resigned <sup>NJ Exec Order 29.4b1</sup> ago. Additionally, CMA #1 stated that he reported all issues/concerns to a Licensed Practical Nurses (LPN).</p> <p>At 11:28 a.m., the Surveyor interviewed the Executive Director and inquired about the facility's RN. The ED stated that the former DOW last date of employment was on <sup>NJ Exec Order 29</sup> and that the Regional Director of Clinical Service (RDCS) was the RN covering the facility until a new DOW was hired.</p> <p>On 8/20/25 at 12:01 p.m., the surveyor interviewed LPN #1 regarding who she reported to when there was a concern. LPN #1 stated that the former RN resigned about <sup>NJ Exec Order 26.4b1</sup> and she reported all issues/concerns to LPN #2, the supervisor. LPN #1 stated that since LPN #2 supervisor was on <sup>NJ Exec Order 26.4b1</sup> she notified the Executive Director of any issues. Additionally, LPN #1 stated she did not know the name or number of the RDCS to contact in case of</p>	A 793		

## New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  05C001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/25/2025
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A 793	<p>Continued From page 22 emergency.</p> <p>On 8/29/25 at 2:14 p.m. post survey, the surveyor interviewed the Regional Director of Care Services (RDCS) via telephone regarding RN coverage at the facility. The RDCS stated that she was the covering RN for the building and that the last time she received a call from the facility was on <sup>NJ Exec Order 26.40</sup> from LPN #2 supervisor, who was still on vacation during the survey. During the interview, the RDCS stated that she had not received a call from the staff since <sup>NJ Exec Order 26.41</sup>.</p> <p>The surveyor then inquired how CMA delegation was addressed if the staff did not have direct access to her. The RDCS stated that the CMAs knew what to do.</p>	A 793		
A 887	<p>8:36-10.4(a)(1) Responsibilities of Dietitians</p> <p>(a) If indicated, according to residents' needs, a dietitian shall be responsible for providing resident care, including, but not limited to, the following:</p> <p>1. Assessing the nutritional needs of the resident. If indicated, preparing the dietary portion of the health care plan on the basis of the assessment, providing dietary services to the resident as specified in the dietary portion of the health plan, reassessing the resident, and revising the dietary portion of the health care plan. Each of these activities shall be documented in the resident's record; and</p>	A 887		

## New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER  ALLENDALE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE  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 887	<p>Continued From page 23</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188476, NJ 00188289, NJ 00187038, NJ 00184656, NJ 00180595</p> <p>Based on interview and record review, it was determined that the facility's Registered Nurse (RN) failed to consult a [REDACTED] to assess the resident's [REDACTED] needs, provide recommendations for a health service plan or document in the medical record, for 2 of 9 resident's reviewed, Resident #'s 4 and 5. This deficient practice was evidenced by the following:</p> <p>On 8/19/25 at 11:28 a.m., the surveyor interviewed the Administrator regarding the procedure for resident [REDACTED] and where the [REDACTED] were documented. The Administrator stated that he was not sure but would find out. The Administrator further explained that the facility did not currently have a Director of Nursing (DON), and that the Regional Director of Clinical Services (RDCS) was covering and would be at the facility later in the day. The surveyor additionally requested the policy and procedures which the Administrator verified were kept in a binder.</p> <p>On 8/20/25 at 9:30 a.m., the surveyor interviewed the Administrator and inquired about a [REDACTED] and he stated that the facility utilized the [REDACTED] from their skilled nursing facility next door, and also had a contract with outside [REDACTED] as needed.</p> <p>1. At 11:00 a.m., the surveyor reviewed Resident #4's MR which revealed that the resident moved into the facility in [REDACTED], with diagnoses of [REDACTED]</p>	A 887		

## New Jersey Department of Health

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A 887	<p>Continued From page 24</p> <p><b>NJ Exec Order 26.4b1</b></p> <p>[REDACTED]. The surveyor observed that Resident #4 had an admission [REDACTED] of [REDACTED] that was recorded in the Electronic Medical Record (EMR). The surveyor observed that there were no additional [REDACTED] recordings after the admission [REDACTED] or documentation to reflect that the [REDACTED] was consulted to assess Resident #4's [REDACTED] needs.</p> <p>2. At 11:30 a.m., the surveyor reviewed Resident #5's MR which revealed that the resident moved into the facility in [REDACTED] of [REDACTED] with a diagnosis of [REDACTED]</p> <p>The surveyor reviewed Resident #5's [REDACTED] recordings since admission which revealed the following:</p> <p>On [REDACTED] [REDACTED] was [REDACTED] On [REDACTED] the [REDACTED] was [REDACTED]</p> <p>The surveyor observed that Resident #5 sustained a [REDACTED] of [REDACTED] from [REDACTED] of [REDACTED] to [REDACTED] of [REDACTED] in [REDACTED]</p> <p>Further review of Resident #5's MR revealed no documentation to reflect that the RN assessed the resident after the [REDACTED], or that the physician or [REDACTED] was notified or consulted regarding the [REDACTED]. The surveyor observed no documentation to reflect that the [REDACTED] had reviewed the [REDACTED] or assessed Resident #5's [REDACTED]</p>	A 887		

## New Jersey Department of Health

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A 887	<p>Continued From page 25</p> <p>On 8/25/25 the surveyor reviewed a policy titled, "Dietician Services", dated August 2021, which revealed, "... Policy Interpretation and Implementation 1. The facility will arrange for the provision of dietitian services to residents who require them ...3. When indicated, according to residents' needs and service plans, the dietitian will be responsible for providing resident care, including but not limited to, the following: a. Assessing the nutritional needs of the resident; b. If indicated, preparing the dietary portion of the healthcare service plan on the basis of the nutritional assessment; c. Providing dietary services to the resident as specified in the dietary portion of the healthcare service plan; d. Reassessing the resident and revising the dietary portion of the health service plan, as appropriate. e. Providing nutritional counseling and education to residents; and f. Documenting all of the above responsibilities in the resident record..."</p> <p>Additionally, the surveyor reviewed a policy titled, "Nutrition (Impaired)/Unplanned Weight Loss - Clinical Protocol", dated 2001, which revealed, "Assessment and Recognition 1. The nursing staff will monitor and document weight and dietary intake of residents...3. The physician will consider whether any assessment including additional diagnostic testing is indicated to help clarify the severity or consequences of weight loss and/or impaired nutrition ... 4. The staff will report to the physician significant weight gains or losses ..."</p>	A 887		
A 891	8:36-10.5(a) Dining Services  (a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending	A 891		

## New Jersey Department of Health

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A 891	<p>Continued From page 26</p> <p>Machines Chapter XII of the New Jersey Sanitary Code.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to comply with the provisions of Chapter 24, N.J.A.C. 8:24, Sanitation in Retail Food Establishments and Food and Beverage Vending Machines, by failing to ensure that the equipment used for ice intended for resident consumption was maintained in a sanitary manner to prevent contamination.</p> <p>This deficient practice was evidenced by the following and was not in compliance with N.J.A.C. 8:36-10.5(a), which requires that the facility maintain a clean and sanitary environment.</p> <p>On 8/19/25 at 10:47 a.m., the surveyor toured the facility's main kitchen preparation area and observed the ice machine. The surveyor observed a document titled, "Ice Machine Cleaning Schedule (IMCS)," dated 2025, was displayed on the outer door of the machine and revealed a signature next to the month of August.</p>	A 891		

## New Jersey Department of Health

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A 891	<p>Continued From page 27</p> <p>The surveyor opened the outer door of the ice machine and observed brown discoloration and black residue along the underside of the white panel above the stored ice. The buildup was located directly above the ice intended for resident consumption.</p> <p>During the observation, the Culinary Director (CD) entered the preparation area. The surveyor interviewed the CD and asked how often the ice machine was cleaned. The CD stated that it was cleaned monthly. The surveyor then inquired if the signature on the IMCS indicated that the ice machine had already been cleaned for the month of August, and the CD confirmed that it had.</p> <p>The surveyor asked if the CD was aware of the brown discoloration and black residue along the underside of the white panel above the stored ice. The CD stated that he was not aware but would immediately contact maintenance to clean the machine.</p>	A 891		
A 901	<p>8:36-10.5(c)(4) Dining Services</p> <p>(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:</p> <p>4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes,</p>	A 901		

## New Jersey Department of Health

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A 901	<p>Continued From page 28</p> <p>shall be kept on file in the facility for at least 30 days;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews and review of other pertinent documents, it was determined that the facility failed to ensure that the current menus with portion sizes were posted in the food preparation area.</p> <p>This deficient practice was evidenced by the following and was not in compliance with N.J.A.C. 8:36-10.5(a), which requires facilities to maintain food service operations in accordance with the Sanitation in Retail Food Establishments and Food and Beverage Vending Machines Code (N.J.A.C. 8:24). Specifically, N.J.A.C. 8:24-6.5 requires that menus be made available and followed to ensure consistency and accuracy in meal service.</p> <p>On 8/19/25 at 10:47 a.m., the surveyor toured the facility kitchen and observed that no menu was posted in the food preparation area to indicate portion sizes.</p> <p>At 11:15 a.m., the surveyor interviewed a Chef in the kitchen and about how she knew the portion sizes when serving food. The Chef stated that portioning spoons were available, and if staff were not aware of the portion sizes, they could refer to a book. When asked where the book was located, the Chef stated that it was on the shelf near the office.</p>	A 901		

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A 901	<p>Continued From page 29</p> <p>At 11:38 a.m., the surveyor interviewed the Culinary Director (CD) about why the menu indicating portion sizes was not posted in the food preparation area. The CD explained that he was not aware that menus with portion sizes were required to be posted in the food preparation area. He further stated that a reference book was available on the shelf near the office and that he would ensure menus were posted in the food preparation area moving forward.</p> <p>Surveyor review of the August 2021 facility policy and procedure titled, "Dining Services" indicated, Policy Interpretation and Implementation...10. Current menus with portion sizes and any changes in menu will be posted in the food preparation area.</p>	A 901		
A 935	<p>8:36-11.4(b) Administration of medications</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 935		

## New Jersey Department of Health

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A935	<p>Continued From page 30</p> <p>Complaint #: NJ 00188476, NJ 00188289, NJ 00187038, NJ 00184656, NJ 00180595</p> <p>Based on observation, interview and record review, it was determined that the facility failed to administer a medication in accordance with the prescriber's orders for 1 of 9 residents reviewed, Resident #4. This deficient practice was evidenced by the following:</p> <p>On 8/19/25 at 10:15 a.m., the surveyor observed medication administration by a Licensed Practical Nurse (LPN). During the medication administration observation to Resident #4, the surveyor observed that the resident's [REDACTED] was not available for the LPN to administer. The surveyor inquired about the [REDACTED] and the LPN stated that it was on order. The surveyor observed that the LPN documented on the Electronic Medication Administration Record (eMAR), that the Lidocaine was unavailable for administration to Resident #4.</p> <p>At 11:30 a.m., the surveyor reviewed Resident #4's medical record (MR) which revealed that the resident moved into the facility in [REDACTED] of [REDACTED] with diagnoses of [REDACTED] and [REDACTED] of the [REDACTED]. The surveyor observed a prescriber order for "[REDACTED] Apply to [REDACTED] one time a day for [REDACTED] for 12 hours then remove ...", that was dated [REDACTED].</p> <p>The surveyor reviewed the eMAR dated from [REDACTED], which revealed the following:</p> <p>The eMAR dated [REDACTED] revealed documentation that the [REDACTED] was not administered to Resident #4 on the dates of: [REDACTED]</p>	A 935		

## New Jersey Department of Health

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A 935	<p>Continued From page 31</p> <p>NJ Exec Order 26.4b1 for a total of 11 doses.</p> <p>The eMAR dated NJ Exec Order 26.4b1 revealed documentation that the NJ Exec Order 26.4b1 was not administered to Resident #4 on the dates of: [REDACTED]</p> <p>[REDACTED] for a total of 21 doses.</p> <p>The MAR dated NJ Exec Order 26.4b1 revealed documentation that the NJ Exec Order 26.4b1 was not administered to Resident #4 on the dates of: [REDACTED]</p> <p>[REDACTED] The surveyor also observed missing documentation on the dates of NJ Exec Order 26.4b1, for a total of 22 doses.</p> <p>The eMAR dated NJ Exec Order 26.4b1 revealed documentation that the NJ Exec Order 26.4b1 was not administered to Resident #4 on the dates of: [REDACTED]</p> <p>[REDACTED] for a total of 24 doses.</p> <p>The eMAR dated NJ Exec Order 26.4b1 revealed documentation that the NJ Exec Order 26.4b1 was not administered to Resident #4 on the dates of: [REDACTED]</p> <p>[REDACTED] for a total of 13 doses.</p> <p>On 8/20/25 at 10:30 a.m., the surveyor interviewed the LPN regarding Resident #4's NJ Exec Order 26.4b1 and inquired the reason the NJ Exec Order 26.4b1 was not administered. The LPN stated that sometimes the resident's NJ Exec Order 26.4b1 [REDACTED] for a medication, and that either the family would have to pay for the medication, or the doctor would be notified. The LPN explained that</p>	A 935		

## New Jersey Department of Health

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A935	<p>Continued From page 32</p> <p>usually the nursing staff notified the physician sooner if a medication was not available, and that she was not sure why that was not done for Resident #4's <sup>NJ Exec Order 26.4b1</sup>. The LPN further stated that she texted the doctor that morning during the survey on <sup>NJ Exec Order 26.4b1</sup> about the <sup>NJ Exec Order 26.4b1</sup> [REDACTED], and she received an order to discontinue the <sup>NJ Exec Order 26.4b1</sup> [REDACTED].</p> <p>At 12:30 p.m., the surveyor reviewed the physician order summary report and verified that the <sup>NJ Exec Order 26.4b1</sup> for Resident #4 was discontinued on <sup>NJ Exec Order 26.4b1</sup> [REDACTED].</p> <p>On 8/25/25 the surveyor reviewed the policy titled, "Medication Administration policies" The surveyor reviewed a policy titled, "Preparation and General Guidelines ... Medication Administration-General Guidelines", dated 11/2021, which revealed, " ... Policy ...6) If a dose of regularly scheduled medication is withheld, refused, not available ... documentation of the unadministered dose is done as instructed by the procedures for use of the eMAR system ... If 3 consecutive doses, or per facility protocol, of a vital medication are withheld, refused, or not available the physician is notified. Nursing documents the notification and physician response ..."</p>	A 935		
A1231	8:36-17.5(a)(1) Heating and Air Conditioning	A1231		
	((a) The heating and air conditioning system shall be adequate to maintain the required temperature in all areas used by residents. Residents may have individually controlled thermostats in residential units in order to maintain temperatures at their own comfort level.			

## New Jersey Department of Health

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A1231	<p>Continued From page 33</p> <p>1. During the heating season, the temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) during the day ("day" means the time between sunrise and sunset) and 68 degrees Fahrenheit (20 degrees Celsius) at night, when residents are in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188476</p> <p>Based on interview and record review, it was determined that the facility failed to maintain temperature log of the residents rooms for 100 of 100 residents. This deficient practice was evidenced by the following:</p> <p>On 8/19/25 at 9:37 a.m., the surveyor requested the facility to provide the maintenance logs for review. During review of the maintenance log, the surveyor did not observe written records of air temperatures.</p> <p>At 11:52 a.m., the surveyor interviewed the Executive Director (ED) regarding the facility's air temperature logs. The ED stated that the facility took air temperatures but did not know to keep written temperature logs.</p> <p>On 8/20/25 at 10:37 a.m., the surveyor interviewed the Director of Maintenance (DOM). The DOM stated that the facility took air temperatures but did not know to consistently</p>	A1231		

## New Jersey Department of Health

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A1231	<p>Continued From page 34</p> <p>keep a written log of air temperatures.</p> <p>The facility was unable to provide the surveyor written records of air temperatures.</p>	A1231		



Regulation: 8:36-3.4(a)(1) – Administrator's Responsibilities

Tag: Administrator failed to ensure implementation and enforcement of policies and procedures related to "Self-Administration of Medications," "Accidents and Incidents," and "Resident Assessments & Service Plans." Complaint #: NJ00188476, NJ00188289, NJ00187038, NJ00184656, NJ00180595, NJ00162962

### Deficient Practice Summary

The facility Executive Director (ED) failed to ensure:

1. Enforcement of the "Accidents and Incidents" policy when the ED was not notified of a <sup>NJ Exec Order 26</sup> incident involving Resident #3 <sup>NJ Exec Order 26.4b</sup>
2. Enforcement of the "Self-Administration of Medications" policy when Resident #3 continued to <sup>NJ Exec Order</sup> [REDACTED] medications without updated safety reassessment since <sup>NJ Exec Order</sup> [REDACTED]
3. Enforcement of "Resident Assessments & Service Plans" and incident policies when Resident #1 <sup>NJ Exec Order 26.4b1</sup> an <sup>NJ Exec Order 26.4b1</sup> and was not assessed by the RN/DOW, nor was a complete incident investigation conducted.

### 1. Corrective Action for Residents Found to Have Been Affected

- Resident #3:
  - o The Director of Wellness (DOW) reassessed Resident #3's <sup>NJ Exec Order 26.4b1</sup> medications using the <sup>NJ Exec Order 26.4b1</sup> [REDACTED].
  - o The Service Plan was updated to reflect current medication <sup>NJ Exec Order 26.4b1</sup> and interventions or <sup>NJ Exec Order 26.4b1</sup>.
  - o <sup>NJ Exec Order 26.4</sup> detectors in Resident #3's apartment and hallway were tested by Maintenance to ensure proper function on August 25, 2025.
  - o Resident was re-educated on safe <sup>NJ Exec Order 26.4b1</sup> and supervision policy on August 25, 2025.
- Resident #1:
  - o The DOW completed a retrospective clinical review of all assessments and hospital documentation on August 30, 2025.

### 2. Corrective Action for Residents Potentially Affected

- The DOW conducted a 100% audit of all residents on August 30, 2025 who currently self-administer medications to ensure each has a current MSASS within the past 90 days and corresponding Service Plan documentation. No other residents were affected by this deficient practice.

LICENSING



- On August 30, 2025 a review of all incidents/accidents from the past 90 days was conducted by the HWD to verify:
  - The Administrator and DOW were notified as required.
  - Incident investigations contained required witness statements, notifications, and follow-up assessments.
- Any missing documentation or incomplete investigations were corrected and filed in the facility incident report by the HWD.

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### 3. Measures and Systemic Changes to Ensure Non-Recurrence

- Policy Enforcement:
  - The ED and DOW reviewed and reissued the following updated policies to all department heads and staff on August 30, 2025:
    - Accidents and Incidents Policy*
    - Self-Administration of Medications Policy*
    - Resident Assessments & Service Plans Policy*
  - On August 30, 2025 the staff were re-educated on the chain of communication and notification expectations for incidents and resident changes in condition.
- Incident Reporting Process:
  - A 24-hour notification protocol has been implemented on August 30, 2025 requiring all incident reports to be reviewed by both the DOW and ED within 24 hours of occurrence.
  - A new Incident Log Review Form was created on August 30, 2025 for weekly review by the ED and Regional Clinical Services Director or HWD.
- Medication Self-Administration Tracking:
  - The DOW/designee will maintain a Self-Administration Tracking Log to ensure quarterly reassessments are completed for all residents who self-administer any medication.
  - Electronic alerts will be built into the EHR to notify nursing staff when a reassessment is due.
- Communication and Oversight:
  - The ED will conduct weekly QA (Quality Assurance) meetings with the DOW, Maintenance, and department heads to review incident reports, self-administration audits, and any pending follow-ups.
  - The ED will ensure all significant incidents and policy deviations are logged and reviewed during the monthly QAPI (Quality Assurance and Performance Improvement) meeting.

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### 4. Monitoring and Quality Assurance

- The DOW or designee will conduct:

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- o Monthly audits of five audits monthly for two quarters and then audit quarterly for two quarters of all active resident incident reports to ensure timely notification, proper documentation, and policy compliance. The QAPI committee will then reassess the necessity to continue the QAPI.
- o Quarterly audits of 100% of all self-administration assessments for four quarters to ensure compliance with reassessment intervals and service plan updates. The QAPI committee will then reassess the necessity to continue the QAPI.
- Non-compliance trends will trigger immediate retraining and/or disciplinary action per facility policy.

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## 5. Date of Compliance

Completion Date: *October 31, 2025*

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Regulation: 8:36-6.2(b)(1) – Financial Arrangements and Full Disclosure

Tag: Failure to notify a resident of a change in charges and service fees in writing prior to implementation.

Complaint #: NJ00188476, NJ00188289, NJ00187038, NJ00184656, NJ00180595

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### Deficient Practice Summary

Based on interview and record review, it was determined that the facility failed to provide Resident #3 with written notification of a **NJ Exec Order 26.4b1** [REDACTED] " prior to billing implementation.

LICENSING

Page 3 of 26



Resident #3 was billed [REDACTED] monthly [REDACTED] per day) without written notice of change or a signed updated agreement reflecting the new charge, contrary to policy and the Resident Agreement which requires a 30-day written notice of any change in fees.

## 1. Corrective Action for Resident Found to Have Been Affected

- The Executive Director (ED) immediately met with Resident #3 to:
  - Reviewed the [REDACTED] NJ Exec Order 26.4b1 [REDACTED] by ED.
  - ED and BOM provided a written explanation and breakdown of past charges given on [REDACTED]  
[REDACTED]
  - A retroactive credit for the difference in charges prior to the written notice given by ED.
  - Issued a revised Resident Agreement Addendum, signed and dated, reflecting the current [REDACTED]  
[REDACTED] " rate done on August 25, 2025 by the Executive Director.
- Documentation of the meeting and resolution was filed in the resident's administrative and billing record on August 30, 2025.

## 2. Corrective Action for Residents Potentially Affected

- The Business Office Manager and ED conducted a facility-wide audit on August 29, 2025 of all resident billing statements and service agreements to identify:
  - Any residents receiving additional or ancillary services (e.g., tray delivery, laundry, escort assistance, cable, etc.) not supported by a signed agreement or written notice of rate change.
  - No other residents identified as being affected by this deficient practice.

## 3. Measures and Systemic Changes to Ensure Non-Recurrence

- Policy Revision and Re-Education:
  - The facility policy titled "*Financial Arrangements and Disclosure*" was reviewed on August 25, 2025 to clarify:
    - No new service or fee adjustment may be implemented without a 30-day written notice signed by the resident or responsible party.
    - Documentation must be retained in the resident's administrative file and verified by the Business Office Manager prior to billing.
  - All administrative, billing, and management staff were re-educated on the policy during an in-service training held on August 30, 2025. Attendance was documented.
- Billing and Notification Process Implementation:
  - A Fee Change Authorization Form has been developed, requiring the signatures of the ED, Business Office Manager, and the resident/responsible party before a fee change can be entered into the billing system.



- The Business Office will maintain a Fee Change Log to track notification dates, signatures, and effective dates.
- The ED will review this log monthly to ensure all billing changes have corresponding written notices.

#### 4. Monitoring and Quality Assurance

- The Business Office Manager will audit 5 resident files monthly for 6 months to ensure:
  - Written notification was provided for all new or adjusted service charges.
  - Resident/responsible party signatures are present on all financial agreements.
- After 6 months, monitoring will continue quarterly as part of the facility's routine compliance review.

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#### 5. Date of Compliance

Completion Date: *October 31, 2025*

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#### PLAN OF CORRECTION

Regulation: 8:36-7.1(a) – Initial Assessments and Resident Service Plans

Tag: A693 – Failure to ensure an initial assessment was completed by a Registered Nurse upon admission to determine the resident's needs.

Complaint #: N/A (Cited during Standard Survey)

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#### Deficient Practice Summary

Based on interview, record review, and facility documentation, it was determined that the facility failed to ensure that a Registered Nurse (RN) completed the required initial nursing assessment upon admission for Resident #7.

Instead, the admission assessment was completed and signed by a Licensed Practical Nurse (LPN) without RN oversight or cosignature. The acting Director of Wellness (RN) was unaware that the admission had



occurred and that the required RN assessment had not been completed.

#### 1. Corrective Action for Resident Found to Have Been Affected

- Resident #7's admission assessment was reviewed by the Director of Wellness (RN) on [REDACTED] NJ Exec Order 26.4b1
- A comprehensive RN admission assessment was completed and documented retrospectively on [REDACTED] NJ Exec Order 26.4 to ensure the resident's [REDACTED] NJ Exec Order 26.4b1 needs were fully addressed.
- The RN verified that the Service Plan accurately reflected the resident's assessed needs on [REDACTED] NJ Exec Order 26.4b1
- No adverse resident outcomes were identified as a result of the deficiency.

#### 2. Corrective Action for Residents Potentially Affected

- The Director of Wellness (RN) and conducted a facility-wide audit of all new admissions from [REDACTED] to verify that each resident had:
  - An initial RN admission assessment completed within required timeframes.
  - An associated Service Plan updated and signed by an RN.
- Any admissions missing an RN assessment or signature were corrected immediately on August 27, 2025.

#### 3. Measures and Systemic Changes to Ensure Non-Recurrence

- Policy Review and Reinforcement:
  - The facility's "*Resident Assessments & Service Plans*" policy was reviewed on 9/25/25 to emphasize that:
    - Only an RN may perform or validate the initial admission assessment.
    - LPNs may assist in data collection but may not complete or sign as the primary assessor.
  - The policy was reintroduced to all clinical leadership and nursing staff during a mandatory in-service held on 9/30/25. Attendance was documented.
- Admission Process Standardization:
  - A new Admission Checklist was implemented on 09/25/25 requiring verification by both the Admissions Coordinator and the RN Director of Wellness before a resident may move in.
  - The checklist includes confirmation of:
    - RN-completed admission assessment
    - Completed medication reconciliation
- Communication Protocol:
  - A pre-admission communication log was established to ensure that the ED, DOW, and LPN staff are all notified 48 hours before every scheduled admission which was implemented on 10/01/25.

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- No admission may proceed without confirmation from the DOW or RN designee that the RN will be present to complete the assessment on the day of move-in.
- Staff Training:
  - All nursing staff (RNs, LPNs, CMAs, and Med Techs) were re-educated on 09/26/25 on scope of practice and regulatory requirements regarding RN assessments during new resident admissions.
  - The training emphasized the distinction between RN and LPN responsibilities under the NJ Administrative Code and facility policy.

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#### 4. Monitoring and Quality Assurance

- The Director of Wellness (RN) or designee will audit 100% of new admissions for 60 days starting on 08/25/25 to confirm that an RN completed and signed the initial assessment.
- After the initial 60 days, four audits will be completed monthly for two quarters.
- Audit results will be reviewed during the monthly QAPI (Quality Assurance and Performance Improvement) meeting. The QAPI committee will then reassess the necessity to continue the QAPI.

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#### 5. Date of Compliance

Completion Date: October 31, 2025

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#### PLAN OF CORRECTION

Regulation: 8:36-7.3(a) – General and Health Service Plans

Tag: A749 – Failure to ensure resident Service Plans were reviewed and updated as needed to reflect changes in resident condition and preferences.

Complaint #: NJ00188476, NJ00188289, NJ00187038, NJ00184656, NJ00180595

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#### Deficient Practice Summary

Based on interview and record review, the facility failed to ensure that a resident's Service Plan (SP) was updated to reflect changes in medical condition, medication management, and personal preferences for 1 of 9 residents reviewed (Resident #3).

The SP did not include updated information regarding the discontinuation of antidepressant medication, the resident's ability to [NJ Exec Order 26.4b1](#), or [NJ Exec Order 26.4b1](#).

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#### 1. Corrective Action for Resident Affected

- The Director of Wellness (RN) immediately reviewed Resident #3's Service Plan and updated it on 8/21/25 to include:

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Page 7 of 26



- The discontinuation of **NJ Exec Order 26.4b1**
- The resident's ability to **NJ Exec Order 26.4b1** medication per physician order.
- The resident's **NJ Exec Order 26.4b1**
- On **NJ Exec Order 26.4b1** the RN reviewed the updated plan with Resident #3 to ensure accuracy and resident-centered care.
- **NJ Exec Order 26.4b1** were identified as a result of this oversight.

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## 2. Corrective Action for Residents Potentially Affected

- A comprehensive audit of all resident Service Plans was initiated on 8/22/25 and completed by 8/31/25.
- The audit focused on verifying that each Service Plan:
  - Reflects the current medical condition and medication regimen.
  - Accurately documents resident preferences related to dining, activities, and self-administration of medication.
- Any missing updates or inconsistencies were corrected immediately by the RN team.
- Family members and/or responsible parties were notified and consulted for any substantial plan changes.

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## 3. Systemic Changes to Prevent Recurrence

- Policy Review and Revision:
  - The facility policy "*Resident Assessments and Service Plans*" (August 2021) was reviewed on 9/25/25 to clarify:
    - Service Plans must be reviewed semiannually or more frequently as needed following any change in condition, medication, or preference.
    - Updates must occur within 14 days of any change in condition or treatment.
    - RNs are responsible for the accuracy and completion of all Service Plans, including updates entered by LPNs.
- Staff Education:
  - On 9/30/25, all nurses, med techs, and department heads received in-service training on:
    - Recognizing triggers for Service Plan updates (medication changes, new orders, resident preference updates).
    - Documentation standards and regulatory expectations under N.J.A.C. 8:36-7.3(a).
  - Attendance was documented.

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## 4. Monitoring and Quality Assurance



- The Director of Wellness (RN) or designee will conduct monthly audits of a random sample of 10 Service Plans to ensure:
  - All reflect current resident conditions, medications, and preferences.
  - Changes in condition or physician orders are integrated into the SP within 14 days.
- Results of these audits will be reviewed at the monthly QAPI (Quality Assurance and Performance Improvement) meetings. Audits will be initiated on October 01, 2025.
- Any identified discrepancies will trigger immediate corrective action and staff re-education.
- Ongoing compliance will be monitored for a minimum of six (6) consecutive months, after which audit frequency will be adjusted based on sustained compliance.

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## 5. Completion and Compliance Date

Expected Date of Full Compliance: *October 31, 2025*

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## PLAN OF CORRECTION

Regulation: 8:36-7.5(c) – Provision of Health Care Services

Tag: A — Failure to ensure that the RN was notified at the onset of illness, injury, or change in condition.

Complaint #: NJ00188476, NJ00188289, NJ00187038, NJ00184656, NJ00180595

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### Deficient Practice Summary

Based on record review and staff interview, the facility failed to ensure that a Registered Nurse (RN) was notified of a resident's **NJ Exec Order 26.4b1** for one of nine residents reviewed (Resident #9).

An LPN transferred Resident #9 to the hospital due to **NJ Exec Order 26.4b1** without notifying the covering RN.

The covering Regional Director of Clinical Services (RDCS), who was acting as the RN, confirmed she was not informed of the incident.

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### 1. Corrective Action for Resident Affected

- On 08/26/25 the Director of Wellness (RN) reviewed Resident #9's medical record, including the Universal Transfer Form (UTF) dated **NJ Exec Order 26.4b1**, the incident documentation, and the hospital discharge summary.
- Resident #9 **NJ Exec Order 26.4b1** returned to the facility after **NJ Exec Order 26.4b1**. Upon readmission **NJ Exec Order 26.4b1**, a full nursing assessment was completed by the RN, and the resident's Service Plan was updated to reflect post-hospital needs and interventions.



- The attending physician and responsible party were notified on the day of **NJ Exec Order 26.4b1**, and **NJ Exec Order 26.4b1** were identified from the failure to notify the RN at the time of the event.

## 2. Corrective Action for Residents Potentially Affected

- On 8/22/25, the Director of Wellness (RN) and Executive Director initiated a full review of all incidents, illnesses, and transfers over the preceding 60 days to ensure proper RN notification and follow-up occurred.
- Any instances where the RN was not documented as notified were immediately reviewed for completeness and follow-up action.
- No additional residents were identified as being adversely affected.

## 3. Systemic Changes to Prevent Recurrence

### A. Chain of Communication

- The policy titled "Nursing Services" (August 2021) was reviewed on 9/26/25 to clearly define the communication process:
  - At the onset of illness, injury, or change in condition, the LPN or Med Tech must immediately notify the on-call RN.
  - If the primary RN is unavailable, the Regional Director of Clinical Services or Executive Director must be contacted within 15 minutes.
  - The RN is responsible for assessing the situation, providing guidance, and documenting follow-up actions in the resident's record.

### B. Clinical On-Call System Strengthening

- The contact list of key personnel posted in all nursing offices and medication rooms and updated weekly by the Director of Wellness.
- The schedule includes direct contact numbers for both the on-call RN and backup clinical leadership to prevent communication breakdowns.

### C. Staff Education and Competency Validation

- On 9/30/25, all licensed nurses, including LPNs, were in-serviced by the Executive Director:
  - Regulatory requirements under N.J.A.C. 8:36-7.5(c).
  - The importance of RN notification for any illness, injury, or change in condition.
- Attendance was recorded.
- New hires will receive this training as part of their orientation process.

## 4. Monitoring and Quality Assurance



- The Director of Wellness (RN) or designee will conduct monthly audits of all incident reports, transfer forms, and change-in-condition documentation for 3 months, then quarterly thereafter, to ensure RN notification was completed and documented.
- Findings will be presented at the monthly QAPI (Quality Assurance and Performance Improvement) meeting.
- Any missed or delayed RN notifications will result in immediate corrective action and re-education.
- The Executive Director will review audit results and verify sustained compliance for six consecutive months before reducing audit frequency.

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## 5. Completion and Compliance Date

Expected Date of Full Compliance: *October 31, 2025*

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## PLAN OF CORRECTION

Regulation: 8:36-7.5(d) – Provision of Health Care Services

Tag: A781 – Failure to notify the physician of a significant change in condition (weight loss).

Complaint #: NJ00188476, NJ00188289, NJ00187038, NJ00184656, NJ00180595

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### Deficient Practice Summary

Based on interview and record review, the facility failed to ensure that the resident's physician was notified of a **NJ Exec Order 26.4b1** and that follow-up assessments were completed.

Resident #5 experienced a **NJ Exec Order 26.4b1** without documented RN assessment, physician notification, or **NJ Exec Order 26.4b1** consultation.

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### 1. Corrective Action for Resident Affected

- On **NJ Exec Order 26.4b1**, the Director of Wellness (RN) immediately completed a **NJ Exec Order 26.4b1** nursing assessment of Resident #5, including a **NJ Exec Order 26.4b1** and review of recent **NJ Exec Order 26.4b1** and **NJ Exec Order 26.4b1**.
- The resident's physician and **NJ Exec Order 26.4b1** were promptly notified of the **NJ Exec Order 26.4b1**.
- A new **NJ Exec Order 26.4b1** was implemented per physician and **NJ Exec Order 26.4b1** recommendations, including **NJ Exec Order 26.4b1**, **NJ Exec Order 26.4b1**, **NJ Exec Order 26.4b1** daily, and weekly **NJ Exec Order 26.4b1**.
- The Service Plan was updated to reflect these interventions.
- The resident's family and responsible party were informed of the findings and the new care plan.



## 2. Corrective Action for Residents Potentially Affected

- On 8/23/25, the Director of Wellness initiated a facility-wide audit of all residents' weight records for the previous six months to identify any other significant ( $\geq 5\%$  monthly,  $\geq 7.5\%$  quarterly, or  $\geq 10\%$  semiannual) unplanned weight changes.
- Any residents with unexplained weight changes were reviewed by the RN on 08/26/25 for assessment, and the physician and dietitian were notified for follow-up care.
- All affected residents' Service Plans were updated accordingly.
- No additional residents were identified as having unaddressed significant weight changes.

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## 3. Systemic Changes to Prevent Recurrence

### A. Policy and Procedure Updates

- The existing policy "Nutrition (Impaired)/Unplanned Weight Loss – Clinical Protocol" (2001) was reviewed on 9/26/25 to include:
  - Clear definitions of significant weight loss based on CMS guidelines.
  - Immediate RN assessment and physician notification within 24 hours of identifying significant or unexplained weight changes.
  - Mandatory dietitian consultation for any resident with a sustained loss of  $>5\%$  body weight in one month or  $>10\%$  in six months.
  - Documentation requirements in both the resident's medical record and weight tracking log.

### B. Enhanced Weight Monitoring System

- Weekly weight monitoring schedules were implemented for all residents identified as at nutritional risk or with recent weight fluctuation starting the week of August 31 2025.
- Monthly weights are now reviewed by the RN and dietitian together.

### C. Staff Education

- On 9/30/25, all nursing staff (RNs, LPNs, Med Techs) and dining team leaders were in-serviced by the Executive Director on:
  - Early recognition of significant weight loss and changes in appetite.
  - The requirement for immediate RN notification and physician contact per N.J.A.C. 8:36-7.5(d).
  - Documentation standards for physician communication and follow-up.

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## 4. Monitoring and Quality Assurance

- The Director of Wellness (RN) or designee will conduct monthly audits of:
  - 10 randomly selected weight logs,
  - Corresponding nursing notes
  - Documentation of physician and dietitian notification.



- Findings will be reported at monthly QAPI (Quality Assurance and Performance Improvement) meetings.
- Any missed notifications will result in immediate correction and staff re-education.
- Compliance will be monitored for a minimum of six (6) months to ensure sustained adherence.
- The Executive Director will oversee and validate corrective measures and outcomes.
- The QAPI committee will then reassess the necessity to continue the QAPI.

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## 5. Completion and Compliance Date

Expected Date of Full Compliance: *October 31, 2025*

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## PLAN OF CORRECTION

Regulation: 8:36-7.5(e) — Provision of Health Care Services

Tag: A783 – Failure to ensure annual physical exams and certification of continued appropriateness for Assisted Living level of care.

Complaint #: NJ00188476, NJ00188289, NJ00187038, NJ00184656, NJ00180595

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### Deficient Practice Summary

Based on interview and record review, the facility failed to ensure that residents received an annual physical examination and annual physician certification confirming that they did not have needs exceeding the level of care the facility can provide.

This deficient practice was identified in 5 of 9 residents reviewed (Residents #2, 3, 5, 6, and 8).

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### 1. Corrective Action for Residents Affected

- On 8/22/25, the Director of Wellness (RN) reviewed the medical records of Residents #2, #3, #5, #6, and #8.
- Each resident's primary physician or advanced practice nurse was contacted immediately. Updated annual physicals and physician certifications were obtained and placed in each resident's record by 8/25/25.
- Each physician documented that the resident remains **NJ Exec Order 26.4b1** for Assisted Living level of care.
- Each resident's Service Plan was reviewed and updated to reflect current clinical status and care needs.

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### 2. Corrective Action for Residents Potentially Affected



- On 8/26/25, a facility-wide audit of all resident charts was initiated by the Director of Wellness and Medical Records Coordinator to identify any residents without a current (within 12 months) physical exam and physician certification.
- All missing or outdated certifications were obtained by 9/15/25.
- The audit log was maintained and submitted to the Administrator and Regional Director of Clinical Services (RDCS) for verification.
- As of 9/20/25, all residents have a current, documented annual physician exam and certification on file.

### 3. Systemic Changes to Prevent Recurrence

#### A. Policy and Procedure Revision

- The facility policy titled "Annual Physician Evaluation and Certification" was reviewed and re-implemented on 9/22/25 to include:
  - All residents must have a comprehensive physical examination and certification by a licensed physician, APN, or PA every 12 months.
  - The physician must certify that the resident's needs do not exceed the level of care the facility can provide.
  - Certification documentation must be maintained in the resident's medical record and tracked electronically for compliance.
  - The Director of Wellness is responsible for tracking and follow-up.

#### B. Implementation of Tracking System

- A digital tracking spreadsheet (within the EHR) was created on 9/25/25 to record each resident's:
  - Admission date
  - Date of last physician exam
  - Date of last certification
- Automatic alerts are now sent to the Director of Wellness 30 days prior to expiration.

#### C. Physician and Practitioner Collaboration

- Letters were sent on 9/27/25 to all community physicians and advanced practice providers outlining NJ regulatory requirements for annual certification and the new documentation protocol.

#### D. Staff Education

- On 9/30/25, all clinical and administrative staff were in-serviced by the Executive Director on:
  - The NJ regulation 8:36-7.5(e) and its implications.
  - The new tracking system and annual certification form.
  - Documentation requirements and timelines.
- The education was signed off by all nurses and care managers and will be included in new hire orientation.



#### 4. Monitoring and Quality Assurance

- The Director of Wellness (RN) or designee will audit 5% of resident charts monthly for current annual physicals and certifications.
- Any deficiencies identified will be corrected immediately, and findings will be reviewed during monthly QAPI meetings.
- The Executive Director will verify that all corrective actions are completed and sustained.
- Quarterly QA reports will be submitted to the Regional Director of Clinical Services for oversight.
- Compliance rate goal: 100% completion of annual certifications maintained for six consecutive months.
- The QAPI committee will then reassess the necessity to continue the QAPI.

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#### 5. Completion and Compliance Date

Expected Date of Full Compliance: *October 31, 2025*

#### PLAN OF CORRECTION

Regulation: 8:36-8.2 — *Qualifications of Professional Nurses*

Tag: A-805 — *Failure to ensure that a Registered Nurse was available to the facility at all times.*

Complaint #: NJ00188476, NJ00188289, NJ00187038, NJ00184656, NJ00180595

Facility Census: 100 Residents

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#### Deficient Practice Summary

Based on interview and record review, the facility failed to ensure that a Registered Nurse (RN) was available to the facility at all times. Staff were unaware of who the designated covering RN was or how to reach her, resulting in the absence of 24-hour RN availability and oversight as required by regulation.

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#### 1. Corrective Action for Residents Affected

- On 8/22/25, the Regional Director of Clinical Services (RDCS) immediately re-established 24-hour RN coverage for the facility.
- On 8/22/25 all clinical staff (LPNs, CMAs, and CNAs) were provided with an updated RN on-call contact list with names, phone numbers, and escalation procedures.
- The RN on-call coverage schedule was posted in the nursing office, medication rooms, and staff breakroom by 8/23/25.

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#### 2. Corrective Action for Residents Potentially Affected

- A full review of all resident charts, medication records, and change-in-condition logs for the period 8/8/25 through 8/20/25 was conducted by the covering RN and RDCS to ensure no adverse outcomes occurred as a result of the lapse in direct RN availability.
- No negative resident outcomes were identified.



- All care and medication administration logs were verified as complete and accurate.

### 3. Systemic Changes to Prevent Recurrence

#### A. Staffing and Coverage Plan

- As of 8/25/25, a Registered Nurse (Director of Wellness) was rehired and resumed full on-site RN responsibility for clinical oversight.
- The Executive Director and RDCS developed and implemented a written RN Coverage and Communication Plan on 08/25/25, which includes:
  - 24/7 posted contact sheet for immediate access to RN coverage information.
  - Requirement that all LPNs and CMAs acknowledge receipt of the RN contact protocol.

#### B. Policy Review

- The facility policy "RN Availability and Delegation of Nursing Tasks" was reviewed and reissued on 8/27/25 to clarify:
  - A Registered Nurse must be available to the facility at all times, either on-site or on-call.
  - LPNs and CMAs must immediately contact the RN upon change in resident condition or medication concern.
  - The RN must be able to arrive on-site within one hour of being called if physical assessment is required.

#### C. Communication & Training

- On 8/28/25, all nursing staff, CMAs, and caregivers were in-serviced by the RDCS and Executive Director on:
  - The regulatory requirement for continuous RN availability.
  - Proper RN contact procedures and chain of command.
- All staff signed attendance sheets confirming understanding and competency.

### 4. Monitoring and Quality Assurance

- The Executive Director will conduct random staff interviews twice per month to confirm that staff are aware of who the on-call RN is and how to reach them.
- The Executive Director will conduct monthly audits for three months to ensure:
  - 24-hour RN coverage documentation is complete.
- Findings and corrective actions will be discussed at monthly QAPI (Quality Assurance and Performance Improvement) meetings.
- Compliance Goal: 100% continuous RN availability maintained for six consecutive months.
- The QAPI committee will then reassess the necessity to continue the QAPI.

### 5. Completion and Compliance Date



Expected Date of Full Compliance: October 15, 2025

### Plan of Correction (POC)

Tag: 8:36-10.4(a)(1) – Responsibilities of Dietitians

Complaint #: NJ00188476, NJ00188289, NJ00187038, NJ00184656, NJ00180595

Date of Survey: August 2025

Facility Census: 100 Residents

#### Deficiency Statement:

Based on interviews and record reviews, it was determined that the facility failed to ensure a NJ Exec Order 26.4b1 was consulted to assess residents' NJ Exec Order 26.4b1 needs, provide recommendations for the health service plan, and document findings for 2 of 9 residents reviewed (Residents #4 and #5).

### PLAN OF CORRECTION

#### 1. Corrective Action for Residents Affected:

- Resident #4: The Regional Director of Clinical Services (RDCS) consulted with the facility's contracted NJ Exec Order 26.4b1 to perform a comprehensive NJ Exec Order 26.4b1 assessment, including review of NJ Exec Order 26.4b1. The RD developed an NJ Exec Order 26.4b1 care plan, implemented NJ Exec Order 26.4b1, and documented findings and recommendations in the resident's medical record.
- Resident #5: The RD completed a full NJ Exec Order 26.4b1 due to the NJ Exec Order 26.4b1. The RD collaborated with the physician to rule out NJ Exec Order 26.4b1, implemented NJ Exec Order 26.4b1, and scheduled weekly NJ Exec Order 26.4b1 for the next NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 portion of the resident's care plan was revised accordingly and documented in the EMR.

#### 2. Corrective Action for Residents Potentially Affected:

- A full facility-wide audit of all resident weight records for the past 90 days was completed to identify any residents with unplanned weight changes of  $\geq 5\%$  in one month,  $\geq 7.5\%$  in three months, or  $\geq 10\%$  in six months. Audit was performed on 10/30/25 and RD is meeting with HWD weekly.
- Any resident meeting these criteria was referred to the RD for assessment, and all interventions were documented in the EMR.
- All residents with diagnoses indicating nutritional risk (e.g., malnutrition, dysphagia, weight loss, or poor intake) were also reviewed by the RD on 10/30/25 and weekly since.

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3. Systemic Changes to Prevent Recurrence:

1. Dietitian Consultation Protocol:

- o The "Dietitian Services" policy was reviewed to include recommended RD consultation for:
  - All new admissions with nutrition-related diagnoses or low BMI.
  - Any resident with unplanned weight loss greater than 5% in 30 days 7.5% in 3 months and 10% in 6 months.
  - Any resident with swallowing difficulties or altered dietary texture needs.

2. Weight Monitoring Process:

- o Weights will be recorded monthly for all residents, and weekly for residents identified as high risk for a defined period as determined by the HWD or RD.

3. Staff Education:

- o All Licensed Nurses and Certified Medication Aides received in-service training on:
  - The updated weight monitoring and documentation process.
  - Timely RD notification procedures.
  - Recognizing and reporting signs of nutritional decline.
- o Training was completed on September 10, 2025, and new hires will receive this education during orientation.

4. Interdisciplinary Collaboration:

- o The RD will participate in the facility's monthly Quality Assurance and Performance Improvement (QAPI) meetings to review trends in weight loss, meal intake, and resident nutrition status.
- o The Wellness Director and RD will jointly review all weight logs and ensure timely follow-up for at-risk residents.

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4. Monitoring and Quality Assurance:

- The Wellness Director will conduct weight audits on 5 residents monthly to ensure all residents' weights are obtained, documented, and reviewed.
  - Findings will be reported during QAPI meetings for 6 months, and any deficiencies will result in targeted re-education or process adjustment.
  - The QAPI committee will then reassess the necessity to continue the QAPI.
- 

5. Completion Date and Responsible Party:

- Completion Date: September 15, 2025
-



## Plan of Correction (POC)

Tag: 8:36-10.5(a) – Dining Services (Compliance with N.J.A.C. 8:24)

Complaint #: NJ00188476, NJ00188289, NJ00187038, NJ00184656, NJ00180595

Date of Survey: August 2025

Facility Census: 100 Residents

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### Deficiency Statement:

Based on observation, interview, and record review, it was determined that the facility failed to maintain the ice machine used for resident consumption in a clean and sanitary condition, as required under N.J.A.C. 8:24 and N.J.A.C. 8:36-10.5(a). The ice machine contained brown discoloration and black residue on the underside of the white panel above stored ice, creating a potential risk of contamination.

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## PLAN OF CORRECTION

### 1. Corrective Action for Residents Affected:

- On August 19, 2025, immediately upon identification of the concern, the Culinary Director (CD) and Maintenance Director took the ice machine out of service.
- All ice in the bin was discarded, and the machine was thoroughly cleaned and sanitized following the manufacturer's specifications using a food-grade ice machine cleaner and sanitizer.
- The Regional Environmental Services Director verified the cleaning process and signed off on the completion of the task.
- Fresh ice was produced and the machine was returned to service on August 20, 2025 only after visual inspection confirmed that all surfaces were free of residue.
- Residents were temporarily provided with bagged ice from an external approved food vendor until the machine was cleared for use.

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### 2. Corrective Action for Residents Potentially Affected:

- All other ice machines within the facility (resident pantries, staff kitchenettes, and hydration stations) were inspected by Maintenance and the Culinary Director on the same day 08/19/25.
- No additional issues were identified. Each ice machine was sanitized, and the cleaning was documented on a newly implemented (08/20/25) "Ice Machine Sanitation Log."
- Housekeeping was notified to include inspection of the ice machine exterior and surrounding area on their daily environmental checklist.

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### 3. Systemic Changes to Prevent Recurrence:

#### 1. Revised Cleaning and Sanitation Policy:

- The facility's "Ice Machine Cleaning Schedule (IMCS)" policy was reviewed.



- Each cleaning will be recorded with date, initials, and verification signature, maintained in a dedicated Kitchen Sanitation Binder for inspection.

## 2. Staff Training:

- On August 22, 2025, all dietary and maintenance personnel received in-service training on:
  - Proper ice machine sanitation procedures.
  - Use of appropriate cleaning agents and personal protective equipment (PPE).
  - Recognizing and reporting any discoloration, mold, or residue.
- The training was led by the Culinary Director, with attendance logs maintained in the training file.

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## 4. Monitoring and Quality Assurance:

- The Maintenance Director will perform a monthly inspection of all ice machines and document findings on the "Environmental Sanitation Audit Form."
- The Administrator will review audit results monthly during the Quality Assurance and Performance Improvement (QAPI) committee meeting.
- Any missed or unsatisfactory cleaning will trigger immediate corrective retraining and follow-up inspection within 24 hours.
- Audit results will be maintained for 12 months for regulatory review.
- The QAPI committee will then reassess the necessity to continue the QAPI.

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## 5. Completion Date and Responsible Parties:

- Completion Date: September 10, 2025

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### Deficiency Statement:

Based on observation, interviews, and record review, it was determined that the facility failed to ensure that current menus, including portion sizes, were posted in the food preparation area. This resulted in noncompliance with N.J.A.C. 8:36-10.5(c)(4), which requires that menus with portion sizes be posted where



food is prepared and made accessible to residents and staff.

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## PLAN OF CORRECTION

### 1. Corrective Action for Residents Affected:

- On August 19, 2025, immediately upon identification of the deficiency, the Culinary Director (CD) printed and posted the current weekly menu, including portion sizes, in the main kitchen's food preparation area.
- The menu included standardized portion sizes consistent with the facility's approved dietitian-reviewed meal plan.
- The Executive Director verified the posting and confirmed that all culinary and dietary staff were informed of its location and use on 08/19/25.

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### 2. Corrective Action for Residents Potentially Affected:

- All additional meal service areas (pantries, auxiliary kitchens, and dining rooms) were reviewed to ensure proper posting of current menus with portion sizes.
- Any outdated or missing postings were replaced with current, dated menus.
- Copies of the menus were distributed and made available to residents in the dining rooms and posted near the resident information boards, per regulation.

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### 3. Systemic Changes to Prevent Recurrence:

#### 1. Policy Revision:

- The facility's "*Dining Services Policy*" was reviewed on August 22, 2025 to clearly outline requirements for:
  - Posting current menus in all food preparation areas.
  - Including portion sizes and any substitutions.
  - Retaining menu records with substitutions for a minimum of 30 days, per N.J.A.C. 8:36-10.5(c)(4).

#### 2. Standardized Posting Protocol:

- The Culinary Director will ensure:
  - Menus with portion sizes are posted in the kitchen.
  - Substitutions or changes are reflected in real time.
  - Menus remain clean, current, and legible.
- Old menus are filed in a dedicated binder and retained for 30 days.

#### 3. Staff Training:

- On August 23, 2025, all dietary, culinary, and kitchen staff were in-service on:
  - The regulatory requirement for posting menus with portion sizes.

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- Proper procedures for updating and maintaining menus.
  - Locating the "Portion Reference Guide" for standard serving sizes.
  - New dietary hires will receive this training during orientation.
- 

#### 4. Monitoring and Quality Assurance:

- The Culinary Director or designee will complete weekly audits of all kitchen and dining areas to confirm menu postings and accuracy of portion sizes.
  - The Executive Director (ED) will review audit logs monthly during the Quality Assurance and Performance Improvement (QAPI) meeting.
  - Noncompliance will result in immediate retraining and re-audit within 24 hours.
  - Results of audits will be maintained for a minimum of 12 months for regulatory review. The QAPI committee will then reassess the necessity to continue the QAPI.
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#### 5. Completion Date and Responsible Parties:

- Completion Date: September 10, 2025
- 

#### PLAN OF CORRECTION

Regulation Cited: N.J.A.C. 8:36-11.4(b) – Administration of Medications

Deficiency: Facility failed to administer a prescribed medication **NJ Exec Order 26.4b1** in accordance with prescriber orders for Resident #4, resulting in missed doses over multiple months.

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#### 1. Corrective Action Taken for the Resident(s) Affected

Immediately upon identification of the issue on **NJ Exec Order 26.4b1** the following actions were taken:



- Resident #4's prescriber was notified the same day and issued an order to discontinue the NJ Exec Order 26.4b1
- A full medication reconciliation was completed for Resident #4 to ensure that all other medications were available, properly ordered, and administered as prescribed.
- Pharmacy services were contacted to confirm active prescriptions, insurance coverage status, and delivery schedules.

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## 2. Identification of Other Residents with the Potential to be Affected

- The Health and Wellness Director conducted a 48-hour medication audit on August 20, 2025 for all residents to identify any additional missed or unavailable doses. No other residents were found to have similar issues.
- No other residents were identified as being affected by unavailable or unadministered medications.

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## 3. Systemic Changes to Prevent Recurrence

To ensure full compliance with N.J.A.C. 8:36-11.4(b) and the facility's Medication Administration policy, the following systemic changes have been implemented:

### 1. Staff Training:

- On August 27–28, 2025, all licensed nurses and medication aides received retraining on:
  - Medication Administration Policy and Procedures.
  - Physician Notification Requirements.
  - eMAR documentation and "medication unavailable" protocol.
  - Notification of HWD for all medications that are unavailable.

### 2. Policy Review:

- The "Medication Administration – General Guidelines" policy (dated 11/2021) was reviewed on August 28, 2025. All RN's, LPN's and CMA's were re-educated on the policy.

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## 4. Monitoring and Quality Assurance

- The DON or designee will perform weekly eMAR audits for four weeks on 5 residents, then monthly for three months, focusing on any documentation of unavailable medications or missed doses.
- Findings will be presented at the monthly Quality Assurance and Performance Improvement (QAPI) meeting.
- Any identified issues will result in immediate corrective action and additional staff re-education.
- Ongoing compliance will be maintained through quarterly medication administration audits thereafter for 2 quarters.
- The QAPI committee will then reassess the necessity to continue the QAPI.

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# Allendale

Senior Living

## 5. Date of Compliance

Date Achieved: August 28, 2025

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## PLAN OF CORRECTION

Regulation Cited: N.J.A.C. 8:36-17.5(a)(1) – Heating and Air Conditioning

Deficiency: Facility failed to maintain written temperature logs for all resident rooms, affecting 100 of 100 residents.

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### 1. Corrective Action Taken for the Residents Affected

- On August 20, 2025, immediately following the surveyor's observation, the Director of Maintenance (DOM) began recording temperatures in all resident rooms and common areas to ensure compliance with N.J.A.C. 8:36-17.5(a)(1).
- Temperature readings were confirmed to be within the required range of 72°F (day) and 68°F (night) for all occupied spaces.



- No residents reported discomfort or required relocation due to temperature concerns.
- A written temperature log system was initiated the same day.

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## 2. Identification of Other Residents Who May Be Affected

- As the issue involved the lack of written temperature documentation rather than a physical temperature deficiency, all residents had the potential to be affected.
- The DOM conducted a facility-wide temperature assessment on 08/20/25 in all resident rooms, corridors, dining areas, and activity spaces. All temperatures were verified to meet state requirements.

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## 3. Systemic Changes to Prevent Recurrence

To ensure ongoing compliance and accountability, the following systemic changes have been implemented:

### 1. Written Temperature Logging System:

- A new Environmental Temperature Log was developed and implemented on August 23, 2025.
- The log includes readings for resident rooms (sampled per floor), dining areas, common lounges, and hallways.
- Logs are maintained in paper within the maintenance department.

### 2. Monitoring Schedule:

- Temperatures will be checked daily in common areas, stairwells and 2 resident rooms during heating and cooling seasons by the maintenance director or their designee..
- During periods of extreme weather, spot checks will be performed every four hours or as needed.

### 3. Staff Training:

- On August 23, 2025, the Director of Maintenance and all maintenance personnel were retrained by the ED on:
  - Requirements under N.J.A.C. 8:36-17.5(a)(1).
  - Proper completion, retention, and review of temperature logs.
  - Procedures for immediate notification of the Executive Director or DON if temperatures fall outside of the acceptable range.
- Attendance rosters and training materials are on file.

### 4. Policy Revision:

- The facility's Environmental Services Policy was reviewed on August 23, 2025 by ED and maintenance staff.

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## 4. Monitoring and Quality Assurance



# Allendale

Senior Living

- The Executive Director or designee will review temperature logs weekly for 4 weeks, then monthly for 2 months then quarterly for 2 quarters verifying that readings are recorded, accurate, and within the required range.
- Any deviation will result in immediate corrective action (HVAC service or resident relocation if necessary).
- The QAPI committee will then reassess the necessity to continue the QAPI.

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#### 5. Date of Compliance

Date Achieved: August 23, 2025

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LICENSING

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 05C001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 11/12/2025
NAME OF FACILITY ALLENDALE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
ID Prefix A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 10/31/2025	ID Prefix A0667 Reg. # 8:36-6.2(b)(1) LSC	Correction Completed 10/31/2025
ID Prefix A0749 Reg. # 8:36-7.3(a) LSC	Correction Completed 10/31/2025	ID Prefix A0779 Reg. # 8:36-7.5(c) LSC	Correction Completed 10/31/2025
ID Prefix A0783 Reg. # 8:36-7.5(e) LSC	Correction Completed 10/31/2025	ID Prefix A0793 Reg. # 8:36-8.2 LSC	Correction Completed 10/15/2025
ID Prefix A0891 Reg. # 8:36-10.5(a) LSC	Correction Completed 09/10/2025	ID Prefix A0901 Reg. # 8:36-10.5(c)(4) LSC	Correction Completed 09/10/2025
ID Prefix A1231 Reg. # 8:36-17.5(a)(1) LSC	Correction Completed 08/23/2025	ID Prefix Reg. # LSC	Correction Completed LSC

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 8/25/2025		<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 05C001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 11/12/2025
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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 8/25/2025		<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			