STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315195	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT BERKELEY HEIGHTS	35 COTTAGE STREET , BERKELEY HEIGHTS, New Jersey, 07922

(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) COMPLETION DATE
F0000	INITIAL COMMENTS The NJDOH conducted a Recertification survey/Complaint survey on 9/19/2025 to 9/26/2025. The survey was officially completed on 9/26/2025. Complaint #s: 261413 Standard Survey: 9/19/25 to 9/26/25 Census: 99 Sample Size: 25 + 3 closed records The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities, deficiencies were cited.	F0000		12/18/2025
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.	F0641	Corrective Action: Resident # 7 and # 93 are current residents in the facility. minimum Data Sets (MDS) were reviewed by the Regional MDS Coordinator and modified on NJ Exec Order 2 to accurately code sections NJ Exec Order 26.4b1 To ensure other residents were not affected by the deficient practice, on 101/25, A 100 % audit was completed by the MDS coordinator/designee of all MDS assessment per the current ARD dates to ensure section K, H, I, of the MDS is coded accurately On 9/25/25, the US FOIA (b) (6) was in-serviced by the Regional MDS Coordinator on the importance of accurate coding on the MDS. IDENTIFICATION OF RESIDENT AT RISK. All residents may potentially be at risk for the deficient practice. This can be identified by reviewing the medical records. SYSTEMIC CHANGE: The US FOIA (b) (6) was re-educated on 10/25 by the Regional MDS coordinator on the facility policy and procedure on the proper assessment and accurately coding all sections of the MDS	12/18/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0641 SS = D	Continued from page 1 §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, review of medical records, other facility documentation, and review of the Resident Assessment Instrument (RAI) User's Manual, it was determined that the facility failed to accurately complete the Minimum Data Set (MDS), an assessment tool, for 2 of 25 residents reviewed (Resident #7 and Resident #93). This deficient practice was evidenced by the following: 1.On 9/19/2025 at 10:35 AM, the surveyor observed Resident #7 lying in bed with NJ Exec Order 26.4b1 via a NJ Exec Order 26.4b1). On 9/23/2025 at 10:17 AM, the surveyor reviewed the electronic medical record (EMR) which revealed a physician order, dated NJ Exec Order fo NJ Exec Order 26.4b1 for a NJ Exec Order 26.4b1 . A review of the individual comprehensive care plan (ICCP) included a focus area dated NJ Exec Orde that the resident required a NJ Exec Order 26.4b1 A review of the medical provider note dated NJ Exec Orde includes diagnosis of NJ Exec Order 26.4b1) and NJ Exec Order 26.4b1). A review of the comprehensive admission Minimum Data Set (MDS), an assessment tool, dated NJ Exec Order revealed a Brief Interview for Mental Status (BIMS) score of NJ indicating NJ Exec Order 26.4b1 , no diagnoses were indicated in section NJ and NJ Exec Order 26.4b1 was not indicated in section NJ	F0641	Continued from page 1 QUALITY ASSURANCE: the Regional MDS coordinator/designee will review Comprehensive and quarterly MDS assessments of 5 residents weekly X 4 weeks and then monthly x 5 months according to the MDS schedule calendar to ensure regulatory compliance. Any findings from the audit will be addressed immediately and the results from the audit will be reviewed by the QAPI and Quality Assurance (QA) Committee monthly for two quarters. The QA committee will determine if further actions are needed and necessary adjustment to the corrective action.	

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F0641 SS = D	Continued from page 2 On 9/24/2025 at 1:22 PM, the surveyor interviewed the [NJ Exec Order 26.4b1, US FOIA (b) (6)] regarding no diagnoses and no [NJ Exec Order 26.4b1] coded on the MDS. She stated she wasn't sure what happened with Resident #7, that it was her error. 2.On 9/19/2025 at 10:28 AM, the surveyor observed Resident #93 in a wheelchair and the resident stated [NJ Exec Order 26.4b1]. The staff indicated presence of a [NJ Exec Order 26.4b1]. On 9/23/2025 at 12:29 PM, the surveyor reviewed the EMR which revealed a physician order dated [NJ Exec Order] to check [NJ Exec Order 26.4b1] every shift and if [NJ Exec Order 26.4b1] for new one. A review of the ICCP included a focus area initiated [NJ Exec Order] addressing the presence of a [NJ Exec Order 26.4b] A review of the Treatment Administration Record (TAR) for [NJ Exec Order 26.4], indicated that [NJ Exec Order 26.4b] check, and care were performed every shift, every day of the month. A review of the most recent quarterly MDS dated [NJ Exec Order] revealed a BIMS score of [NJ] indicating [NJ Exec Order 26.4b1], diagnoses including [NJ Exec O] and section [NJ] did not indicate the presence of an [NJ Exec Order]. On 9/24/2025 at 1:27 PM, the surveyor interviewed the [US FOIA (b)] regarding Resident #93's [NJ Exec Order] She stated [NJ Exec Order] should have been checked and it was her error. On 09/25/2025 at 2:42 PM, the survey team met with the [US FOIA (b) (6)] and made them aware of the above concerns. No further information was provided. A review of facility provided policy, " MDS 3.0 Completion" reviewed 10/24, which included: Policy Statement: Residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. Policy implementation and interpretation: 1. According to federal regulations, the facility	F0641		

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F0641 SS = D	Continued from page 3 conducts initially and periodically a comprehensive, accurate and standardized assessment of each resident's functional capacity, using the RAI specified by the State. 4. Care Plan Team Responsibility for Assessment Completion: a. Interdisciplinary Responsibility for Completion of MDS Sections: ii. Persons completing part of the assessment must attest to the accuracy of the section they completed by signature and indication of the relevant sections. b. Coding of Assessment: i. All disciplines shall follow the guidelines in chapter 3 of the current RAI manual for coding each assessment. N.J.A.C 8:39-11.1	F0641		
F0689 SS = E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record reviews, and review of pertinent facility documents, it was determined that the facility failed to implement a system for staff to consistently check the function of NJ Exec Order 26.4b1 used on residents at risk for NJ Exec Order 26.4b1NJ Exec Order 26.4b1 This deficient practice was identified for 3 of 3 residents (Resident #19, #43, and #79) reviewed for NJ Exec Order 26.4b1 The deficient practice was evidenced by the following: 1.On 9/19/25 at 10:54 AM, during an initial tour on	F0689	Corrective action: On 9/25/25 Resident # 19, # 43 and # 79 NJ Exec Order 26.4b1 were immediately checked for functioning by the Unit Manager (UM) by bringing the residents to the front door with the NJ Exec Order 26.4b1 [redacted] On 9/25/25 The identified residents for the deficient practice medical records were reviewed by the DON. The NJ Exec Order 26.4b1 orders were reviewed and updated to bring residents to the front door to check for functioning on 7-3 and 3-11 shifts, and 11-7 checks for placement of NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 is available. On 9/26/25, an order was placed for the wander guard transmitter. Identification for Residents at Risk: All residents requiring the use of wander guards are potentially at Risk for deficient practice. This can be identified by reviewing the residents' medical records, physician orders and the electronic treatment administration record (ETAR). Systemic Change to prevent recurrence: On 10/8/25, the wander guard transmitter was received, the staff nurses were in service by the staff educator to check functioning of the wander guards on the 11-7 shift, and 7-3 and 3-11 shifts to check for placement of wander	12/18/2025

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F0689 SS = E	Continued from page 4 NJ Exec Order the surveyor observed Resident #79 lying on their bed with a NJ Exec Order 26.4b1 around their NJ Exec [redacted] The surveyor reviewed the EMR for Resident #79. A review of the Admission Record reflected that Resident #79 was admitted with diagnoses which included but were not limited to; NJ Exec Order 26.4b1 [redacted] A review of the Quarterly MDS dated NJ Exec Orde reflected that Resident #79 had a BIMS score of NJ E out of 15, which indicated the resident had NJ Exec Order 26.4b1 [redacted] A NJ Exec Order 26.4b1NJ Exec Order 26.4b Assessment with an effective date of NJ Exec Orde revealed a score of NJ Ex which indicated that Resident #79 was at NJ Exec Order 26.4b1. A review of the ICCP included a focus area, with revision or NJ Exec Order which indicated that Resident #79 is an NJ Exec Order 26.4b NJ Exec Order 26.4b1 ... is NJ Exec Order 26.4b1 and can be NJ Exec Order 26.4b1 has a NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 Interventions/Tasks included .. NJ Exec Order 26.4b1 placed to NJ Exec Order 26.4b1 expiration date NJ Exec Order 2 A review of the eTAR reflected an order dated NJ Exec Orc to check NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 for function and placement every shift for NJ Exec Order 26.4b NJ Exec Order 26.4b1 On 9/23/25 at 9:17 AM, the surveyor interviewed the US FOIA (b) (6) who stated that if a resident had a NJ Exec Order 26.4b1, once they got close to the front door, the alarm beeped and the front door locked. She added if she saw a resident she did not recognize, she would call nurse's station to ask if it was ok if the resident went outside alone. The US FOIA (b) (6) stated that pictures of all the residents with a NJ Exec Order 26.4b1 were at the front desk. At that time, the surveyor observed Resident #79's NJ Exec Orde was posted at the desk. On 9/23/25 at 9:45 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) #1 on NJ Exec Order who stated that resident #79 had an NJ Exec Or on their NJ Exec Orc a NJ Exec Order [redacted] which alerted staff if the resident tried to	F0689	Continued from page 4 guards. Wander guards orders were reviewed and updated by the UM/designee. The education included the use of the wander guard transmitter. The Maintenance director/designee will check the wander guard door daily. Elopement Risk policy was reviewed by the ITD team and updated on 10 /10/25 Quality Assurance: The Don/designee will do a weekly audit of all residents with wander to check for placement and functioning for 8 weeks and then monthly for 4 months and then ongoing and needed. Any findings from the audit will be addressed immediately and the results from the audit will be reviewed by the QAPI and Quality Assurance (QA) Committee monthly for two quarters. The QA committee will determine if further actions are needed and necessary adjustment to the corrective action	

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F0689 SS = E	Continued from page 5 NJ Exec Order 26.4b1. LPN #1 stated that by signing the electronic Treatment Administration Record (eTAR) to check the NJ Exec Order 26.4b1 placement and function, she was confirming she checked "if it's there or not." She could not answer to how the function of the NJ Exec Order was checked. On 9/23/25 at 10:00 AM, in the presence of the surveyor and LPN #1, the NJ Exec Orde US FOIA (b) (6) stated that the nurses checked the placement of the NJ Exec Order 26.4b1 The US FC stated the function of the NJ Exec Order 26.4b1 was checked by the US FOIA (b) (6) on NJ Exec Order 2 who had "a machine" and "scanned it [the NJ Exec Order 26.4b1 like at a grocery store". The US FC stated this was done "weekly, or maybe monthly." On 9/23/25 at 10:15 AM, the surveyor interviewed the US FC on NJ Exec Order 2 The US FC produced a binder which she referred to as "the NJ Exec Order 26.4b binder." The US FC opened the binder to a page titled "Residents with NJ Exec Order 26.4b1 A table on this page listed the room number, resident name, original date, expiration date, and location [area of the resident's body] of the NJ Exec Order 26.4b1 for four residents, which included Residents #19, #43, and #79. The US FC acknowledged that she was responsible for checking the function of the NJ Exec Order 26.4b1 and they were to be checked every day on every shift. The US FC stated that when she was not working, a nursing supervisor was supposed to check the NJ Exec Order 26.4b1 function. The US FC added that regardless of who checked the function, the date and time would be noted on a calendar in the NJ Exec Order 26.4b binder. The US FC stated that to check the NJ Exec Order 26.4b1 function, a hand-held scanner was used [showed the surveyor a portable electronic device]. The US FC stated that the scanner does not need to touch the NJ Exec Order 26.4b1 "you can just put it near it, and a green light goes on." The US FC was unable to show the surveyor the calendar that revealed the NJ Exec Order function was checked for the above mentioned residents. On 9/24/25 at 8:56 AM, the surveyor interviewed Resident #79 in their room. Resident #79 pointed to the NJ Exec O around their NJ Exec Order 26.4b and stated "that is an NJ Exec Order 26.4b1. They say it's in NJ Exec Order 26.4b1." 2. The surveyor reviewed the EMR for Resident #43. A review of the Admission Record reflected that Resident #43 had diagnoses including but not limited to; NJ Exec Order 26.4b1.	F0689		

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F0689 SS = E	Continued from page 6 A review of the Quarterly MDS dated NJ Exec Order 2 reflected the resident had a BIMS score of NJ out of 15, which indicated NJ Exec Order 26.4b1 . A review of the NJ Exec Order 26.4b1NJ Exec Order 26.4b1 Assessment with an effective date of NJ Exec Order 2 revealed a score of NJ Ex which indicated that Resident #43 was at a NJ Exec Order 26.4b1 A review of the ICCP revealed a Focus indicating that the resident was an NJ Exec Order 26.4b NJ Exec Order 26.4b1 , NJ Exec Order 26.4b1 3. The surveyor reviewed the EMR for Resident #19. A review of the Admission Record (an admission summary) reflected that Resident #19 had diagnoses which included but were not limited to; NJ Exec Order 26.4b1 A review of the Quarterly Minimum Data Set (MDS) dated NJ Exec Order , reflected that the resident had a Brief Interview for Mental Status (BIMS) score of NJ out of 15, which indicated NJ Exec Order 26.4b1 . A review of the NJ Exec Order 26.4b1NJ Exec Order 26.4b1 Assessment with an Effective Date NJ Exec Order 26.4b1 revealed a score of NJ Ex which indicated Resident #19 was at a NJ Exec Order 26.4b1 . A review of the individual comprehensive care plan (ICCP) reflected a Focus revised on NJ Exec Order 26 that the resident is an NJ Exec Order 26.4b NJ Exec Order 26.4b1 , NJ Exec Order 26.4b1 Interventions/Tasks included NJ Exec Order 26.4b1 placed to NJ Exec Order 26.4 , expiration date NJ Exec Orde . Check placement and function every shift. Date Initiated: NJ Exec Order 26.4b1 Revision on: NJ Exec Order 26.4b1 . A review of the electronic Treatment Administration Record (eTAR) revealed a physician's order to monitor left ankle NJ Exec Order 26.4b1 for function and placement every shift for NJ Exec Order 26.4b monitoring, dated NJ Exec Orde . On 9/25/25 at 10:10 AM, the surveyor requested the US FC to demonstrate the use of the scanner to check the function of a NJ Exec Order 26.4b1 The US FC stated "It [the	F0689		

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F0689 SS = E	Continued from page 7 scanner] isn't working." The US FO stated that after a "new system" was installed a few months ago, the scanner did not work. The US FO stated that she took the residents with NJ Exec Order 26.4b1 to the front door, and if the alarm went off, this confirmed that the NJ Exec Order was functioning. The US FO stated that she asked the US FO to check the NJ Exec Order 26.4b1 yesterday. The US FO stated that each unit has an NJ Exec Order 26.4b binder, and added, "Remember I told you yesterday about the calendars we write on? I'll show you." The US FO with the surveyor, walked to the nurse's station. The US FO picked up a white binder and stated it was the NJ Exec Order 26.4b binder for that unit. The US FO was unable to locate a calendar in the binder. The US FO with the surveyor, walked to the front desk where the US FOIA (b) (6) was seated. The US FO picked up a binder from the desk and stated to the US FOIA (b) (6) in the presence of the surveyor, "from now on when someone comes up and the NJ Exec Order 26.4b1 alarms you need to write it in here [the US FO pointed to the binder]. That's what we are going to start doing now." At that time, the surveyor observed NJ Exec Order 2 of Residents #19, #43, and #79 posted at the front desk. On 9/25/25 at 11:33 AM, the surveyor interviewed LPN #1, who stated that "someone else" checked the function of the NJ Exec Order 26.4b1 She was not sure who checked them, nor how often they were checked. On 9/25/25 at 11:35 AM, in the presence of the surveyor, the US FO reviewed the EMR for Resident #79 which revealed a physician's orders to check for NJ Exec Order function and placement every shift. The US FO stated that if she wanted to check the function of the resident's NJ Exec Order 26.4b1 she would take them to the front door. Then the "door makes a sound like a suction, like a magnet click, and it won't open." The US FO stated if the resident got closer to the door, the door would alarm. The US FO stated that the nurses do not always check the function of the NJ Exec Order 26.4b1 that "me or somebody else" might do it if they [the nurses] were busy. But the nurses were expected to sign the eTAR order that the function was checked. The US FO stated that the nurse would know the function of the NJ Exec Order had been checked because "It's the way we communicate. We have huddles every morning and we know the expectations." The US FO stated "On the overnight shift, I don't think they're going to wake them up to walk them out the front door. I will have to check." The US FO stated that she was "ultimately responsible" to ensure the residents' NJ Exec Order 26.4b1 function and placement was checked.	F0689		

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F0689 SS = E	Continued from page 8 On 9/25/25 at 11:47 AM, the surveyors observed Resident #79 return to the facility, wearing a NJ Exec Order 26.4b1 to their NJ Exec Order 26.4b1 When the resident was transported into the facility, the alarm sounded at the front door and the US FOIA (b) (6) had to cancel the alarm. On 9/25/25 at 12:20 PM, the surveyor interviewed the US FOIA (b) (6) who acknowledged that a new NJ Exec Order 26.4b1 system was put in "about NJ Exec Order 26 and that the NJ Exec Order 26.4b1 scanner on NJ Exec Order was "not compatible" with the new system. On 9/25/25 at 1:37 PM, the US FO produced an invoice from [company redacted] dated NJ Exec Order 26.4b1 The invoice contained Completion Notes: Run cable and install upgraded [name redacted] patien NJ Exec Order 26.4b1... Patient transmitters will also have to be upgraded... The US FO was not able to provide any additional information regarding the NJ Exec Order 26.4b1 system. On 9/25/25 at 2:50 PM, the surveyor conducted a phone interview with Registered Nurse (RN) #1. RN #1 stated she worked as a night shift nurse on NJ Exec Order RN #1 stated her process to check the function of a NJ Exec Order was, if a resident with a NJ Exec Order 26.4b1 was up walking around at night, she took them to "the door, and the door made a sound." RN #1 stated, "All doors take the alarm," and that the resident could be taken to "any door." RN #1 stated, "You get about two feet away [from the door] and the alarm goes off." RN #1 stated "if a resident with a NJ Exec Order 26.4b1 was in bed all night, honestly I don't check the function of their NJ Exec Order 26.4b1 On 9/26/25 at 9:59 AM, the surveyor interviewed RN #2, who was working on NJ Exec Order She stated that to check the placement and function of a resident's NJ Exec Order 26.4b1 she would "check their NJ Exec to make sure it was there." RN #2 stated " If it's not working, I'm not sure how I would know." RN #2 stated "I think the NJ Exec Or on their NJ Exec O beeps. I'm not sure. I never heard it." RN #2 stated that if a resident with a NJ Exec Order 26.4b1 tried to go outside, the NJ Exec Order 26.4b1 would beep. On 9/26/25 at 10:41 AM, the survey team met with the US FOIA (b) (6) and the NJ Exec Order 26.4b1, US "The US FOIA (b) stated, "The transmitter [for the NJ Exec Order 26.4b1 system] was ordered," after surveyor	F0689		

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AUTUMN LAKE HEALTHCARE AT BERKELEY HEIGHTS	35 COTTAGE STREET , BERKELEY HEIGHTS, New Jersey, 07922

(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) COMPLETION DATE
F0689 SS = E	Continued from page 9 inquiry. The US FOIA (b) stated that residents with NJ Exec Order had to be taken to the door to check the NJ Exec Order function. The US FOIA (b) stated the NJ Exec Order 26.4b1 system "alarms at every door." She stated that if a resident with a NJ Exec Order 26.4b1 was taken near a door, "you hear it click. That means the door locks." She added that if the resident with a NJ Exec Order 26.4b1 tried to open the door, "then it will alarm." The US FOIA (b) (6) stated the NJ Exec Order 26.4b1 alarm was at the front door. The surveyor reviewed the facility provided Policy "Elopements and Wandering Residents" updated October 2024. This policy reflected that the facility "ensures that residents who... are at risk for elopement... receive care in accordance with their person-centered plan of care". Under the heading "Policy Explanation and Compliance Guidelines:" Number 3 reflected, "The facility shall establish and utilize a systematic approach for monitoring and managing residents at risk for elopement or unsafe wandering, including... monitoring for effectiveness and modifying interventions when necessary." Number 4, letter e, reflected "Charge nurses and unit managers will monitor the implementation of interventions, response to interventions, and document accordingly." NJAC 8:39-27.1(a)(b)	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062016	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

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AUTUMN LAKE HEALTHCARE AT BERKELEY HEIGHTS	35 COTTAGE STREET , BERKELEY HEIGHTS, New Jersey, 07922

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S0000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. 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 the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S0000		12/18/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for the day shift as mandated by the State of New Jersey. The facility was deficient in CNA (Certified Nursing Aide) staffing for 4 of 14-day shifts reviewed as follows: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for	S0560	CORRECTIVE ACTION: Efforts to hire facility staff to meet the minimum staff to resident ratios. Until that time the facility will use staffing agencies and offer additional shifts to current staff with bonuses as required. Efforts to hire facility staff will continue until there is adequate staff to serve all residents. Until that time, the facility will utilize staffing agencies to fill any open spots in the schedule. RESIDENTS AT RISK: All residents have the potential to be at risk for deficient practice. SYSTEMIC CHANGE: Staffing coordinator was educated on New Jersey state staffing ratio requirements. The facility has contracted with new agencies. Hiring and recruitment efforts, pay for experience, referral bonuses are being utilized to become more competitive in the marketplace. Open shifts are posted in advance for facility staff and agency staff to pick up to help comply with staffing ratios. Bonuses are offered to facility staff and agency staff to incentivize working open shifts.	12/18/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062016	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT BERKELEY HEIGHTS	35 COTTAGE STREET , BERKELEY HEIGHTS, New Jersey, 07922

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S0560	Continued from page 1 the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. As per the "Nursing Staffing Report" completed by the facility for staffing for the weeks of 08/31/2025 to 09/13/2025, the facility was deficient in CNA staffing for residents on 4 of 14 day shifts as follows: -09/05/25 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs. -09/07/25 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs. -09/08/25 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs. -09/09/25 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs. During an interview on 9/25/25 at 10:49 AM with the surveyor, the Staffing Coordinator (SC) stated she was aware of the State's minimum staffing ratios. The SC stated there were times when the facility did not meet the ratios due to a call out. A review of a facility provided policy "Staffing" updated 2/2023 included under Policy Statement: Our facility provided sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. Under Policy Interpretations and Implementation: One CNA to every eight residents for the day shift.	S0560	Continued from page 1 Facility has teamed up with multiple new agencies in an effort to meet staffing ratios appropriately. QUALITY ASSURANCE: The Director of Nursing or designee will review staffing schedules daily to ensure adequate staffing for all shifts. Any issue from findings will be addressed immediately and reported to the Administrator as well as to the Quality Assurance (QA)/Quality Assurance and Performance Improvement (QAPI) Committee quarterly for 6 months or until compliance is met.	
S2335	Mandatory Physical Environment CFR(s): 8:39-31.6(m) The facility shall ensure that evacuated residents who are not discharged are returned to the facility after the emergency is over. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations on 9/22/2025 and 9/23/2025 in the	S2335	Corrective Action On 9/29/25 the Director of Environmental Service updated and posted the emergency evacuation diagrams to include the location of the fire alarm pull stations, fire extinguishers and exit discharge on four emergency evacuations. At risk residents	12/18/2025

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S2335	Continued from page 2 presence of the facility's Director of Environmental Services (DEVS), it was determined that the facility failed to include all the required information on emergency evacuation diagrams which includes, the locations of the fire alarm pull stations, fire extinguisher and exit discharge on four (4) emergency evacuations posted as required by regulation. This deficient practice had to potential to affect all 99 residents and was evidenced by the following: Observations on 9/22/2025 revealed the following emergency evacuations diagrams that failed to include the required information: one (1) near the dining room exit discharge door, one (1) to the right of Resident room C-15, one (1) next to the medical records room and one (1) next to the receptionist. In an interview, the DEVS confirmed the findings at the times of observations. The Regional Director of Nursing and the DEVS were informed of the deficient practice during the Life Safety Code Survey exit on 9/23/2025 at approximately 12:28 PM.	S2335	Continued from page 2 All residents had the potential to be affected by the deficient practice. Systematic change Administrator will in-service Director of Environmental Services on the need to include required information on evacuation diagrams. Responsible Party: Administrator Quality Assurance Audits will be conducted weekly time 4 and then monthly for 6 months and report findings to the QAPI team. Responsible Party: Director of Environmental Services	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT BERKELEY HEIGHTS	**35 COTTAGE STREET , BERKELEY HEIGHTS, New Jersey, 07922**

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/19/2025 in relation to the 11/18/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		12/19/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **062016**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/19/2025**

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/19/2025 in relation to the 11/18/2025 State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities	S0000		12/19/2025

Office of Primary Care and Health Systems Management

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E0000	Initial Comments The NJDOH conducted an Emergency Preparedness survey on 09/22/2025 and 09/23/2025. The survey was officially completed on 09/26/2025. An Emergency Preparedness survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 9/22/2025 and 9/23/2025. Autumn Lake at Berkeley Heights was found to be in compliance with Medicare/ Medicaid at 42 CFR, Subpart 483.73, Requirements for Long Term Care Facilities.	E0000		12/18/2025

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT BERKELEY HEIGHTS	**35 COTTAGE STREET , BERKELEY HEIGHTS, New Jersey, 07922**

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E0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/30/2025 in relation to the 11/18/2025 Emergency Preparedness survey. The facility was found to be in compliance with the requirement for participation in Medicare/Medicaid at 42 CFR, Subpart 483.73, Emergency Preparedness.	E0000		12/30/2025

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