

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/19/2025
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF LEISURE PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 ROUTE 70 LAKewood, NJ 08701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: COMPLAINT #: NJ00160823 CENSUS: 66 SAMPLE SIZE: 6</p> <p>TYPE OF SURVEY: Standard Survey of 98 residential units</p> <p>The facility is not in substantial compliance with all 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.</p> <p>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 473	<p>8:36-5.1(g) General Requirements</p> <p>(g) The assisted living residence, comprehensive personal care home, or assisted living program shall adhere to applicable Federal, State, and local laws, rules, regulations, and requirements.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and facility document review, the facility failed to ensure they did not begin operating under a new facility name before the</p>	A 473		

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

TITLE

(X6) DATE

01/20/26

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A 473	<p>Continued From page 1</p> <p>state survey agency (SSA) licensing division approved the facility's application for a name change. This had the potential to affect all 66 residents residing in the facility at the time of the survey.</p> <p>Findings included:</p> <p>During the entrance conference on 11/17/2025 at 8:25 AM, the Executive Director (ED) stated the facility had recently had a name change and a change in their management company.</p> <p>Documentation provided by the facility regarding their name change request revealed the facility submitted a letter dated 10/01/2025 to the SSA to notify the agency of a management company change that went into effect on 10/01/2025. Per the letter, a "Registration of Alternate Name," document was submitted to the SSA; however, the facility did not provide a copy of the Registration of Alternate Name. The letter indicated the name change went into effect at the same time as the change of the management company. The documentation provided by the facility contained no documented evidence that the name change application was approved by the SSA licensing division.</p> <p>During a telephone interview on 12/03/2025 at 11:35 AM, the facility's Management Company Director of Licensing (DOL) stated they had not received confirmation from the SSA that the facility name change had been approved. The Management Company DOL stated the facility began doing business under the new facility name on 10/15/2025 after sending notification to the SSA on 10/01/2025.</p>	A 473		

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A 891	<p>Continued From page 3</p> <p>Food In Production," indicated, "All foods opened, prepared, and used in the unit must be dated and labeled. Date marks are important for all TCS [time/temperature control for safety] foods because while growth of bacteria in refrigerated foods is largely controlled by temperature, it is not stopped altogether. Date marks indicate when foods have been in refrigeration too long and have reached unsafe levels of bacterial growth. Common name labeling is also important since certain foods can be difficult to identify once they are processed or removed from their original package." The policy continued, "Date and label all foods opened or prepared in house according to the standard (this includes bulk items removed from their original containers, as well as working containers of water, oil and other liquid items)."</p> <p>An undated facility policy titled, "HVAC [Heating, Ventilation, and Air Conditioning] and Gas-Fired Heating," indicated, "Inspections and services include: Checking filter condition monthly / Changing filters quarterly (date with Sharpie)."</p> <p>Observations of the kitchen on 11/17/2025 at 9:50 AM revealed hair nets available on the wall outside of the entrance to the assisted living (AL) kitchen. The Culinary Service Director (CSD) #1 walked past the available hair nets and entered the AL kitchen. CSD #1 entered the walk-in refrigerator, operated the dish machine, and accessed the area between the steam table and the stove and grill.</p> <p>Continued observations on 11/17/2025 at 9:58 AM of the AL kitchen revealed the reach-in refrigerator contained a large plastic container of mayonnaise covered with plastic cling wrap, with no label or date noted. Frozen French fries were observed in the reach-in freezer in an open clear</p>	A 891		

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A 891	<p>Continued From page 4</p> <p>bag with no label and no date. Directly above the dish machine, a circular open area was observed covered with thick, black dust build up.</p> <p>Observations during a subsequent visit to the AL kitchen on 11/17/2025 at 12:05 PM revealed CSD #1, Cook #2, and Culinary Support (CS) #3 without a hair net while in the kitchen. Cook #2 had facial hair approximately one-half inch in length.</p> <p>Observation on 11/17/2025 at 12:19 PM revealed a person entered the kitchen and was noted standing next to a food preparation table talking to Cook #2. The person was noted to have a full head of hair and a full beard approximately three inches long. The person introduced himself as Knife Vendor (KV) #4. KV #4 stated that he was not aware that he should have his hair and beard covered; no one had told him, and he was only there to exchange knives and was not working in the kitchen.</p> <p>During an interview on 11/17/2025 at 12:10 PM, CS #3 stated that all staff were supposed to have hair nets on when working in the kitchen. He stated that he was supposed to have a hair net on, but he forgot.</p> <p>During an interview on 11/17/2025 at 12:13 PM, Cook #2 stated that he knew he was supposed to have a hair net on his head but was trying to hurry and put the food out.</p> <p>During an interview on 11/17/2025 at 12:16 PM, CSD #1 stated that everyone should have a hair covering when in the kitchen. He stated that hair nets were kept outside each door to the kitchen so that staff could put them on before entering the kitchen. He stated that there was no reason</p>	A 891		

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A 891	<p>Continued From page 5</p> <p>that he was not wearing a hair net on his head while in the kitchen; he just did not think about it. CSD #1 stated that regarding the open mayonnaise in the reach-in refrigerator and the open bag of French fries in the reach-in freezer, he did not know why food was not labeled and dated, and stated they should have been labeled, dated, or thrown out.</p> <p>During a second interview on 11/17/2025 at 12:20 PM, CSD #1 stated that anyone that came into the kitchen should have their hair covered with a hair net.</p> <p>During an interview on 11/18/2025 at 12:01 PM, Environmental Service Manager (ESM) #5 stated regarding the vent over the dishwasher, that he provided preventive maintenance in the kitchen. He stated that kitchen staff were to clean the air vents, but he replaced the filters quarterly; and stated the last time they were cleaned was late September 2025. ESM #5 stated that the black dust must have been built up from the dishwasher. ESM #5 entered the kitchen with the surveyor, observed the vent located over the dish machine, and stated that the vent had excessive black build up and he would need to clean it. He stated that the vent should have a cover. The area was just re-done, and he needed to order another vent cover.</p> <p>During an interview on 11/18/2025 at 1:31 PM, Executive Director (ED) stated that all staff were supposed to wear hair nets when in the kitchen. She stated that everyone going into the kitchen if they had hair should have it covered. She stated that hair coverings were supposed to be right there at the entrance of the kitchen so they could be grabbed on their way in. The ED stated that food items should be labeled and dated and</p>	A 891		

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A 891	Continued From page 6 include the expiration date. She stated that air vents should have been cleaned. The ED stated her expectation was that food would be labeled and dated. She said that her expectation was that staff used hair nets anytime they went into the kitchen, and they must use a hair restraint as soon as they entered the kitchen.	A 891		

BRIGHTON GARDENS OF LEISURE PARK

POC #2 received 1/20/26
Accepted 1/21/26

NJ Doh Plan Of Correction – Brighton Gardens Of Leisure Park

PROVIDER'S PLAN OF CORRECTION (POC)

Facility Name: Brighton Gardens of Leisure Park (Proposed Name Change – Terraces at Lakewood

Address: 1400 Route 70, Lakewood, NJ 08701

Survey Completion Date: 11/19/2025

Complaint #: NJ00160823

Census: 66

This Plan of Correction is submitted in response to the Statement of Deficiencies issued by the New Jersey Department of Health. The Plan of Correction outlines the corrective actions taken and/or planned, how compliance will be achieved and maintained, how corrective actions will be monitored, and the dates by which compliance will be achieved. Submission of this Plan of Correction does not constitute an admission by the facility that the deficiencies cited represent violations of regulatory requirements.

DEFICIENCY A 473

Regulation: N.J.A.C. 8:36-5.1(g) – General Requirements

Summary: The facility began operating under a new facility name prior to receiving written approval from the State Survey Agency (SSA) licensing division.

1. Corrective Action(s) Taken for Those Residents Affected

- Zero residents were identified as being affected by this deficiency. Director of Licensing (DOL) submitted all required documentation for the facility name change, including the Registration of Alternate Name, to the SSA licensing division on 10/01/2025. DOL confirmed receipt of application and all necessary documents from the State. Formal confirmation of acceptance/approval is pending.
- Executive Director confirmed that resident care, services, contracts, and rights were not altered or impacted by the administrative name change process (**Completion Date: 11/20/2025**).

2. Corrective Action(s) Taken to Prevent Recurrence

- Any resident could potentially be affected by a deficiency of this nature, therefore, Executive Director confirmed that resident care, services, contracts, and rights were not altered or impacted by the administrative name change process (**Completion Date: 11/20/2025**).
- Director of Licensing submitted all required documentation for the facility name change, including the Registration of Alternate Name, to the SSA licensing division on 10/01/2025. DOL confirmed receipt of application and all necessary documents from the State. Formal confirmation of acceptance/approval is pending.

BRIGHTON GARDENS OF LEISURE PARK

- Designated the Management Company Director of Licensing (DOL) and Executive Director (ED) as jointly responsible for regulatory submissions and verification of written approvals before operational changes occur. **Completion Date: 11/20/2025**

3. Monitoring System to Ensure Ongoing Compliance

- A regulatory compliance checklist will be maintained by the ED and reviewed quarterly to ensure no licensure-related changes are implemented without prior approval.
- All correspondence and approvals from the SSA will be maintained in a centralized licensing file and reviewed during quarterly compliance audits.

4. Person(s) Responsible

- Executive Director (ED)
- Management Company Director of Licensing (DOL)

Completion Date: November 20,2025

NJ Exec Order 26.461

11/20/2025

DEFICIENCY A 891

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

Summary: The facility failed to ensure compliance with food safety and sanitation requirements, including hair restraints, labeling and dating of food items, and cleanliness of kitchen ventilation.

1. Corrective Action(s) Taken for Those Residents Affected

No residents were identified as being affected by this deficiency.

- All kitchen staff were immediately re-educated by the Director of Dining on proper use of hair restraints prior to entering food preparation areas (11/19/2025).
- All improperly labeled or undated food items were discarded immediately (11/19/2025).
- The kitchen vent above the dishwashing machine was thoroughly cleaned, and a replacement vent cover was ordered and installed on 12/01/2025.
- All vendors entering the kitchen are now required to comply with hair and beard covering requirements (Effective 11/20/2025).

2. Corrective Action(s) Taken to Prevent Recurrence

All residents could potentially be affected by this deficiency, therefore:

- Director of Dining Conducted mandatory re-education for all dietary staff on 11/19/2025 to include the following topics:
 - Hair and beard restraint requirements
 - Proper labeling and dating of all food items (including bulk and working containers)
 - Infection control and sanitation standards per N.J.A.C. 8:24

BRIGHTON GARDENS OF LEISURE PARK

- Director of Dining updated and re-issued dietary policies with effective dates and staff acknowledgment signatures. **Completion Date: 12/01/2025**
- Facilities Director installed additional signage at all kitchen entrances stating “**Hair and Beard Coverings Required Beyond This Point.**” **Completion Date: 12/01/2025**
- Director of Dining implemented a **Vendor Kitchen Access Protocol** requiring vendors to follow the same hygiene standards as staff. **Completion Date: 12/01/2025**
- Facilities Director implemented a documented monthly inspection and cleaning schedule for kitchen vents and HVAC components. **Completion Date: 12/15/2025**

3. Monitoring System to Ensure Ongoing Compliance

- Director of Dining or designee will complete and document:
 - Daily kitchen sanitation and food labeling audits
 - Random hair restraint compliance observations (per shift)
- Executive Director will review dietary audit logs weekly for 30 days, then monthly thereafter.
- Facilities Director will maintain documentation of vent cleaning and HVAC maintenance, to be reviewed and signed off quarterly by the ED at the QAPI Committee Meeting.

4. Person(s) Responsible

- Executive Director (ED)
- Director of Dining
- Facilities Director

5. Date of Compliance

Completed by: 12/15/2025



Approved 1/21/20

NJ Exec Order 26.4b1

Administrator/Executive Director Signature:

CALA

Date: 01/19/2026

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65A000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 1/21/2026 Y3
NAME OF FACILITY BRIGHTON GARDENS OF LEISURE PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 ROUTE 70 LAKEWOOD, NJ 08701

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0473 Reg. # 8:36-5.1(g) LSC	Correction Completed 11/20/2025	ID Prefix A0891 Reg. # 8:36-10.5(a) LSC	Correction Completed 12/11/2025	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	
FOLLOWUP TO SURVEY COMPLETED ON 11/19/2025		<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			