STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65A000	A. BUILDING: _____ B. WING _____	C 10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF LEISURE PARK	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	Initial Comments Initial Comments: Type of Survey: Complaint Complaint #: NJ 175873, NJ 178366, NJ 182137 Census: 69 Survey Date: 10/2/25, 10/6/25, 10/7/25 Sample Size: 6 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 925	8:36-11.2 Provisions of Pharmaceutical Services The assisted living residence, comprehensive personal care home, or assisted living program shall be capable of ensuring that pharmaceutical services are provided to residents in accordance with the prescriber's orders, each resident's health care plan, and in accordance with the rules of this chapter and all applicable State and Federal laws and regulations.	A 925		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/12/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 925	Continued From page 1	A 925		

This REQUIREMENT is not met as evidenced by:
Complaint # NJ 175873

Based on interview and record review, it was determined that the facility failed to ensure medications ordered by the physician to treat a specific condition were available and administered per physician order. The deficient practice occurred for 1 of 2 residents reviewed for medication administrator (Resident #4) and the deficient practice was evidenced by the following:

On 10/6/25 at 9:30 AM, the surveyor toured the [NJ Exec P] floor and observed Resident #4 [NJ Exec Order 26.4b1] with a [NJ Exec Order 26.4b1] in the hallway, and the resident informed the surveyor they were going to the dining room for breakfast.

On 10/6/25 at 9:50 AM, the surveyor interviewed a Certified Nurse Aide (CNA) assigned to the [NJ Exec Order 26] floor regarding the care required by Resident #4. The CNA informed the surveyor that Resident #4 was [NJ Exec Order 26.4b1] with care and needed [NJ Exec Order 26.4b1].

On 10/6/25 at 10:30 AM the surveyor reviewed the medical record. According to the "Move In Record", Resident #4 had diagnoses which included but were not limited to; [NJ Exec Order 26.4b1] A review of the "Service Plan Report" dated [NJ Exec Order 26.4] revealed a "Focus" I have a NJ Exec Order 26.4b1, Initiated [NJ Exec Order 26.4b1] The goal was for Resident #4 to NJ Exec Order 26.4b1. No signs of NJ Exec Order 26.4b1, and Initiated

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A 925	Continued From page 2	A 925		

NJ Exec Order 26.4b1. Interventions included: My caregivers will observe for and report to nurse any NJ Exec Orde or NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1; NJ Exec Order 26 of NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 and NJ Exec Order 26 The Resident's Health Service Evaluation, Level of Care assessment, last revised NJ Exec Order 26.4b1 Results, revealed under NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 that Resident #4 had NJ Exec Order 26.4b1 but was NJ Exec Order 26.4b1.

A review of the current physician order for NJ Exec Order 26.4b1 reflected an order for NJ Exec Order 26.4b1 1 tablet daily for NJ Exec Order 26.4b1 with an original date of NJ Exec Order 26.4b1. A review of the Medication Administration (MAR) for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1, reflected that NJ Exec Order 26.4b1 was not administered on the following days: NJ Exec Order 26.4b1 .

A review of the progress notes dated NJ Exec Order 26.4 timed 10:57 AM, reflected that NJ Exec Order 26.4b1 was not administered, and the medication had been on order until NJ Exec Order 26.

A review of the MAR for NJ Exec Order 26.4b1 reflected that staff had signed that the medication was administered although the medication had not been available. On 10/07/25 at 11:30 AM, the surveyor interviewed the Health Services Wellness Director, Registered Nurse (RN) who did not work at the facility at that time, and confirmed that the medication was not available for the days that staff initialed that NJ Exec Order 26.4b1 was administered. The RN stated if the medication was not available for NJ Exec Order 2 through NJ Exec Order 26.4 and the medication was not in stock, staff could not administer the NJ Exec Order 26.4b1 as ordered.

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A 925	Continued From page 3 On 10/7/25 at 11:30 AM, the surveyor reviewed the MAR and the progress notes with the RN, and she confirmed that [NJ Exec Order 26.4b1] was not available for administration even the days that staff initialed the MAR to indicate that the medication had been administered. A review of the Progress notes revealed that [NJ Exec Order 26.4b1] was an active order from NJ Exec Order 26.4b1 . On 10/7/25 at 12:30 PM, the surveyor attempted to interview the resident, but the resident [NJ Exec Orde] with the interview. The staff who signed the medication was administered when it was not available, could not be interviewed as they were no longer working at the facility. On 10/7/25 at 1:30 PM, the surveyor interviewed the RN in the presence of the Certified Assisted Living Administrator (CALA), The RN confirmed that there was no investigation to provide, and there was no documentation from the prior CALA, or prior RN that addressed the concerns as a medication error. A review of the progress notes dated [NJ Exec Order 2], reflected that the resident [NJ Exec Order 26.4b] had [NJ Exec Order 26.4b1] The resident was very NJ Exec Order 26.4b1 [redacted] A progress notes dated [NJ Exec Order 2] timed 15:55 (3:55 PM) indicated that Resident #4 was [NJ Exec Order 26.4b] and [NJ Exec Order 26.4b1] Another progress notes dated [NJ Exec Order 2] timed 7:30 PM revealed the following: "Resident is [NJ Exec Order 26.4b] [NJ Exec Order 2] they [NJ Exec Ord] to NJ Exec Order 26.4b1 . [NJ Exec Order 2] at staff, hard to [NJ Exec Order 26.4b1] On [NJ Exec Order 2] at 5:33 PM, Resident #4 called [NJ Exec O] and informed them that [NJ Exec O] could not [NJ Exec Order 2] The resident was transferred to the hospital for evaluation and treatment. A review of the Service Plan dated [NJ Exec Order 26.4	A 925		

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A 925	Continued From page 4 dictated by the physician following the transfer indicated the following: "The patient is [NJ Exec Order 26.4] no [NJ Exec Order 26.4] noted. Resident #4 was in the Emergency Department on [NJ Exec Order 26.] [NJ Exec Order 26.4b] findings, most likely a [NJ Exec Order 26.4b1] and sent back to the facility after comprehensive work up". There was no documented evidence that the physician was made aware that Resident #4 did not receive their [NJ Exec Order 26.4b1] medication from [NJ Exec Order 26.4b1] A review of the policy titled, "Reordering Medications" last revised 6/30/23 indicated the following: Procedure: Only authorized community staff may reorder medications from the pharmacy. The community staff should review all on-demand medications daily and reorder when a five-day supply on the medication is remaining. Staff may use the computer software to review the status of open orders for follow-through with the pharmacy.	A 925		
A 963	8:36-11.5(f) Certified Medication Aide Program (f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.	A 963		

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A 963	Continued From page 5 This REQUIREMENT is not met as evidenced by: Complaint # NJ 178366 Based on interview, record review and review of other pertinent facility documentation, it was determined that the facility failed to ensure that medications were administered in accordance with the physician order for 1 of 4 residents reviewed (Resident #1). The deficient practice was evidenced by the following: On 10/2/25 at 10:30 AM, the surveyor reviewed the closed medical record for Resident #1. According to the Move in Record, Resident #1 had diagnoses which included but were not limited to; NJ Exec Order 26.4b1 [redacted]. The resident Service Plan Report initiated [redacted], had the following focus "I need staff NJ Exec Order 26.4b1 for medication administration or medication program services." The goal was: "I will receive medications safely and as prescribed." Initiated [redacted] The interventions included, NJ Exec Order 26.4b1 [redacted]." On 10/2/25 at 9:15 AM, the surveyor reviewed the electronic Medication Administration record (MAR) and observed a physician order with an original date of [redacted], to administer NJ Exec Order 26.4b1 one tablet orally every 8 hours for [redacted] The medication was scheduled to be administered at 06:00 AM, 14:00 PM (2:00 PM),	A 963		

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A 963	Continued From page 6 and 22:00 (10:00 PM). A review of the MAR reflected that from NJ Exec Order 26.4b1, Resident #1 received NJ Exec Order 26.4b1 at 06:00 AM, 14:00 PM (2:00 PM), and 22:00 (10:00 PM) as ordered. Another order was transcribed on the MAR and dated NJ Exec Order 26.4b1, was to administer NJ Exec Order 26.4b1 1 tablet by mouth every 8 hours for NJ Exec Order 26.4b1 and was plotted on the MAR and signed as being administered from NJ Exec Order 2 to NJ Exec Order 26.4 at 09:00 AM, 13:00 PM (1:00 PM) and 17:00 PM (5:00 PM) concurrently with the NJ Exec Order 26 dosage. On 10/2/25 the surveyor further reviewed the closed record which documented a physician order dated NJ Exec Order 2 to NJ Exec Order 26.4b1 every 8 hours. On 10/2/25 at 11:55 AM, the surveyor interviewed the Health Services Wellness Director, Registered Nurse (RN) regarding Resident #1. She stated that she was not employed at the facility when the incident occurred. The surveyor reviewed the MAR with the RN, and she confirmed that staff failed to discontinue NJ Exec Order 26.4b1 as ordered by the physician and administered both doses NJ Exec Order 26.4b1 from NJ Exec Order 2 to NJ Exec Order 26.4b for a total of 24 doses. The surveyor reviewed the progress notes and could not find any documentation/ assessment that was done when the medication error was identified. The surveyor then asked the RN if there was any investigation completed when the medication error was identified,and she stated there was none.	A 963		

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A 963	Continued From page 7 On 10/2/25 at 1:00 PM, the surveyor interviewed the medication administration technician (CMA) regarding the process in place for discontinued medication. The CMA informed the surveyor that only licensed staff were to transcribe and discontinue medications on the MAR. She was not aware of the concerns with the NJ Exec Order 26.4b1 ordered. On 10/2/25 at 1:30 PM the surveyor interviewed the Licensed Practical Nurse (LPN) regarding the process to discontinue medications. The LPN stated all licensed staff and the RN were to verify, transcribe and discontinue medication. The LPN further stated that all discontinued medications were to be removed from the medication cart and sent back to the pharmacy. On 10/2/25 at 1:45 PM, during a second interview with the RN, she confirmed that the NJ Exec Order 26.4b1 ordered NJ Exec Order 26 was not transcribed or removed from the medication cart. The staff involved with the medication error could not be interviewed as they were no longer employed by the facility. On 10/7/25 at 1:28 PM, the surveyor conducted a telephone interview with Resident #1's medical doctor (MD). The MD stated that on NJ Exec Order 2 he NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 and he faxed the order to the pharmacy. He could not recall that he was made aware of the medication error. A review of the facility's policy titled, "Medication Management" last revised July 8, 2024, revealed the following: Procedure: This procedure will standardize the resident	A 963		

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A 963	Continued From page 8 medication management process and ensure proper medication needs are provided to each resident. This is important to manage medications and the order process and follow state-specific guidelines. It will also assist in managing side-effects, black box warnings, and/or drug interactions. Section 3 of the procedure indicated the following: If the order is to change a medication, locate the medication MAR. Draw a line by signature when last administered. Write out on the remaining portion of the MAR the following: 1. Order change. 2. The date. 3. your signature. 4. Once transcribed, you will remove the discontinued or changed order from the medication cart and place in approved storage and/or give to Director of Health and Wellness /Assistant Care Services Director. 5. Once transcribed, place order in designated area for DHWS or designee for review. 6. DHW or designee will review the transcribed order for accuracy and ensure medication has arrived from in the facility. 7. 1 If signed by healthcare provider, it will be placed in resident's chart. 8. Discontinue order in the computer.	A 963		

POC # 2 received 11/19/25
Accepted 11/20/25

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Revised Plan Of Correction

Brighton Gardens of Leisure Park
1400 Route 70, Lakewood, NJ 08701

Plan of Correction
Survey Date: October 7, 2025
Complaint #: NJ175873, NJ178366, NJ182137
Provider ID: 65A000

Deficiency #1 – A925 (N.J.A.C. 8:36-11.2)

Pharmaceutical Services
The facility failed to ensure that medications ordered by the physician were available and administered per physician order for one resident (Resident #4).

1. Corrective action for residents affected:

Resident #4's medication order for NJ Exec Order 26.4b1 was immediately reviewed, and the prescribing physician was notified to confirm continuation and evaluate for any adverse effects from missed doses. Upon the resident's return from the hospital, a complete medication reconciliation was performed to ensure all medications and orders were accurate. NJ Exec Order 26.4b1 were identified.

The Health and Wellness Director conducted a read-and-sign staff education session on **October 8, 2025**, to share the identified errors with all nursing staff and reinforce procedures for ensuring medication availability and compliance with physician orders.

2. Identification of other residents potentially affected:

All residents have the potential to be affected by this deficiency. Therefore, **100% of all residents with psychotropic medication orders were audited** by the **Health Services Director**. This audit was completed on **November 5, 2025**. Any medications with a low par were reordered through the contracted pharmacy. No additional discrepancies were identified.

3. Measures / systemic processes to prevent recurrence:

Transition to **the new management company** was initiated on **October 15, 2025**. As part of this transition, the facility adopted the standardized policies, procedures, and clinical tools provided by the new management company.

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The new management company has implemented an electronic health record system designed to reduce human error, support medication accuracy, and coordinate medication-related communication with **the contracted pharmacy**.

Education regarding medication management, electronic order verification, and pharmacy coordination has been partially completed as of **November 15, 2025**, with additional training scheduled through **December 15, 2025**. Education is being provided through:
• Relias virtual education modules
• Live Corporate IT virtual training via NJ Exec Order 26.4b1
• On-site training by the Health Services Director or designee

Education is provided to all nursing staff, including **Licensed Practical Nurses and Certified Medication Aides**.

4. Monitoring / quality assurance plan:

• The Health and Wellness Director or designee will audit **100% of incident reports** related to medication availability, order accuracy, and/or documentation compliance monthly.
• Any trends or identified issues will be reviewed during weekly IDT meetings using the **QAPI Post-Incident Report Form**.
• Audit results and trends will be reviewed by the **QAPI Committee** monthly.
• Quarterly audits will continue thereafter to ensure ongoing compliance.
• Any identified discrepancies will be corrected immediately, with additional staff reeducation provided as necessary.

Completion Date: November 15, 2025
Responsible Party: Health and Wellness Director / CALA [redacted] approved 11/20/25

Deficiency #2 – A963 (N.J.A.C. 8:36-11.5(f))

Certified Medication Aide Program
The facility failed to ensure medications were accurately administered and documented according to physician orders for one resident (Resident #1).

Resident #1 is no longer a resident of the facility, as this was a closed-record review. The staff involved are no longer employed. Documentation of corrective actions has been maintained.

1. Corrective action for residents affected:

A read-and-sign education session was posted and completed on **October 8, 2025**, addressing the identified transcription and administration errors.

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2. Identification of other residents potentially affected:

A facility-wide audit of **30% of all MARs** was completed by the **Health Services Director** in partnership with **the contracted pharmacy**. This audit was completed on **November 15, 2025**. No further discrepancies were identified.

The contracted pharmacy is currently completing a medication reconciliation for **100% of residents** who receive medication administration services, prior to uploading their orders into the new electronic health record system.The Health Services Director and designee will verify 100% of all medication records once the contracted pharmacy has uploaded to electronic health record and before **Go Live date of November 30, 2025.**

3. Measures / systemic changes to prevent recurrence:

The transition to **the new management company** occurred on **October 15, 2025**, which included adoption of standardized medication management policies and the conversion from PCC to the new electronic health record platform.

Partial staff education was completed by **November 15, 2025**, with additional training scheduled through **December 15, 2025**. Education is provided through Relias virtual modules, Corporate IT virtual training via NJ Exec Order 26.4b1 and the Health Services Director or designee. **All nursing staff—including LPNs and Certified Medication Aides—receive this training.**

Licensed Nurses and **Certified Medication Aides** were reeducated on the Medication Management Policy on **November 5, 2025**, with the education conducted by the **Health Services Director.**

Under the new system **(beginning November 30, 2025):**
- All medication orders will be electronically entered, maintained, and discontinued through the contracted pharmacy. Manual transcription by staff will no longer occur.
- Only licensed nurses may verify medication order changes.
- Staff cannot view or administer medications until orders are verified by licensed personnel.
- Role-based system permissions prevent staff from operating outside their scope of practice.

4. Monitoring / quality assurance plan:

- Following implementation of the electronic system **(anticipated to Go Live on 11/30/2025)**, the contracted pharmacy will complete all medication order entries/changes, and the Health Services Director or designee will verify accuracy within 24 hours.
- Any discrepancies will be escalated immediately to the contracted pharmacy and the ordering clinician.
- Weekly medication pass observations (1–2 staff per week) will continue to be completed by the Health Services Director or designee.
- The contracted pharmacy will continue to conduct quarterly audits of medication orders and

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selected medication carts, providing written reports containing identified discrepancies and suggested revisions to the Health Services Director.**(Next scheduled audit is January 2026)**
• Any identified trends, discrepancies, or concerns will be reviewed during daily huddles, weekly IDT meetings, and quarterly QAPI meetings using the **QAPI Post-Incident Report Form**.

Completion Date: November 30, 2025
Responsible Party: Health and Wellness Director / CALA

NJ Exec Order 26 Approved 11/20/25

Administrator Signature NJ Exec Order 26.4b1
Title: Certified Assisted Living Administrator (CALA)
NJ Exec Order 26.4b1
Date: 11-20-2025

Health Services Director Signature NJ Exec Order 26.4b1 PNP BSN
NJ Exec Order 26.4b1
Date: 11-20-25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
65A000 Y1	A. Building B. Wing Y2	11/20/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF LEISURE PARK	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 A0925 Reg. # 8:36-11.2 LSC	Correction Completed 11/15/2025	ID Prefix A0963 Reg. # 8:36-11.5(f) LSC	Correction Completed 11/30/2025	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 10/7/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			