

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02A016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/07/2025
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NAME OF PROVIDER OR SUPPLIER BRISTAL AT WOODCLIFF LAKE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 364 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677
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(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: Type of Survey: Complaint</p> <p>Complaint #: NJ170507</p> <p>Census: 143</p> <p>Sample Size: 3</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 313	<p>8:36-3.4(a)(4) Administrator's Responsibilities</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>4. Ensuring the provision of staff orientation and staff education;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ170507</p>	A 313		

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

TITLE

(X6) DATE

11/12/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02A016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/07/2025
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A 313	<p>Continued From page 1</p> <p>Based on observation, interview, and record review, it was determined that the Executive Director (ED) failed to ensure the provision of staff education following an NJ Ex Order 26.4(b)(1) incident for 1 of 3 residents reviewed, Resident #1.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/7/25 at 9:38 AM, the surveyor requested from the ED, the Facility Reported Event (FRE) investigation for Resident #1, including any staff education provided.</p> <p>On 10/7/25 at 10:28 AM, the surveyor reviewed Resident #1's electronic medical record (EMR), and the facility provided investigation of the FRE.</p> <p>The resident was admitted to the facility in NJ Ex Order 26.4(b)(1). Resident #1 had diagnoses that included but were not limited to, NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The resident was no longer a resident at the facility.</p> <p>A review of the facility's investigation revealed " ...In-services for responding to resident NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) have been started with Wellness and Reflections staff ..."</p> <p>On 10/7/25 at 10:35 AM, the ED provided the surveyor with staff education conducted after the FRE incident. A reviewed of the provided documents revealed the following:</p> <ul style="list-style-type: none"> - An in-service sign in sheet dated NJ Ex Order 26.4(b)(1) with a topic on "Resident NJ Ex Order 26.4(b)(1) room". The sheet had twelve staff who signed the sheet. - An in-service sign in sheet dated NJ Ex Order 26.4(b)(1) with a topic on "Resident NJ Ex Order 26.4(b)(1)". The sheet had ten staff 	A 313		
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A 313	<p>Continued From page 2</p> <p>who signed the sheet.</p> <p>A review of both in-service sign in sheets did not include the certified NJ Exec Order 26.4b1 #1 who worked at the time of the incident and was interviewed during the investigation.</p> <p>On 10/7/25 at 11:55 AM, the surveyor interviewed the ED in the presence of the Director of Wellness and the Regional Director of Healthcare (RDH) about the FRE. The ED stated that NJ Exec Or #1 who worked at the time of the incident followed appropriate policy, followed the chain of command and notified her supervisor, Certified Medication Aide (CMA) #1 that Resident #1 was NJ Ex Order 26.4(b)(1) at their NJ Ex Order 26.4(b)(1). The ED further explained CMA #1 failed to follow appropriate protocol and did not inform anyone of incident. The surveyor asked the ED who was the designated supervisor on the shift. The ED stated it was Licensed Practical Nurse (LPN) #1 and they no longer worked at the facility.</p> <p>The surveyor asked if the provided staff education sheets included all direct care staff who worked at the facility at the time of the incident. The ED confirmed that it was for all direct care staff who worked at the facility. The surveyor informed the ED that NJ Exec Or #1 was not found on the staff education list provided. The ED reviewed the sign-in sheets, confirmed NJ Exec Or #1 was not listed and stated she would provide the documentation to the surveyor.</p> <p>On 10/7/25 at 1:17 PM, the ED provided the staffing schedule for the week of the incident. The ED stated LPN #1 was the supervisor for the shift.</p> <p>On 10/7/25 at 1:33 PM, the ED provided an</p>	A 313		

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A 313	<p>Continued From page 3</p> <p>in-service sign in sheet. The in-service sign in sheet provided was dated "NJ Ex Order 26.4(b)(1)" and the topic was titled "Safety [and] NJ Ex Order 26.4(b)(1)". The sign-in sheet included NJ Ex Order 26.4(b)(1) #1. The surveyor requested education for LPN #1 as the staff member was not found on the provided sheets.</p> <p>On 10/7/25 at 1:50 PM, the ED stated she did not have the education for LPN #1. The surveyor reviewed the schedule with the ED to confirm the staffing schedule at time of the incident. The ED clarified that LPN #1 did not work on the shift of the incident and worked the following night shift. The ED further explained CMA #1 was the supervisor for that shift.</p> <p>The surveyor asked if it would be expected that LPN #1 received education although not working on the shift when the incident occurred. The ED acknowledged all staff should have received re-education and would follow up to provide additional information. The surveyor requested the list of nurses, CMAs, and NJ Ex Order 26.4(b)(1) who worked at the facility in NJ Ex Order 26.4(b)(1) at time of the incident. The surveyor requested from the ED any staff education policy.</p> <p>On 10/7/25 at 2:30 PM, the surveyor informed the ED, the DOW, and the RDH of the concern that all staff were not educated after the FRE to prevent re-occurrence. The ED provided the list of staff from NJ Ex Order 26.4(b)(1). The ED stated she did not have documentation that LPN #1 received education after the FRE. The ED acknowledged it was expected for all staff to be re-educated after this FRE. In addition, the ED stated the facility did not have a staff education policy. There was no additional information provided by the facility.</p>	A 313		
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POC#2 received 11/20/25
Accepted 11/21/25



October 30, 2025

Facility: The Bristol at Woodcliff Lake

Plan of Correction – Complaint Survey Completed on 10/7/2025

Complaint # NJ170507

Tag A 313

8:36-3.4(a)(4) Administrator's Responsibilities

(a) The administrator or designee shall be responsible for, but not limited to, the following:

4. Ensuring the provision of staff orientation and staff education;

Element #1 – IMMEDIATE CORRECTIVE ACTION

Resident #1 no longer resides at the facility.

Element #2 – IDENTIFICATION OF OTHER RESIDENTS

Since all residents are at potential risk for this deficient practice, the facility will implement the following:

1. Director of Wellness and Director of Reflections will conduct training for all Wellness and Reflections staff on Nanny Cam Etiquette and Resident Falls/Emergencies beginning on 10/30/25. End date: 11/30/25
2. An active roster of all staff will be used to ensure that all Wellness and Reflections staff receive this training.
3. New Hires in the Wellness and Reflections department will be trained on Nanny Cam Etiquette and Resident Falls during their onboarding process. This is the responsibility of the Director of Administrative Services (or designee) conducting the New Hire Orientation.

Element #3 – SYSTEMIC CHANGES

1. The Director of Wellness and Director of Reflections will be in-serviced on the process of conducting training for all Wellness and Reflections staff and ensuring that all active staff members receive the training, based off of the active staff roster list on 11/7/25.

2. Upon hire, all new staff will receive training on Nanny Cam Etiquette and Resident Falls/Emergencies when they attend New Hire Orientation which is conducted by the Director of Administrative Services (or designee).
3. HR developed a staff education policy and procedure to include use of employee roster to ensure no one is missed for in-services on 11/6/25. Education was provided to all the Directors on 11/7/25 by the Executive Director.

Element #4 – MONITORING OF CORRECTIVE ACTIONS

1. The Executive Director will conduct random in-service audits (3 in services per month) in the Wellness and Reflections neighborhoods for 3 months to ensure compliance with all staff receiving training.
2. The Executive Director will conduct an audit on all new hire onboarding paperwork once a month for 3 months to ensure compliance beginning on 10/30/25.
3. Results of audits will be reported in the quarterly QA meeting to monitor and ensure compliancy with policy.

Completion Date: 11/7/25

Submitted by: NJ Ex Order 26.4(b)(1) Executive Director

*KJ approved
11/21/25*

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 02A016	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/21/2025
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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 A0313	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/07/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
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REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
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FOLLOWUP TO SURVEY COMPLETED ON 10/7/2025	<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
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