STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	02A023	A. BUILDING: _____ B. WING _____	C 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTVIEW TENAFLY	55 HUDSON AVENUE TENAFLY, NJ 07670

(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 #: NJ00188710 Census: 89 Sample Size: 3 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 310	8:36-3.4(a)(1) Administrator's Responsibilities (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/14/25

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 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00188710

Based on observation, interview and record review, it was determined that the Executive Director (ED) failed to implement and enforce the policy and procedure titled, "[NJ Exec Order 26.4b1] and [NJ Exec Order 26] Resident" for 3 of 3 residents reviewed, Resident #'s 1, 2, and 3. This deficient practice was evidenced by the following:

On 9/8/2025 at 11:46 a.m., the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by health care facilities to report events) dated [NJ Ex Order 26], regarding a resident [NJ Ex Order 26.4(b)(1)] from the facility on [NJ Ex Order 26]. According to the FRE, on [NJ Ex Order 26] at 2:20 p.m., resident assistant (RA), reported seeing Resident #2 [NJ Exec Order 26.] NJ Ex Order 26.4(b)(1) on the NJ Ex Order 26.4(b)(1) [NJ Exec Order 26.4b1]. The RA immediately NJ Ex Order 26.4(b)(1) Resident #2 and [NJ Exec Order 26.4b] the resident back NJ Ex Order 26.4(b)(1) at approximately 2:20 p.m. The RA notified the nurse, and manager on duty about the incident. The FRE also revealed that Resident #2 was assessed by the nurse, [NJ Ex Order 26.4(b)(] noted.

On 9/24/25 at 11:45 a.m., the surveyor reviewed the Electronic Medical Record (EMR) of Resident #1 revealed a move in date of [NJ Ex Order 26.4] with diagnoses of [NJ Ex Order 26.4(b)(1)] and NJ Ex Order 26.4(b)(1) [redacted]. The surveyor review of the initial assessment dated [NJ Ex Order 26.4(b)(1)] indicated that

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	02A023	A. BUILDING: _____ B. WING _____	C 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 310	Continued From page 2 Resident #1 had no evidence of an NJ Exec Order 26.4b1 assessment upon admission. At 11:50 a.m., the surveyor reviewed the EMR of Resident #2 revealed a move in date of NJ Ex Order 26.4 with diagnoses of NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b The surveyor review of the initial assessment dated NJ Ex Order 26.4 revealed that Resident #2 had no evidence of NJ Ex Order 26.4(b)(1) assessment upon admission. At 12:05 p.m., the surveyor reviewed the EMR of Resident #3 revealed a move in date of NJ Ex Order 26.4 with diagnoses of NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) The surveyor review of the initial assessment dated NJ Ex Order 26.4(, revealed that Resident #3 had no evidence of an NJ Ex Order 26.4(b)(1) assessment upon admission. At 12:45 p.m., the surveyor interviewed the ED about the facility's protocol for the resident's NJ Ex Order 26.4(b)(1) assessment upon admission. The ED explained that all residents were assessed for NJ Exec Order 26.4b1 and NJ Ex Order 26.4(b)(1) by the nurse upon admission. The surveyor asked the ED to locate the assessment on the EMR. During continued interview, the ED confirmed that there was no evidence of NJ Ex Order 26.4(b)(1) assessments completed on the EMRs upon admission, for Residents #'s 1, 2, and 3. During the exit interview, the surveyor asked the ED what measures were put into place to keep Resident #2 safe, from NJ Ex Order 26.4(b)(1) The ED confirmed that the front desk staff were educated on granting access to NJ Ex Order 26.4(b)(1) unit doors. The ED further explained that staff will physically get up to open the door for families and visitors to prevent any risk of NJ Ex Order 26.4(b)(1)	A 310		

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A 310	Continued From page 3 The facility failed to follow it policy's which resulted in Resident #2's NJ Ex Order 26.4(b)(1) the facility on NJ Ex Order 26.4 The surveyor reviewed the 5/14/25 facility policy and procedure titled, "Elopement and Missing Resident (BV)" revealed "Policy: To ensure residents who are at risk for elopement are identified and then interventions are implemented to minimize elopement opportunities... Procedure: 1. All residents will be assessed for elopement risk by a licensed healthcare professional prior to or on move in (as required by regulation), upon significant change in condition, and at regularly scheduled assessment intervals to identify risks factors that could lead to elopement..."	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188710	A 401		

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 401	Continued From page 4 Based on observation, interview, and record review, it was determined that the facility failed to provide a safe environment for 1 of 3 residents reviewed, Resident #2 who NJ Ex Order 26.4(b)(1) the secured NJ Ex Order 26.4(b)(1) unit (NJ Ex Order 26.4 This deficient practice was evidenced by the following: On 9/8/2025 at 11:46 a.m., the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by health care facilities to report events) dated NJ Ex Order 26.4(regarding a resident NJ Ex Order 26.4(b)(1) from the facility on NJ Ex Order 26. According to the FRE, on NJ Ex Order 26.4 at 2:20 p.m., resident assistant (RA), reported seeing Resident #2 NJ Ex Order 26.4(b)(1) on the NJ Ex Order 26.4(b)(1) NJ Exec Order 26.4b1. The RA immediately ran outside to meet Resident #2 and NJ Exec Order 26.4b NJ Ex Order 26.4(b)(1) at approximately 2:20 p.m. The RA notified the nurse, and manager on duty about the incident. The FRE also revealed that Resident #2 was assessed by the nurse, NJ Ex Order 26.4(b)(noted. On 9/24/25 at 9:34 a.m., during the entrance conference, the surveyor interviewed the Health Service Specialist (HSS), who was the acting Director of Nursing (DON) on the day of survey regarding Resident #2's NJ Ex Order 26.4(b)(1) incident. The HSS stated that Resident #2 was believed to have exited the NJ Ex Order door while a group of family was exiting at the same time. The HSS further stated that Resident #2 had NJ Ex Order 26.4(b)(1) services three times a week and would usually NJ Ex Order 26.4(b)(1) with his/her NJ Ex Order 26.4(b)(1). At 10:19 a.m., the surveyor reviewed the Electronic Medical Record (EMR) that revealed Resident #2 had a move in date of NJ Ex Order 26.4 with diagnoses of NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) The	A 401		

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A 401	Continued From page 5	A 401		

surveyor review of Resident #2's initial assessment dated [NJ Ex Order 26], revealed that the resident did not have a history of [NJ Ex Order 26.4(b)(1)]

At 11:00 a.m., the surveyor interviewed the Executive Director (ED) about Resident #2's [NJ Ex Order 26.4(b)(1)] incident. The ED stated that Resident #2 must have [NJ Ex Order 26.4(b)(1)] when the concierge staff buzzed a group of family to enter/exit the secured [NJ Ex Order] during the same time. The surveyor requested the facility's polices for review.

At 11:41 p.m., the surveyor interviewed the Certified Medication Aide (CMA), who stated that she was on her break at approximately 2:20 p.m., in the break room, heating up her food. The CMA explained that while she was waiting for her food, she looked through [NJ Ex Order 26.4(b)(1)] and noticed Resident #2 NJ Ex Order 26.4(b)(1) of the [NJ Ex Order 26.4(b)(] The CMA stated that she rushed [NJ Ex Order 26.4(] and [NJ Exec Order 26.] Resident #2 [NJ Ex Order 26.4] the community at about 2:20 p.m.

During continued survey interview, the CMA further explained that she immediately notified the manager on duty and the nurse. The CMA accompanied Resident #2, to the MCU, and was assessed by the nurse on duty. The surveyor asked the CMA if she had completed any training on [NJ Ex Order 26.4(b)(1)] since the incident with Resident #2, the CMA stated no, and confirmed that she was educated on [NJ Ex Order 26.4(b)(1)] previously, she was scheduled for [NJ Ex Order 26.4(b)(1)] training during staff town hall meeting on the day of survey.

At 3:36 p.m., the surveyor, in the presence of the ED, viewed the camera footage dated [NJ Ex Order 26] and timed at 2:19 p.m. The camera footage was only visual and did not contain audio, revealed that

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A 401	Continued From page 6 Resident #2 NJ Ex Order 26.4(b)(1) through the NJ Ex Orde [redacted] at 2:18 p.m., NJ Exec Order 26.4b1. The camera footage also showed CMA NJ Ex Order 26.4(b)(1) Resident #2 around 2:25 p.m., entering the NJ Ex Order 26 [redacted]. The surveyor reviewed the 5/14/25 facility policy and procedure titled, "Elopement and Missing Resident (BV)" revealed "Policy: To ensure residents who are at risks for elopement are identified, and then interventions are implemented to minimize elopement opportunities..."	A 401		
A 749	8:36-7.3(a) General and Health Service Plans (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. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188710 Based on interview and record review, it was determined that the facility failed to ensure that the General Service Plan (GSP) was reviewed and revised for NJ Ex Order 26.4(b)(1) interventions for 1 of 3 residents reviewed, Resident #2. This deficient	A 749		

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A 749	Continued From page 7	A 749		

practice was evidenced by the following:

On 9/8/2025 at 11:46 a.m., the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by health care facilities to report events) dated [NJ Ex Order 26], regarding a resident [NJ Exec Order 26.4b1] from the facility on [NJ Ex Order 26.4]. According to the FRE, on [NJ Ex Order 26] at 2:20 p.m., resident assistant (RA), reported seeing Resident #2 NJ Ex Order 26.4(b)(1) on the NJ Ex Order 26.4(b)(1) [NJ Exec Order 26.4b1]. The RA immediately NJ Exec Order 26.4b1 Resident #2 and [NJ Exec Order 26.4b1] the resident NJ Ex Order 26.4(b)(1) at approximately 2:20 p.m. The RA notified the nurse, and manager on duty about the incident. The FRE also revealed that Resident #2 was assessed by the nurse, [NJ Ex Order 26.4(b)(1)] noted.

On 9/24/25 at 9:34 a.m., during the entrance conference, the surveyor interviewed the Health Service Specialist (HSS), who was the acting Director of Nursing (DON) on the day of survey regarding Resident #2's [NJ Ex Order 26.4(b)(1)] incident and how often assessments were completed and reviewed. The HSS explained that all assessments were completed on admission, every six months, three months, or as needed. The HSS stated that all assessments can be viewed on the Electronic Medical Record (EMR).

At 10:19 a.m., the surveyor reviewed the EMR that revealed Resident #2 had a move in date of [NJ Ex Order 26.4] with diagnoses of [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)]. The surveyor also reviewed the initial assessment dated [NJ Ex Order 26], which revealed that Resident #2 did not have NJ Ex Order 26.4(b)(1). The surveyor was not able to locate a reviewed and revised GSP with interventions for [NJ Ex Order 26.4(b)(1)] for Resident #2.

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A 749	Continued From page 8 At 12:30 p.m., the surveyor reviewed Service Plans (SPs) dated NJ Ex Order 26.4(NJ Ex Order 26.4(b)(1), and last modified SP on NJ Ex Order 26.4(b)(1), showed no documented evidence that Resident #2 was assessed for NJ Ex Order 26.4(b)(1) on admission to the facility or after the incident. At 1:30 p.m., the surveyor interviewed the Executive Director (ED) and inquired about Resident #2's SP. The ED stated that the GSP should have been reviewed following the situation, that involved Resident #2's NJ Ex Order 26.4(b)(1) Additionally, the ED confirmed that all GSP reviews and updates should be documented in the EMR. The ED also confirmed that there was no documentation to reflect that the GSP was updated or reviewed every 3 months. The surveyor reviewed the 1/17/25 facility policy and procedure titled, "Resident Assessment (NJ)" revealed "Policy: Residents are assessed by a Registered Nurse (RN) prior to move in to assure residents are appropriate for placement and continued residency in the community. Upon move in, residents will be assessed by a Registered Nurse (RN) to determine the resident's needs. A follow up nursing assessment will then be completed 30 days after move in, every (3) months if the resident has a Health Service Plan (HSP), every six (6) months if the resident only has a General Service Plan (GSP) ...and each time a resident's condition or level of care changes significantly...Procedure: ...6. The Assessment shall be comprehensive and include a review of the following: ... l. Safety; ..., Wandering, Elopement..."	A 749		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
02A023		12/2/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTVIEW TENAFLY	55 HUDSON AVENUE TENAFLY, NJ 07670

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 A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 11/26/2025	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 11/26/2025	ID Prefix A0749 Reg. # 8:36-7.3(a) LSC	Correction Completed 11/26/2025
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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 9/24/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			