

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03A007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/20/2025
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NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW GREENTREE	STREET ADDRESS, CITY, STATE, ZIP CODE 170 GREENTREE ROAD MARLTON, NJ 08053
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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 #: NJ00189019</p> <p>CENSUS: 81</p> <p>SAMPLE SIZE: 4</p> <p>SURVEY DATE: 10/20/2025</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.</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 935	<p>8:36-11.4(b) Administration of medications</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.</p>	A 935		

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

TITLE

(X6) DATE

11/11/25

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A 935	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # 189019</p> <p>Based on interview, record review and review of pertinent facility documents, it was determined that the facility failed to ensure a Certified Medication Aide (CMA #1) administered medications in accordance with physician orders and the facility's "Medication Management" policy. Specifically, CMA #1 administered another resident's medications (Resident #2) to Resident #1. As a result, Resident #1 experienced NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) requiring NJ Exec Order 26.4b1 from NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1) with the final diagnosis of NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)).</p> <p>This deficient practice was identified as an NJ Exec Order 26.4b1 to resident health and safety for 1 of 4 residents (Resident #1) reviewed for medication administration.</p> <p>The NJ Exec Order 26.4b1 was removed when CMA #1 was counceled, re-educated and had a successful medication pass observation conducted.</p> <p>The deficient practice was identified by the following:</p> <p>Specific Description of Deficiency, Including Standard Number and Applicable Date(s)/Reason for Recommendation: 8:36-11.4(b) [A0935]</p>	A 935		

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A 935	<p>Continued From page 2</p> <p>The facility policy titled, "Medication Management," dated 2/9/24, indicated that residents' medications are to be administered safely and in accordance with regulations set forth by the licensing agency. The policy also indicated that a resident who requires supervision or assistance included: reading the medication label to the resident; verify correct medication, dose and strength; and observe and document medication/dose taken. The policy also indicated the following: identify each resident prior to administration; medication prescribed for one resident shall not be administered to another resident; and medication errors will be reported immediately.</p> <p>The facility's undated form titled, "Demonstrate the five rights of medication administration," included that staff were to ensure the following was conducted prior to medication administration: the right resident, right medication, right dosage, right time and right route. Under "Enabling Objectives," it was documented to "Identify the five rights of medication administration" and "Determine the importance of observing the five rights each time medication is administered."</p> <p>The facility's undated form titled, "Administering Oral Medications Correctly" included: review the five rights prior to administration and ask the resident to look at the medications to verify that this was what the resident usually takes.</p> <p>A review of a Facility Reportable Event (FRE), submitted to the New Jersey Department of Health on [redacted], revealed that on the evening of [redacted] CMA #1 administered Resident #2's medications to Resident #1. The investigation determined that CMA #1 failed to follow the</p>	A 935		

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A 935	<p>Continued From page 3</p> <p>facility's medication administration policy, as well as, not verifying the Five Rights of Medication Administration prior to the administration of medications. The FRE reflected that the facility took Resident #1's vital signs (blood pressure, pulse, respirations and temperature) every [redacted] until they heard back from the doctor. The second set of vital signs showed [redacted] in the resident's [redacted]. The doctor instructed the Wellness Nurse (WN #1) to send Resident #1 to the hospital for evaluation. Resident #1 was admitted to the hospital with the diagnosis of [redacted].</p> <p>On 10/20/25 at 10 AM, the surveyor reviewed the Electronic Health Record (EHR) of Resident #1:</p> <p>A review of the resident Face Sheet (admission summary) indicated that Resident #1 was admitted to the facility with diagnoses of, but was not limited to, [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted].</p> <p>A review of Resident #1's Service Plan (SP) (personalized document outlining the specific support needs for a resident), updated on [redacted] at 4:29 PM, indicated that Resident #1 was unable to take medications without assistance and that medications were to be administered by a CMA. Also, medications could only be administered with a current, valid medication order and a pharmacy filled labeled container.</p> <p>A review of the Progress Notes (PN) dated [redacted] at 11:22 PM, revealed that WN #1 documented that at 8:30 PM, CMA #1 reported that Resident #1 received Resident #2's</p>	A 935		

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A 935	<p>Continued From page 4</p> <p>medications at 7:15 PM. WN #1 assessed the resident who had no complaints at that time. The PN further indicated that Resident #1's vital signs were: NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). WN #1 immediately notified the Health Service Director (HSD) who instructed to obtain Resident #1's vital signs NJ Exec Order 26.4b1 for the NJ Exec Order 26.4b1. The physician was contacted and instructed that the resident be transferred to the emergency room for evaluation. WN #1 documented that the resident's vital signs prior to the transfer to the hospital were NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). Resident #1 complained of feeling NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) was called and Resident #1 was transferred to the hospital.</p> <p>A follow-up PN dated NJ Ex Order 26.4(b)(1) at 8:50 AM, documented that Resident #1 was admitted to the hospital for NJ Ex Order 26.4(b)(1). A subsequent PN dated NJ Ex Order 26.4(b)(1) at 1:45 PM, documented that the final hospital diagnosis was NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)).</p> <p>The New Jersey Universal Transfer Form dated NJ Ex Order 26.4(b)(1) at 10:30 PM, documented that Resident #1 was transferred to the hospital due to receiving the wrong medications.</p> <p>The Health Service Director (HSD) provided the surveyor with a list of medications Resident #1 was incorrectly given on NJ Ex Order 26.4(b)(1) at approximately 7:15 PM.</p> <p>The list included the following medications:</p> <p>NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1))</p>	A 935		
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A 935	<p>Continued From page 5</p> <p>*NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) *NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) *NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) *NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) *NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) *NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1))</p> <p>On 10/20/25 at 9:25 AM, the surveyor interviewed Resident #1 verified that he/she was in the hospital because of his/her NJ Ex Order 26.4(b)(1). Resident #1 also stated that they felt NJ Ex Order 26.4(b)(1) because he/she was taken off all medications to have them changed. The resident was not able to give specific details related to the incident that occurred on NJ Ex Order 26.4(b)(1) but stated that he/she thinks that due to their NJ Ex Order 26.4(b)(1) his/her NJ Ex Order 26.4(b)(1) is NJ Ex Order 26.4(b)(1).</p> <p>On 10/20/25 at 11:25 AM, the surveyor interviewed, via telephone, CMA #1 who stated that she was "running" late with her medication pass on the evening of NJ Ex Order 26.4(b)(1) and took two bags of medication from the medication cart. She stated that she read Resident #1 and Resident #2's names on the medication bags, however mistakenly put Resident #1's medication back into the medication cart. CMA #1 then proceeded to administer Resident #2's medication to Resident #1. She explained that as soon as she identified the error, she notified WN #1. WN #1 started to NJ Ex Order 26.4(b)(1) the resident's NJ Ex Order 26.4(b)(1) and took the resident's vital signs. CMA #1 stated that when Resident #1 exhibited a vital sign change, the resident was sent to the hospital.</p> <p>CMA #1 stated that she failed to follow the five rights of medication administration, which included the following: the right resident, the right medication, the right dosage, the right time and the right route. She explained that she did not</p>	A 935		
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A 935	<p>Continued From page 6</p> <p>look at the medications or compare the medications to the physician's order in the Medication Administration Record (MAR). She stated that the HSD gave her a correction action form regarding the five rights of medication administration and also performed a competency on medication administration to ensure that she was safe to administer medications to residents.</p> <p>On 10/20/25 at 1:36 PM, the surveyor interviewed the HSD who stated that that CMA #1 was NJ Exec Order 26.4b1 and that the incident on NJ Ex Order 26.4(b)(was her only medication error since being employed at the facility. The HSD explained that CMA #1 received a correction action form for failing to comply with the medication administration policy and was re-educated on the "Five Rights" of medication administration. The HSD also stated that CMA #1 completed medication administration competencies every three months.</p> <p>The surveyor reviewed the document titled "Medication Pass Competency Review Form (NJ) which documented the following dates: 3/26/25: organized and efficient; 6/24/25: follows 5 rights; and 9/23/25: knowledgeable and respectful. The HSD confirmed that during the incident, CMA #1 did not follow the Five Rights of Medication Administration, and did not verify the resident's name on the medication package, which resulted in the administration of another resident's medication.</p>	A 935		

GREENTREE

Brightview Greentree

November 14, 2025

Regarding the Deficiency cited as A 935, Administration of Medications, the citation was specific to the community failing to ensure a Certified Medication Aide (CMA #1) administered medications in accordance with physician orders and the facility's "Medication Management" policy.

1. Resident #1 and Resident #2 were identified to **NJ Ex Order 26.4(b)(1)** in this deficient practice. Resident #2 was **NJ Ex Order 26.4(b)(1)** affected as he/she was still able to get their medications for the night as the Health Services Director instructed CMA #1 to give he/she the next days medications. Both Resident #1 and Resident #2 still reside at Brightview Greentree. The Health Services Director met with CMA #1 on 10/15/25 and a counseling was given as well as re-education on the five rights of medication administration and a successful medication pass observation was conducted.
2. All residents who have their medications administered by a Brightview licensed CMA have the potential to be affected by this deficiency.
3. The Health Services Director will in-service all CMA's on the 5 Rights of Medication Administration by 11/30/25. CMA #1 will have Medication Competency completed weekly for 4 weeks starting the week of 11/17/25 and will be completed on the week of 12/8/25 and then quarterly thereafter. All documentation will be kept in the Medication Competency binder.
4. The Health Services Director will continue to conduct monthly in-services with all CMA's and will perform medication pass observations on a quarterly basis to determine eligibility for delegation to administer medications. The Executive Director will audit in-service agendas and sign-in sheets for 3 months starting in November to ensure all CMAs are receiving training. The Executive Director will audit documentation of completed Medication Competencies at monthly QAPI/Safety Meetings. Completion date is 11/30/25 and ongoing.

KJ approved
11/17/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 03A007 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/17/2025 Y3
NAME OF FACILITY BRIGHTVIEW GREENTREE	STREET ADDRESS, CITY, STATE, ZIP CODE 170 GREENTREE ROAD MARLTON, NJ 08053	

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 A0935	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-11.4(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/30/2025	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
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/20/2025		<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		