

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10a001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FLORENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 BROAD STREET FLORENCE, NJ 08518</b>
---	---

(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 #: NJ00188891</p> <p>Census: 39</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 369	<p>8:36-4.1(a)(8) Resident Rights</p> <p>(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:</p> <p>8. The right to receive pain management as needed, in accordance with N.J.A.C. 8:43E-6;</p>	A 369		

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

TITLE

(X6) DATE

11/25/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10a001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FLORENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 BROAD STREET FLORENCE, NJ 08518</b>
---	---

(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 369	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188891</p> <p>Based on interview and record review, it was determined that the facility failed to ensure the resident's right to receive <b>NJ Ex Ord</b> management was administered, in accordance with N.J.A.C. 8:43E-6, for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 9/16/25 at 10:12 a.m., the Department of Health (DOH), received a Facility Reportable Event (FRE) (a document used by health care facilities to report events), which revealed that on <b>NJ Ex Order 26.4(b)(1)</b> at 5:30 p.m., Resident #1, did not receive a 4:00 a.m. dose of prescribed <b>NJ Ex Ord</b> medication (<b>NJ Ex Order 26.4(b)(1)</b>) from the LPN on duty.</p> <p>On 10/7/25 at 12:23 p.m., the surveyor reviewed Resident #1's closed medical record (MR), which revealed that Resident #1 was admitted to the facility in <b>NJ Ex Order 26.4(b)(1)</b> with diagnoses of <b>NJ Ex Order 26.4(b)(1)</b> and <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>The surveyor reviewed Resident #1's closed Medication Administration Record (MAR) which revealed a pre-filled order for <b>NJ Ex Order 26.4(b)(1)</b> (<b>NJ Ex Ord</b> <b>NJ Ex Order 26.4(b)(1)</b>). The order indicated that Resident #1 should receive <b>NJ Ex Order 26.4(b)(1)</b> by mouth every 4 hours as needed for <b>NJ Ex Ord</b>.</p> <p>At 1:30 p.m., the surveyor had a telephone interview with the LPN who was assigned to Resident #1, about why the <b>NJ Ex Order 26.4(b)(1)</b> medication dose was not administered, the LPN explained</p>	A 369		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10a001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FLORENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 BROAD STREET FLORENCE, NJ 08518</b>
---	---

(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 369	<p>Continued From page 2</p> <p>that he had taken out Resident #1's [redacted] dose from the medication cart, signed it out, and on his way to administer the medication to Resident #1, he recieved an emergency call for a resident who had [redacted]. During continued telephone interview with the LPN, he confirmed to the surveyor that Resident #1, did not receive the prescribed dose of [redacted] at 4:00 a.m. The LPN stated that he placed Resident #1's [redacted] dose in his pocket and responded quickly to the [redacted] incident. The LPN confirmed that he forgot to administer the medication to Resident #1 and forgot that the medication was still in his pocket after his shift ended, until he was [redacted] for [redacted].</p> <p>The surveyor reviewed a facility policy, dated 10/2025 titled, "Medications &amp; Treatments-Medication/Error-CS-40-10 " which indicated, "Policy Overview Associates providing, assisting or administering medications to residents are expected to follow the 7 rights of medication administration that include-right medication, right person, right dose, right time, right route, right to refuse, and right documentation..."</p> <p>Additionally, the surveyor reviewed the facility's "NJ Resident Bill of Rights" dated 6/07 which indicated "... Each resident is entitled to the following rights: ... 8. The right to receive pain management as needed; ..."</p>	A 369		
A 963	<p>8:36-11.5(f) Certified Medication Aide Program</p> <p>(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.</p>	A 963		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10a001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FLORENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 BROAD STREET FLORENCE, NJ 08518</b>
---	---

(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 963	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188891</p> <p>Based on interview and record review, it was determined that the facility License Practical Nurse (LPN) failed to accurately document the administration of medications for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 9/16/25 at 10:12 a.m., the Department of Health (DOH), received a Facility Reportable Event (FRE) (a document used by health care facilities to report events), which revealed that on [redacted] at 5:30 p.m., Resident #1, did not receive a 4:00 a.m. dose of prescribed [redacted] medication [redacted] from the LPN on duty.</p> <p>At 9:42 a.m., the surveyor interviewed the Administrator and inquired about the incident of Resident #1's missed dose of medication. The Administrator stated that the LPN had prepared Resident #1's [redacted] dose, when he received an emergency call for a resident who had [redacted]. During continued interview with the Administrator, she stated that the LPN confirmed that he forgot that Resident #1's [redacted] was in his pocket after he responded to the [redacted] incident. The Administrator further explained that she had received a call from the [redacted], who informed her that Resident #1's [redacted] <b>NJ Ex Order 26.4(b)(1)</b></p>	A 963		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10a001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FLORENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 BROAD STREET FLORENCE, NJ 08518</b>
---	---

(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 963	<p>Continued From page 4</p> <p><b>NJ Ex</b> dose was found in the LPN's pocket during a <b>NJ Ex Order 26.4(b)(1)</b></p> <p>At 10:45 a.m., the surveyor interviewed the Director of Nursing (DON) and inquired about the missed <b>NJ Ex Order 26.4(b)(1)</b> dose for Resident #1. The DON stated that because medication was already signed out by the LPN, there was no notable way for her to know that Resident #1 had missed <b>NJ Ex Order 26.4(b)(1)</b> medication on the night that the LPN worked. The DON explained that she was not aware that the medication <b>NJ Ex Order 26.4(b)(1)</b> was not administered until the facility received a call from the <b>NJ Exec Order 26.4b1</b> informing her that Resident #1's <b>NJ Ex Order 26.4(b)(1)</b> dose was found in the possession of LPN's pocket during a <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>On 10/7/25 at 12:23 p.m., the surveyor reviewed Resident #1's closed medical record (MR), which revealed that Resident #1 was admitted to the facility in <b>NJ Ex Order 26.4(b)(1)</b> with diagnoses of <b>NJ Ex Order 26.4(b)(1)</b> and <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>The surveyor reviewed Resident #1's Medication Administration Record (MAR) which revealed a pre-filled order for <b>NJ Ex Order 26.4(b)(1)</b> (<b>NJ Ex Order 26.4(b)(1)</b>). The order indicated that Resident #1 should receive <b>NJ Ex Order 26.4(b)(1)</b> by mouth every 4 hours as needed for <b>NJ Ex Order</b>.</p> <p>Further, review of the closed MAR revealed that the LPN signed out that the medication was administered to Resident #1 on the night of <b>NJ Ex Order 26</b>. The surveyor reviewed the facility's investigation report summary and conclusion regarding missed <b>NJ Ex Order 26.4(b)(1)</b> dose for Resident #1 on <b>NJ Ex Order 26</b> at 4 a.m. The report revealed that Resident #1's <b>NJ Ex Order 26.4(b)(1)</b> dose was not</p>	A 963		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10a001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FLORENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 BROAD STREET FLORENCE, NJ 08518</b>
---	---

(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 963	<p>Continued From page 5</p> <p>administered. However, the medication was signed out by the LPN. The LPN confirmed to the Administrator that Resident #1's order for <b>NJ Ex Order 26.4(b)(1)</b> was in his pocket and was not administered due to the emergency call he received for the <b>NJ Ex</b> incident of another resident.</p> <p>At 1:30 p.m., the surveyor had a telephone interview with the LPN who was assigned to Resident #1, about why the <b>NJ Ex Order 26.4(b)(1)</b> medication dose was not administered, the LPN explained that he had taken out Resident #1's <b>NJ Ex Order 26.4(b)(1)</b> dose from the medication cart, signed it out, and on his way to administer the medication to Resident #1, he received an emergency call for a resident who <b>NJ Ex Order 26.4(b)(1)</b>. During continued telephone interview with the LPN, he confirmed to the surveyor that Resident #1, did not receive the prescribed dose of <b>NJ Ex Order 26.4(b)(1)</b> at 4:00 a.m. The LPN stated that he placed Resident #1's <b>NJ Ex Order 26.4(b)(1)</b> dose in his pocket and responded quickly to the <b>NJ Ex</b> incident. The LPN confirmed that he forgot to administer the medication to Resident #1 and forgot that the medication was still in his pocket after his shift ended, until he was <b>NJ Ex Order 26.4(b)(1)</b> for <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>The surveyor reviewed a facility policy, dated 3/31/2022 titled, "Medication &amp; Treatment - Administration/Assistance" which indicated, 7 ... Medications may not be prepared in advance and should be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and meal orders) or per state regulation..."</p>	A 963		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 10a001 <span style="float:right">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/4/2025 <span style="float:right">Y3</span>
NAME OF FACILITY BROOKDALE FLORENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 BROAD STREET FLORENCE, NJ 08518	

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 A0369	Correction	ID Prefix A0963	Correction	ID Prefix	Correction
Reg. # 8:36-4.1(a)(8)	Completed	Reg. # 8:36-11.5(f)	Completed	Reg. #	Completed
LSC	12/01/2025	LSC	12/01/2025	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 10/7/2025		<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		