

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18001AL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/06/2025
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NAME OF PROVIDER OR SUPPLIER DELANEY OF BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FRONTIER ROAD BRIDGEWATER, NJ 08807
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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: COMPLAINT #: NJ171715, NJ174839 CENSUS: 87 SAMPLE SIZE: 5</p> <p>TYPE OF SURVEY: Standard and Complaint Survey of 97 residential units</p> <p>The facility is not in substantial compliance with all 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 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

02/02/26

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure staff implemented the facility policy to complete a NJ Exec Order 26.4b1 Health and Services Evaluation (HSE) when 1 (Resident #1) of 5 sampled residents returned to the facility from the hospital.</p> <p>Findings included:</p> <p>A facility policy titled, "Resident Change in Condition," revised 03/2025, revealed, "The community will conduct an initial Health and Services Evaluations (HSE) and recurring scheduled HSEs as required per state regulation but no less than approximately every 6 months." The policy specified, "7. A change in condition HSE will also be initiated after resident returns to the community from the hospital, or other medical/treatment stay or event per state guidelines."</p> <p>A "Resident Face Sheet Profile" indicated the facility admitted Resident #1 on NJ Exec Order 26.4b1. According to the Resident Face Sheet Profile, the resident had a medical history that included a diagnosis of NJ Exec Order 26.4b1.</p> <p>Resident #1's progress note created by Registered Nurse #7 and dated NJ Exec Order 26.4b1 at 7:18 PM, revealed the resident was transferred to the NJ Exec Order 26.4b1 unit of the hospital for further evaluation and follow-up of their condition and to adjust their medications to help NJ Exec Order 26.4b1 their NJ Exec Order 26.4b1.</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>Resident #1's progress note created by Licensed Practical Nurse #3 and dated NJ Exec Order 26.4b1 at 7:25 PM, revealed the resident returned to the facility from the hospital.</p> <p>Resident #1's medical record revealed no evidence of a completed NJ Exec Order 26.4b1 HSE when the resident returned to the facility from the hospital on NJ Exec Order 26.4b1.</p> <p>During an interview on 11/05/2025 at 11:41 AM, the Executive Director (ED) stated there was no HSE completed when Resident #1 returned to the facility and staff should have completed a HSE per the facility policy. Per the ED, the staff had been trained and were expected to follow the facility's policies and procedures.</p>	A 310		
A1097	<p>8:36-16.6 Fire Suppression Systems</p> <p>All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23.</p> <p>This REQUIREMENT is not met as evidenced</p>	A1097		

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A1097	<p>Continued From page 3</p> <p>by: Based on observation and interview, it was determined that the facility failed to ensure that Inspection, Testing and Maintenance (ITM) of the fire suppression system was in accordance with NFPA 25. This deficient practice was evidenced by the following:</p> <p>On 11/05/25 at 12:49 p.m. and 1:19 p.m. in the presence of the Maintenance Assistant (MA), the surveyor observed that the sprinkler system gauges in the exit stairway enclosures on floors 1 and 2 were last changed in 2019, over 5 years later, as indicated by the date on the gauges.</p> <p>During surveyor interview with the MA regarding the dates on the sprinkler system gauges, The MA confirmed and acknowledged that the sprinkler gauges were last changed in 2019.</p>	A1097		
A1169	<p>8:36-16.15(a) Fire Extinguisher Specifications</p> <p>(a) Fire extinguishers shall comply with National Fire Protection Association (NFPA) 10, Standards For Portable Fire Extinguishers, 2002 edition, incorporated herein by reference, as amended and supplemented, available from: NFPA, One Batterymarch Park, Quincy, MA, 02169-7471, http://www.nfpa.org, 1-800-344-3555.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to have fire</p>	A1169		

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A1169	Continued From page 4 extinguishers comply with NFPA 10. This deficient practice was evidenced by the following: On 11/5/25 at 12:30 p.m., during the facility tour in the presence of the Director of Maintenance (DOM), the surveyor observed a total of 8 fire extinguishers missing monthly and annual inspections. At 12:40 p.m. the surveyor interviewed the DOM regarding the above fire extinguisher concerns and the DOM stated that he failed to continue the monthly inspections.	A1169		
A1179	8:36-17.1(a) Provision of Services (a) The facility shall provide and maintain a sanitary and safe environment for residents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to maintain the emergency procedure records. This deficient practice was evidenced by the following: On 11/5/25 at 12:00 p.m., the surveyor reviewed the emergency procedure records provided by the Director of Maintenance (DOM), which revealed that the facility failed to provide records of emergency drills, fire drills, and 3 of 4 quarterly Fire Marshal inspections.	A1179		

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A1179	Continued From page 5 At 12:15 p.m., the surveyor interviewed the DOM and the Executive Director (ED). The DOM and the ED stated that the facility had conducted the drills but could not locate the records. The facility failed to provide the surveyor the requested fire drills.	A1179		
A1181	8:36-17.1(b) Provision of Services (b) The facility shall provide housekeeping, laundry, pest control, and maintenance services, and shall provide assistance to residents who require assistance with these services in their residential units. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide pest control services. This deficient practice was evidenced by the following: On 11/5/25 at 12:30 p.m., during surveyor record review, the surveyor did not observe an updated pest control contract and service records. The surveyor requested the pest control contract for review and the facility provided the surveyor a pest control contract dated 2022. At 12:45 p.m., the surveyor interviewed the Director of Maintenance (DOM) regarding pest control and the contract. The DOM stated that the contract was ongoing, month to month service contract and explained that he was unaware that	A1181		

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A1181	Continued From page 6 he needed to provide a yearly updated contract.	A1181		
A1249	<p>8:36-17.7 Building and Grounds Maintenance</p> <p>The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to maintain the monthly generator logs. This deficient practice was evidenced by the following:</p> <p>On 11/5/25 at 12:00 p.m., the surveyor reviewed records provided by the Director of Maintenance (DOM), which revealed missing monthly generator load tests.</p> <p>Additionally, at 12:30 p.m. during the facility tour in the presence of the DOM, the surveyor observed a 6 to 8 inch gap in a ceiling tile in the electrical closet on the third floor.</p> <p>At 12:45 p.m., the surveyor interviewed the DOM</p>	A1249		

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A1249	Continued From page 7 regarding the monthly generator load tests and the gap in the ceiling tile. The DOM stated that he had semiannual generator load tests but did not know about having monthly load tests.	A1249		

POC #2 received 2/9/26
Accepted 2/10/26

Plan of Correction from Survey on 11/3/2025 – 11/6/2025

8:36-3.4(a)(1) Administration - A310

(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;

1. Resident #1 no longer resides in the community.
2. All residents will have the same potential to be affected by the same deficient practice.
3. The current Director of Health Services (DOHS) (RN) was not employed at the time of the event. Education was provided to current DOHS and Assistant Director of Health Services (ADOHS) on the policy entitled "Resident Change in Condition" on 11/10/25 by Executive Director. DOHS also was provided education on 12/9/2025 by Regional Director of Resident Care.
4. Executive Director (ED) will sample 3 resident records of residents who have returned to the community to ensure that there was a significant change in condition that a Health Service Evaluation has been completed. This will be done January through April of 2026 to ensure education was effective:

approved 2/10/26

Date Corrected: 12/9/2025

8:36-16.6 Fire Suppression System – A1097

All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code NJAC 5:23

1. The deficient practice was corrected on 11/25/2025. Environmental Service Director (ESD) contacted our vendor, **NJ Exec Order 26.4b1**, who replaced all sprinkler system gauges.
2. All residents will have the same potential to be affected by the same deficient practice.
3. Executive Director has provided education to the ESD that sprinkler system gauges need to be replaced every 5 years from the date on the gauge. Current gauges need to be replaced at the end of 2029.
4. Sprinkler system gauge has been added to **NJ Exec Order** on 1/13/26 by ESD. ESD is responsible for updating tickler on an as needed basis or at minimum, monthly. ED to ensure compliance by reviewing once per quarter for the remainder of 2026.

NJ Ex Order 26.4(b)(1)

approved
2/10/26

Date Corrected: 1/13/2026



8:36-16.15(a) Fire Extinguisher Specifications - A1169

(a) Fire extinguishers shall comply with National Fire Protection Association (NFPA) 10, Standards For Portable Fire Extinguishers, 2002 edition, incorporated herein by reference, as amended and supplemented, available from: NFPA, One Batterymarch Park, Quincy, MA, 02169- 7471, <http://www.nfpa.org>, 1-800-344-3555.

1. All fire extinguishers have been inspected as required monthly to date. All fire extinguishers have been inspected, as required, on 11/12/2025 for their annual inspection.
2. All residents will have the same potential to be affected by the same deficient practice.
3. Education has been provided to ESD that fire extinguishers need to be inspected monthly and that another team member needs to be identified in his absence. Education was provided by ESD on 1/12/2026 to additional member of the maintenance team on the monthly fire inspection. ED provided education to ESD that fire extinguishers need to have an annual inspection. If the vendor has not reached out to the community within 14 days until it is past due, ESD is to call vendor and schedule the date
4. Education was provided by ESD on 1/12/2026 to additional members of the maintenance team on the monthly fire inspection. Executive Director will conduct an audit of all 12 fire extinguishers every month through Q1 2026. Executive Director will audit all 12 fire extinguishers every other month through Q3 2026 to ensure compliance.

Date Corrected: 1/12/2026

NJ Exec Order 26

approved 2/10/26

8:36-17.1(a) Provision of Services -- A1179

(a) The facility shall provide and maintain a sanitary and safe environment for residents.

1. Fire Records were previously located in ESD office. Emergency Fire Procedure Records have been relocated to Executive Directors office. ESD reached out to Bridgewater Township on 1/10/26 and received the certificate for the 1 quarterly inspection that was missing from our records for 2025.
2. All residents will have the same potential to be affected by the same deficient practice.
3. Education has been provided to ESD to ensure that Emergency Fire Procedure Records need to be easily accessible on 1/10/2026.
4. ESD has moved Emergency Fire Procedure Records have been relocated to Executive Directors office. ED will review quarterly in 2026 to ensure that Emergency Fire Procedure Records are accessible at all times and documentation from Bridgewater Township will be requested within 14 days of their visit.

Date Corrected: 1/10/2026

NJ Exec Order

approved 2/10/26



8:36-17.1(b) Provision of Services - A1181

(b) The facility shall provide housekeeping, laundry, pest control, and maintenance services, and shall provide assistance to residents who require assistance with these services in their residential units.

1. Community has relocated pest control service binder to Executive Directors office. Community verified with pest control company that the contract that was signed in 2021 on 11/7/25 still remains in effect.
2. All residents will have the same potential to be affected by the same deficient practice.
3. Community has relocated pest control service binder to a centrally located area with all supporting documentation. Community verified with pest control company that the contract that was signed in 2021 still remains in effect.
4. Community has relocated pest control service binder to Executive Directors office. ED will review binder once per quarter to ensure all supporting documentation is in order.

Date Corrected: 1/13/2026

NJ Exec Order

approved
2/10/26

8:36-17.7 Building and Grounds Maintenance - A1249

The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.

1. Executive Director has educated ESD that the generator needs to be run on full load for 30 minutes every month on 1/12/26. Community has conducted that testing on 1/16/26.
2. All residents will have the same potential to be affected by the same deficient practice.
3. Executive Director has educated ESD on proper generator full load cadence on 1/12/2026. ED has educated ESD that documentation of the load test must be done via NJ Exec Order on 1/12/26.
4. ED will review the Generator Report via NJ Exec Order at the end of each month for 2026 to ensure compliance.

Date Corrected: 1/16/2026

NJ Ex Order 26.4(b)(1)

approved
2/10/26



STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 18001AL	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/10/2026	Y3
NAME OF FACILITY DELANEY OF BRIDGEWATER, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 901 FRONTIER ROAD BRIDGEWATER, NJ 08807		

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/09/2025	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 11/6/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 18001AL Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/10/2026 Y3
NAME OF FACILITY DELANEY OF BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FRONTIER ROAD BRIDGEWATER, NJ 08807	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/09/2025	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 11/6/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 18001AL	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/10/2026
NAME OF FACILITY DELANEY OF BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FRONTIER ROAD BRIDGEWATER, NJ 08807	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A1097	Correction	ID Prefix A1169	Correction	ID Prefix A1179	Correction
Reg. # 8:36-16.6	Completed	Reg. # 8:36-16.15(a)	Completed	Reg. # 8:36-17.1(a)	Completed
LSC	01/13/2026	LSC	01/12/2026	LSC	01/10/2026
ID Prefix A1181	Correction	ID Prefix A1249	Correction	ID Prefix	Correction
Reg. # 8:36-17.1(b)	Completed	Reg. # 8:36-17.7	Completed	Reg. #	Completed
LSC	01/13/2026	LSC	01/16/2026	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 11/6/2025		<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		