

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18A113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/21/2025
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NAME OF PROVIDER OR SUPPLIER ALL AMERICAN ASSISTED LIVING AT HILLSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844
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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 COMPLAINT #: NJ00171840, NJ00176796, NJ00172157, and NJ00179946 CENSUS: 83 SAMPLE SIZE: 5 SURVEY DATE: 11/20/2025 - 11/21/2025</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, based on this Complaint Survey.</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

12/31/25

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, facility document and policy review, the facility failed to ensure a thorough investigation for an [redacted] of [redacted] in accordance with facility policy for 2 (Resident #1, and Resident #2) of 5 residents reviewed for [redacted]</p> <p>Findings included:</p> <p>A facility policy titled, "Abuse Reporting," revised 03/2019, revealed, "All employees are mandatory reporters, meaning they MUST report abuse and suspected abuse to the Executive Director immediately." The policy also indicated, "2. Staff involved in abuse and/or suspected abuse will be suspended pending investigation. 3. The Executive Director will complete an investigation, involving all necessary 3rd parties. 4. The Executive Director will complete the internal investigation documentation." The policy also indicated, "6. The Executive Director will complete an Incident Report in [software program] and report it to the Corporate office. 7. The Executive Director shall immediately report the suspected abuse to Older Adult Protective Services. A notice of staff suspension will be sent to the department of Assisted Living."</p> <p>A "Reportable Event Record/Report," dated [redacted], revealed Resident #1 [redacted] Resident #2's [redacted] on [redacted] at approximately 12:30 PM in the dining room. The Reportable Event Record/Report revealed the residents were [redacted] and [redacted] and both</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>residents were evaluated, and [redacted] were noted.</p> <p>Resident #1's "Resident Face Sheet," revealed the facility admitted the resident on [redacted]. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of [redacted].</p> <p>Resident #1's "Progress Notes," revealed a note dated [redacted] that indicated the resident had [redacted] another resident.</p> <p>Resident #2's "Resident Face Sheet," revealed the facility admitted the resident on [redacted]. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of [redacted].</p> <p>Resident #2's "Progress Notes," revealed a note dated [redacted] that indicated the resident had [redacted] another resident.</p> <p>During an interview on 11/20/2025 at 4:35 PM, the Resident Care Director stated she was unable to locate the investigation for the incident between Resident #1 and Resident #2 which took place on [redacted].</p>	A 310		

POC# 2 received 2/4/26
Accepted 2/5/26



All American Assisted Living at Hillsborough
351 US 206
Hillsborough NJ 08844
(908) 829-3157

Plan of Correction for Complaint Survey NJ00171840, NJ00176796, NJ00172157,
NJ00179946

Date of Survey: 11/20/2025-11/21/2025

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

1. Resident #1 and Resident #2 identified as impacted by this alleged deficient practice. Resident #1 and Resident #2 no longer reside in the community. NJ Exec Order 26.48 Report Policy reviewed by Executive Director, RN, and care staff completed on 12/29/2025.
2. All residents have the potential to be impacted by this alleged deficient practice.
3. Upon occurrence of a reportable event the Executive Director or designee will conduct a thorough investigation including, as warranted, gathering witness statements, interviewing residents, staff, visitors, third party vendors as necessary, suspending staff pending investigation as warranted, creating a timeline of events, and a summary of the event, to create a conclusion of the event. Executive Director at time of incident no longer employed in the community. Current Executive Director reviewed Abuse Reporting Policy 11/20/2025.
4. All subsequent events requiring investigation will be audited by Executive Director or designee prior to closure of incident to verify that all components of investigation have occurred thoroughly. Completion date 12/31/2025

approved 2/5/26

Submitted 12/31/2025, revised 2/4/2026

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 18A113	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/5/2026
NAME OF FACILITY ALL AMERICAN ASSISTED LIVING AT HILLSBOROUGH	STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844	

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	12/31/2025	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 11/21/2025		<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 18A113	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/5/2026
Y1	Y2	Y3
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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	

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