STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30a002	A. BUILDING: _____ B. WING _____	C 09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (WEST ORANGE)	**510 PROSPECT AVENUE WEST ORANGE, NJ 07052**

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A 000	Initial Comments Initial Comments: Type of Survey: Complaint/FRE Complaint #: NJ00188558 Census:48 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 389	8:36-4.1(a)(16) 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: 16. The right to be free from physical and mental abuse and/or neglect;	A 389		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/24/25

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 389	Continued From page 1	A 389		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00188558

Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure a resident's right to be free from [NJ Exec Order 26.4b1] was enforced for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On [NJ Exec Order 26.4] a facility reportable event (FRE) was called into the New Jersey Department of Health (NJDOH) for an [NJ Exec Order 26.4b1] incident dated [NJ Exec Order 26.4] at 5:20 a.m. The [NJ Exec Order 26.4b1] involved a [NJ Exec Order 26.4b1]) who entered Resident #2's room, [NJ Exec Order 2] the resident by the [NJ Exec O] [NJ Exec Order 26] the resident to the [NJ Exec Or] and then took the resident to the [NJ Exec Order 26.4b1] Once reported, the nurse on duty performed a ful [NJ Exec Order 26.4b1] assessment, and the [NJ Exec Order] and family were notified.

On 9/22/25 at 10:08 a.m., the surveyor interviewed the Executive Director (ED), who confirmed the information documented in the FRE. In the same interview the ED stated that she viewed a video recording on [NJ Exec Order 26.] and saw the [NJ Exec Order 26.4b1] Resident # 2 by the [NJ Exec] causing the resident to [NJ Exec] to the [NJ Exec Orde] The ED provided the surveyor with witness statements, the incident investigation report and access to the Medical Records (MR) of Resident #2.

The surveyor reviewed the MR of Resident #2, which revealed the resident was admitted to the facility in [NJ Exec Order 26.4b1] with diagnoses of

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A 389	Continued From page 2 NJ Exec Order 26.4b1 and NJ Exec Order 26.4 At 10:15 a.m., the surveyor observed Resident #2 participating in the morning warm-up in the activity room. The resident was NJ Exec Order 26.4b1 due to NJ Exec Order 26.4b1. At 11:00 a.m. the surveyor interviewed the Resident Services Supervisor Preceptor (LPN), who confirmed the information in the FRE. During the same interview the LPN stated that she viewed a video recording on NJ Exec Order 26. and was shocked to see the NJ Exec Order 26.4b1 the resident by the NJ Exec O causing the resident to NJ Exec on the NJ Exec Ord Surveyor review of a witness statement written by the Licensed Practical Nurse (LPN) on duty the morning of the incident revealed that the LPN was alerted by the NJ Exec Order 26.4b1 at around 5:15 a.m., when the LPN responded to Resident #2's room, she observed the resident NJ Exec Order 26.4b1 with the NJ Exec Order 26.4b1 the bed and on the NJ Exec Ord From the doorway, the LPN asked CG #1 if the resident had NJ Exec Order CG #1 stated 'NJ Exec O At the time of survey, the LPN was not available for interview. Surveyor review of the facility's investigation report provided by the ED, revealed an undated facility document titled, "Resident #2 Timeline NJ Exec Order 26. ", which indicated that at approximately 5:00 a.m., Caregiver #1 (CG #1) was in Resident #2's room. The document revealed that Resident #2 was NJ Exec Order 26.4b1 when CG #1 NJ Exec Order 26.4b the resident by the NJ Exec Or causing the resident to NJ Exec to the NJ Exec O and NJ Exec O on the NJ Exec Order 26.4 . CG #1 then NJ Exec Order 26 the resident up from the NJ Exec O and NJ Exec Order 26.4b the resident to the	A 389		

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A 389	Continued From page 3 [redacted] Further review of the investigation report revealed that on [redacted] at 2:00.m., the ED called CG #1 and [redacted] her employment after substantiating the [redacted] during the investigation. Surveyor review of an undated facility policy titled," Abuse, Neglect and Exploitation Policy," revealed: "Policy: All residents will be kept safe and protected from any form of verbal/physical/mental abuse..." Surveyor review of a 5/2025 facility policy titled, "Resident Protection," revealed: "Policy: The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation..."	A 389		
A 517	8:36-5.6(b)(1-7) Staffing Requirements (b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following: 1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment; 2. Emergency plans and procedures; 3. The infection prevention and control program;	A 517		

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A 517	Continued From page 4 4. Resident rights; 5. Abuse and neglect; 6. Pain management; and 7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19. This REQUIREMENT is not met as evidenced by: Complant #: NJ00188558 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide annual staff education on Abuse and Neglect for 1 of 3 employee training records reviewed. Employee #1. This deficient practice was evidenced by the following:	A 517		

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A 517	Continued From page 5 On 9/22/25 at 11:41 a.m., the Executive Director (ED) of the Assisted Living Program (ALP) provided the surveyor with the training records for 3 Employees hired for the ALP. At 2:05 p.m., the surveyor reviewed Employee #1's file, which had a hire date of [redacted] and the title Care Giver (CG), and observed that there was no documentation to reflect that annual Abuse and Neglect training for 2025 was completed. On 9/23/25 at 10:50 a.m., the surveyor interviewed the ED regarding the missing employee education. The ED stated that the annual employee education for Abuse and Neglect had been completed and that she would provide an individual list of trainings completed by Employee #1. At 11:15 a.m., the surveyor reviewed the individual training record provided by the ED, which did not reveal documentation of Abuse and Neglect training for Employee #1. At 11:54 a.m., the surveyor again interviewed the ED and asked if she had any training records that document Employee #1 completed 2025 annual Abuse and Neglect training. The ED stated that she did not have any other documentation to provide. When asked why the training had not been completed, the ED stated she did not know and explained that each department head should have been checking to ensure all trainings were completed. Surveyor review of a facility Job Description dated 4/2016 for the position titled "Executive Director," revealed under "Supervisory/People Management Responsibilities"...5. Ensures that employees are	A 517		

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A 517	Continued From page 6 adequately oriented and trained to perform their duties..." Surveyor review of a facility policy dated 05/2025, titled Resident Protection, revealed "...Procedure: ...4. Employees are educated upon hire and annually on the abuse prevention program including the immediate reporting of any suspicion of abuse, neglect, exploitation, mistreatment, or crime against a resident..."	A 517		
A 693	8:36-7.1(a) Initial Assessments and Resident Service Plan (a) Upon admission, each resident shall receive an initial assessment by a registered professional nurse to determine the resident's needs. This REQUIREMENT is not met as evidenced by: Complaint #: NJ0188558 Based on interview and record review, it was determined that the facility failed to ensure that an initial assessment was completed by a Registered Nurse (RN) upon admission to determine the resident's NJ Exec Order 26.4b1 and medical needs, for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following: On 9/23/25 surveyor review of Resident #3's medical record (MR), revealed a move in date of NJ Exec Order 26.4b1 with diagnoses which included NJ Exec Order 26.4b1 .	A 693		

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A 693	Continued From page 7 Surveyor review of the "Clinical Evaluation-AL" form with an effective date of [NJ Exec Order 26.4b1] revealed that a Licensed Practical Nurse (LPN) had electronically signed the assessment on [NJ Exec Order 26.4b1] On 9/23/2025 at 11:32 a.m., the surveyor interviewed the Resident Services Supervisor Preceptor (LPN) who had signed the assessment. The LPN stated that the facility did not have an RN or Director of Nursing (DON) to complete the assessment and that she completed admission assessments as directed by the Executive Director (ED) in the absence of an RN or DON. On 9/23/2025 at 11:54 a.m., the surveyor interviewed the ED and asked if she had been aware that the LPN had completed Resident #3's initial assessment upon admission. The ED stated that she was aware that the LPN was completing admission assessments in the absence of a DON since [NJ Exec Order 26.4] and explained that she had been instructed by her Regional Director of Operations to refer all admission assessments, discharges, and service plan updates to the LPN for completion. Surveyor review of a 5/2025 facility policy titled, "Clinical Evaluations" revealed "Purpose: Residents are clinically evaluated upon move-in ...Clinical evaluations are performed by a nurse and reviewed/co-signed by the DON...or RN designee per state regulations..."	A 693		
A 749	8:36-7.3(a) General and Health Service Plans (a) The resident general service plan shall be	A 749		

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A 749	Continued From page 8 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 #: NJ00188558 Based on interview and record review, it was determined that the facility failed to ensure that the Service Plan (SP) was reviewed or updated for 1 of 3 residents reviewed, Resident #2, who had been subjected to an NJ Exec Order 26.4b1 incident. This deficient practice was evidenced by the following: On NJ Exec Order 26.4b1 the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by facilities to report events to the DOH), dated NJ Exec Order 26.4b1, at 5:20 a.m. The NJ Exec Order 26.4b1 involved a NJ Exec Order 26.4b1) who entered Resident #2's room, NJ Exec Order 26.4b1 the resident by the NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 the resident to the NJ Exec Order 26.4b1 and then took the resident to the NJ Exec Order 26.4b1 Once reported, the nurse on duty performed a NJ Exec Order 26.4b1 assessment, and the NJ Exec Order 26.4b1 and family were notified. On 9/22/25, surveyor review of Resident #2's Medical Record (MR) revealed a move in date of NJ Exec Order 26.4b1 with diagnoses of NJ Exec Order 26.4b1 and	A 749		

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A 749	Continued From page 9 [redacted] Further review of the MR revealed a SP for Resident #2 that was last reviewed or updated on [redacted]. There was no documentation in the SP that indicated it was reviewed or revised after the above-mentioned incident that occurred on [redacted]. On 9/23/25 at 11:32 a.m., the surveyor interviewed the Resident ServicesSupervisor Preceptor (LPN) and inquired why the SP for Resident #2 was not reviewed or updated after the [redacted] incident or since [redacted]. The LPN stated that she had not been aware that the SP was not updated. At 11:54 a.m., the surveyor interviewed the Executive Director (ED) and asked if she had been aware that the SP for Resident #2 was not updated following the above-mentioned incident on [redacted] or since [redacted]. The ED stated that she was not aware that the SP had not been updated. Surveyor review of a facility job description revised 04/16 titled, "Executive Director," revealed "...Other Responsibilities ... 20. Updates assessment, services agreement, service plans ...in accordance with established standards..." The surveyor reviewed a 5/2025 facility policy titled, "Alert Charting" revealed "Guideline: ... Documentation in the electronic clinical record may include ...Revision of a service plan including the resident's problem or focus, goal and interventions planned to manage the resident's condition..."	A 749		
A 779	8:36-7.5(c) Provision of Health Care Services	A 779		

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A 779	Continued From page 10 (c) The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188558 Based on interview and record review it was determined that the facility LPN, failed to notify the Registered Nurse (RN) to assess 1 of 3 residents reviewed. Resident #2. This deficient practice was evidenced by the following: On [redacted] the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by facilities to report events to the DOH), dated [redacted], at 5:20 a.m. The [redacted] involved a [redacted] who entered Resident #2's room, [redacted] the resident by the [redacted] the resident to the [redacted] and then took the resident to the [redacted] Once reported, the nurse on duty performed a ful [redacted] assessment, and the [redacted] and family were notified. On 9/22/25 the surveyor reviewed Resident #2's medical record that revealed a move in date of [redacted] with diagnoses that included	A 779		

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A 779	Continued From page 11 [redacted] and [redacted] Surveyor review of the Progress Notes (PN) in Resident #2's medical record, revealed that on [redacted] the Resident Services Supervisor Preceptor (LPN) completed a [redacted] assessment on Resident #2 however, there was no documentation that an RN had been notified. On 9/23/25 at 11:32 a.m., the surveyor interviewed the LPN and inquired if she notified an RN about the above-mentioned incident to assess Resident #2. The LPN stated that she did not notify an RN however she notified the ED, and she may have contacted a RN. At 11:54 a.m., the surveyor interviewed the ED and asked if she contacted a RN to assess Resident #2 after the above-mentioned incident. The ED stated that she did not have an RN to contact however, the ADON did a [redacted] assessment after the incident. Furthermore, the ED explained that she had reached out to the Regional Director of Operations about the need for an RN for the facility and was told to direct admissions, assessments, discharges, accidents or incidents to the ADON for completion. Surveyor review of a revised date of 02/08 facility job description titled, "Resident Services Coordinator (RN)," revealed: "Accountabilities ... 3. Completes nursing assessment ...7. Conducts nursing assessments (initial,status change, periodic follow-up) as per policy..." Surveyor review of a 5/2025 facility policy titled, "Clinical Evaluation," revealed "Purpose: ...Clinical evaluations are performed by a nurse and reviewed /co-signed by the DON or RN designee per state regulations..."	A 779		

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A 793	8:36-8.2 Qualifications of Professional Nurses A facility shall have at least one registered professional nurse available at all times. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188558 Based on interview and record review, it was determined that the facility failed to ensure a Registered Professional Nurse (RN) was available to the facility at all times. The facility failed to have an RN available from 7/25/25 through 9/21/25. This deficient practice was evidenced by the by the following: On 9/22/25 at 9:26 a.m., the surveyor during entrance conference asked the Executive Director (ED) about the whereabouts of the Director of Nursing (DON). The ED stated that the facility had a new DON who just started employment, and the Resident Services Supervisor Preceptor (LPN) would be assisting her with the Entrance conference. At 11:00 a.m., surveyor interviewed the LPN who stated that she was a Licensed Practical Nurse (LPN) and asked who was the designated Registered Nurse (RN) that she was notified in the event of an accident or incident at the facility. The LPN stated that she did not have an RN to notify and that she reporteds any accidents or incidents to the ED, and she did not know if the ED then contacted an RN.	A 793		

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A 793	Continued From page 13 At 2:03 p.m., the surveyor interviewed the ED and asked if she had an RN covering the facility in the absence of a DON and the ED stated that they did not have an RN available and explained that the former DON's last day of employment was on [NJ Exec Order 26]. The surveyor then asked the ED about RN coverage from [NJ Exec Order 26] through 9/21/25. The ED informed the surveyor that they did not have a covering DON or RN until today 9/22/25 the date of survey. In the same interview the ED explained that she had contacted her Regional Director of Operations (RDO) and expressed the urgency of having an RN on staff. The surveyor then asked the ED who was the RN that completed the admission assessments, discharges and service plan updates and the ED stated that she was aware that an RN should complete admissions,assessments, discharges and service plan assessments and that she contacted the RDO, who instructed her to refer all admissions, assessments, discharges and service plan updates to the LPN. The surveyor then asked the ED how many admissions, assessments, discharges and accident or incident assessments were completed by the LPN and she stated she would have to get a report as she was not aware of how many have been completed since [NJ Exec Order 26]. On 9/23/25 at 9:30 a.m., the surveyor reviewed the following reports provided by the ED, which revealed: 1.A facility document dated 9/22/25, titled, "Resident List Report," indicated that the facility had 7 admissions and 3 discharges since [NJ Exec Order 26] and no RN available for assessment. 2.A facility document dated 9/22/25, titled, "	A 793		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30a002	A. BUILDING: _____ B. WING _____	C 09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (WEST ORANGE)	510 PROSPECT AVENUE WEST ORANGE, NJ 07052

(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 793	Continued From page 14 Incident/Accident Log," dated 7/1/2025 through 9/22/2025 revealed 10 incidents or accidents since [NJ Exec Order 26.4] and no RN available for assessment. Surveyor review of a revised date of 02/08 facility job description titled,"Resident Services Coordinator (RN)," revealed: "Accountabilities ...2. Reviews pre-move-in information (particularly medical history and needs) and assessments, and consults on appropriateness and initial service plan. 3. Completes nursing assessment and state required forms...7. Conducts nursing assessments (initial,status change, periodic follow-up) as per policy..." Surveyor review of a 5/2025 facility policy titled, "Clinical Evaluation," revealed "Purpose: ...Clinical evaluations are performed by a nurse and reviewed /co-signed by the DON or RN designee per state regulations..." Refer to A0693, A0749	A 793		
A1073	8:36-15.6(b) Resident Records (b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.	A1073		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30a002	A. BUILDING: _____ B. WING _____	C 09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (WEST ORANGE)	510 PROSPECT AVENUE WEST ORANGE, NJ 07052

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A1073	Continued From page 15 This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188558 Based on interview and record review, it was determined that the facility failed to ensure the documentation of an incident was maintained in the resident's Medical Record (MR) for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On [redacted] the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) (a document used by facilities to report events to the DOH), dated [redacted], at 5:20 a.m. The [redacted] involved a [redacted] who entered Resident #2's room, [redacted] the resident by the [redacted] the resident to the [redacted] and then took the resident to the [redacted] Once reported, the nurse on duty performed a full [redacted] assessment, and the [redacted] and family were notified. On 9/22/25, the surveyor reviewed Resident #2's MR, which revealed that Resident #2 was admitted to the facility in [redacted] with diagnoses of [redacted] and [redacted] Further review of the resident's MR revealed that there was no documentation of the above-mentioned incident that occurred on [redacted] with Resident #2 in the MR. On 9/23/25 at 11:32 a.m., the surveyor interviewed the Resident Services Supervisor Preceptor (LPN) and asked where the documentation of the incident that occurred on [redacted] was located in the MR. The ADON stated	A1073		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30a002	A. BUILDING: _____ B. WING _____	C 09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (WEST ORANGE)	**510 PROSPECT AVENUE WEST ORANGE, NJ 07052**

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A1073	Continued From page 16 that she had assessed Resident #2 but had not documented the incident in Resident #2's MR as it was still under investigation. At 11:54 a.m., the surveyor interviewed the Executive Director (ED) and asked if she was aware that there was no documentation for the incident that occurred on [NJ Exec Order 26.4b] in the MR of Resident #2. The ED stated that she had not been aware that the incident was not documented but explained that the ADON had completed a [NJ Exec Order 26.4b1] assessment. The surveyor reviewed a 5/2025 facility Policy titled, "Alert Charting," revealed "Guideline: Documentation in the electronic clinical record may include...Resident evaluation findings, physician notifications and response, family notification and any new instructions or orders received...Revision of a service plan including the resident's problem or focus, goal and interventions planned to manage the resident's condition..."	A1073		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	30a002		09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 000	Initial Comments Initial Comments: Type of Survey: Complaint/FRE Complaint #: NJ00188558 Census:48 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 389	8:36-4.1(a)(16) 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: 16. The right to be free from physical and mental abuse and/or neglect;	A 389		

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

POC#3
Accepted 12/5/25

510 PROSPECT AVENUE
WEST ORANGE, New Jersey
973.736.3100

Arden Courts

Plan of Correction

Arden Courts of West Orange

Survey Date: 9/23/2025

A 389

1. Resident #2 was [redacted] by this deficient practice. All residents have the right to be free from [redacted] and [redacted] and/or [redacted] Resident #2 currently resides at the facility. Resident #2 no [redacted] at the time of the finding. [redacted] was [redacted] pending investigation or [redacted], findings were substantiated, employee was [redacted] on [redacted] All staff in-serviced on resident protection policy starting on 8/19/2025 by Administrator, completion date 11/21/2025.

2. All residents have the potential to be affected by this deficient practice.

3. Administrator and/or designee in serviced all staff on resident protection policy starting on 8/19/2025, completion date 11/21/2025.

4. Administrator and/or designee started auditing random staff competency regarding resident protection policy starting on 11/3/2025, then weekly x4 weeks, then monthly for two months. Date of completion 11/21/2025.

A 517

1. All staff have been educated by Administrator on resident protection program to include abuse and neglect on 11/3/2025 and completed 11/21/2025.
2. All residents have the potential to be affected by this deficient practice.
3. All staff have been educated on resident protection program by Administrator to include abuse and neglect on 11/3/2025 and completed 11/21/2025. All staff continue to be educated on this policy annually. All new hires are educated on this policy prior to working the floor.
4. Administrator and/or designee audited staff competency regarding resident protection policy starting on 11/3/2025, then weekly x4 weeks, then monthly for two months. Additional audits continue annually beginning on 2/2/2026 by Administrator and/or designee to ensure compliance with this policy. Date of completion 11/21/2025.

510 PROSPECT AVENUE
WEST ORANGE, New Jersey
973.736.3100

Arden Courts

A.693

1. Resident #3 had an assessment completed by a Registered Nurse (RN) on [NJ Exec Order 26.4b1] and completed on [NJ Exec Order 26.4b1]. Resident #3 currently resides at the facility. An audit was conducted on residents admitted [NJ Exec Order 26.4b1] to current by Registered Nurse on 9/23/2025, Registered Nurse assessments completion date [NJ Exec Order 26.4b1]
2. All newly admitted residents have the potential to be affected by this deficient practice.
3. Licensed Practical Nurse (LPN) was educated by the Registered Nurse on 9/24/2025 that initial assessments must be completed by a Registered Nurse.
4. Registered Nurse audited initial assessments starting on 11/3/2025, then weekly x4 weeks, then monthly for two months. Date of completion 11/21/2025.

A.749

1. Resident #2 Service plan has been updated. Resident #2 currently resides at the facility.
2. All residents have the potential to be affected by this deficient practice.
3. Resident Service Coordinator (RSC) was educated on 9/29/2025 by the Administrator to update service plans if there is an abuse incident.
4. Resident Service Coordinator audited service plans (5) starting on 11/3/2025, then weekly x4 weeks, then monthly for two months. Date of completion 11/21/2025.

A.779

1. [NJ Exec Order 26.4b1] assessment was completed by Registered Nurse on [NJ Exec Order 26.4b1] for Resident #2. Resident #2 currently resides at the facility.
2. All residents have the potential to be affected by this deficient practice.
3. Licensed Practical Nurse was educated by a Registered Nurse on 9/24/2025 that a Registered Nurse must do all resident assessments.
4. Administrator audited assessments starting on 11/3/2025, then weekly x4 weeks, then monthly for two months to validate Registered Nurse completed assessments. Date of completion 11/21/2025.

510 PROSPECT AVENUE
WEST ORANGE, New Jersey
973.736.3100

Arden Courts

A 793

1. Effective 9/29/2025 a Registered Nurse has been on duty.
2. All residents have the potential to be affected by this deficient practice.
3. Registered Nurse has been hired as of 9/29/2025. The community will hire a contracted Registered Nurse if a Registered Nurse vacancy arises.
4. Executive Director continues verification that a Registered Nurse is always available by hiring a [redacted] Registered Nurse if a vacancy arises. Completed 9/29/2025.

A 1073

1. Resident #2 service plan was updated on [redacted] to reflect [redacted] incident by the [redacted]. Resident #2 currently resides at the facility.
2. All residents have the potential to be affected by this deficient practice.
3. Resident Service Coordinator made aware by Administrator on 9/29/2025 to document in resident record if there is an abuse incident.
4. Registered Nurse audited resident records (5) weekly x4 weeks beginning on 11/3/2025. Then monthly for two months. Completed 11/21/2025.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
30a002 Y1	A. Building B. Wing Y2	12/5/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (WEST ORANGE)	510 PROSPECT AVENUE WEST ORANGE, NJ 07052

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 A0389	Correction	ID Prefix A0517	Correction	ID Prefix A0693	Correction
Reg. # 8:36-4.1(a)(16)	Completed	Reg. # 8:36-5.6(b)(1-7)	Completed	Reg. # 8:36-7.1(a)	Completed
LSC	11/21/2025	LSC	11/21/2025	LSC	11/21/2025
ID Prefix A0749	Correction	ID Prefix A0779	Correction	ID Prefix A0793	Correction
Reg. # 8:36-7.3(a)	Completed	Reg. # 8:36-7.5(c)	Completed	Reg. # 8:36-8.2	Completed
LSC	11/21/2025	LSC	11/21/2025	LSC	09/29/2025
ID Prefix A1073	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.6(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/21/2025	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	

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 9/23/2025

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
30a002 Y1	A. Building B. Wing Y2	12/5/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (WEST ORANGE)	510 PROSPECT AVENUE WEST ORANGE, NJ 07052

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Reg. # 8:36-4.1(a)(16)	Completed	Reg. # 8:36-5.6(b)(1-7)	Completed	Reg. # 8:36-7.1(a)	Completed
LSC	11/21/2025	LSC	11/21/2025	LSC	11/21/2025
ID Prefix A0749	Correction	ID Prefix A0779	Correction	ID Prefix A0793	Correction
Reg. # 8:36-7.3(a)	Completed	Reg. # 8:36-7.5(c)	Completed	Reg. # 8:36-8.2	Completed
LSC	11/21/2025	LSC	11/21/2025	LSC	09/29/2025
ID Prefix A1073	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.6(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/21/2025	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	

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 9/23/2025

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO