New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ___ B. WING ___	(X3) DATE SURVEY COMPLETED C 10/21/2025

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 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint Coomplaint #: NJ 00184588 CENSUS: 49 SAMPLE SIZE: 6 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		
A1051	8:36-15.2 Record Availability The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department. This REQUIREMENT is not met as evidenced by: NJ#184588 Based on interviews and review of facility	A1051		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/19/25

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A1051	Continued From page 1 documents it was determined the facility failed to maintain residents closed medical records available on the premises for review at any time. This deficient practice was identified for 3 of 3 residents reviewed for closed records (Resident's #1, #2 and #3). On 10/16/25 at 9:18 AM, the surveyors entered the facility. The Executive Director (ED) and the Director of Nursing (DON) were not yet at the facility. On 10/16/25 at 9:40 AM, the surveyor conducted an entrance conference with the ED, DON, Assistant Director of Nursing (ADON) and the Regional Clinical Director (RCD). On 10/16/25 at 10:15 AM, the surveyor requested the closed medical records for Resident's #1, #2, and #3, as they were no longer at the facility. On 10/16/25 at 11:00 AM, the ED stated to the surveyors (in the presence of the DON and ADON) that the closed medical records for Resident's #1, #2, and #3 were stored offsite at the [name redacted] medical records storage facility. She stated she knew the facility was in NJ Exec Order 26.4b1 but not sure of the exact location. The ADON stated that they pack up and send medical records to the storage facility within 7-10 days after the resident was no longer in the building. She further stated that was their process and was unsure if the facility had a policy related to this process. The ED, DON and ADON acknowledged that the closed medical were not readily available for surveyor review. On 10/16/25 at 11:30 AM, the ED stated to the surveyors that she requested the documents, and it was likely they would not be delivered until	A1051		

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A1051	Continued From page 2	A1051		

tomorrow. In addition, the ED stated she would follow up.

On 10/16/25 at 1:05 PM, the ED stated to the surveyors that the facility offered to pick up the documents from the [name redacted] storage facility, however they refused. She stated the closed medical records would not be at the facility ready to review until the next day.

On 10/16/25 at approximately 3:18 PM, the surveyors exited the facility.
The surveyor received an email from the ED on 10/17/25 at 11:37 AM, "We have the requested records onsite."

On 10/21/25 at approximately 9:15 AM, the surveyors entered the facility and exited for the day at approximately 4:00 PM. The ED was able to provide the closed medical records for review. She acknowledged they had not been on the premises. The facility was unable to provide a policy related to closed medical records.

The ED provided the following email correspondence:

On 10/16/25 at 11:37 AM, there was an email sent requesting the closed medical records be delivered as "Urgent Retrieving" from [name redacted] storage facility.
Another email exchange was sent on 10/16/25 at 11:46 AM, "[name redacted] can request them today, but normally the earliest they would be delivered would be tomorrow prior to 5 PM."

Another email requesting assistance to the matter was sent on 10/16/25 at 11:58 AM.

A follow up email was sent on 10/16/25 at 12:24

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A1051	Continued From page 3 PM, "I placed the order for the 3 boxes. I can't do a same-day delivery, so I requested a half-day delivery for tomorrow. I'm not sure exactly what time that means, but hopefully it means in the AM." A review of the facility provided [name redacted] "Amendment to the Customer Agreement," dated and signed on 5/29/25 under "Transportation Services ...Rush Delivery, Business Day order between 8:00 am and 3:00 pm, deliver within 3 hours."	A1051		

510 PROSPECT AVENUE
WEST ORANGE, New Jersey
973.736.3100

Arden Courts

Plan of Correction

Arden Courts of West Orange

Survey Date: 10/21/2025

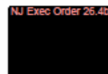
A 1051

1. Residents #1, #2, and #3 were affected by this deficient practice. All coordinators in-serviced on record availability starting on 11/13/2025 by the Administrator and completed by 11/18/2025.

2. A facility-wide audit was conducted by the Administrator and designee to identify if there was further impact by the same deficient practices. The audit included retrieving all records sent out to include January 2025-present. Any identified issues were corrected immediately. All residents have the potential to be affected by this deficient practice. Residents #1, #2, and #3 no longer reside at the facility.

3. All Coordinators were inserviced on record retention beginning on 11/13/2025 by the Administrator.

4. Administrator and/or designee will audit coordinators competence regarding record retention weekly x4 weeks. Then monthly for two months. Date of completion by 12/5/2025.



approved 11/19/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
30a002 Y1	A. Building B. Wing Y2	11/19/2025 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 A1051 Reg. # 8:36-15.2 LSC	Correction Completed 12/05/2025	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
10/21/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO