New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A001	A. BUILDING: ____ B. WING ____	C 07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCE AT PARK RIDGE	**124 NOYES DRIVE PARK RIDGE, NJ 07656**

(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 COMPLAINT #: NJ00187614 CENSUS: 106 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 235	8:36-2.4(d) Licensure Procedures (d) Survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and resident records and conferences with residents. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00187614 Based on interview and record review, it was	A 235		

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

New Jersey Department of Health

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A 235	Continued From page 1 determined that the facility failed to provide full access to all resident electronic medical records (EMRs) to surveyor to complete the investigation and surveyor process of the Department of Health for 1 of 3 residents reviewed, Resident's #3. The deficient practice is evidenced by the following: On NJ Exec Order 26.4b1 The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) (A form used by health care facilities to report events), dated NJ Ex Order 26.4(b, with a "Date of Event" of NJ Ex Order 26.4(b. The FRE revealed that a facility staff member sent NJ Ex Order 26.4(b)(1) to a facility resident, Resident #3. On 7/8/2025 at 12:00 p.m., the surveyor interviewed the Executive Director (ED) and requested the incident report that the facility completed regarding the FRE submitted to the NJDOH on NJ Ex Order 26.4(b)(1). The ED stated that all incident reports are in the facility's EMR under the resident's profile. At 12:16 p.m., the surveyor interviewed the Director of Nursing (DON) who also confirmed that the incident reports were in the facility resident's EMR. The DON also confirmed that the surveyor did not have the link in PCC to access Resident #3's incident report. At 1:15 p.m., the surveyor interviewed the ED that full EMR access was not granted as the surveyor did not have access to the link where the incident reports could be accessed. The ED stated that she would notify the corporate office again to grant full access. The surveyor was not granted full EMR access at the time of the survey which impeded the	A 235		

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A 235	Continued From page 2 investigation and survey process of the Department.	A 235		
A 313	8:36-3.4(a)(4) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 4. Ensuring the provision of staff orientation and staff education; This REQUIREMENT is not met as evidenced by: Complaint#: NJ00187614 Based on interview, and record review, it was determined that the facility failed to ensure that staff received education and training on resident NJ Ex Order 26 policy and procedures following a NJ Ex Order 26.4(b)(1) with 1of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following: On 6/19/2025 The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) (A form used by health care facilities to report events), dated NJ Ex Order 26.4(b), with a "Date of Event" of NJ Ex Order 26.4(b)(1) The FRE revealed that a facility staff member sent NJ Ex Order 26.4(b)(1) to a facility resident, Resident #3. On 7/8/2025 at 1:00 p.m., the surveyor interviewed the Executive Director (ED) who stated that the facility did not in-service staff on NJ Ex Order 26 and NJ Exec Order 26 following the NJ Ex Order 26.4(b)(1) by Resident #3 on NJ Ex Order 26.4(b)(1). The surveyor requested verification that the staff was	A 313		

New Jersey Department of Health

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A 313	Continued From page 3 trained on abuse and neglect. At 1:30 p.m. the surveyor reviewed an employee file which revealed a hire date of NJ Ex Order 26.4(b)(1) and Abuse and Neglect training completed on NJ Ex Order 26.4(b)(1). The surveyor was not provided with any documented evidence that the employee received Abuse, Neglect and Exploitation training after NJ Ex Order 26.4(b)(1). A review of a 10/2024 facility policy titled, "Administration Abuse, Neglect and Exploitation," revealed that "Policy Explanation and Procedures...The facility must: ...4. Employee Training: a. New employees should be educated on abuse ..Front line supervisors or other department heads should provide education as situations arise ..."	A 313		
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. This REQUIREMENT is not met as evidenced by: Complaint#: NJ 00187614 Based on interview, record review, and review of pertinent facility documents, it was determined	A1073		

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A1073	Continued From page 4 that the facility failed to ensure that a Registered Nurse Assessment for a resident involved in an NJ Ex Order 26.4(b)(1) and Progress Notes (PNs) were documented in the electronic medical record (EMR) for 1 of 3 residents reviewed, Residents #3. This deficient practice is evidenced by the following: On NJ Exec Order 26.4b1 The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) (A form used by health care facilities to report events), dated NJ Ex Order 26.4(b)(1), with a "Date of Event" of NJ Ex Order 26.4(b)(1). The FRE revealed that a facility staff member sent NJ Ex Order 26.4(b)(1) to a facility resident, Resident #3. On 7/8/2025 at 12:16 p.m., the surveyor interviewed the Licensed Practical Nurse/Director of Nursing (LPN/DON) who stated that the Executive Director (ED) notified her on NJ Ex Order 26.4(b)(1) that Resident #3 was sent NJ Ex Order 26.4(b)(1) from a facility staff member. The DON stated that she did not witness any NJ Exec Order 26.4b in Resident #3's NJ Ex Order 26.4(b)(at any time after the incident. Additionally, the DON stated that she did not document the incidents in Resident #3's EMR. The DON also stated that she did not complete a comprehensive assessment of Resident #3 after the incident on NJ Ex Order 26.4(b)(1) At 2:00 p.m., the surveyor reviewed the PN in Resident #3's EMR. There was no documented evidence that the NJ Ex Order 26.4(b)(1) incident on NJ Ex Order 26.4(b)(1) involving Resident #3 was documented by any facility staff. The surveyor reviewed the 6/2025 facility policy titled, "Charting and Documentation" revealed	A1073		

New Jersey Department of Health

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A1073	Continued From page 5 "Policy Statement" "All services provided to the resident, or any changes...shall be documented in the resident's medical record. Policy Interpretation and Implementation ...3. All incidents, accidents, or changes in the resident's condition must be recorded..."	A1073		

acceptable POC #3 [NJ Ex Order 26.4(b)]
11/26/25

124 Noyes Drive, Park Ridge, NJ 07656
201-782-0440

Complaint #NJ001875614
State Survey July 8, 2025

A235 Licensure Procedures

1. Facility failed to provide full access to all resident electronic medical records (EMR) to surveyor to complete the investigation.
   Resident #3 was assessed on [NJ Ex Order 26.4(b)(1)] by RN with [NJ Exec Order 26.4b1] regarding the [NJ Ex Order 26.4(b)(1)] received. Resident #3 is currently in the community, [NJ Exec Order 26.4b1] in all usual group activities, [NJ Ex Order 26.4(b)(1)] and resident's [NJ Exec Order 26] is [NJ Ex Order 26.4(b)(1)]
   All other residents were checked with no other residents being affected by this deficient practice.
   The employee involved was [NJ Exec Order 26.4b1] following investigation.
2. All residents have the potential to be affected by this deficient practice. Therefore, this applies to residents (current and future).
3. Executive Director and Director of Nursing were re-in serviced by Regional Director of Nursing on 7/11/2025 regarding the location of all the incident reports in the Electronic Medical Record (EMR). A specific incident report requested can be printed and submitted as per request.
   All incident reports are a part of Quality Assurance and be reviewed internally and printed as requested by other authorities.
   Licensed Nurses were re in serviced on 7/11/2025 by Regional Director of Nursing regarding completion of the incident reports in the Electronic Medical Record.
4. Director of Nursing or designee will review 5 charts weekly x 30 days, then every month x 6 months and this will continue until it is resolved to ensure all incident reports are completed electronically.
   Results of this audit will be discussed with the administrator for immediate resolution, and this will be discussed in quarterly Quality Assurance QA Program.

Completion Date: September 5, 2025

A313 Administration

1. Facility failed to ensure that the staff received education and training on resident abuse policy and procedure. Affected employees were NJ Exec Order 26.4b1 on NJ Ex Order 26.4(b)(1) Resident #3 was assessed on NJ Ex Order 26.4(b)(1) by RN with NJ Exec Order 26.4b1 regarding the NJ Ex Order 26.4(b)(1) received. Resident #3 is currently in Resident #3 is currently in the community, NJ Exec Order 26.4b1 in group activities, NJ Ex Order 26.4(b)(1) and resident's NJ Exec Order 26 is NJ Ex Order 26.4(b)(1)
   All other residents were checked, and it was determined that no other residents were affected by this deficient practice.
2. All residents have the potential to be affected by this deficient practice. Therefore, this applies to all current and future residents.
3. All employee files were reviewed by Human Resources starting August 8, 2025 and ongoing , to verify completion of annual Abuse, Neglect, and Exploitation by education and training is being offered and to all staff annually.
   All staff were re-in serviced by the Regional Director of Nursing on the policy and procedure of Abuse, Neglect and Exploitation on August 8, 2025.
   Abuse, Neglect and Exploitation in service is provided upon hire by the Regional Educator. The Executive Director, or Director of Nursing, or Regional Director of Nursing provide annual education and when the need for abuse, neglect and exploitation arise.
   Education is being provided in person and online via electronic education platform, 100% participation is mandatory.
   Front line supervisors and administration are accessible and available to ensure that all staff are educated and possess full understanding of the material and topic.
   Administration and front-line supervisors reviewed the facility policy on 7/11/2025 to allow them to provide staff education as situations arise.
   Executive Director or designee will review new employee files upon hire for required training and education beginning August 8, 2025.
   Facility will continue to provide education and re-education of staff on the policies of Abuse, Neglect and Exploitation, and Care Giver Conduct to ensure that the deficient practice is being corrected and focus on continuously improving processes to prevent further deficiencies by reviewing new employee files upon hire for required training and education; monitoring annual training for compliance and participation; and providing education and re-education to staff as situations arise or as needed.
   Effective August 8, 2025, facility will be using a spreadsheet to monitor annual training, participation and compliance.

4. Human Resource Director or designee will review 5 employee files monthly for completion of the initial and annual abuse, neglect and exploitation education and training x 90 days, then every 6 months, and yearly. Any issues will be reported to the Executive Director for immediate resolution. This audit started on 7/11/2025. Results of this audit will be discussed with the administrator for immediate resolution, and this will be discussed in quarterly Quality Assurance QA Program.

Completion Date: September 5, 2025

A1073 Resident Records

1. The facility failed to ensure that a Registered Nurse assessment is documented in the Electronic Medical Record (EMR).
   Resident #3 was assessed on NJ Ex Order 26.4(b)(1) by RN with NJ Exec Order 26.4b1 regarding the NJ Ex Order 26.4(b)(1) received. Resident #3 is currently in Resident #3 is currently in the community, NJ Exec Order 26.4b1 in all group activities NJ Ex Order 26.4(b)(1) and resident's NJ Exec Order 26.4 NJ Ex Order 26.4(b)(1)
   All other residents' medical records were reviewed for documentation regarding abuse, neglect, and exploitation. No other residents were affected by this deficient practice.
2. All residents have the potential to be affected by this deficient practice, and this applies to all residents' current and future.
3. All clinical nursing staff was in-serviced and educated on July 10, 2025, by the Regional Director of Nursing on the importance of completing the documentation to the resident's medical record for services provided or any changes in the resident condition, including incidents, accidents or changes of condition.
   Executive Director (ED), Director of Nursing, or Regional Director of Nursing will monitor that a registered nurse's assessment is properly documented, that all changes in condition, incident and accidents are properly documented in the Electronic Medical Record starting July 11, 2025.
4. Regional Director of Nursing will review 5 medical records monthly to ensure that incidents are documented in the progress notes, and an incident report is completed in the electronic medical record. This review started on July 11, 2025. Director of Nursing or designee will review 5 medical records weekly x 90 days, then monthly for 3 months, and quarterly ensure that incidents are documented in the progress notes and an incident report is completed in the electronic medical record.

Any issues identified will be addressed immediately and discussed with the Executive Director. This review started on July 11, 2025.
Results of these audits will be discussed with the administrator for immediate resolution, and this will be discussed in quarterly Quality Assurance QA Program.

Completion Date: September 5, 2025

NJ Ex Order 26.4(b)(1) Executive Director

NJ Ex Order 26.4(b)(1) Wellness Director

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
05A001	A. Building B. Wing	11/26/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCE AT PARK RIDGE	124 NOYES DRIVE PARK RIDGE, NJ 07656

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 A0235 Reg. # 8:36-2.4(d) LSC	Correction Completed 11/26/2025	ID Prefix A0313 Reg. # 8:36-3.4(a)(4) LSC	Correction Completed 11/26/2025	ID Prefix A1073 Reg. # 8:36-15.6(b) LSC	Correction Completed 11/26/2025
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 7/8/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			