

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>05A001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/19/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RESIDENCE AT PARK RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>124 NOYES DRIVE PARK RIDGE, NJ 07656</b>
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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
H 000	<p>Initials Comments</p> <p>TYPE OF SURVEY: Complaint COMPLAINT #: NJ184725, NJ188924, NJ188987 CENSUS: 99 SAMPLE SIZE: 5 SURVEY DATE: 11/17/2025 - 11/19/2025</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>	H 000		
A1181	<p>8:36-17.1(b) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(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</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, document review, and facility policy review, the facility failed to ensure staff cleaned the refrigerator of 1 (Resident #1) of 4 four sampled residents.</p>	A1181		

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

TITLE

(X6) DATE

01/06/26

New Jersey Department of Health

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A1181	<p>Continued From page 1</p> <p>Findings included:</p> <p>A facility policy titled, "9.01 Housekeeping &amp; Laundry Service" effective 09/17/2025, revealed, "Policy: All apartments/units at [name of facility] will be cleaned as requested by the resident or as outlined by [name of facility]. Housekeeping services may include: 1. Weekly routine cleaning 2. Weekly linen laundry 3. Weekly personal laundry. Any resident consistently needing daily support with tidying, making beds, etc. will be assessed, as needed, for more housekeeping options. A housekeeping schedule will be maintained and will identify the day of service for each resident."</p> <p>An "Admission Record" revealed the facility admitted Resident #1 on [redacted NJ Exec Order 26.4b1]. According to the Admission Record, the resident had a medical history that included diagnosis of [redacted NJ Exec Order 26.4b1].</p> <p>Resident #1's "Service Plan Report" included a focus area created [redacted NJ Exec Order 26.4b1] and revised [redacted NJ Exec Order 26.4b1], that indicated the resident had an activity of daily living performance/lifestyle [redacted NJ Exec Order 26.4b1] related to [redacted NJ Exec Order 26.4b1] process. Interventions revealed the resident would receive basic weekly [redacted NJ Exec Order 26.4b1].</p> <p>An undated document signed by the Director of Housekeeping/Laundry (DHL) indicated, "Responsibilities of the Housekeeper 1. Pick up garbage and bring it to the trash room. 2. Clean the bathroom and sink. 3. Pick up linen to be washed, the aide will make the beds. 4. Clean the refrigerators. 5. Dusting followed by vacuuming the floor. 6. Mopping of the floor."</p> <p>The facility maintenance logs revealed an entry dated 10/04/2025, that specified the refrigerator</p>	A1181		

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A1181	<p>Continued From page 2</p> <p>in Resident #1's room had mold and the resident's family wanted the refrigerator removed from the resident's room.</p> <p>During an interview on 11/17/2025 at 3:10 PM, Resident #1 stated there had been an issue with foods becoming molded in their personal refrigerator. According to the resident, the staff discarded all the food and brought in a new refrigerator.</p> <p>During an interview on 11/18/2025 at 8:45 AM, Home Health Aide #5 stated housekeeping was responsible for cleaning out the refrigerators in the residents' rooms.</p> <p>During a telephone interview on 11/18/2025 at 8:59 AM, Resident #1's Family Member stated while the resident was in the hospital, the staff did not check (clean) the refrigerator, thus the food inside the refrigerator became molded and had to be discarded.</p> <p>During an interview on 11/18/2025 at 10:59 AM, the DHL stated it was housekeeping's responsibility to clean the refrigerators in the residents' rooms. Per the DHL, when a resident left for a hospital visit, the staff should clean the resident's room, to include their refrigerator, so when the resident returned to the facility, their room would be clean.</p> <p>During an interview on 11/18/2025 at 1:48 PM, Houskeeper (HSKP) #4 stated when she cleaned a resident's room, she would ask the resident about the food in the refrigerator to see if the resident wanted it to be discarded. HSKP #4 stated if the resident was not in their room. She would go through their refrigerator.</p>	A1181		

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A1181	<p>Continued From page 3</p> <p>During an interview on 11/18/2025 at 1:55 PM, HSKP #10 stated when the food in the resident's refrigerator was not good, she would ask the resident if she could throw it out.</p> <p>During a telephone interview on 11/18/2025 at 2:32 PM, the Executive Director (ED) stated the facility did receive a complaint from Resident #1's family about molded items in the resident's refrigerator. The ED stated Resident #1 was out of the facility for several weeks in the hospital and when they returned, the resident's family found molded food items in the resident's refrigerator. The ED stated she did not know what happened, but the resident's refrigerator was not checked and unplugged the entire time the resident was in the hospital. Per the ED, all the food items were discarded and the refrigerator was replaced with a new one.</p>	A1181		

POC#2 received 1/13/26  
Accepted 1/14/26



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

Complaint #NJ184725, NJ188924, NJ188987  
State Survey November 17, 2025

#### **A1181 Housekeeping Sanitation Maintenance**

1. Facility failed to ensure that the staff cleaned the refrigerator of one (1) of four (4) sampled residents.  
Resident #1 of four (4) sampled residents reported that all the food in the Resident #1 personal refrigerator became moldy and the refrigerator and the contents had to be discarded and a new refrigerator unit was supplied to the resident. The resident's refrigerator was discovered to be unplugged creating the potential for spoilage and mold growth. The resident was out of the building for several days, returned to the facility on NJ Exec Order 26.4b1 and the refrigerator was discovered to be unplugged on NJ Exec Order 26.4b1. All other residents were checked with no other residents being affected by this deficient practice.
2. All residents have the potential to be affected by this deficient practice. Therefore, this applies to residents (current and future).  
Facility has identified that other residents may have the potential to be affected by the same deficient practice if they are absent from the community for an extended period or have an activity of daily living performance/lifestyle deficit which would impede the residents from managing the contents of their personal refrigerator. Facility has identified that the refrigerator was unplugged and recognizes that housekeeping/maintenance staff must check appliances regularly on designated cleaning day to verify that they are plugged in and in good working order. This task has been added to the "Responsibilities of Housekeeper" document.

3. The Executive Director, Director of Housekeeping and Wellness Director have reviewed the deficient practice, and the following measures will be put into place to ensure that the deficient practice will not recur.

Facility has updated Policy Housekeeping & Maintenance, Resident out of Facility Refrigerator Cleaning to clarify that the personal refrigerators of residents out of the community for (3) days will prompt contact to the family/POA/next of kin, that the perishable food items from the refrigerator will need to be removed by the family or permission be granted for the housekeeping staff to remove and discard perishable items stored in residents personal refrigerator in the residents absence. Housekeeping will be responsible for emptying the contents of the refrigerator and thoroughly cleaning the refrigerator. Executive Director or designated staff will be responsible for notifying the family/next of kin/POA that the refrigerator needs to be emptied on the 4<sup>th</sup> day that the resident is absent from the community.

Executive Director and Director of Wellness recognize that some residents with activity of daily living performance/lifestyle deficits may not have the ability to properly maintain personal refrigerators and that those residents need to be assessed and identified for additional refrigerator monitoring.

Executive Director, Wellness Director and Housekeeping Director reviewed the document "Responsibilities of the Housekeeper" and the housekeeping staff was re-educated and in-serviced on the responsibilities as indicated.

4. Executive Director or designee will review 3 refrigerators weekly x 30 days, then every month x 6 months and this will continue until it is resolved to ensure that all refrigerators are properly maintained and this will be discussed in quarterly Quality Assurance QA Program.

POC Completion Date January 16, 2026

NJ Exec Order 26.4b1

*approved 1/14/26*

**NJ Exec Order 26.4b1**

NJ Exec Order 26.4b1

Executive Director

**NJ Exec Order 26.4b1**

NJ Exec Order 26.4b1

Wellness Director

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 05A001 <span style="float:right">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/14/2026 <span style="float:right">Y3</span>
NAME OF FACILITY RESIDENCE AT PARK RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 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 A1181	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-17.1(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/16/2026	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 11/19/2025		<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		

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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 11/19/2025		<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		