

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2024
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NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF SADDLE RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 5 BOROLINE ROAD SADDLE RIVER, NJ 07458
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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	Initials Comments CENSUS: 75 A Life Safety Code Survey was conducted by the State Agency on 03/06/2024. The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.	H 000		
A 000	Initial Comments Initial Comments: Type of Survey: Standard with Complaint Complaint #: NJ00138041, NJ00156466 Census: 74 on 3/6/24 and 3/7/24 Sample: 8 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 407	8:36-4.1(a)(25) Resident Rights (a) Each assisted living provider will post and	A 407		

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

TITLE

(X6) DATE

04/12/24

New Jersey Department of Health

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A 407	<p>Continued From page 1</p> <p>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:</p> <p>25. The right to keep and use his or her personal property, unless this would be unsafe, impractical, or an infringement on the rights of other residents. The facility shall take precautions to ensure that the resident's personal possessions are secure from theft, loss, and misplacement;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00138041</p> <p>Based on interview, record review, and facility document review it was determined the facility failed to consistently ensure the [redacted] of a resident were kept [redacted] for 1 of 8 residents. Resident #1. This deficient practice was evidenced by the following:</p> <p>On 3/6/24 and 3/7/24 the surveyor reviewed the closed medical record of Resident #1 which revealed the resident moved into the facility on [redacted] and expired on [redacted] under [redacted] with diagnoses of [redacted]. According to the [Service Evaluation Health Assessment] "SEHA" the resident wore [redacted], and used a wheel chair for [redacted].</p> <p>On 3/7/24 at 11:24 a.m., the surveyor interviewed the Executive Director (ED) in regard to the procedure for the [redacted] of a resident's [redacted].</p>	A 407		

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A 407	<p>Continued From page 2</p> <p>NJ Exec Order 26.4b1 after NJ Exec Order [redacted] The ED stated after a resident NJ Exec Order 26.4b1 there is no time frame for the family to NJ Exec Order 26.4b1. The surveyor then asked the ED was she aware of what happened to Resident #1's NJ Exec Order 26.4b1 after the resident NJ Exec Order 26.4b1 The ED explained she was not working at the facility in the year NJ Ex Order [redacted], but as she can recall NJ Ex Order 26.4b1</p> <p>Additionally, the ED stated the procedure for resident's NJ Exec Order 26.4b1 were documented in the facility's "Residency Agreement."</p> <p>At 11:27 a.m., the surveyor interviewed the previous ED over the telephone who worked at the facility at the time of the resident's NJ Ex Order 26.4b1, regarding the resident's NJ Ex Order 26.4b1 after the resident NJ Ex Order 26.4b1 The prior ED stated the resident NJ Ex Order 26.4b1 and restrictions were in place, which hindered the family from NJ Ex Order 26.4b1 the resident's NJ Exec Order 26.4b1. Additionally, the prior ED explained the resident had NJ Ex Order 26.4b1 which included NJ Ex Order 26.4b1 and a NJ Exec Order 26.4b1 which was NJ Exec Order 26.4b1 by the Maintenance Director at the time NJ Ex Order 26.4b1 by mistake.</p> <p>At 12:34 p.m., the surveyor interviewed the Business Office Cordinator (BOC) regarding Resident #1's NJ Ex Order 26.4b1. The BOC stated family members or resident's have as long as they want to retrieve NJ Ex Order 26.4b1. In addition, the BOC explained after Resident #1's NJ Ex Order 26.4b1 as she can recall the family continued to NJ Ex Order 26.4b1 and later on the previous Maintenance Director had NJ Exec Order 26.4b1. The BOC stated during the outbreak, if families were not</p>	A 407		

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A 407	<p>Continued From page 3</p> <p>able to clean out the [redacted] the [redacted] [redacted] would be [redacted] and put aside.</p> <p>At 12:40 a.m., the surveyor called the previous Maintenance Director who worked at the facility during the participant's [redacted] and there was no answer.</p> <p>At 2:22 p.m., the surveyor interviewed the current ED who stated the participant's [redacted]</p> <p>The current ED explained the apartment was needed by another resident and the [redacted]. Additionally, the current ED stated she was unable to locate any documentation on the participant's [redacted]</p> <p>According to the facility "Residency Agreement," which was signed and dated by the participant's family member on [redacted] and [redacted], noted under "...Article [5] letter K. Resident Rights. The Resident and Responsible Party(s) have been advised of and have received a copy of the "Statement of Resident Rights," whis is attached as Exhibit 5 and made part of this Residency Agreement. ...Exhibit 5 Resident Rights ...The facility shall take precautions to ensure that the resident's personal possessions are secure from theft, loss, and misplacement; ..."</p>	A 407		
A 935	<p>8:36-11.4(b) Pharmaceutical Services</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.</p>	A 935		

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A 935	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ001156466</p> <p>Based on interview, review of medical records, and other pertinent facility documents it was determined that the facility failed to ensure that all medications were administered in accordance with prescriber orders and facility policy, for 1 of 8 residents reviewed, Resident #2. The deficient practice was evidenced by the following:</p> <p>According to the Facility's Reportable Event (FRE), (A New Jersey Department of Health document used by the health care facilities to report incidents) (NJDOH) dated [redacted], with an event date of [redacted] and a time of event of 9:45 a.m., Resident #2 was on [redacted] and had been prescribed [redacted] 10 mg every [redacted] as needed since [redacted]. On [redacted], the [redacted] order was changed to [redacted] mg; however, the calculation and concentration in the order were incorrect and transcribed as such. The FRE further indicated that based on the [redacted] declining inventory records, [redacted] solution (concentration of [redacted]), [redacted] equivalent to [redacted] mg, was administered for [redacted] for a total of [redacted] doses, instead of the ordered dose of [redacted] mg [redacted] daily.</p> <p>The surveyor reviewed the Medical Record (MR) and observed on the facility document titled,</p>	A 935		
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A 935	<p>Continued From page 5</p> <p>"Move In Record", that Resident #2 moved into the facility in NJ Exec Order 26.4b1, and had diagnoses which included, NJ Ex Order 26.4b1</p> <p>Resident #2 was NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 with a different NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 and NJ Ex Order 26.4b1.</p> <p>Surveyor review of the MR on 3/6/24 revealed the following prescriber NJ Ex Order 26.4b1 for Resident #6:</p> <p>On NJ Ex Order 26.4b1</p> <p>On NJ Ex Order 26.4b1</p> <p>On NJ Ex Order 26.4b1</p> <p>On NJ Ex Order 26.4b1</p> <p>Surveyor review of Resident #2's MR revealed two facility documents titled, NJ Ex Order 26.4b1 that indicated the following:</p> <p>1. Date medication received from pharmacy: NJ Ex Order 26.4b1. Order: NJ Ex Order 26.4b1</p> <p>Signature on the NJ Ex Order 26.4b1 indicated that the NJ Ex Order 26.4b1 was administered on NJ Ex Order 26.4b1 at 9:20 p.m., on NJ Ex Order 26.4b1 at 9:34 p.m. NJ Ex Order 26.4b1 at 8:00 p.m. NJ Ex Order 26.4b1 at</p>	A 935		

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A 935	<p>Continued From page 6</p> <p>7:12 p.m., [redacted] at 7:55 p.m., [redacted] at p.m. and, [redacted] at 6:57 a.m.</p> <p>2. Date medication received from pharmacy: [redacted] Order: NJ Ex Order 26.4b1 [redacted] The prescriber order on the NJ Ex Order 26.4b1; however, not all the signatures indicated whether the time of administration was a.m., or p.m. Signatures on the [redacted] indicated that the [redacted] at 9:27 [redacted] at [redacted] at 7:44, [redacted] at 7:00, [redacted] at 6:52.</p> <p>On 3/6/24 at 12:00 p.m., the surveyor reviewed the facility investigation which indicated that the Registered Nurse (RN) received an order on [redacted] to discontinue the [redacted] mg and start NJ Exec Order 26.4b1) SL that was transcribed. RN #1 faxed the order to the pharmacy but as a [redacted] for facility records; therefore, the new [redacted] order was not delivered to the facility.</p> <p>The facility investigation further revealed that when the Licensed Practical Nurse also known as the LPN/Medication Care Manager, reported to the RN that there was NJ Ex Order 26.4b1 available in the facility to administer for Resident #2, the RN advised the staff to utilize the "prn" (as needed) supply, however, the RN did not realize that the prn supply on hand was not the correct dose.</p> <p>On the dates of NJ Ex Order 26.4b1, Resident #2 NJ Ex Order 26.4b1 from NJ Ex Order 26.4b1 instead of the most current/new order for NJ Ex Order 26.4b1 and [redacted]</p>	A 935		

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A 935	<p>Continued From page 7</p> <p>During an interview on 3/6/24 at 12:25 p.m., the Executive Director (ED) stated that the facility never received the proper documentation from the [redacted] NJ Exec Order 26.4b1 for the changes in the [redacted] NJ Exec Order 26 orders, and the new [redacted] NJ Exec Order order never arrived. The ED stated that the discontinued [redacted] NJ Exec Order was never removed from medication cart which further contributed to the [redacted] NJ Exec Order 26.4b1.</p> <p>On 3/7/24 at 11:15 a.m., the surveyor conducted a telephone interview with the [redacted] NJ Exec Order RN who stated that the family and [redacted] NJ Exec Order 26 were communicating constantly and not always updating the facility, and that the [redacted] NJ Exec Order was often changing and hard to keep up which resulted in the [redacted] NJ Exec Order 26.4b1.</p>	A 935		
A 959	<p>8:36-11.5(d) Pharmaceutical Services</p> <p>(d) Medication prescribed for one resident shall not be administered to another resident. Borrowing shall not occur.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ001156466</p> <p>Based on interview, review of medical records, and other pertinent facility documents, it was determined that the facility failed to ensure that medication prescribed for one individual Resident was administered to that Resident only, for 1 of 8 residents reviewed, Resident #2. The deficient practice was evidenced by the following:</p> <p>According to the Facility's Reportable Event</p>	A 959		

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A 959	<p>Continued From page 8</p> <p>(FRE), (A New Jersey Department of Health document used by the health care facilities to report incidents) (NJDOH) dated [redacted] NJ Ex Order 26.4b1, with an event date of [redacted] NJ Ex Order 26.4b1, and a time of event of 9:45 a.m., Resident #2 [redacted] NJ Ex Order 26.4b1</p> <p>[redacted]</p> <p>On [redacted] NJ Ex Order 26.4b1, the [redacted] NJ Ex Order 26.4b1 however, [redacted] NJ Ex Order 26.4b1</p> <p>[redacted]</p> <p>The FRE further indicated that based on the narcotic declining inventory records, [redacted] NJ Ex Order 26.4b1</p> <p>[redacted]</p> <p>Surveyor review of the Medical Record (MR) facility document titled, "[redacted] NJ Ex Order 26.4b1", indicated that Resident #2 [redacted] NJ Ex Order 26.4b1, and had diagnoses which [redacted] NJ Ex Order 26.4b1 [redacted] NJ Ex Order 26.4b1 Resident #2 [redacted] NJ Ex Order 26.4b1</p> <p>On 3/6/24 at 12:00 p.m., the surveyor reviewed the facility investigation which indicated that the facility Registered Nurse (RN) received an order on [redacted] NJ Ex Order 26.4b1 to discontinue the [redacted] NJ Ex Order 26.4b1 mg and start [redacted] NJ Ex Order 26.4b1 ml ([redacted] NJ mg) SL that was transcribed. RN #1 faxed the order to the pharmacy but as a [redacted] NJ Ex Order 26.4b1 for facility records; therefore, the new [redacted] NJ Ex Order 26.4b1 order was not delivered to the facility.</p> <p>Through the dates of [redacted] NJ Ex Order 26.4b1 Resident #2 [redacted] NJ Ex Order 26.4b1 [redacted] NJ Ex Order 26.4b1</p>	A 959		

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A 959	<p>Continued From page 9</p> <p>NJ Ex Order 26.4b1</p> <p>On 3/6/24, the surveyor review of the facility's investigation further revealed that when the Licensed Practical Nurse, also known as the LPN/Medication Care Managers, reported to the RN that there was no NJ Ex Order 26.4b1 mg available for Administration to Resident #2, the RN advised the staff to utilize the "prn" (as needed) supply on hand; however, the RN did not realize that the prn supply on hand, was not the correct prescribed dose. Further review of the facility investigation revealed that the NJ Ex Order 26.4b1 was borrowed from a facility resident who was NJ Ex Order 26.4b1 and administered to Resident #2.</p> <p>During an interview on 3/6/24 at 12:25 p.m., the Executive Director (ED) stated that the discontinued NJ Ex Order 26.4b1 was never removed from the medication cart which further contributed to the NJ Ex Order 26.4b1.</p> <p>On 3/7/24 at 11:15 a.m., the surveyor conducted a telephone interview with NJ Ex Order 26.4b1 RN who stated that the family and NJ Ex Order 26.4b1 were communicating constantly and not always updating the facility, and that the NJ Ex Order 26.4b1 was often changing and hard to keep up which resulted in the NJ Ex Order 26.4b1.</p>	A 959		
A1179	<p>8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(a) The facility shall provide and maintain a sanitary and safe environment for residents.</p>	A1179		

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A1179	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to take precautions to ensure resident safety by having a barrier in place in front of the steam tables that were filled with hot water on the facility Memory Care Unit.</p> <p>On 3/6/24 at 10:42 a.m., during a tour of the Memory Care Unit kitchen area, with the facility Executive Director (ED), the surveyor observed a steam table that had steam rising from the left side. The steam was coming from the hot water in the bottom of the steam table trays. The surveyor further observed that there was no barrier near the steam table or door to the kitchen area, and that the area was adjacent to an open dining seating area where Residents were seated.</p> <p>The ED stated that the steam table was turned on before meals so the food could be kept warm. She further stated that there was always staff present in the kitchen area, and that the Residents are never left unattended or alone.</p> <p>At 12:37 p.m., the Life Safety Surveyor checked the water temperature of the steam table and it was 193 degrees. During an interview at 2:45 p.m. in the presence of the Life Safety Surveyor, the Maintenance Director stated that during facility renovations, which remain in progress, the steam guard railing was removed by the contractor and it was not replaced, and that it should be there.</p> <p>During an interview at 3:40 p.m., the general contractor, who is in charge of the facility renovations, stated that demolition started on</p>	A1179		

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A1179	<p>Continued From page 11</p> <p>10/16/23, which was when the steam table barriers were removed. It was further stated that the memory care area was vacant with no residents present at that time. The ED stated that residents did not moved into the Memory Care area until 1/21/24 and 1/22/24.</p> <p>On 3/7/24 at 10:58 a.m., the Executive Director provided the survey team with a Removal Plan, and at 4:09 p.m., the surveyors verified that the removal plan was implemented, staff were educated, and in-services were provided.</p>	A1179		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 05A002	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/24/2024	Y3
NAME OF FACILITY BRIGHTON GARDENS OF SADDLE RIVER			STREET ADDRESS, CITY, STATE, ZIP CODE 5 BOROLINE ROAD SADDLE RIVER, NJ 07458		

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 A0407	Correction	ID Prefix A0935	Correction	ID Prefix A0959	Correction
Reg. # 8:36-4.1(a)(25)	Completed	Reg. # 8:36-11.4(b)	Completed	Reg. # 8:36-11.5(d)	Completed
LSC	04/16/2024	LSC	04/16/2024	LSC	04/16/2024
ID Prefix A1179	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-17.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/16/2024	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 3/7/2024		<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 05A002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/24/2024
NAME OF FACILITY BRIGHTON GARDENS OF SADDLE RIVER		STREET ADDRESS, CITY, STATE, ZIP CODE 5 BOROLINE ROAD SADDLE RIVER, NJ 07458

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 A0407	Correction	ID Prefix A1179	Correction	ID Prefix _____	Correction
Reg. # 8:36-4.1(a)(25)	Completed	Reg. # 8:36-17.1(a)	Completed	Reg. # _____	Completed
LSC _____	04/16/2024	LSC _____	04/16/2024	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 3/7/2024
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO