STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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: COMPLAINT #: NJ00189055 CENSUS: 87 SAMPLE SIZE: 6 TYPE OF SURVEY: Standard, Complaint, and Life Safety Code Survey of 116 residential units 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. 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 Life Safety Code Survey was conducted by the State Agency on 11/04/2025. 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.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/22/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #NJ189055

Based on facility policy review, record review, facility document review, and interview, the facility failed to implement facility policies, which affected 1 (Resident #1) of 3 residents reviewed for incident reporting requirements.
Specifically, Resident #1 NJ ex order 26.4b1 [redacted] Housekeeper #2 witnessed the incident and told Home Health Aide (HHA) #1, and neither of them immediately reported it to management staff. Housekeeper #2 reported the incident four days later to Reminiscence Coordinator (RC) #7.

It was determined that the facility's non-compliance with one or more requirements had caused, or was likely to cause serious injury, harm, impairment, or death to residents.

On 10/30/2025, the New Jersey Department of Health determined the failed practice represented an immediate threat to residents' health and safety. On NJ ex order 26.4b1 [redacted], the facility's Executive Director (ED) and Resident Care Director (RCD) were verbally informed of the immediacy of the situation involving the lack of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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 310	Continued From page 2 immediate reporting of Resident #1's NJ Exec Order 26.4b1 [redacted] Findings included: A facility policy titled, "Incident and Event Reporting," revised 04/24/2025, revealed, "It is the policy of the community to ensure that [The Facility's Parent Company's Name] team members promptly and accurately report and document incidents to promote early intervention, improve quality of care for out residents, improve safety for residents, team members and visitors, and reduce the risk of harm." The policy revealed, "Procedure" included, "6. Reportable events shall be reported to the appropriate state agency and/or law enforcement as required and in the identified timeframes per state/province regulations/laws. Reportable events may include but are not limited to," which included, "b. Infectious disease outbreaks, resident to resident altercations, fractures, death of a resident, attempted or actual suicide, use of an automated external defibrillator (AED), missing resident or an injury that requires treatment at or admission to a hospital or medical facility." The policy revealed, "7. The Team Member who witnesses, discovers or who is involved in the resident event/incident, will," which included, "a. Notify their coordinator/department head, as applicable," "b. Document the event in the electronic health record (eHR)," and "c. Enter the event in the [The Facility's Parent Company's Name] internal event reporting system as soon as possible." A facility policy titled, "Suicide Risk: Prevention, Management & Safeguarding Residents," revised 05/15/2025, revealed, "It is the policy of the community to address methods to 1) help identify residents who may be at risk for suicide and 2)	A 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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 310	Continued From page 3	A 310		

implement interventions to advance resident safety and to promote emotional and mental health." The policy revealed, "Procedure" included, "3. Current Residents who exhibit or express suicidal ideations or 'intents.' a. When a resident is known to have expressed suicidal thought or intent, the Team Member will notify the Licensed Nurse/Coordinator or Manager on Duty." The policy continued, "4. Residents identified as in 'Imminent Danger' (actively preparing or acting to commit suicide)" included "a. The Team Member will immediately implement the following actions," which included, " v. Notify the Resident Care Director (RCD)/designee, and the ED /designee,"
" v. Notify the physician," "vii. Notify the family and/or responsible party," "viii. The ED/designee will follow any required state/province regulatory reporting requirements within the established regulatory time frame."

A "Move in Record" indicated the facility admitted Resident #1 on NJ Exec Order 26.4b1. According to the Move in Record, Resident #1 had a medical history that included diagnoses of NJ Exec Order 26.4b1 [redacted].

Resident #1's "Service Plan Report" included a focus area initiated NJ ex order 26.4b1 for "NJ Exec Order 26.4b1 and NJ Exec Order 26.4 Interventions indicated that Resident #1 NJ ex order 26.4b1 [redacted] and directed staff to report NJ ex order 26.4b1 [redacted].

Resident #1's "Progress Notes" revealed a note, dated NJ ex order 26.4b1, that indicated the resident's provider was notified that day of a reported NJ ex order 26.4b1 [redacted] when Resident #1 NJ ex order 26.4b1 [redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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 310	Continued From page 4	A 310		

NJ ex order 26.4b1 . The note indicated the provider advised that Resident #1 NJ ex order 26.4b1 to ensure the resident's NJ Exec Order 2 The note indicated the provider advised that all potential items in Resident #1's NJ ex order 26.4b1

Resident #1's "Progress Notes" revealed a note, dated NJ ex order 26.4b1 , that indicated a team member reported that over the weekend, they found Resident #1 NJ ex order 26.4b1 and the resident NJ ex order . The note indicated that the team member was counseled about the importance of reporting an incident in real time. The note indicated that more than 10 strings were collected in Resident #1's room, but the resident stated they could not recall why the NJ Exec Order 26.4b1 and NJ ex order 26.4b1 . The note indicated Resident #1 NJ ex order 26.4b1 The note indicated that Resident #1 NJ ex order 26.4b1 . The note indicated the resident's Power of Attorney (POA) agreed to send Resident #1 to an NJ ex order 26.4b1 and transportation was arranged.

A New Jersey Department of Health "LTC [Long Term Care] Reportable Event Survey," document, dated NJ ex order 26.4b1 indicated the facility reported an 'NJ ex order 26.4b1 to the state survey agency. The report indicated Resident #1 NJ ex order 26.4b1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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 310	Continued From page 5	A 310		

NJ ex order 26.4b1 . The report indicated that a staff member NJ ex order 26.4b1 the resident's safety "in the moment." Per the report, the staff member did not report the event to their supervisor until NJ ex order 26.4b1 at approximately 2:00 PM.

During a telephone interview on 10/28/2025 at 9:23 AM, HHA #1, who was a former employee (in the position at the time of the incident), stated that on the evening of NJ ex order 26.4b1, Housekeeper #2, NJ ex order 26.4b1 was providing care to Resident #1. HHA #1 stated Housekeeper #2 NJ ex order 26.4b1 Resident #1's NJ ex order 26.4b1 Resident #1 NJ ex order 26.4b1 . HHA #1 stated that she went to check on Resident #1 and asked how they were doing. HHA #1 stated that when she examined Resident #1, NJ ex order 26.4b1 , and the resident kept saying that they were NJ Exec Or HHA #1 stated she NJ Exec Order 26.4 Resident #1 to NJ Exec and told Housekeeper #2 to document what had happened. HHA #1 stated she also reminded Housekeeper #2 before they left to make sure the incident was documented. HHA #1 stated that Housekeeper #2 went back in to check on Resident #1, and Resident #1 was NJ Exec Order 26 HHA #1 stated she did not report anything to anyone because she did not see anything, and she told Housekeeper #2 to document the incident and report it since he was the one who made the observation.

During an interview on 10/28/2025 at 11:51 AM, Housekeeper #2 stated that on the evening of NJ ex order 26.4b1 NJ ex order 26.4b1 Resident #1 NJ ex order 26.4b1 . Housekeeper

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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 310	Continued From page 6	A 310		

#2 stated that he did not see Resident #1 in [redacted] and found the resident [redacted] that looked like something [redacted]. Housekeeper #2 stated Resident #1 [redacted] their (Resident #1's) [redacted] and [redacted] Housekeeper #2 [redacted] [redacted], and Resident #1 [redacted] Housekeeper #2 stated that when he asked Resident #1 what the resident was doing, Resident #1 stated that they (Resident #1) [redacted]. Housekeeper #2 stated that he told the other aide, HHA #1, what had happened, and HHA #1 told him not to say anything. Housekeeper #2 stated that after four days, he could not keep it a secret any longer and told his boss, RC #7, about the incident.

During an interview on 10/28/2025 at 12:50 PM, RC #7 stated Housekeeper #2 came to her office on [redacted] and told her that on [redacted] he [redacted] Resident #1 in their [redacted] with a [redacted] from the resident's [redacted] RC #7 stated that when she asked Housekeeper #2 why he did not report it immediately, Housekeeper #2 stated he had tried to call her. She stated that she had no phone calls from Housekeeper #2. She stated that Housekeeper #2 stated that he told another team member, HHA #1. RC #7 stated she told the Director of Nursing (DON) and ED. RC #7 stated that she talked to the [redacted] nurse, and Resident #1 [redacted]

During an interview on 10/28/2025 at 1:06 PM, the RCD stated that staff should report any [redacted] immediately. The RCD stated that staff should ensure the resident's safety, place the resident on [redacted], notify the medical doctor, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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 310	Continued From page 7 resident's family, and NJ ex order 26.4b1 [redacted] The RCD stated that they provided staff training and town hall training related to reporting and identifying events that needed to be reported immediately. The RCD stated that the staff member who finally came forward and reported what he saw regarding the incident with Resident #1 did not tell her why he did not report it immediately. The RCD stated that the incident should have been reported immediately. During an interview on 10/28/2025 at 1:14 PM, the ED stated staff were trained that if they saw something, they should immediately say something and report it to superiors, management, the registered nurse, and the ED. The ED stated that when she interviewed the team members who were there the night of the incident involving Resident #1, they gave vague answers and never really stated why they did not report the incident immediately. The ED stated that Housekeeper #2 revealed, when he finally reported the incident, that NJ ex order 26.4b1 [redacted] what he had seen earlier. According to the ED, HHA #1 also stated they (HHA #1) were wrong for not reporting the incident. The ED stated that staff should have reported the incident immediately.	A 310		
A 771	8:36-7.4(c)(4) Resident Assessments and Care Plans (c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following: 4. Assessment of the resident's need for referral to a physician, advanced practice nurse or physician assistant, or community agencies	A 771		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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 771	Continued From page 8 as appropriate; This REQUIREMENT is not met as evidenced by: Based on facility policy review, record review, and interview, the facility failed to ensure staff revised resident health service plans when residents' needs changed, which affected 1 (Resident #1) of 6 residents reviewed for service plan requirements. Specifically, when Resident #1's Responsible Party (RP) reported that they could not find the resident's NJ Exec Order 26.4b1 on them, staff were educated verbally to monitor for the presence of the NJ Exec Order but the resident's service plan was not updated with the intervention. Findings included: A facility policy titled, "Individualized Service Plan," revised 05/15/2025, indicated, "It is the policy of the community to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment or evaluation." The policy revealed, "Procedure" included, "3. The ISP [Individualized Service Plan] is reviewed and updated," which included, "a. Every six (6) months or per state/province regulations," "b. With any significant change in condition," and "c. Additional revisions shall be made with changes in needs and/or at the resident or resident's responsible party request." A "Move in Record" indicated the facility admitted Resident #1 on NJ Exec Order 26.4b1. According to the	A 771		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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 771	Continued From page 9	A 771		

Move in Record, Resident #1 had a medical history that included diagnoses of NJ ex order 26.4b1 .
Resident #1's "Service Plan Report" included a focus area initiated NJ ex order 26.4b1 that indicated the resident NJ ex order 26.4b1 . Interventions indicated that the resident had NJ ex order 26.4b1 NJ ex order 26.4b1 the resident's NJ ex order 26.4b1 and the resident NJ ex order 26.4b1 and directed staff to observe for NJ Exec O and report if the resident complained of NJ Exec O and/or requested NJ ex order 26.4b1 The Service Plan Report revealed that it did not contain an intervention to monitor for the presence of the NJ ex order 26.4b1

Resident #1's "Order Summary Report," with active orders as of NJ ex order 26.4b1, contained an order, dated NJ ex order 26.4b1, for a NJ ex order 26.4b1 .

Resident #1's NJ ex order 26.4b1 "Medication Administration Record," revealed the resident's NJ ex order 26.4b1 .

Resident #1's "Progress Notes" revealed a note dated NJ ex order 26.4b1 PM by Licensed Practical Nurse (LPN) #8, that revealed Resident #1's RP, RP #4, stated that the resident's NJ ex order 26.4b1 .
The note revealed LPN #8 informed RP #4 that the NJ Exec Order 26.4b1 when the resident used the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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 771	Continued From page 10 NJ Exec Ord and NJ Exec would communicate to staff to check on the NJ Exec Orde periodically. Resident #1's NJ ex order 26.4b1 "Medication Administration Record" revealed staff documented a NJ ex or on NJ ex order 26.4b1 and NJ ex order 26.4b1 for the removal of the resident's NJ ex order 26.4b1 which indicated "Other/See Progress Notes." Resident #1's "Progress Notes" revealed an "Administration Note," dated NJ ex order 26.4b1 that revealed Resident #1's NJ ex order 26.4b1 Resident #1's "Progress Notes" revealed an "Administration Note," dated NJ ex order 26.4b1 PM, revealed Resident #1's NJ ex order 26.4b1 During an interview on 10/29/2025 at 12:42 PM, LPN #8 stated Resident #1 NJ ex order 26.4b1 the resident NJ ex order 26.4b1 LPN #8 stated RP #4 told her that the NJ ex order 26.4b1 so she verbalized to staff that if they saw something, they should say something. LPN #8 stated she told staff who were present at the time to monitor Resident #1's NJ ex order 26.4b1, and the other staff members would have been told to NJ Exec Order 26.1 the resident's NJ ex order 26.4b1 LPN #8 stated it would have been up to the registered nurse (RN) to add an intervention to the resident's service plan related to monitoring Resident #1's NJ ex order 26.4b1 During an interview on 10/29/2025 at 10:07 AM, Reminiscence Coordinator (RC) #7 stated Resident #1 experienced NJ ex order 26.4b1	A 771		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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 771	Continued From page 11	A 771		

for a NJ ex order 26.4b1. RC #7 stated Resident #1 NJ ex order 26.4b1 the NJ ex order 26.4b1 and staff were educated on the task verbally.

During an interview on 10/29/2025 at 10:20 AM, the Resident Care Director (RCD) stated Resident #1 NJ ex order 26.4b1 and the resident NJ ex order 26.4b1 The RCD stated staff were monitoring the resident's NJ ex order 26.4b1 when the resident NJ Ex Order 26.4(b)(1), to ensure the NJ ex order 26. was still in place, and the resident's service plan should have been updated with NJ ex order 26.4b1 related to NJ ex order 26.4b1 in real time.

During a telephone interview on 10/29/2025 at 2:10 PM, the Family Nurse Practitioner (FNP) stated Resident #1 had an order for NJ ex order 26.4b1 The FNP stated he expected staff to NJ Exec Order 26. Resident #1's NJ ex order 26. to ensure it did not NJ Exec Order because the resident NJ ex order 26.4b1 that the NJ ex order 26.4b1

POC #2 received 1/2/26
Accepted 1/6/26

Sunrise Senior Living Plan of Correction

Name of Facility:	Brighton Gardens Saddle River
Address of Facility:	5 Boroline Road, Saddle River NJ 07458
License number:	05A002
Inspection date(s):	November 4, 2025
Name and Title of Legal Entity Representative Signing the Plan of Correction:	SJV 1 Saddle River OPCO LLC NJ Exec Order 26.4b1
Signature of Sunrise Representative:	NJ ex order 26.4b1
Date of Submission: 12/22/2025	

A310 - 8:36-3.4(a)(1) – Administration

1. Resident #1: The resident was discharged from Brighton Gardens Saddle River and transferred to a NJ Exec Order 26.4b1 on NJ ex order 26.4b1 The resident was transferred to the hospital and admitted to the NJ Exec Order 26.4b1 Upon NJ ex order 26.4b1 the resident returned to Brighton Gardens Saddle River with a NJ Exec Order 26.4b1 On NJ ex order 26.4b1 post-discharge assessment and medication adjustments indicated the continued need for NJ Exec Order 26.4b1 as determined by the community and NJ Exec Order 26.4b1 team. On 10/31/2025, the Power of Attorney was notified of the ongoing care needs, and placement at a NJ Exec Order 26.4b1 facility was recommended due to the NJ Exec Order 26.4b1

2. All residents have the potential to be affected by the deficient practice. On 12/17/2025, the Executive Director (ED) and the Resident Care Director (RCD), RN, conducted a comprehensive review of the facility's policies titled *"Suicide Risk: Prevention, Management and Safeguarding', 'Resident Rights'* and *"Incident and Event Reporting."* The ED and RCD reviewed the New Jersey Assisted Living regulations pertaining to *reportable events* to ensure alignment with state requirements and reinforce staff accountability in reporting and safeguarding practices. In addition, on 12/17/2025, the Executive Director (ED) and Resident Care Director (RCD), RN, completed a facility-wide audit to identify any residents with potential *suicide risk* factors. The audit confirmed that each resident's plan of care and associated interventions were accurate, individualized, and current.

3. On October 10, 2025, the Executive Director initiated corrective action, including re-education of staff. A retraining session by the Executive Director was conducted on October 21, 2025, focusing on *"Suicide Risk: Prevention, Management and Safeguarding"* and *"Incident and Event Reporting' and 'Resident Rights'* and "*Behavioral documentation standards*". This training emphasized immediate reporting to supervisors to ensure timely intervention, compliance with safeguarding protocols and protection of the resident. Training sessions were attended by team members including Care Coordinators, Certified Nursing Assistants (CNAs), Home Health Aides (HHAs), Licensed Practical Nurses (LPNs), and Registered Nurses (RNs). In an effort to reinforce these policies and ensure continued staff compliance, the training on these policies was

initiated on 12/172025 for team members (CNAs, HHAs, LPNs, RNs, Care Coordinators) with target completion date of 12/30/2025. The ED will ensure that these policies are reviewed with new team members (CNAs, HHAs, Care Coordinators, LPNs/RNS) upon hire and revisited as needed to reinforce understanding and compliance. Staff involved in the October 10, 2025, incident received appropriate disciplinary action, up to and including termination, for failure to immediately report the suicide attempt in accordance with facility policy.

4. Starting 12/23/2025, the ED or designee, along with RCD, RN, will conduct weekly reviews of residents identified with potential suicide risk factors during Interdisciplinary Team (IDT) meetings for four weeks to ensure that assessments and care plans are updated promptly with appropriate interventions, and reporting protocols are followed. This Plan of Correction to ensure compliance will be discussed and evaluated quarterly for two quarters by the ED or designee and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violations does not occur again. First QAPI meeting initiated on 12/16//2025 by the ED with the coordinators.

5. Completion date for all corrective actions: 12/30/25 [redacted] approved 1/6/26

A771 - 8:36-7.4(c)(4) – Resident Assessments and Care Plans

1. Resident #1: The resident was discharged from Brighton Gardens Saddle River and [redacted] The resident was transferred to the [redacted] unit. Upon [redacted] the resident returned to Brighton Gardens Saddle River with a [redacted] post-discharge assessment and medication adjustments indicated the continued need for [redacted] as determined by the community and [redacted] team. On [redacted] the Power of Attorney was notified of the ongoing care needs, and placement at a [redacted] facility was recommended due to the [redacted]

2. All residents have the potential to be affected by the deficient practice. On December 16, 2025, the Executive Director (ED) and Resident Care Director (RCD) reviewed facility policies, including *'Assessing and Evaluating Residents'* and *'Pain Management'*. On December 16, 2025, the ED and RCD completed a comprehensive review of all PRN (As Needed) pain medication usage within the last 30 days, including evaluation of residents with both chronic and newly identified pain concerns, to verify appropriate clinical oversight and adherence to care standards and facility policies. Upon completion of the reviewed resident care plans reflected appropriate interventions, demonstrating that residents' pain management needs were being addressed accordingly.

3. On 12/16/2025, the Executive Director (ED) and Resident Care Director (RCD) initiated a re-training session for Certified Nursing Assistants (CNAs), Home Health Aides (HHAs), Licensed Practical Nurses (LPNs), and Registered Nurses (RNs) and Care Coordinators. The re-training sessions will cover the following policies, *Assessing and Evaluating Residents'* and *'Pain Management'* with emphasis on recognizing signs and symptoms of resident pain or discomfort, understanding when and how to report resident pain concerns, and promptly addressing any pain or discomfort experienced by residents to ensure timely intervention and quality care. Upon

completion of the reviewed resident care plans reflected appropriate interventions, demonstrating that residents' pain management needs were being addressed accordingly. The ED will ensure that these policies are reviewed with new team members (LPNs, RNs, HHAs, CNAs, Care Coordinators) upon hire and revisited as needed to reinforce understanding and compliance.

4. Starting 12/23/2025 and for four weeks, the ED or designee, along with RCD, RN, will conduct weekly reviews of residents identified with pain or discomfort concerns, including cases of unmanaged pain during Interdisciplinary Team (IDT) meetings to ensure that residents receive timely and effective pain management interventions, care plans and assessments are aligned with resident's needs. This Plan of Correction to ensure compliance and will be discussed and evaluated quarterly for two quarters by the ED or designee and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violations does not occur again. QAPI meeting initiated on 12/16//2025 by the ED with the coordinators.

5. Completion date for all corrective actions: 12/30/25 [redacted] approved 1/6/26

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
05A002		1/6/2026

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	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 A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 12/30/2025	ID Prefix A0771 Reg. # 8:36-7.4(c)(4) LSC	Correction Completed 12/30/2025	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	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
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 11/4/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			