

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/10/2025
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NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF FLORHAM PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 21 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932
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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
A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint Complaint #: NJ00187808 CENSUS: 109 SAMPLE SIZE: 4</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. 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>	A 000		
A 310	<p>8:36-3.4(a)(1) Administrator's Responsibilities</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

09/10/25

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00187808</p> <p>Based on interview and record review, it was determined that the Administrator failed to ensure the implementation and enforcement of the facility policy titled, "Abuse, Neglect and Exploitation - Preventing, Reporting and Investigation," for 2 of 4 residents reviewed, Resident #'s 1 and 3. This deficient practice was evidenced by the following:</p> <p>The Department of Health (DOH) received a Facility Reportable Event (FRE) (a document utilized by health care facilities to report events), dated [NJ Ex Order 26.4(b)] regarding [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4B1]. According to the FRE, on [NJ Ex Order 26.4B1] at approximately 2:00 a.m., Resident #2, Resident #1's [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)], and [NJ Ex Order 26.4B1] Resident #1's [NJ Ex Order 26.4B1]. When Resident #1 [NJ Ex Order 26.4B1] Resident #2, the resident [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4B1] Resident #1 asked Resident #2 to [NJ Ex Order 26.4(b)(1)] more than once. The FRE further indicated that on [NJ Ex Order 26.4B1] prior to the [NJ Ex Order 26.4(b)(1)] on [NJ Ex Order 26.4B1], Resident #2 was [NJ Ex Order 26.4B1] another resident's [Resident #3] [NJ Ex Order 26.4B1].</p> <p>On 7/10/25 at 9:30 a.m., the surveyor investigated and interviewed the Director of Nursing (DON) regarding the above [NJ Ex Order 26.4B1] and she stated that Resident #2 was [NJ Ex Order 26.4B1] [NJ Ex Order 26.4B1]. The DON stated that Resident #1 still resided at the facility, but was currently in the [NJ Ex Order 26.4B1]. The DON also</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>stated that Resident #3 was currently in the facility, and there was another resident, Resident #4 who witnessed the [redacted] between Resident #2 and Resident #3 on [redacted].</p> <p>At 9:50 a.m., the surveyor interviewed Resident #3, who was [redacted] and [redacted] to person and place, regarding the [redacted] NJ Ex Order 26. 4B1. Resident #3 stated that Resident #2 [redacted] Resident #3, and then asked what room he/she lived in. Resident #3 also stated that he/she notified a staff member on the second floor about the [redacted] but could not remember which staff member. The surveyor observed that Resident #3 had some difficulty recalling any further details regarding the [redacted].</p> <p>At 10:05 a.m., the surveyor interviewed Resident #4, who was [redacted] and [redacted] to [redacted] NJ Ex Order 26.4(b) between Resident #2 and Resident #3. Resident #4 stated that he/she was sitting in the dining room and observed Resident #3 walk into the dining room to join Resident #4. Resident #4 stated that Resident #2 was seated at a table next to Resident #4. Resident #4 explained that as Resident #3 approached the dining table, Resident #2 stopped Resident #3 and [redacted] NJ Ex Order 26.4(b)(1) on Resident #3's [redacted] NJ Ex Order 36. 4B1, and was [redacted] NJ Ex Order 26. 4B1. Resident #4 then stated that he/she heard Resident #2 ask Resident #3 for [redacted] NJ Ex Order 26.4(b)(1). During continued surveyor interview with Resident #4, the resident stated that the [redacted] NJ Ex Order 26.4(b) made Resident #3 [redacted] NJ Ex Order 36. 4B1, and that Resident #4 then spent most of the day with Resident #3, to [redacted] NJ Ex Order 26. 4B1" him/her.</p> <p>Resident #4 further explained that after the [redacted] NJ Ex Order 26.4(b) Resident #3 accompanied Resident #4</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>to an activity painting class. Resident #4 further explained that while in the painting activity, Resident #3 and Resident #4 looked up at the doorway and observed that Resident #2 was standing there, and was [redacted] at Resident #3. Resident #4 stated that they both reported the [redacted] with Resident #2 to the nurses on the second floor.</p> <p>At 12:40 p.m., the surveyor interviewed the DON and inquired about what interventions were put in place to ensure Resident #3's safety after the [redacted] on [redacted], and for Resident #1's safety after the [redacted] on [redacted].</p> <p>The DON stated she met with Resident #1 and Resident #3 after the [redacted] to ensure that they [redacted] and notified the families and the physician. The DON further stated that neither Resident #1 or Resident #3 wanted to [redacted] or have the [redacted]. The DON further explained that after the [redacted] between Resident #1 and Resident #2, that she advised Resident #2 to [redacted] Resident #1 and told Resident #1 to keep his/her [redacted]. The DON stated that Resident #2 was advised to [redacted] his/her [redacted].</p> <p>The DON further explained that [redacted] were put in place [redacted] for Resident #1 and Resident #2; a zoom conference was held with [redacted], and the Administrator requested that [redacted] come to [redacted] Resident #2.</p> <p>The surveyor reviewed the investigation and conclusion summary of the [redacted] that occurred on [redacted], which revealed that the Assisted Living Coordinator (ALC) assigned [redacted] for Resident #1 and Resident #2, and that Resident #1's [redacted] was to be [redacted] at all times.</p>	A 310		
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A 310	<p>Continued From page 4</p> <p>The investigation further revealed that the "severity of the issue" was discussed with [redacted] and requested that [redacted] Resident #2 [redacted] until the investigation was completed.</p> <p>The investigation conclusion indicated that [redacted], and instead arrived on [redacted] to take Resident #2 home. The investigation also revealed that [redacted] later decided to initiate a voluntary [redacted] and Resident #2 was discharged from the facility on [redacted].</p> <p>At 1:45 p.m., the surveyor interviewed the Administrator and inquired if there was documentation of an investigation after the [redacted] that occurred between Resident #2 and Resident #. The Administrator stated that an [redacted] report was completed, but there was no investigation documented.</p> <p>At 2:00 p.m., during interview with the DON and ED the surveyor inquired why [redacted] were not called after the [redacted] in accordance with the facility policy. The DON explained that both Resident #1 and Resident #3 were asked and both residents stated that they did not want to write a statement or [redacted]. Both the DON and Administrator acknowledged understanding that [redacted] should have been called.</p> <p>The surveyor reviewed an undated facility policy titled, "Abuse, Neglect and Exploitation - Preventing, Reporting and Investigation", which revealed the following: "Policy Statement: It is the policy of the community that: ...b. Team members of the community are mandated reporters and</p>	A 310		

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A 310	Continued From page 5 have a duty to report known or suspected abuse, ...to local, state, federal and/or provincial authorities in accordance with applicable law and regulationDefinitions: ...Sexual abuse: any form of nonconsensual sexual contact, including but not limited to inappropriate touching, sexual harassment ...10. The ED/designee manages and directs the investigation of all abuse ..."	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider shall post and 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: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00187808 Based on interview and record review, it was determined that the facility failed to ensure a safe environment related to NJ Ex Order 26. 4B1 , for 2 of 4 residents reviewed Resident #'s 1 and 3. This deficient practice was evidenced by the following:	A 401		

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A 401	<p>Continued From page 6</p> <p>The Department of Health (DOH) received a Facility Reportable Event (FRE) (a document utilized by health care facilities to report events), dated [redacted], regarding a resident-to-resident abuse. According to the FRE, on [redacted] at approximately 2:00 a.m., Resident #2, Resident #1's [redacted] and [redacted] Resident #1's [redacted]. When Resident #1 turned [redacted] Resident #2, the resident [redacted], and Resident #1 asked Resident #2 to [redacted].</p> <p>The FRE further indicated that on [redacted] prior to the [redacted] on [redacted], Resident #2 was [redacted] another resident's [redacted], Resident #3.</p> <p>On 7/10/25 at 9:30 a.m., the surveyor interviewed the Director of Nursing (DON) who stated that Resident #2 was no longer at the facility because the resident was discharged, and that Resident #1 was still resided at the facility, but was currently in the [redacted]. The DON further stated that Resident #3 was currently in the facility, and additionally there was another resident, Resident #4 who witnessed the [redacted] between Resident #2 and Resident #3.</p> <p>At 9:50 a.m., the surveyor interviewed Resident #3 who was [redacted] and [redacted] to [redacted] and [redacted]. During surveyor interview, Resident #3 recalled that one day, Resident #2 [redacted] Resident #3 and then asked [redacted] Resident #3 also stated that she notified a staff member on the second floor about the [redacted] but could not remember who. The surveyor observed that Resident #2 had [redacted] recalling any further details.</p>	A 401		

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A 401	<p>Continued From page 7</p> <p>At 10:05 a.m., the surveyor interviewed Resident #4, who was [redacted] and [redacted] to [redacted] and stated that he/she recalled the details about the [redacted] between Resident #2 and Resident #3, because Resident #4 witnessed the [redacted].</p> <p>Resident #4 stated that he/she was sitting in the dining room and then observed that Resident #3 walked into the dining room to join Resident #4. Resident #4 stated that Resident #2 was seated at a table next to Resident #4. Resident #4 explained that as Resident #3 approached the dining table, Resident #2 stopped Resident #3 and [redacted] on Resident #3's [redacted]. Resident #4 then stated that he/she heard Resident #2 ask Resident #3 for [redacted].</p> <p>During continued interview with Resident #4, the resident stated that the [redacted] made Resident #3 very [redacted], and that Resident #4 then spent most of the day with Resident #3, to [redacted]. " [redacted]. " Resident #4 explained that Resident #3 accompanied Resident #4 to an activity painting class. Resident #4 further explained that when he/she and Resident #3 looked up at the activity room doorway, Resident #2 was there and [redacted] Resident #3. Resident #4 stated that they both reported the [redacted] involving Resident #2 to the nurses on the second floor, and one of the nurses stated that it wasn't the first time they heard something like that about Resident #2.</p> <p>At 11:00 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that Resident #1 moved into the facility in [redacted].</p> <p>Further review of the MR revealed a progress</p>	A 401		
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A 401	<p>Continued From page 8</p> <p>note (PN) dated [redacted] written by a [redacted] Advanced Practitioner Nurse, which revealed that Resident #1 had a prior [redacted].</p> <p>The surveyor reviewed Resident #2's MR which revealed that Resident #2 moved into the facility in [redacted] and Resident #2 left on [redacted] after that date. The MR also indicated that [redacted] later decided to [redacted] and Resident #2 was discharged from the facility on [redacted].</p> <p>The surveyor reviewed Resident #3's MR which revealed that Resident #3 moved into the facility in [redacted].</p> <p>At 12:40 p.m. the surveyor interviewed the DON and inquired about what interventions were put in place to ensure Resident #3's safety after the [redacted] on [redacted], and for Resident #1's safety after the [redacted] on [redacted].</p> <p>The DON stated she met with Resident #1 and Resident #3 after the [redacted] to ensure that they were okay and notified the families and physician. The DON further stated that neither Resident #1 or Resident #3 wanted to file [redacted] or have [redacted] called.</p> <p>The DON further explained that after the [redacted] between Resident #1 and Resident #2, that she advised Resident #2 to [redacted] Resident #1 and told Resident #1 to keep his/her [redacted]. The DON stated that Resident #2 was advised to [redacted], but came down to lunch, despite the</p>	A 401		
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A 401	Continued From page 10 #3, to ensure Resident #3's safety, until Resident #2. NJ Ex Order 26. 4B1 . Additionally, the surveyor reviewed Resident #1's SP, which reflected no documentation of interventions put in place to ensure Resident #1's safety after knowledge of the NJ Ex Order 26. 4B that occurred on NJ Ex Order 26. 4B between Resident #1 and Resident #2, until Resident #2. NJ Ex Order 26. 4B1 .	A 401		
A 753	8:36-7.3(c) General and Health Service Plans (c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00187808 Based on interview and record review, it was determined that the facility failed to ensure that the Service Plan was updated with interventions after two NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) NJ Ex Order 26. 4B1 , to the ensure the safety of 2 of 4 residents reviewed, Resident #'s 1 and 3. The Department of Health (DOH) received a Facility Reportable Event (FRE) (a document utilized by health care facilities to report events),	A 753		

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A 753	<p>Continued From page 11</p> <p>dated ^{NJ Ex Order 26.4B}, regarding resident-to-resident NJ Ex Order 26.4B1. According to the FRE, on ^{NJ Ex Order 26.4B} at approximately 2:00 a.m., Resident #2, entered Resident #1's apartment across the hall, sat on the resident's bed and started ^{NJ Ex Order 26.4B} Resident #1's ^{NJ Ex Order}. When Resident #1 turned ^{NJ Ex Order 26.4B1} Resident #2, the resident screamed, ^{NJ Ex Order 26.4B1} Resident #1 asked Resident #2 to NJ Ex Order 26.4B1.</p> <p>The FRE further indicated that on 6/24/25, ^{NJ Ex Or} prior to the ^{NJ Ex Order 26.4B} on ^{NJ Ex Order 26.4B}, Resident #2 was also NJ Ex Order 26.4B1 another resident's ^{NJ Ex Order 26.4B1}, Resident #3.</p> <p>On 7/10/25 at 9:30 a.m., the surveyor interviewed the Director of Nursing (DON) regarding the above ^{NJ Ex Order 26.4B1} and she stated that Resident #2 was NJ Ex Order 26.4B1; and that Resident #1 still resided at the facility, but was currently in the ^{NJ Ex Order 26.4B}. The DON also stated that Resident #3 was currently in the facility, and that there was another resident, Resident #4 who witnessed the ^{NJ Ex Order 26.4B} between Resident #2 and Resident #3 on ^{NJ Ex Order 26.4B}.</p> <p>At 9:45 a.m., during further interview with the DON, the surveyor inquired about where the resident General Service Plans and Health Service Plans were located. The DON explained that the Care Plans and Individualized Service Plans for the resident's general and health care needs were located together on one Service Plan (SP), within the Electronic Medical Record (EMR).</p> <p>At 9:50 a.m., the surveyor interviewed Resident #3 who was ^{NJ Ex Order} and ^{NJ Ex Order 26.4B1} to ^{NJ Ex Order 26.4} and ^{NJ Ex Order 26}. During surveyor interview, Resident #3 recalled that one day, Resident #2 ^{NJ Ex Order 26.4B1}</p>	A 753		
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A 753	<p>Continued From page 12</p> <p>Resident #3 and then asked [redacted] NJ Ex Order 26.4(b)(1) Resident #3 also stated that he/she notified a staff member on the second floor about the [redacted] NJ Ex Order 26.4(b)(1) but could not remember who. The surveyor observed that Resident #2 had some [redacted] NJ Ex Order 26.4(b)(1) recalling any further details.</p> <p>At 10:05 a.m., the surveyor interviewed Resident #4, who was [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) to [redacted] NJ Ex Order 26.4(b)(1). Resident #4 stated that he/she recalled the details about the [redacted] NJ Ex Order 26.4(b)(1) between Resident #2 and Resident #3 because Resident #4 witnessed the [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Resident #4 stated that he/she was sitting in the dining room and observed that Resident #3 walked into the dining room to join Resident #4. Resident #2 was seated in a table next to Resident #4. Resident #4 explained that as Resident #3 approached the dining table, Resident #2 stopped Resident #3 and [redacted] NJ Ex Order 26.4(b)(1) on Resident #3's [redacted] NJ Ex Order 26.4(b)(1) s and was [redacted] NJ Ex Order 26.4(b)(1). Resident #4 then stated that [redacted] NJ Ex Order 26.4(b)(1) heard Resident #2 ask Resident #3 for his/her room number.</p> <p>During continued interview with Resident #4, the resident stated that the [redacted] NJ Ex Order 26.4(b)(1) made Resident #3 very [redacted] NJ Ex Order 26.4(b)(1), and that Resident #4 then spent most of the day with Resident #3, to [redacted] NJ Ex Order 26.4(b)(1) " [redacted] NJ Ex Order 26.4(b)(1) "</p> <p>Resident #4 further explained that after the [redacted] NJ Ex Order 26.4(b)(1) Resident #3 accompanied Resident #4 to an activity painting class. Resident #4 further explained that when he/she and Resident #3 looked up at the activity room doorway, Resident #2 was there and [redacted] NJ Ex Order 26.4(b)(1) Resident #3. Resident #4 stated that they both reported the [redacted] NJ Ex Order 26.4(b)(1) to the nurses on the second floor, and</p>	A 753		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/10/2025
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NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF FLORHAM PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 21 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932
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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
A 753	<p>Continued From page 13</p> <p>one of the nurses stated that it wasn't the first time they heard something like that about Resident #2.</p> <p>At 11:00 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that Resident #1 moved into the facility in August of NJ Ex Order 26.4B1 Further review of the MR revealed a progress note (PN) dated NJ Ex Order 26.4(b) written by a NJ Ex Order 26.4(b)(1) Advanced Nurse Practitioner, which revealed that Resident #1 NJ Ex Order 26.4B1.</p> <p>The surveyor reviewed Resident #2's MR which revealed that Resident #2 moved into the facility in NJ Ex Order 26.4(b)(1) with diagnosis of NJ Ex Order 26.4(b)(1) and left the building on NJ Ex Order 26.4(b)(1) did not return after that date; and was discharged on NJ Ex Order 26.4(b).</p> <p>The surveyor reviewed Resident #3's MR which revealed that Resident #3 moved into the facility in NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4B1.</p> <p>At 12:40 p.m., the surveyor interviewed the DON and inquired about what interventions were put in place to ensure Resident #3's after the NJ Ex Order 26.4(b) on NJ Ex Order 26.4B and for Resident #1's NJ Ex Order 26.4(b) after the NJ Ex Order 26.4(b) on NJ Ex Order 26.4B.</p> <p>The DON stated that she met with Resident #1 and Resident #3 after the NJ Ex Order 26.4(b)(1) to ensure that they were okay and notified NJ Ex Order 26.4B1 and physician. The DON explained that neither Resident #1 or Resident #3 wanted to file NJ Ex Order 26.4(b) or have NJ Ex Order 26.4(b)(1).</p> <p>The DON further explained that after the NJ Ex Order 26.4(b) between Resident #1 and Resident #2, that she advised Resident #2 to NJ Ex Order 26.4(b)(1) Resident</p>	A 753		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/10/2025
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NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF FLORHAM PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 21 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932
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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
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A 753	<p>Continued From page 14</p> <p>#1 and told Resident #1 to keep his/her NJ Ex Order 26.4(b)(1). The DON further explained that NJ Ex Order 26.4(b)(1) were put in place NJ Ex Order 26.4B1 for Resident #1 and Resident #3; and a zoom conference was held with NJ Ex Order 26.4B1, and the Administrator requested that NJ Ex Order 26.4B1, NJ Ex Order 26.4(b)(1) Resident #2.</p> <p>The surveyor reviewed a progress note (PN) dated NJ Ex Order 26.4B1 at 2:08 p.m., which revealed the following, NJ Ex Order 26.4B1 [REDACTED]</p> <p>The surveyor reviewed the investigation conclusion of NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4B, which revealed that the Assisted Living Coordinator (ALC) assigned NJ Ex Order 26.4B1 room checks for Resident #1 and Resident #2, and that Resident #1's NJ Ex Order was to be NJ Ex Order 26.4(b)(1). The investigation further revealed that the NJ Ex Order 26.4B1 " was discussed with NJ Ex Order 26.4(b)(1) and requested that NJ Ex Order 26.4B1 NJ Ex Order Resident #2 NJ Ex Order 26.4B1 for a few days until the investigation was completed.</p> <p>The investigation conclusion also revealed that NJ Ex Order 26.4B1 did not come on NJ Ex Order 26.4B and instead arrived on NJ Ex Order 26.4B, to take Resident #2 NJ Ex Order 26.4B1. The investigation also revealed that the NJ Ex Order 26.4B1 " NJ Ex Order 26.4B1</p> <p>The surveyor reviewed Resident #3's SP which reflected no documentation of interventions that were put in place after NJ Ex Order 26.4(b)(1) that occurred on NJ Ex Order 26.4B between Resident #2 and Resident</p>	A 753		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/10/2025
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NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF FLORHAM PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 21 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932
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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
A 753	Continued From page 15 #3, to ensure Resident #3's safety. Additionally, the surveyor reviewed Resident #1's SP, which reflected no documentation of interventions that were put in place to ensure Resident #1's safety after knowledge of the NJ Ex Order 26, 46 that occurred on NJ Ex Order 26, 46 at 2:00 a.m.	A 753		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 60A001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/11/2025
NAME OF FACILITY BRIGHTON GARDENS OF FLORHAM PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 21 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932	

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	Correction	ID Prefix A0401	Correction	ID Prefix A0753	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-7.3(c)	Completed
LSC	09/09/2025	LSC	08/21/2025	LSC	09/26/2025
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 7/10/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 60A001 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/11/2025 Y3
NAME OF FACILITY BRIGHTON GARDENS OF FLORHAM PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 21 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932

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 <u>A0310</u>	Correction	ID Prefix <u>A0401</u>	Correction	ID Prefix <u>A0753</u>	Correction
Reg. # <u>8:36-3.4(a)(1)</u>	Completed	Reg. # <u>8:36-4.1(a)(22)</u>	Completed	Reg. # <u>8:36-7.3(c)</u>	Completed
LSC _____	<u>09/09/2025</u>	LSC _____	<u>08/21/2025</u>	LSC _____	<u>09/26/2025</u>
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 7/10/2025		<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		