

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 09/06/2023
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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</p> <p>COMPLAINT #: NJ00163535</p> <p>CENSUS: 78</p> <p>SAMPLE SIZE: 3</p> <p>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.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</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

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the Executive Director (ED) failed to implement and enforce the facility's policies and procedures titled, "Emergency Needs Response" in regards to the facility's staff reasonable and timely response to the resident's use of the facility's Emergency Call System Pendant. This deficient practice was evidence by:</p> <p>On 9/6/2023 at 10:58 a.m., during the survey, Surveyor #1 interviewed the facility's Home Health Aide (HHA)/Lead Care Manager (LCM) who stated that the facility's nursing staff has 10 minutes to answer a resident's Emergency Call System Pendant Alert (A medical alert device in which a resident presses the button to call for facility assistance to their specific location).</p> <p>On 9/6/2023 at 12:11 p.m., Surveyor #1 also interviewed the facility's Resident Care Director (RCD) who stated that staff is expected to answer the resident pendant alert within 5 to 10 minutes.</p> <p>On 9/6/2023 at 12:14 p.m., Surveyor #1 interviewed a facility's Certified Medication Aide (CMA) who stated that the staff is expected to answer the resident pendant alert within 5 to 10 minutes.</p> <p>On 9/6/2023 at 12:32 p.m., Surveyor #1 received and reviewed a document titled "24 Hour Report" which documented the response time for pendant alerts from September 5, 2023 at 9:18 a.m., to September 6, 2023 at 7:57 a.m. The 24 hour</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>Report revealed that 24 out of 59 pendant alerts were answered after 10 minutes pendant alerts exceeded the 10-minute response time:</p> <p>September 5, 2023 at 9:18:41 a.m.: 5 hours 34 minutes and 47 seconds September 5, 2023 at 9:18:54 a.m.: 0 hours 43 minutes and 56 seconds September 5, 2023 at 9:19:14 a.m.: 0 hours 48 minutes and 39 seconds September 5, 2023 at 9:19:17 a.m.: 0 hours 43 minutes and 20 seconds September 5, 2023 at 9:19:41 a.m.: 0 hours 19 minutes and 35 seconds September 5, 2023 at 9:19:59 a.m.: 0 hours 18 minutes and 51 seconds September 5, 2023 at 9:22:02 a.m.: 0 hours 15 minutes and 12 seconds September 5, 2023 at 9:22:22 a.m.: 0 hours 15 minutes and 7 seconds September 5, 2023 at 9:27:30 a.m.: 1 hours 37 minutes and 44 seconds September 5, 2023 at 11:22:20 a.m.: 3 hours 31 minutes and 46 seconds September 5, 2023 at 1:12:43 p.m.: 0 hours 11 minutes and 12 seconds September 5, 2023 at 1:16:44 p.m.: 0 hours 15 minutes and 27 seconds September 5, 2023 at 1:34:13 p.m.: 0 hours 17 minutes and 12 seconds September 5, 2023 at 1:58:14 p.m.: 0 hours 23 minutes and 34 seconds September 5, 2023 at 3:52:51 p.m.: 0 hours 12 minutes and 42 seconds September 5, 2023 at 4:47:06 p.m.: 0 hours 38 minutes and 4 seconds September 5, 2023 at 5:14:47 p.m.: 0 hours 11 minutes and 41 seconds September 5, 2023 at 6:10:22 p.m.: 0 hours 15 minutes and 42 seconds</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>September 5, 2023 at 6:13:18 p.m.: 0 hours 20 minutes and 52 seconds September 5, 2023 at 6:39:10 p.m.: 0 hours 21 minutes and 33 seconds September 5, 2023 at 8:00:50 p.m.: 0 hours 17 minutes and 49 seconds September 5, 2023 at 8:33:03 p.m.: 1 hours 0 minutes and 35 seconds September 5, 2023 at 11:53:11 p.m.: 6 hours 30 minutes and 47 seconds September 6, 2023 at 7:16:05 a.m.: 0 hours 41 minutes and 49 seconds</p> <p>On 9/6/2023 at 1:55 p.m., Surveyor #2 interviewed the facility's Executive Director who stated he did not know who reviewed the pendant response log or if there was a Quality Assurance Logs related to pendant response time.</p> <p>On 9/6/2023 at 2:48 p.m., Survey #1 interviewed the facility's Executive Director who stated he was unsure how the Emergency Call System Pendant Quality Assurance worked or who was responsible for ensuring the Quality Assurance.</p> <p>On 9/6/2023 at 3:46 p.m., Surveyor #1 interviewed the facility's Assisted Living Coordinator (ALC) who stated she reviews the Emergency Call System Pendant log for the day prior. The ALC states she follows up with the nursing team if a pendant response is longer than 10 minutes. The ALC was unable to provide the surveyor team with documentation related to the Quality Assurance of the facility's Emergency Call System Pendant.</p> <p>Surveyor review of facility's policy and procedure titled, "Emergency Needs Response" revealed, " ... Procedure</p>	A 310		

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A 310	<p>Continued From page 4</p> <p>A. Assisted Living Neighborhood</p> <p>1. The system used to ensure reasonable and timely response to a resident's urgent or emergency needs in the Assisted Living Neighborhood is the Emergency Call System (E-Call) ...</p> <p>c. Response call logs are reviewed at community morning meetings and monthly Quality Assurance meetings. All calls exceeding a 10 minute time response will be reviewed further ...</p> <p>4. Quality Monitoring</p> <p>a. The executive Director must oversee and monitor the Emergency Call System to ensure functionality and effectiveness...</p> <p>C. Staffing ...</p> <p>2. Staffing must be sufficient to respond promptly and effectively to individual emergencies"</p>	A 310		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 60A001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/15/2023
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	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/15/2023	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 9/6/2023		<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

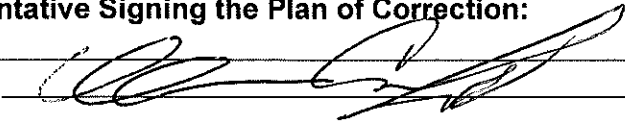
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LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	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 9/6/2023		<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 		

Sunrise Senior Living Plan of Correction Template

Name of Facility: Brighten Gardens Florham Park
Address of Facility: 21 Ridgedale Avenue, Florham Park, NJ 07932
License number: 60A001
Inspection date(s): September 6, 2023
Name and Title of Legal Entity Representative Signing the Plan of Correction:
William Crawford, Executive Director
Signature of Sunrise Representative: 
Date of Submission: 11/14/2023

Regulation	Target Date by Which Correction will be completed	Plan of Correction
A310	November 6, 2023 - Ongoing	A. <i>With respect to the specific resident/situation cited: Team reviewed delayed call bell response times for each affected resident. Vendor checked call bell system to ensure it was in good working order. Community met with team members to determine what caused delays in response time. Team members trained on timely response to resident's call bell throughout all shifts. Re-Inservice team members on ensuring they respond to residents in a timely manner.</i>
A310	November 6, 2023 - Ongoing	B. <i>With respect to how the facility will identify residents/situations for the identified concerns: Community leadership will review response times daily and identify times outside of the acceptable range. If the community leadership finds response times outside of the acceptable range Executive Director or designee will meet with lead care manager to discuss causes for delay.</i>
A310	November 15, 2023 - Ongoing	C. <i>With respect to what systemic measures have been put into place to address the stated concern: ongoing - New team members will be trained on call bell response times as part of their onboarding. Community ALC / RC or designee will review all call bell response times daily. Responses outside</i>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		of the acceptable range will be addressed by ED/designee.
A310	November 17, 2023	D. With respect to how the plan of correction will be monitored: The plan of correction will be monitored at QAPI for 3 months and then monthly,

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.