

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW RANDOLPH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869
---	---

(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 #: NJ00188167</p> <p>CENSUS: 68</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

09/08/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW RANDOLPH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869
---	---

(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	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00188167</p> <p>Based on interview, record review, and review of other pertinent facility policy documents, it was determined that the facility failed to develop and implement a comprehensive policy and procedure to ensure all residents were accounted for and safe during a resident NJ Ex Order 26 for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>The Facility Reportable Event (FRE) was received on NJ Exec Order at 4:17 p.m. via the complaint hotline email that revealed on NJ Ex Order 26 at 1:30 p.m., Resident #2 went on a lunch NJ Ex O accompanied by other residents and three (3) facility staff members and Resident #2 was NJ Ex Order 26, 4B1 at the restaurant on the return NJ Ex O home. The residents and staff members NJ Exec Order 26.4b1 at 11:15 a.m. and returned at approximately 12:50 p.m. At approximately 1:30 p.m., a restaurant employee called the facility to inquire when the facility staff were going to NJ Ex Order 26, 4b1 Resident #2 from the restaurant.</p> <p>On 7/15/25 at 12:18 p.m., the surveyor interviewed the Vibrant Living Director/Activities Director (VLD/AD), who stated that that all facility associates that accompany the residents on field NJ Ex Order 26, 4B1 were responsible to ensure residents were accounted for during those NJ Ex Order 26, 4B1. The VLD/AD also stated she was not aware of a facility policy regarding resident field NJ Ex Order 26, 4B1.</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW RANDOLPH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869
---	---

(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	<p>Continued From page 2</p> <p>At 12:45 p.m., the surveyor interviewed the Executive Director (ED) who stated the facility did not have a written policy regarding ^{NJ Ex Order 26. 4B1} for Well Spring Village ^{NJ Ex Order 26. 4B1} Unit (WSV/MC).</p> <p>At 2:30 p.m., the surveyor reviewed a facility document titled "WSV Offsite Outing/trips" which revealed, "Expectations for all Offsite Outings: ... Pre-Outing Headcount & Documentation, Supervision during the outing, accountability before departure and buddy system/assignments"</p> <p>There was no documented evidence that the facility staff who accompanied the WSV residents on the ^{NJ Ex Order 26} to a local restaurant on ^{NJ Ex Order 26. 4B1}, complied with the documented "Expectations for all Offsite Outings."</p> <p>At the time of the survey, there was no facility policy provided to confirm and ensure all residents were accounted for and were safe during a resident ^{NJ Ex Order 26. 4B1}.</p>	A 310		
A 313	<p>8:36-3.4(a)(4) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>4. Ensuring the provision of staff orientation and staff education;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00188167</p>	A 313		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW RANDOLPH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869
---	---

(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 313	<p>Continued From page 3</p> <p>Based on interview, and record review, it was determined that the facility failed to ensure that staff received immediate re-education and training on the procedure to follow when escorting residents on facility sponsored, outside NJ Ex Order 26.4B1. The deficient practice was evidenced by the following:</p> <p>The Facility Reportable Event (FRE) was received on NJ Exec Order 26.4b1 at 4:17 p.m., via the complaint hotline email that revealed on NJ Ex Order 26.4b1 at 1:30 p.m., Resident #2 went on a lunch NJ Ex O accompanied by other residents and 3 facility staff members. Resident #2 was NJ Ex Order 26.4B1 at the NJ Exec Order 26.4b1 on the return NJ Ex O home. The residents and staff members NJ Exec Order 26.4b1 at 11:15 a.m. and returned at approximately 12:50 p.m. At approximately 1:30 p.m., a restaurant employee called the facility to inquire when the facility staff were going to NJ Ex Order 26.4b1 Resident #2 from the NJ Exec Order 26.4b1.</p> <p>On 7/15/25 at 9:50 a.m., the surveyor interviewed the Well Spring Village NJ Ex Order 26.4B1 Director (WSV, NJ Exec Order 26.4b1) who stated that the Well Spring Village (WSV) staff and the facility driver were re-educated on the procedure to be followed for resident NJ Ex Order 26.4B1 on NJ Exec Order 26.4b1.</p> <p>At 10:31 a.m., the surveyor reviewed a facility document titled "On-Going Training Form", which revealed that the WSV staff and the facility driver were not re-educated on the procedure to be followed for resident NJ Ex Order 26.4B1 until NJ Exec Order 26.4b1, NJ Ex Or days after NJ Ex Order 26.4b1 incident, when a WSV resident, Resident #2, was NJ Ex Order 26.4B1 at the restaurant on the return trip back to the facility.</p>	A 313		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW RANDOLPH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869
---	---

(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 401 A 401	<p>Continued From page 4</p> <p>8:36-4.1(a)(22) Resident Rights</p> <p>(a) Each assisted living provider will 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:</p> <p>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;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00188167 Based on interview and record review, it was determined that the facility failed to provide a safe environment for a resident, who was [redacted] not accounted for during a facility [redacted] for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>The Facility Reportable Event (FRE) was received on [redacted] at 4:17 p.m. via the complaint hotline email that revealed that on [redacted] at 1:30 p.m., Resident #2 went on a lunch [redacted] accompanied by other residents and 3 facility staff members. Resident #2 was [redacted] at the [redacted] on the return [redacted] home. The residents and staff members [redacted] at 11:15 a.m. and returned at approximately 12:50 p.m. At approximately 1:30 p.m., a [redacted] employee called the facility to inquire when the facility staff were going to [redacted] Resident #2 from the [redacted]</p>	A 401 A 401		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW RANDOLPH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869
---	---

(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 401	<p>Continued From page 5</p> <p>On 7/15/25 at 9:50 a.m., the surveyor interviewed the Well Springs Village Director (WSVD) who stated that three (3) staff members, the driver, an Activity Person/Vibrant Living Assistant (VLA), and a Home Health Aide (HHA), accompanied seven (7) WSV/MC residents, including Resident #2, on a scheduled lunch ^{NJ Ex Order 26.4b1} to a nearby restaurant. The staff were given a handwritten list with names of the residents on the ^{NJ Ex O}.</p> <p>In the same interview, the WSVD also stated that all the staff that accompanied the residents on ^{NJ Ex Order 26.4b1} were responsible for all the residents, to include performing a head count of the residents before they ^{NJ Ex} the facility, at the ^{NJ Exec Order 26.4b1} and before they ^{NJ Ex} the ^{NJ Exec Order 26.4b1} to return to the facility. The WSVD also stated that she was not aware that Resident #2 ^{NJ Exec Order 26.4b1} to the facility until she was notified by the facility Wellness Nurse. The WSVD stated that a restaurant employee called the facility to notify the staff that Resident #2 was ^{NJ Ex O} at the restaurant after the group ^{NJ Ex Order 26.4b1}.</p> <p>The surveyor reviewed the Electronic Medical Record of Resident #2, who had a move in ^{NJ Ex Ord}.</p> <p>At 10:30 a.m., the surveyor observed a handwritten list, provided by the WSVD, with the names of the residents, including Resident #2, scheduled for the lunch ^{NJ Ex Order 26.4B1}.</p> <p>At 12:18 p.m., the surveyor interviewed the Vibrant Living Director/Activities Director (VLD/AD), who stated that that all facility associates that accompanied the residents on field ^{NJ Ex Order 26.4B1} were responsible to make sure</p>	A 401		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW RANDOLPH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869
---	---

(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 401	<p>Continued From page 6</p> <p>residents were accounted for during those NJ Ex Order 26, 4B1. The VLD/AD also stated she was not aware of a facility policy regarding resident field NJ Ex Order 26, 4B1.</p> <p>At 12:32 p.m., the surveyor interviewed the facility bus driver who stated that he relied on his memory to remember who was on the bus on NJ Ex Order 26, when he transported the WSV residents to the lunch NJ Ex Order 26. He also stated that the WSV/ HHA and VLA brought the residents down to the bus for the NJ Ex Order 26, but he was not given the list of residents. Additionally, the driver stated that he did not perform a head count of the residents prior to NJ Ex Order 26, 4B1 the restaurant to return to the facility.</p> <p>The surveyor did not observe any documented evidence that a head count of the residents was done by the facility driver, HHA or VLA, before they NJ Ex the NJ Exec Order 26, 4B1 to return to the facility.</p> <p>The surveyor reviewed the 12/17/24 facility policy, titled "Resident Rights: Assisted Living/Wellspring Village (BV) Policy: ... All associates are responsible for ensuring that Resident Rights are respected and maintained...."</p>	A 401		
A 753	<p>8:36-7.3(c) Resident Assessments and Care Plans</p> <p>(c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan.</p>	A 753		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW RANDOLPH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869
---	---

(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 7</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00188167 Based on interview and record review, it was determined that the facility failed to ensure that resident's Service Plan (SP) was updated for safety and NJ Ex Order 26.4B1 of 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following.</p> <p>The Facility Reportable Event (FRE) was received on NJ Exec Order 26.4B1 at 4:17 p.m. via the complaint hotline email that revealed that on NJ Ex Order 26.4B1 at 1:30 p.m., Resident #2 went on a lunch NJ Ex O accompanied by other residents and 3 facility staff members. Resident #2 was NJ Ex Order 26.4B1 at the NJ Exec Order 26.4B1 on the return NJ Ex O home. The residents and staff members NJ Exec Order 26.4b1 at 11:15 a.m. and returned at approximately 12:50 p.m. At approximately 1:30 p.m., a NJ Exec Order 26.4b1 employee called the facility to inquire when the facility staff were going to NJ Ex Order 26.4b1 Resident #2 from the NJ Exec Order 26.4b1.</p> <p>On 7/15/25 at 9:50 a.m., the surveyor interviewed the Well Spring Village NJ Ex Order 26.4B1 Director (WSV NJ Exec Order 26.4B1) who stated that Resident #2 did not have a significant history NJ Ex Order 26.4B1.</p> <p>At 10:48 a.m., the surveyor interviewed the Health Service Director/Director of Nursing/Registered Nurse (HSD/DON/RN) who stated that she was notified by the Wellness staff when there was a change in a resident's condition. She also stated that the changes were documented in the resident's medical record, and she was responsible for updating the resident's Service Plan (SP) with any changes.</p>	A 753		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW RANDOLPH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869
---	---

(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 8</p> <p>At 11:00 a.m., the surveyor reviewed the Electronic Medical Record (EMR) of Resident #2 which revealed resident's move in [REDACTED] NJ Ex Order 26.4B1 [REDACTED].</p> <p>Upon review of Resident #2's [REDACTED] NJ Ex Order 26.4B1 assessment dated [REDACTED] NJ Ex Order 26, and the SP dated [REDACTED] NJ Ex Order 26, it was revealed that [he/she] had history [REDACTED] NJ Ex Order 26.4B1 which may jeopardize [his/her] health and or safety.</p> <p>At the time of the survey, the surveyor was not provided any documented evidence that Resident #2's SP was updated after [REDACTED] NJ Ex Order 26. The surveyor was not provided any documented evidence that the HSD/DON/RN updated Resident #2's SP with interventions to ensure his/her safety, following the incident that occurred on [REDACTED] NJ Ex Order 26, when Resident #2 was [REDACTED] NJ Ex Order 26.4B1 at the [REDACTED] NJ Ex Order 26.4B1 on the return trip back to the facility.</p>	A 753		
A 781	<p>8:36-7.5(d) Resident Assessments and Care Plans</p> <p>(d) The resident's physician or the physician's designee, that is, another physician or an advanced practice nurse or physician assistant, shall be notified by the licensed professional nurse of any significant changes in the resident's physical or cognitive/mental condition and any intervention by the physician shall be recorded.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00188167 Based on interview and record review, it was</p>	A 781		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW RANDOLPH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869
---	---

(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 781	<p>Continued From page 9</p> <p>determined that the facility failed to provide documented evidence that the Physician was notified when 1 of 3 residents, Resident #2, was NJ Ex Order 26.4B1 at a restaurant after a facility sponsored NJ Ex Order 26.4B1. This deficient practice was evidenced by the following:</p> <p>The Facility Reportable Event (FRE) was received on NJ Exec Order 26.4B1 at 4:17 p.m., via the complaint hotline email that revealed that on NJ Ex Order 26.4B1 at 1:30 p.m., Resident #2 went on a lunch trip accompanied by other residents and 3 facility staff members. Resident #2 was NJ Ex Order 26.4B1 at the NJ Exec Order 26.4B1 on the return NJ Ex Order 26.4B1 home. The residents and staff members NJ Exec Order 26.4B1 at 11:15 a.m. and returned at approximately 12:50 p.m. At approximately 1:30 p.m., a NJ Exec Order 26.4B1 employee called the facility to inquire when the facility staff were going to NJ Ex Order 26.4B1 Resident #2 from the NJ Exec Order 26.4B1.</p> <p>On 7/15/25 at 9:50 a.m., the surveyor interviewed the Well Spring Village NJ Ex Order 26.4B1 Director (WSV, NJ Exec Order 26.4B1) who stated that she was not aware if Resident #2's Physician was notified that [he/she] was NJ Ex Order 26.4B1 at the restaurant after the NJ Ex Order 26.4B1.</p> <p>At 11:00 a.m., the surveyor reviewed the Electronic Medical Record (EMR) of Resident #2 which revealed the resident move in NJ Ex Order 26.4B1 NJ Ex Order 26.4B1. Further review of the MR revealed a Nurses Note (NN) documentation dated NJ Ex Order 26.4B1 at 3:30 p.m., written by a facility Licensed Practical Nurse (LPN), that indicated the WSV, NJ Ex Order 26.4B1 and Health Service Director (HSD) were notified of the NJ Ex Order 26.4B1 event, when Resident #2 was NJ Ex Order 26.4B1 at a NJ Ex Order 26.4B1 during a facility sponsored NJ Ex Order 26.4B1.</p>	A 781		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW RANDOLPH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869
---	---

(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 781	Continued From page 10 The surveyor reviewed a 1/9/24 facility policy titled, "Resident File Documentation Guidelines" stated, "Policy: All services provided to the resident will be noted in the resident's wellness file ..."Procedure ...15. Notes will be entered into the resident's health record"	A 781		

BRIGHTVIEW

SENIOR LIVING

RANDOLPH

August 28th, 2025

Plan of Correction following Complaint Survey visit conducted on 7/15/2025:

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

Facility failed to develop and implement a comprehensive policy and procedure to ensure all residents were accounted for and safe during a **NJ Exec Order 26.4b1** for 1 of 3 residents reviewed.

1. Resident #2 was assessed by licensed nurse on **NJ Ex Order 26. 4B** upon return to the community. No signs of injury noted. Resident #2 continues to reside in Wellspring Village, **NJ Ex Order 26. 4B1** neighborhood.
2. This is not a resident specific issue. All residents participating in a community **NJ Ex Order 26.** have the potential to be affected by deficient practice.
3. At the time of survey, resident **NJ Ex Order 26. 4** policy was unable to be located on Policy Stat, the organization's policy management software. A comprehensive resident **NJ Ex Order 26.** policy and procedure, created and implemented on 11/4/16, is in place.
 - a. On 7/15/25, the Executive Director reported this policy's absence in PolicyStat to the Regional Vice President of Operations. Policy was uploaded to PolicyStat on 7/16/25. immediately.
 - b. On 7/16/25 the Executive Director initiated an audit of all policies and procedures in PolicyStat. This audit was completed on 7/21/25; ensuring that all policies and procedures are present in PolicyStat.
4. The Executive Director will review all new and/or revised policies and procedures during the community's monthly QAPI meeting. This review will begin at the next scheduled QAPI meeting on 11/12/25 and will continue monthly thereafter.

Completion Date: 11/12/25 and ongoing.

A313 8:36-3.4(a)(4) Administration

Facility failed to ensure that staff received immediate re-education and training on the procedure to follow when escorting resident on facility sponsored, outside **NJ Ex Order 26. 4B1**

1. Resident #2 was assessed by licensed nurse on **NJ Ex Order 26. 4B** upon return to the community. No signs of injury noted. Resident #2 continues to reside in Wellspring Village, **NJ Ex Order 26. 4B1** neighborhood.
2. This is not a resident specific issue. All residents participating in a community **NJ Ex Order 26. 4** have the potential to be affected by deficient practice.

3. On 7/16/25, the Executive Director educated all directors on the importance of immediate re-education of staff when deficient practice is discovered. Education for all directors was completed on 7/16/25.
4. On 8/6/25, during the community's QAPI meeting, the Executive Director reviewed the in-services completed in relation to the incident log to ensure compliance. This review was completed on 8/6/25 and will continue monthly during the community's QAPI meeting. Findings will be reported during the community's monthly QAPI meeting for the next 12 months.

Completion Date: 8/6/25 and ongoing.

A401 8:36-4.1(a)(22) Resident Rights

Facility failed to provide a safe environment for a resident, who was [redacted] and not accounted for during a facility outing for 1 of 3 residents reviewed.

1. Resident #2 was assessed by licensed nurse on [redacted] upon return to the community. No signs of injury noted. Resident #2 continues to reside in Wellspring Village, [redacted] neighborhood.
2. This is not a resident specific issue. All residents participating in a community [redacted] have the potential to be affected by deficient practice.
3. On 7/7/25, The Wellspring Village Director in-serviced the Wellspring Village Resident Assistant, Wellspring Village Vibrant Living Assistant and Community Driver on the resident [redacted] policy, procedure, and the resident [redacted] participation log; created and implemented on 11/04/16.

Also, on 7/7/25, the Wellspring Village Director created and implemented an additional measure in the resident [redacted] procedure which is as follows:

- The Wellspring Village Director will assign an [redacted] lead, who will be responsible for the completion of the resident [redacted] participation log.
- The completed log must be submitted to the Wellspring Village Director or designee for verification upon return to the community post [redacted]

The Health Services Director-RN, in partnership with the Wellspring Village Director and Assisted Living Director created an in-service curriculum to ensure education on resident [redacted] is completed for new hires and well as annually for existing associates. This curriculum was created on 7/21/25 and implemented on 7/25/25.

As of 7/31/25, the Regional Director of Care and Cognitive Wellness in-serviced all Wellspring Village Resident Assistants and Vibrant Living Assistants on the importance of maintaining resident safety and accountability during facility-sponsored [redacted]. An emphasis was placed on upholding resident rights and following the established policy and procedure to prevent recurrence. As of 7/31/25, the Wellspring Village Director also in-serviced all Wellspring Village Resident Assistants and Vibrant Living Assistants on the additional measure created and implemented on 7/7/25, to ensure understanding and compliance.

4. On 8/6/25, during the community's QAPI meeting, the Executive Director reviewed the prior month's resident outing participation documentation to ensure accurate completion and compliance. This review was completed on 8/6/25 and will continue monthly during the community's QAPI meeting. Findings will be reported during the community's monthly QAPI meeting for the next 12 months.

Completion Date: 8/6/25 and ongoing.

A753 8:36-7.3(c) Resident Assessments and Care Plans

Facility failed to ensure that resident's service plan was updated for safety and [NJ Ex Order 26. 4B1] for 1 of 3 residents reviewed.

1. Resident #2 was assessed by licensed nurse on [NJ Ex Order 26. 4B] upon return to the community. No signs [NJ Exec Order 26.4b1] Resident #2 continues to reside in Wellspring Village, [NJ Ex Order 26. 4B1] neighborhood. The affected resident's service plan was updated for safety and [NJ Ex Order 26. 4B1] on 07/18/25.
2. On 7/16/25, the Executive Director initiated an audit of all resident records to ensure updated and relevant service plans are in place. This audit was completed on 7/31/25.
3. On 7/16/25, the Executive Director re-educated the Health Service Director – RN on the requirement to update resident service plans every 6 months, and upon change in condition.
4. On 8/6/25, during the community's QAPI meeting, the Executive Director reviewed the prior month's scheduled service plans as well as service plans post incident to ensure completion and compliance. This review was completed on 8/6/25 and will continue monthly during the community's QAPI meeting. Findings will be reported during the community's monthly QAPI meeting for the next 12 months.

Completion Date: 8/6/25 and ongoing.

A781 8:36-7.5(d) Resident Assessments and Care Plans

Facility failed to provide documented evidence that the physician was notified when 1 of 3 residents, resident #2, was [NJ Ex Order 26. 4B1] at a restaurant after a facility sponsored [NJ Ex Order 26. 4B1]

1. Resident #2 was assessed by licensed nurse on [NJ Ex Order 26. 4B] upon return to the community. No signs of injury noted. Resident #2 continues to reside in Wellspring Village, [NJ Ex Order 26. 4B1] neighborhood. On [NJ Exec Order 26.4b1], addendum was made to the resident's incident report documenting that the MD was contacted on [NJ Ex Order 26. 4B] following the incident. Additionally, this resident was evaluated by the MD on [NJ Exec Order 26.4b1]
2. On 7/16/25, the Health Services Director-RN initiated an audit of all resident incidents to ensure MD notification had been documented. This audit was completed on 8/1/25.
3. On 7/31/25, the Health Services Director-RN in-serviced all nurses on the requirement to notify the MD post incident and to document notification in the resident's record.
4. On 8/6/25, during the community's QAPI meeting, the Executive Director reviewed the prior month's documentation of MD notification in relation to the incident log to ensure compliance. This review was completed on 8/6/25 and will continue monthly during the community's QAPI

meeting. Findings will be reported during the community's monthly QAPI meeting for the next 12 months.

Completion Date: 8/6/25 and ongoing.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 60A013	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/2/2025
NAME OF FACILITY BRIGHTVIEW RANDOLPH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869	

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 A0313	Correction	ID Prefix A0401	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-3.4(a)(4)	Completed	Reg. # 8:36-4.1(a)(22)	Completed
LSC	08/06/2025	LSC	08/06/2025	LSC	08/06/2025
ID Prefix A0753	Correction	ID Prefix A0781	Correction	ID Prefix	Correction
Reg. # 8:36-7.3(c)	Completed	Reg. # 8:36-7.5(d)	Completed	Reg. #	Completed
LSC	08/06/2025	LSC	08/06/2025	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 7/15/2025		<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 60A013	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/2/2025
NAME OF FACILITY BRIGHTVIEW RANDOLPH, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 175 QUAKER CHURCH ROAD RANDOLPH, NJ 07869

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 A0313	Correction	ID Prefix A0401	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-3.4(a)(4)	Completed	Reg. # 8:36-4.1(a)(22)	Completed
LSC	08/06/2025	LSC	08/06/2025	LSC	08/06/2025
ID Prefix A0753	Correction	ID Prefix A0781	Correction	ID Prefix	Correction
Reg. # 8:36-7.3(c)	Completed	Reg. # 8:36-7.5(d)	Completed	Reg. #	Completed
LSC	08/06/2025	LSC	08/06/2025	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 7/15/2025		<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		