

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 082436 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/06/2025 |
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| NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING AT FELLOWSHIP VILLAGE | STREET ADDRESS, CITY, STATE, ZIP CODE 9000 FELLOWSHIP ROAD BASKING RIDGE, NJ 07920 |
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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: COMPLAINT #: NJ162615 CENSUS: 67 SAMPLE SIZE: 7</p> <p>TYPE OF SURVEY: Standard and Complaint Survey of 92 residential units</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.</p> <p>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> <p>A Life Safety Code Survey was conducted by the State Agency on 11/06/2025. The facility was not 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.</p> | A 000 | | |
| A1097 | <p>8:36-16.6 Physical Plant</p> <p>All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23.</p> | A1097 | | |

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

TITLE

(X6) DATE

12/16/25

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| A1097 | <p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, document review, and facility policy review, the facility failed to inspect 2 of 2 sprinkler systems quarterly during 3 of 5 quarters reviewed. This deficient practice had the potential to affect all 67 residents who currently resided in the facility.</p> <p>Findings included:</p> <p>An undated facility policy titled, "Fire Protection Systems Inspection and Maintenance," indicated, "1. Purpose. To protect the health and safety of residents, staff, and visitors by ensuring that all fire sprinkler and alarm systems are regularly inspected, tested, and maintained in accordance with National Fire Protection Association (NFPA) standards and local fire codes. 2. This policy applies to all residential buildings, common areas, and service facilities within the facility, including wet and dry sprinkler systems, fire pumps, smoke detectors, fire alarm panels, and notification appliances. 4. Inspection and Testing Schedule. System Component: waterflow alarms and supervisory devices. Frequency: Quartely.7. Documentation. All inspections and maintenance activities must be documented, signed, and retained for a minimum of 3 years."</p> <p>The "Form for Inspection, Testing, and Maintenance of Wet Pipe Sprinkler Systems" revealed the wet pipe sprinkler system was</p> | A1097 | | |

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| A1097 | <p>Continued From page 2</p> <p>inspected on 11/25/2024 and 11/03/2025.</p> <p>The "Form for Inspection, Testing, and Maintenance of Dry Pipe Sprinkler Systems" revealed the dry pipe sprinkler system was inspected on 11/18/2024 and 11/03/2025.</p> <p>During an interview on 11/06/2025 at 3:37 PM, the Assistant Director of Plant Operations (ADPO) revealed he was not aware that the sprinkler system required quarterly inspections. The ADPO stated he talked with their sprinkler vendor contractor on 11/06/2025 and was informed that quarterly inspections were required. The ADPO stated he expected the sprinkler systems to be inspected quarterly, tested, and maintained in accordance with NFPA code requirements and the New Jersey Administrative Code.</p> <p>During an interview on 11/06/2025 at 3:39 PM, the Director of Plant Operation (DPO) stated she was aware of the requirement to conduct quarterly inspections of the sprinkler system. The DPO stated the quarterly inspections were missed from being completed. The DPO stated she expected the sprinkler systems to be inspected, tested, and maintained in accordance with NFPA code requirements and the New Jersey Administrative Code.</p> <p>During an interview on 11/6/2025 at 4:19 PM, the Senior Director of Health and Medical Services (SDHMS) stated he was aware that the sprinkler system required quarterly inspections. The SDHMS stated that both the ADPO and DPO were responsible for ensuring the sprinkler system was inspected quarterly and tested and maintained per the NFPA code requirements. The SDHMS stated he expected the sprinkler system to be inspected quarterly per the life safety code</p> | A1097 | | |

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| A1097 | Continued From page 3 requirements. | A1097 | | |
| A1099 | <p>8:36-16.7 Physical Plant</p> <p>Interior wall, ceiling and floor finishes shall be in compliance with the Uniform Construction Code, N.J.A.C. 5:23.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility policy review, the facility failed to ensure the interior ceiling was free of stains. This deficient practice had the potential to affect all 67 residents who currently resided in the facility.</p> <p>Findings included:</p> <p>An undated facility policy titled, "Ceiling Tile Maintenance and Leak Prevention," indicated, "The purpose of this policy is to ensure all ceiling tiles remain clean, free of damage, and without signs of leaks, thereby maintaining a safe, hygienic, and professional environment. Policy Statement: Ceiling tiles must be regularly inspected, cleaned, and maintained to prevent buildup of dust, dirt, or mold, and to promptly identify and repair any water leaks or damage from above-ceiling sources."</p> <p>During an observation of a bathroom located in Unit 102 on 11/06/2025 at 12:53 PM, revealed a 2 feet by 2 feet ceiling tile with brown and black stains.</p> <p>During a concurrent observation and interview on 11/06/2025 at 1:02 PM, there was a salon located</p> | A1099 | | |

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| A1099 | <p>Continued From page 4</p> <p>in Unit 102, with a 2 feet x 2 feet ceiling tile with brown and black stains. The Assistant Director of Plant Operations (ADPO) stated the stain looked like it was from a water leak.</p> <p>During an interview on 11/06/2025 at 3:46 PM, the ADPO stated the stained ceiling tile in the bathroom was from a leak, and the stain in the salon was from a water leak from an upstairs mechanical room. The ADPO stated he expected the ceiling tiles to be free of stains.</p> <p>During an interview on 11/06/2025 at 3:38 PM, the Director of Plant Operations (DPO) stated she was not aware of the stained ceiling tile in the salon or bathroom. The DPO stated she expected the ceiling tiles to be free of stains and damage.</p> <p>During an interview on 11/06/2025 at 4:19 PM, the Senior Director of Health and Medical Services (SDHMS) stated he was not aware of the stained ceiling tiles in a bathroom or salon. The SDHMS stated he expected the ceiling tiles to be free of stains.</p> | A1099 | | |

STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 082436 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 12/23/2025 |
| NAME OF FACILITY ASSISTED LIVING AT FELLOWSHIP VILLAGE | | STREET ADDRESS, CITY, STATE, ZIP CODE 9000 FELLOWSHIP ROAD BASKING RIDGE, NJ 07920 |

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 A1097 | Correction | ID Prefix A1099 | Correction | ID Prefix | Correction |
| Reg. # 8:36-16.6 | Completed | Reg. # 8:36-16.7 | Completed | Reg. # | Completed |
| LSC | 12/31/2025 | LSC | 12/31/2025 | 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 |
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| 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 11/6/2025 | | <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 | | |