	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			С
		85A001	B. WING		02	/27/2024
AME OF PF	OVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
	ETHODIST COMMUNIT	IES AT BRISTOL GLE	STOL GLEN DRIVE N, NJ 07860			
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A 000	Initial Comments		A 000			
	Initial Comments: TYPE OF SURVEY:	Complaint				
	COMPLAINT #: NJ0	0171543				
	CENSUS: 81					
	SAMPLE SIZE: 3					
	all of the standards in Administrative Code Licensure of Assisted Comprehensive Pers Assisted Living Prog submit a plan of corr completion date for e that the plan is imple deficiencies may res	8:36, Standards for d Living Residences, sonal Care Homes and rams. The facility must ection, including a each deficiency and ensure mented. Failure to correct ult in enforcement action in visions of New Jersey Title 8, Chapter 43E,				
A 310	responsible for, but r 1. Ensuring the	r or designee shall be not limited to, the following:	A 310			

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

TITLE

(X6) DATE

VN0011

STATEMENT	ey Department of Hea OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CON A. BUILDING:			E SURVEY PLETED
		85A001	B. WING		C 02/27/2024	
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, Z		02	./21/2024
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A 310	Continued From pag	e 1	A 310			
	by: Complaint #: NJ001 ased on interview, re facility documentatio facility's Executive D implement and enfor procedures titled, "Al "Evaluation and Asse and "Notification of C NJ Exec Order 26 reviewed, Residents practice was evidend On 2/21/2024 at 11:2 reviewed Resident # resident moved into the with diagnoses 	cord review, and pertinent n, it was determined that the irector (ED) failed to ce the policies and ouse Prevention (AD-7)," essment of Resident Needs," Changes (RS-33)" regarding 4b1 for 2 of 3 residents #1 and #2. This deficient ted by the following: 27 a.m. the surveyor 1's MR which revealed the the facility on Nexorder 26.4b1 The surveyor continued 1's MR revealed multiple indicated Resident #1 MR revealed multiple the facility is corder 26.4b1 The surveyor continued 1's MR revealed multiple indicated Resident #1 Mercif Resident #2 ed the medical record (MR) moved into the facility is corder which included Nexorder 26.4b1 and r review of Resident #2's MR ogress notes written by ces staff members which 2 NJ ex order 26.4b1 Resident #1 from				

STATE FORM

NAME OF PROVIDER OR SU	200 B	A. BUILDING: B. WING T ADDRESS, CITY, STATE RISTOL GLEN DRIVE			С
	PLIER STREE MMUNITIES AT BRISTOL GLE NEWT			C 02/27/2024	
JNITED METHODIST C	MMUNITIES AT BRISTOL GLE 200 B		E, ZIP CODE	02/27/2024	
	IVIVIART STATEIVIENT OF DEFICIENCIES	ON, NJ 07860	PROVIDER'S PLAN OF C		
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A 310 Continued	rom page 2	A 310			
the Resident regarding the regarding the regarding the Resident #1, NJ ex NJ ex order 26 families we NJ ex order 26 families we not extend families we families we not extend families we not extend families we not extend families we not extend families we not extend families we not extend families we families w	order 26.4b1 ^{b1} . The RN and RED stated that the e not notified on ^{NV ex order 26.4b1} when the er 26.4b1 1 and 2. The RN stated that s NJ ex order 26.4b1 and 2. The RN stated that s NJ ex order 26.4b1 and 2. The RN stated that r reviewed the policy and procedure e Prevention (AD-7)" which indicated, vioral symptom begins suddenly or quickly, the following guidelines applemented at the time that the curs: Documentation of the lings, interventions, and corrective ken will be made in the resident's				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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A 310	Continued From pag	e 3	A 310			
	a change in the reside and/or representative if there is: In Assis professional nurse (F onset of illness, injur any resident to arran resident's nursing ca and for needed nursi medical careDocu resident's or represe resident's medical re care plan " The facility failed to i corrective measure(s above behavioral syn General Service Plan resident's physical/or	ges (RS-33)" In addition to dent's condition, the resident e(s) shall be notified promptly sted Living, the registered RN) shall be called at the y or change in condition of ge for assessment of the re needs or medical needs ing care intervention or ment the notification and the ntative's response in the cord Update the resident's mplement intervention(s) and s) taken at the start of the mptoms, failed to update the n (GSP) upon changes in the cognitive status, and failed to representatives upon change dition.				
A 565	Facility Survey and F by telephone at (609 after business hours written confirmation, 3. Any suspecte	notify the Division of Health Field Operations immediately) 633-9034 (609) 392-2020 if , followed within 72 hours by of the following: d cases of resident abuse or ave been reported to the	A 565			

New Jers	ey Department of Heal	th			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
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	IETHODIST COMMUNITII	ES AT BRISTOL GLE NEWTO	N, NJ 07860		
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A 565	Continued From page	2 4	A 565		
	by: Complaint#: NJ0017 Based on interview and determined that the fa- report an the Departm first occurrence on NG to the DOH until NECCO NJ ex order 26.4b1, F #2. This deficient pra- following: On 2/12/2024 the DO Reportable Event (FR to NJ Exec Order 26.4b1 the FRE revealed two of NJ ex order 26.4b1 NJ ex order 26.4b1 On 2/21/2024 the sur- record (MR) of Resider NJ ex order 26.4b1 The surveyor reviewee of Resident #2, who re NJ ex order 26.4b1	Ad record review it was acility failed to immediately [NJ Exec Order 26.4b1] Naxouwre rent of Health (DOH) upon vorder 26.4b1], and not reported er 26.4b1], and not reported er 26.4b1], and Resident ctice was evidenced by the H received a Facility RE) which indicated resident to occurred on Naxourer 26.4b1 to residents with a diagnosis t #'s 1 and 2 ^{[NJ ex order 26.4b1} veyor reviewed the medical ent #1 NJ ex order 26.4b1 and Naxoure d the medical record (MR) noved in the facility Naxoure 1			

STATE FORM

STATEMENT	EV Department of Hea TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED C 02/27/2024	
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iame of Pi	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
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A 565	Continued From page	e 5	A 565			
	NJ ex order 26.4b1 #1's	NJ ex order 26.4b1 these notes				
	 NJ ex order 26.4b1 at 17: NJ ex order 26.4b1 at 22:58 NJ ex order 26.4b1 at 22:58 NJ ex order 26.4b1 at 15:00 NJ ex order 26.4b1 at 15:43 NJ ex order 26.4b1 at 16:15 NJ ex order 26.4b1 at 6:01	D5 [8:05 p.m.] 38 [5:38 p.m.] [10:58 p.m.] [3:00 p.m.] 3 [3:43 p.m.] 9 [4:19 p.m.] [6:01 a.m.] 4 [11:14 p.m.] D1[4:01 p.m.]: This PN ation that states, "Resident sident #1 NJ ex order 26.4b1 esident #1 NJ ex order 26.4b1				
	the Director of Reside Nurse (RN) and the F Director (RED) both s NJ ex order 26.4t Resident #1 and Res stated that it wasn't u Resident #1 NJ ex o Resident #2 NJ ex o The facility failed to n	stated that prior to b1 ident #2 NJ ex order 26.4b1 The RN ntil staff reported that order 26.4b1 order 26.4b1 order 26.4b1				
		onfirmation in accordance				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
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A 565	Continued From pag	e 6	A 565			
	The RED provided th plan on ^{NJ ex order 26:4b1}	ne surveyor with a removal				
	The surveyor comple 2/26/2024 and confir implemented the ren	-				
A 751	8:36-7.3(b) Resident Plans	Assessments and Care	A 751			
	reviewed, and if nece as needed, based up	Ith service plan shall be essary, revised quarterly, and bon the resident's response and any changes in the r cognitive status.				
	by: Complaint#: NJ0017 Based on interview a determined that the f Health Service Plan contained intervention for 2 of 3	and record review it was facility failed to ensure that a (HSP) was developed which ons in response to Mexeorate 2040 residents reviewed for #'s 1 and 2. This deficient				
	reviewed the medica who moved in the fac NJ ex order 26.4 General Service Plan	. Review of the				

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1/3/2024 at 22:58 [10 [Resident #1] NJ ex The [Resident #1] NJ ex 2/9/2024 11:25 [11:25 Resident #2 NJ ex of Resident #2 NJ ex of 2. The surveyor reviet (MR) of Resident #2, 3. The surveyor reviet (MR) of Resident #2, 5. The surveyor reviet (:58 p.m.] the resident Order 26.4b1 the resident ^{[NJ ex order 26.4b1} esident #2] ^{[N ex order 26.4b1} staff to on a.m.] Resident #1 and Order 26.4b1 dent [Resident#1] ^{[NJ ex order 26.4b1} order 26.4b1 order 26.4b1 wed the medical record NJ ex order 26.4b1 According to the general ated ^{[NJ ex order 26.4b1}], Resident .4b1 ed Resident #'s 1 and 2 which included reports of Aides (CMAs) to the N) of Resident #2 of 6.4b1 g staff to intervene and e notes included the 05 [8:05 p.m.] 38 [5:38 p.m.] [10:58 p.m.]	A 751	DEFICIEN		
	F CORRECTION ROVIDER OR SUPPLIER ETHODIST COMMUNITIE SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page 1/3/2024 at 22:58 [10] [Resident #1] NJ ex TTI [Re NJ ex order 26.4t 2/9/2024 11:25 [11:25 Resident #2 NJ ex of Resident #2 NJ ex of Resident #2 NJ ex of Resident #2 NJ ex of 2. The surveyor revie (MR) of Resident #2, Service plan (GSP) da #2 NJ ex order 26.4t #1's NJ ex orde	F CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: <t< td=""><td>F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: BSA001 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, SUMMARY STATEMENT OF DEFICIENCIES 200 BRISTOL GLEN DRIVE REWTON, N. J 07860 SUMMARY STATEMENT OF DEFICIENCIES ID YEWTON, N. J 07860 PREFIX Continued From page 7 A 751 1/3/2024 at 22:58 [10:58 p.m.] the resident Resident #1] The resident Wax order 26.4b1 IE Yew order 26.4b1 IE 2/9/2024 11:25 [11:25 a.m.] Resident #1 and Resident #2] NJ ex order 26.4b1 Resident #2[NJ ex order 26.4b1 According to the general service plan (GSP) dated Water of the general service plan (GSP) dated [Nurse (CMAs) to the Registered Nurse (RN) of Resident #2 NJ ex order 26.4b1 The surveyor reviewed Resident #2</td><td>F CORRECTION IDENTIFICATION NUMBER: A BUILDING: B WING B WING COMDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 RESTOL GLE NORVE 200 RESTOL GLE NORVE PETHODIST COMMUNITIES AT BRISTOL GLE 10 SUMMARY STATEMENT OF DEFICIENCIES 10 REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX The resident #11/NJ ex order 26.4b1 A 751 Continued From page 7 A 751 1/3/2024 at 22:58 [10:58 p.m.] the resident A 751 Resident #21/NJ ex order 26.4b1 A 751 Resident #21NJ ex order 26.4b1 A 751 Resident #2 NJ ex order 26.4b1 A 200 Resident #2 According to the general service plan (GSP) dated functions Resident #2 NJ ex order 26.4b1 The surveyor reviewed the medical record (MR) of Resident #2 NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1 The surveyor reviewed Resident #2 1 and 2 progress notes (PNs) which included reports of Certified Medication Aides (CMAs) to the Registered Nurse (RN) of Resident #2 NJ ex order 26.4b1 The surveyor reviewed Resident #2 NJ ex order 26.4b1 The requiring staff to intervene and unlock the door; these notes included the following dates:<!--</td--><td>F CORRECTION IDENTIFICATION NUMBER: A BUILDING: </td></td></t<>	F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: BSA001 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, SUMMARY STATEMENT OF DEFICIENCIES 200 BRISTOL GLEN DRIVE REWTON, N. J 07860 SUMMARY STATEMENT OF DEFICIENCIES ID YEWTON, N. J 07860 PREFIX Continued From page 7 A 751 1/3/2024 at 22:58 [10:58 p.m.] the resident Resident #1] The resident Wax order 26.4b1 IE Yew order 26.4b1 IE 2/9/2024 11:25 [11:25 a.m.] Resident #1 and Resident #2] NJ ex order 26.4b1 Resident #2[NJ ex order 26.4b1 According to the general service plan (GSP) dated Water of the general service plan (GSP) dated [Nurse (CMAs) to the Registered Nurse (RN) of Resident #2 NJ ex order 26.4b1 The surveyor reviewed Resident #2	F CORRECTION IDENTIFICATION NUMBER: A BUILDING: B WING B WING COMDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 RESTOL GLE NORVE 200 RESTOL GLE NORVE PETHODIST COMMUNITIES AT BRISTOL GLE 10 SUMMARY STATEMENT OF DEFICIENCIES 10 REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX The resident #11/NJ ex order 26.4b1 A 751 Continued From page 7 A 751 1/3/2024 at 22:58 [10:58 p.m.] the resident A 751 Resident #21/NJ ex order 26.4b1 A 751 Resident #21NJ ex order 26.4b1 A 751 Resident #2 NJ ex order 26.4b1 A 200 Resident #2 According to the general service plan (GSP) dated functions Resident #2 NJ ex order 26.4b1 The surveyor reviewed the medical record (MR) of Resident #2 NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1 The surveyor reviewed Resident #2 1 and 2 progress notes (PNs) which included reports of Certified Medication Aides (CMAs) to the Registered Nurse (RN) of Resident #2 NJ ex order 26.4b1 The surveyor reviewed Resident #2 NJ ex order 26.4b1 The requiring staff to intervene and unlock the door; these notes included the following dates: </td <td>F CORRECTION IDENTIFICATION NUMBER: A BUILDING: </td>	F CORRECTION IDENTIFICATION NUMBER: A BUILDING:

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NEWTON, NJ 07860 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE							
		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		O THE APPROPRIATE	COMPLET DATE	
A 751	Continued From pag	e 8	A 751				
	10. ^{NJ ex order 26.451} at 16: included a document #2 ^{NJ ex order 26.451} Re On 2/21/2024 at 12: interviewed the RN v NJ Exec Order 26.451 for F The RN stated that it that Resident #1 NJ Resident #2 NJ ex Later that day at 1:43 interviewed the Direct Nurse (RN) and the Director (RED) who NJ ex order 26.451 that NJ ex Resident #1 and Res confirmed that Reside not notified on ^{NJ ex order} there were no family Although NJ ex order develop and implement NJ Exec Order 26.451 needed prior to ^{NJ ex order} The RED provided th plan on ^{NJ ex order 26.451}	order 26.4b1 5 p.m., the surveyor ctor of Residential/Registered Residential Executive both stated that prior to Order 26.4b1 Sident #2NJ ex order 26.4b1 The RN ent #'s 1 and 2 families were of the behaviors and consents at that time. Cer 26.4b1 ted, the facility failed to ent a HSP to address the and failed to update as and failed to update as and failed to update as and failed to update as					
		med that the facility					

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