

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>90106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/13/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTVIEW MOUNT LAUREL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 FERNBROOKE LANE</b> <b>MOUNT LAUREL, NJ 08054</b>
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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 #: NJ00189243</p> <p>CENSUS: 89</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 935	<p>8:36-11.4(b) Pharmaceutical Services</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.</p>	A 935		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A 935	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00189243</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that medication was accurately administered in accordance with prescriber orders, facility policy, and State regulations for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 11/13/25, the surveyor reviewed the Medical Record (MR) of Resident #2, which revealed that the resident was admitted to the facility in NJ Exec Order 26.4b1, with diagnoses of NJ Exec Order 26.4b1</p> <p>The surveyor reviewed Resident #2's "Service Plan Detail," last modified on NJ Exec Order 26.4b1, which indicated that the resident was not able to take medication NJ Ex Order 26.4(b)(1).</p> <p>The surveyor reviewed Resident #2's Medication Administration Record (MAR) for NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 which revealed that on NJ Exec Order 26.4b1 at 9:00 a.m., the following medications were not documented as administered:</p> <ol style="list-style-type: none"> <li>1. NJ Exec Order 26.4b1 used to treat NJ Exec Order 26.4b1</li> <li>2. NJ Exec Order 26.4b1 used to treat NJ Exec Order 26.4b1</li> <li>3. NJ Exec Order 26.4b1, used to treat NJ Exec Order 26.4b1</li> <li>4. NJ Exec Order 26.4b1, used to treat NJ Exec Order 26.4b1</li> <li>5. NJ Exec Order 26.4b1, used to treat NJ Exec Order 26.4b1</li> </ol>	A 935		
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A 935	<p>Continued From page 2</p> <p>NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 (redacted)).</p> <p>6. NJ Exec Order 26.4b1, used to treat NJ Exec Order 26.4b1 (redacted).</p> <p>The surveyor did not observe a progress note that addressed the reason the previously mentioned medications were not administered as prescribed on NJ Exec Order 26.4b1 (redacted). In addition, the surveyor did not observe a progress note that indicated that a Registered Nurse (RN) or Resident #2's physician were notified that the resident did not receive his/her medications on NJ Exec Order 26.4b1 (redacted).</p> <p>At 2:05 p.m., the surveyor interviewed the Executive Director (ED) to inquire if Resident #2's 9:00 a.m. medications were administered on NJ Exec Order 26.4b1 (redacted). The ED stated that she did not know if the Certified Medication Tech (CMT) who worked on NJ Exec Order 26.4b1 (redacted) administered Resident #2's medication or not because it was not documented. At this time, the Health Services Specialist (HSS) stated that the CMT had one hour before and one hour after a medication was due to document medication administration. The HSS then stated that a RN would have to document any exceptions outside of that timeframe. The surveyor then inquired the reason a RN did not document an exception on NJ Exec Order 26.4b1 (redacted), and the Health Services Director/RN stated that NJ Exec Order 26.4b1 (redacted) was his first day of employment at the facility.</p> <p>The previously mentioned CMT was not available for interview at the time of the survey.</p> <p>The surveyor reviewed the facility's policy titled, "Medication Management," revised on 2/9/24, which indicated, "Policy: Residents medications are managed and/or administered safely and in accordance with regulations set forth by the</p>	A 935		
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A 935	<p>Continued From page 3</p> <p>licensing agency ... 1. Medications shall be administered, stored, and disposed by qualified associates in accordance with prescriber orders, manufacturer's requirements, cautionary or accessory warnings, and all Federal and state rules and regulations ... 11. Medication not taken in accordance with the prescriber's orders shall be documented ..."</p> <p>Additionally, the surveyor also reviewed the facility's policy titled, "Electronic Medical Records Administration (eMAR) (BV)," revised on 1/17/25, which indicated, "... h. Nurses are to review and process all Orders, monitor the system to assure medications are available and administered as ordered and follow-up on any variances ..."</p>	A 935		

BRIGHTVIEW  
SENIOR LIVING  
MOUNT LAUREL

REC'D 12/23/25  
acceptable PC #2  
EB

December 11, 2025

Re: Plan of Correction

Regulation: N.J.A.C. 8:36-11.4(b)

Facility: Brightview Mount Laurel

Street Address: 400 Fernbrook Lane Mount Laurel NJ 08054

Provider Number: 90106

Date of Survey: 11/13/2025

Tag/Deficiency: A935. 8:36-11.4(b) Pharmaceutical Services. All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturers requirements, cautionary or accessory warnings, and all federal and state laws and regulations.

How the corrective action will be accomplished for Residents affected by the deficient practice?

1. Resident #2 no longer resides at the community as of **NJ Exec Order 26.4b1** Resident discharged to **NJ Exec Order 26.4b1** Facility.
2. Medication Administration Record (MAR) were reviewed for Resident #2 on 11/13/2025 immediately upon identification of the issue by the Health Services director.
3. Medication Assistant was re-educated on Medication Management Policies and Procedures on 11/13/2025 by the Health Services Director.

Completion Date: November 5, 2025

How will the facility identify other residents having the potential to be affected by the same deficient practice?

1. An audit of all MAR's from November 2025 was completed by the Health Services Director (HSD) and/or designee to ensure no other Residents were affected by the deficient practice.
2. All Residents had the potential to be affected by this deficient practice.
3. Wellness Nurse will review the Electronic Medication Record Exception Report to identify if any other Residents were affected. This report captures medications that were not signed off and/or refusals.

Completion Date: December 15, 2025

What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur.

**BRIGHTVIEW**  
**SENIOR LIVING**  

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**MOUNT LAUREL**

1. All Certified Medication Aides and nursing staff will receive re-education between January 10-January 31, 2026:
  - a. Medication administration requirements per N.J.A.C. 8:36-11.4(b) and facility policy on Medication Management.
  - b. The requirement for real-time documentation in the EMR immediately after medication administration
  - c. Proper documentation of “not given” medications, including mandatory RN, Physician notification, and progress note entry.
  
2. Process Reinforcement:
  - a. Medication Assistants will review all active orders at the start of each shift and verify accuracy in the EMR.
  - b. Any held, refused, or unavailable medication must be reported immediately to the RN and followed by provider notification.
  - c. Supervisory nurses will review daily EMR exception reports.
3. Health Services Director will complete weekly audits of the EMR exception reports to ensure timely compliance of Medication Management.
4. Executive Director will review Audit Analysis monthly during the Qapi/Safety Meeting.

Completion: January 31, 2026

How the facility will monitor its correction actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systematic changes.

1. The Health Services Director or designee will conduct monthly audits to ensure compliance of Medication Management Policy and Procedures
2. Any discrepancies identified will be addressed and/or defined immediately based on our Policies & Procedures and utilizing the Medication Tracking Reports from our Electronic Medication Record as a tool.
3. Audit outcomes will be reviewed by the Executive Director during monthly QAPI meetings.
4. Health Services Specialist will review Audit Outcomes Quarterly during Qapi/Safety Meeting.

Completion Date: January 31, 2026

BRIGHTVIEW  
SENIOR LIVING  

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MOUNT LAUREL

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90106	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/23/2025	Y3
NAME OF FACILITY BRIGHTVIEW MOUNT LAUREL			STREET ADDRESS, CITY, STATE, ZIP CODE 400 FERNBROOKE LANE MOUNT LAUREL, NJ 08054		

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 A0935	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-11.4(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/23/2025	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 11/13/2025		<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		