

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL16002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/22/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTVIEW WAYNE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1139 HAMBURG TURNPIKE WAYNE, NJ 07470</b>
---	---

(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: CENSUS: 99</p> <p>SAMPLE SIZE: 13</p> <p>TYPE OF SURVEY: Standard Survey of 106 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>	A 000		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

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

TITLE

(X6) DATE

01/15/26

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL16002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/22/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTVIEW WAYNE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1139 HAMBURG TURNPIKE WAYNE, NJ 07470</b>
---	---

(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 891	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, facility policy review, and the United States Food and Drug Administration's "2022 Food Code," the facility failed to ensure that staff entering food preparation areas had on hair and beard restraints and failed to ensure that stored food was labeled and dated correctly. This had the potential to affect all residents who received food from the kitchen.</p> <p>Findings included:</p> <p>1. A facility policy titled, "Personal Appearance/Uniforms [Facility Initials]," dated 12/18/2024, revealed, "7. Mustaches and beards will be trimmed, neat and clean." The policy also indicated, "13. Hair coverings will be worn at all times while working in the kitchen."</p> <p>The United States Food and Drug Administration's "2022 Food Code," dated 01/18/2023, revealed the section titled, "2-402 Hair Restraints," included, "(A) Except as provided in (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES."</p> <p>During an observation on 11/21/2025 at 12:30 PM, the Executive Chef (EC) was observed with noticeable facial hair, less than an inch long, in the food preparation areas. He was handling meat and slicing it and was observed not wearing</p>	A 891		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL16002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/22/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTVIEW WAYNE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1139 HAMBURG TURNPIKE WAYNE, NJ 07470</b>
---	---

(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 891	<p>Continued From page 2</p> <p>a facial hair restraint. During a concurrent interview with the EC and the Dining Services Director (DSD), the EC stated he had forgotten about his facial hair. The DSD stated that staff with facial hair should wear a beard net.</p> <p>On 11/21/2025 at 3:32 PM, the EC stated he was not sure if he needed a beard net for a goatee, but he said it was much longer than usual and it had been three weeks since it had been shaved.</p> <p>On 11/22/2025 at 9:52 AM, the Executive Director (ED) and Director of Hospitality (DOH) both stated that if facial hair was neat, clean, and trimmed, a beard net was not necessary. They confirmed the policy indicated as much.</p> <p>2. A facility policy titled, "Storage of Goods," dated 12/18/2024, revealed staff should, "6. Cover all stored foods. Label and date any leftover foods."</p> <p>During an observation on 11/21/2025 at 9:05 AM, of the 1st floor kitchen, a cart of plated Greek salads was observed in the walk-in refrigerator. They were not wrapped in plastic wrap, labeled, or dated, and the lettuce was noticeably wilted. During a concurrent interview, the Dining Services Director (DSD) stated the salads were from the previous night, and they would be thrown out.</p> <p>A "Weekly Menu" for the timeframe from 11/16/2025 through 11/22/2025 revealed that Greek salad was served on 11/20/2025.</p> <p>During an observation on 11/21/2025 at 9:10 AM, the 1st floor kitchen revealed a reach-in refrigerator that contained a resealable plastic bag of hot dogs that was unlabeled and undated. During a concurrent interview, the DSD stated</p>	A 891		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL16002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/22/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTVIEW WAYNE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1139 HAMBURG TURNPIKE WAYNE, NJ 07470</b>
---	---

(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 891	<p>Continued From page 3</p> <p>that the hot dogs should have been labeled and dated.</p> <p>An undated "Alternate Menu" and "NJ Ex Order 26.4(b)(1) Pub Menu" revealed that all beef hot dogs and hot dogs were available as part of the alternate menus.</p> <p>During an observation on 11/21/2025 at 9:15 AM, a 1st floor standing reach-in refrigerator revealed there was a carton of half and half that was opened, undated, and unlabeled. There were a half-dozen or more Greek salads in disposable metal containers with plastic lids. During a concurrent interview, the DSD stated the half and half needed to be thrown away and the Greek salads were also from the previous day and needed to be thrown away.</p> <p>During an observation on 11/21/2025 at 11:30 AM, the 3rd floor kitchen reach-in refrigerator contained the following items that were undated and unlabeled: an opened carton of liquid egg, a resealable plastic bag of hot dogs, three opened loaves of sliced bread, a bowl of parmesan cheese with plastic wrap covering it, and a bowl of cilantro with plastic wrap covering it.</p> <p>On 11/21/2025 at 11:55 AM, Cook #1 stated he did not know how long most of the undated and unlabeled items had been in the refrigerator. He stated, "When in doubt, throw it out," and he discarded most of the items. He stated that the bread was from that morning, which he then labeled and dated. He confirmed that all food items should be labeled and dated before they go into the refrigerator.</p> <p>On 11/21/2025 at 3:32 PM, the Executive Chef (EC) stated that all food items should be labeled</p>	A 891		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL16002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/22/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTVIEW WAYNE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1139 HAMBURG TURNPIKE WAYNE, NJ 07470</b>
---	---

(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 891	Continued From page 4  and dated before they go into the refrigerator.  During an interview on 11/22/2025 at 9:52 AM, the Executive Director (ED) and Director of Hospitality (DOH) stated food items should be labeled and dated before being stored in the refrigerator, especially if they were leftover items. The ED stated the Greek salads were generally discarded the following day. The ED stated leftovers were often kept overnight in case a resident was hungry in the middle of the night, but in that situation, they should probably be labeled and dated.	A 891		
A1249	8:36-17.7 Building and Grounds Maintenance  The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to have a current elevator inspection completed. This deficient practice was evidenced by the following:	A1249		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL16002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/22/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTVIEW WAYNE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1139 HAMBURG TURNPIKE WAYNE, NJ 07470</b>
---	---

(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
A1249	<p>Continued From page 5</p> <p>On 11/21/25 at 11:23 a.m., the surveyor reviewed the elevator inspection records provided by the Director of Maintenance (DOM), which revealed that the facility failed to have a current annual elevator inspection for the year 2025.</p> <p>At 11:30 a.m. the surveyor interviewed the DOM regarding the elevator inspection. The DOM stated that the State failed to have an Inspector conduct an inspection prior to the elevator inspection due date. Additionally, the DOM stated that the elevator Inspector scheduled an inspection for January 2026.</p>	A1249		

POC #3 received 1/30/26  
Accepted 1/30/26

**BRIGHTVIEW**  
SENIOR LIVING

---

WAYNE

**Plan of Correction for Complaint Visit 11/22/25**

**A891**

1. All dining associates re-educated on the requirement to wear hair nets when in the server areas, regardless of whether they are actively preparing foods. Dining Services Director ensured that they hair nets were provided and donned by servers. Food labeling policy reviewed with all cooks in the kitchen. Re-education provided immediately to the team on 11/22/25 and followed again on 1/9/26
2. All residents had the potential to be impacted. Re-education was provided to all dining associates to ensure that labeling and hair nets are being properly worn in other parts of the community. Refrigerators checked for any labeled items during post-service as a secondary check beginning on 11/23/25 by the Dining Services Director or designee.
3. Mandatory in-service training provided by the Dining Services Director on hair restraint and food safety standards was provided to all dining and dietary associates during the week of 1/6/26 concluding on 1/9/26 with all associates. Hair net supply is readily available in every kitchen and server at the entry point. Supervisors will reinforce expectations during pre-meal huddles.
4. The Dining Services Director or designee will conduct random spot checks at least three times a week during meal preparation and during service for the next 90 days and share findings and corrective actions at the weekly operations meeting. Noncompliance will result in immediate re-education and, if repeated, progress into disciplinary action. Ongoing monitoring will be incorporated into the Quality Assurance and Performance Improvement meeting to ensure sustained compliance.
5. Completion Date: January 9, 2026 *approved 1/30/26*

**A1249**

1. The community conducted an internal review of the elevator system to ensure it remained operational and safe for resident and staff use. The community has a contract with our contracted elevator company. Our contracted vendor periodically

services our elevators as part of the preventative maintenance contract. We also have contract for on-site semi-annually to assist in the inspection of our fire systems in the elevator shafts. Brightview Maintenance Department conducts monthly service tests on the fireman elevator recall system.

2. All residents had the potential to be impacted by this. Although no immediate safety concerns were identified, and the elevator remains in service pending state inspection.
3. The community Senior Maintenance Director made multiple documented attempts to schedule the required state elevator inspection beginning on July 31, 2025 in writing, within the required timeframe. There were previous attempts via phone to follow up on our paid annual inspection dues that have not been fulfilled. Requests were submitted through the appropriate state channels and follow-up communications were made to NJ State Elevator Inspector, as well as our contracted provider. The state has confirmed a backlog impacting timely inspections.
4. The community continues proactive communication with the state inspection authority, including regular follow-up requests to secure the earliest available inspection date. All correspondence is being documented and retained. Our contracted vendor continues to maintain our elevators. Regional support was involved to try and aide expediting our inspection, a new date was confirmed for 1/12/26 but on 1/9/26 it was rescheduled again beyond community control to 3/3/26. The Executive Director is responsible for scheduling next years inspection and will follow the protocol received from the inspecting department to call 3 months before our November window.
5. Routine preventive maintenance and servicing of the elevator are being maintained per vendor and manufacturer standards, per our contract, while awaiting state inspection. Any concerns identified during maintenance are addressed promptly.
6. The community will complete the required state elevator inspection as soon as the inspection authority is able to perform the inspection, with a **goal completion date of 3/3/26 based on last change**. Documentation of the completed inspection will be retained on site.

Approved 1/30/26

NJ Exec Order 26.4b1

Executive Director

1/30/26

Date

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL16002 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/30/2026 <span style="float: right;">Y3</span>
NAME OF FACILITY BRIGHTVIEW WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1139 HAMBURG TURNPIKE WAYNE, NJ 07470	

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 A0891	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-10.5(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/09/2026	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 11/22/2025		<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 AL16002 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/30/2026 <span style="float: right;">Y3</span>
NAME OF FACILITY BRIGHTVIEW WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1139 HAMBURG TURNPIKE WAYNE, NJ 07470	

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 A1249	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-17.7	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/03/2026	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 11/22/2025		<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		