

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/06/2025
NAME OF PROVIDER OR SUPPLIER SERENITY GARDENS AT BRICK, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 320 HERBERTSVILLE ROAD BRICK, NJ 08724		
(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
R 000	Initial Comments Type of Survey: Complaint Complaint #: NJ 00188794 Census: 19 Sample: 3 THE FACILITY IS NOT IN COMPLIANCE WITH ALL OF THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE N.J.A.C. 8:37 STANDARDS FOR LICENSURE OF DEMENTIA CARE HOMES.	R 000		
R 016	8:37-1.1(b) Purpose and Scope This chapter is promulgated for the purpose of establishing interim licensing standards for dementia care homes in the State of New Jersey to ensure that they are maintained and operated in such a manner that will protect the health, safety and welfare of its residents and at the same time preserve and promote a home-like atmosphere appropriate to such facilities. This STANDARD is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to develop and implement policy and procedures for Registered Nurse (RN) coverage and notification for residents with a NJ Exec Order 26.4b1 for 1 of 3 residents, Resident #3. This deficient practice was evidenced by the following: On 10/6/25 at 1:15 p.m., the surveyor reviewed Resident #3's medical record (MR), which	R 016		

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

TITLE

(X6) DATE

New Jersey Department of Health

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R 016	Continued From page 1 revealed that on [NJ Exec Order 26.4b1] the resident was transferred to the hospital for [NJ Exec Order 26.4b1] vital signs and [NJ Exec Order 26.4b1]. During MR review, the surveyor did not observe documentation that an RN was notified of the resident's [NJ Exec Order 26.4b1] in [NJ Exec Order 26.4b1]. At 1:20 p.m., the surveyor interviewed the Licensed Practical Nurse (LPN), who was the Supervisor regarding RN notification of the resident's change in condition on [NJ Exec Order 26.4b1]. The LPN stated that she notified the Nurse Practitioner on [NJ Exec Order 26.4b1] but she did not notify the RN. In addition, the LPN stated that she notified the Administrator. The surveyor reviewed the facility staffing schedule dated [NJ Exec Order 26.4b1], through [NJ Exec Order 26.4b1] which revealed that on [NJ Exec Order 26.4b1] an RN was not scheduled to work. In addition, the surveyor reviewed the facility policy and procedure binder, and there was no policy and procedure observed for RN coverage and notification. At 4:15 p.m., the surveyor interviewed the Administrator regarding RN notification and coverage. The Administrator stated that she was an RN and that she was notified by the LPN of the residents change in medical condition on [NJ Exec Order 26.4b1], but there was no documentation of the notification. During interview with the Administrator and the LPN, who was the Supervisor, the surveyor requested a policy and procedure for RN coverage and notification. The LPN stated that there was no policy for RN coverage and notification for changes in medical condition, since she was the Supervisor.	R 016		

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R 016	Continued From page 2 Reference: ST-R-0464, 8:37-4.1(e)	R 016		
R 270	8:37-2.8(a) Licensing:Reportable events Licensees shall comply with the health care facility reporting requirements at N.J.A.C. 8:43E-10.11. This STANDARD is not met as evidenced by: Complaint #: NJ 00188794 Based on interview and record review, it was determined that the facility failed to report to the Department of Health (DOH), an interruption of services for all 19 residents at the facility. This deficient practice was evidenced by the following: On 10/6/25 at 10:40 a.m., the surveyor reviewed the elevator service records, which revealed on 9/12/25 the elevator to the second floor of the facility was not working. According to the service records, the elevator service company started repairs on 9/12/25 at 7 a.m., and returned to finish the elevator repairs on 9/15/25, three days later. At 11:00 a.m., the surveyor interviewed the Executive Director (ED) regarding the above elevator concern. The ED stated that the elevator technician left on 9/12/25 and thought he had repaired the elevator. The ED stated that on 9/12/25 at 6 p.m., the elevator stopped working and the ED requested the elevator service company to return to repair the elevator. The ED stated that the elevator service company did not return to repair the elevator until 9/15/25. In addition, the ED stated that the residents who lived on the second floor of the facility was supervised by staff down the stairs.	R 270		

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R 270	Continued From page 3 At 12:30 p.m. the surveyor interviewed the Owner of the facility regarding the above elevator concern. The Owner confirmed that the elevator was out of service from 9/12/25 to 9/15/25. The Owner stated that he did not report the interruption of service to the DOH because he believed he had three (3) days to report the out of service elevator. The surveyor reviewed the undated facility policy and procedure titled, "Reportable Events" which revealed, "...The Community shall notify the Department immediately ... following: Interruption for (3) or more hours of basic physical plant services ..."	R 270		
R 464	8:37-4.1(e) Admission & Retention-Health Care Monitoring Even if a resident has a "Do Not Resuscitate" (DNR) order, staff must call 911 for appropriate assistance in the event of an emergency, so that appropriate medical staff can assist the resident and act, if appropriate. This STANDARD is not met as evidenced by: Complaint #: NJ 00188794 Based on interview and record review, it was determined that the facility failed to ensure that Emergency Services (NJ Exec O) was immediately called to direct and assist in the care of a resident with a NJ Exec Order 26.4b1 for 1 of 3 residents, Resident #3. This deficient practice was evidenced by the following:	R 464		

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R 464	Continued From page 4 On 10/6/25 at 1:15 p.m., the surveyor reviewed Resident #3's closed medical record (MR), which revealed that the resident moved into the facility in NJ Exec Order 26.4b1, and moved out in NJ Exec Order 26.4b1 with diagnoses of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. In addition, the MR revealed that Resident #3 was a NJ Exec Order 26.4b1, a NJ Exec Order 26.4b1 The surveyor reviewed Resident #3's "Nurse Notes (NN)" dated NJ Exec Order 26.4b1 at 7:45 a.m., written by a Licensed Practical Nurse (LPN), which revealed that a Certified Medication Aide (CMA) called the LPN at 7:45 a.m., stating that Resident #3's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 at NJ Exec Order 26.4b1 with a NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1. The LPN documented that she made the Nurse Practitioner (NP) aware of the NJ Exec Order 26.4b1. The LPN also documented that at 9:30 a.m., the CMA "stated" that the resident's NJ Exec Order 26.4b1 up to NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1" with an NJ Exec Order 26.4b1, " and NJ Exec Order 26.4b1 was called, and the resident was transported to the hospital at 9:40 a.m. The LPN also documented that the NP was notified of the resident's transport to the hospital. Continued surveyor review of the NNs revealed that on NJ Exec Order 26.4b1, at 12:30 p.m., the LPN documented that the resident was admitted to the hospital with a diagnosis of NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1. In addition, on NJ Exec Order 26.4b1 at 1:00 p.m., the LPN documented that Resident #3's NJ Exec Order 26.4b1 was removed, and the resident was placed on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to the facility. Further, the LPN documented on NJ Exec Order 26.4b1 at 6:30 p.m., that the hospital called the facility and stated that	R 464		

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R 464	Continued From page 5 Resident #3, NJ Exec Order 26.4b1." Additionally, the surveyor reviewed the Universal Transfer Form dated NJ Exec Order 26.4b1, which revealed that Resident #3 was transferred from the facility to the hospital at 9:40 a.m., due to NJ Exec Order 26.4b1. The resident was transferred to the hospital, one hour and forty-five minutes later from when the resident's NJ Exec Order 26.4b1 was initially reported NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1. At 2:00 p.m., the surveyor interviewed the CMA regarding the care of Resident #3 on NJ Exec Order 26.4b1. The CMA stated that on NJ Exec Order 26.4b1 Resident #3's NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 and that he called and notified the Supervisor that the resident needed to be sent to the hospital for further evaluation. At 2:50 p.m., the surveyor interviewed the LPN, who was the Wellness Director/Supervisor, regarding Resident #3's care on NJ Exec Order 26.4b1. The LPN stated that on NJ Exec Order 26.4b1 she received a phone call from the CMA, who reported that the resident's NJ Exec Order 26.4b1". In Addition, the LPN stated that she notified the Nurse Practitioner (NP) and informed the CMA to hold Resident #3's NJ Exec Order 26.4b1 medication. The LPN also stated that, while waiting for a call back from the NP, she gave instructions to the CMA to monitor the residents NJ Exec Order 26.4b1. The LPN stated that during breakfast at approximately 9:30 a.m., the resident became NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 was then called for transportation to the hospital. The surveyor reviewed the facility's undated policy and procedure titled, "Emergency Procedures" which revealed, "... Medical	R 464		

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R 464	Continued From page 6 Emergency: Call 911 immediately." In addition, the surveyor reviewed the undated facility policy and procedure titled, "Admission and Retention; Health Care Monitoring" which revealed, "... Even if a resident has a DNR (Do Not Resuscitate) order, the staff must call 911 for appropriate assistance in the event of an emergency, so that appropriate medical staff can assist the Resident and act, if appropriate."	R 464		
R 688	8:37-5.3(b) Personal Care-Staffing Requirements Every licensee shall have at least two staff persons on duty at all times who are awake and able to provide assistance to residents. This STANDARD is not met as evidenced by: Complaint # NJ 00188794 Based on interview and record review, it was determined that the Administrator failed to ensure that the staffing schedule was updated to reflect the actual employee hours worked and the names of employees who were scheduled to work each shift. This deficient practice was evidenced by the following: On 10/6/25 at 9:49 a.m., the surveyor interviewed the Licensed Practical Nurse (LPN) who was the Wellness Director (WD), regarding the employee schedule. The WD stated that there were 2 Care Aides and a Medication Aide scheduled to work on the 7:00 a.m., to 3:00 p.m., and the 3:00 p.m., to 11:00 p.m., shifts. In addition, the WD stated that there were 2 Care Aides scheduled to work the 11:00 p.m., to 7:00 a.m., shift.	R 688		

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R 688	Continued From page 7 At 10:45 a.m., the surveyor reviewed the facility staffing schedule for the month of September 2025, which revealed the hours worked and the names of employees who were scheduled to work on each shift. During review of the September 2025 schedule, the surveyor observed that there was 1 employee scheduled to work on the following dates and shifts: 1. On 9/11/25, the surveyor observed that there was 1 employee scheduled to work on the 11:00 p.m., to 7:00 a.m., shift. 2. On 9/13/25, the surveyor observed that there was 1 employee scheduled to work on the 11:00 p.m., to 7:00 a.m., shift. 3. On 9/18/25, the surveyor observed that there was 1 employee scheduled to work on the 11:00 a.m., to 7:00 p.m., shift. At 3:45 p.m., the surveyor interviewed the Administrator, the WD, and the Owner's representative regarding the staffing schedule. They all acknowledged that the schedule was not updated to reflect the actual staffing. The Owner's representee provided the surveyor with copies of employee time sheets which revealed that there were 2 employees scheduled on the dates listed above for the 11:00 a.m., to 7:00 a.m., shifts. However, the staffing schedule was not updated to reflect the actual staffing on the above dates and shifts. The surveyor reviewed the facility's undated policy and procedure titled, "Staffing Requirements" which revealed, "... shall have at	R 688		

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R 688	Continued From page 8 least two staff persons on duty at all times who are awake and able to provide assistance to residents. ...Written staffing schedules will be maintained. Staffing schedules will be to ensure continuity of care."	R 688			



POC#3 Received
12/9/25
accepted
12/10/25

320 Herbertsville Road, Brick, NJ 08724
Phone: 732-840-0941

PLAN OF CORRECTION FOR COMPLAINT VISIT OCTOBER 6, 2025

R 016 8:37-1.1(b) Purpose and Scope

1. The Administrator, who is also an RN, is responsible for the day-to-day operations of the [NJ Ex Order 26.4(b)(1)] care home will inservice all staff on the updated policy and procedures for RN coverage and notification for residents with a change in medical condition.
2. Resident #3 was affected by this deficient practice and all residents had the potential to be affected by the same deficient practice. Resident #3 presented with a [NJ Exec Order 26.4b1] on the morning of [NJ Exec Order 26.4b1]. The CMA immediately contacted the nurse supervisor who advised her to hold the resident's [NJ Exec Order 26.4b1] medication and to retake the [NJ Exec Order 26.4b1]. The nurse supervisor put a call out to the Nurse Practitioner to see if she should send the resident to the hospital. While waiting for the Nurse Practitioner to respond back the resident's [NJ Exec Order 26.4b1] came up to [NJ Exec Order 26.4b1] upon re-taking it but the CMA noted that the resident was [NJ Exec Order 26.4b1] with a [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1]. They immediately called [NJ Exec Order 26.4b1] and the resident was transported to the hospital. The nurse supervisor contacted the Nurse Practitioner, the resident's family and the Administrator, who is also an RN. On [NJ Exec Order 26.4b1] the hospital contacted the facility to notify them that the resident [NJ Exec Order 26.4b1].
3. The Administrator/RN will complete:
 - a. The Policy and Procedure for RN coverage and notification for residents with a change in medical condition/emergency was



updated on 10/7/25. In-services were completed for all staff and the Nurse Supervisor by the Administrator starting on 10/7/25 and completed on 10/14/25. Ongoing staff education will continue annually and upon hire for new staff.

- b. A nurse to nurse communication binder was put into effect immediately on 10/7/25 with a form to guide the nurses on what documentation is required and when documentation is complete on an incident. All nurses were in-serviced on 10/7/25.
- 4. The Administrator/RN will monitor the nurse to nurse communication binder weekly to ensure all incidents are listed and documented in the residents' charts by an RN.

Completion date: October 14, 2025

accepted
OK 12/10/25



320 Herbertsville Road, Brick, NJ 08724
Phone: 732-840-0941

PLAN OF CORRECTION FOR COMPLAINT VISIT OCTOBER 6, 2025

R 270 8:37-2.8(a) Licensing Reportable Events

1. The Administrator, who is responsible for the day-to-day operations of the NJ Ex Order 26.4(b)(1) care home has updated the Reportable Events policy and procedure on 10/7/25 to include the operation of the elevator for the interruption for three (3) or more hours of basic physical plant services.
2. All residents have been affected by this deficient practice.
3. In-services were completed for all staff and the Nurse Supervisor by the Administrator on reportable events and the importance of notifying the Administrator of any occurrence immediately starting on 10/7/25 and completed on 10/14/25. The owners were also educated on the procedures for reporting to the Department of Health on 10/7/25.
4. The Administrator will continue to provide ongoing education on reportable events to all staff yearly and to new staff upon hire.

Completion date: October 14, 2025

accepted 12/9/25
NJ Exec Order 26.4b1



320 Herbertsville Road, Brick, NJ 08724
Phone: 732-840-0941

PLAN OF CORRECTION FOR COMPLAINT VISIT OCTOBER 6, 2025

R 464 8:37-4.1(e) Admissions and Retention - Health Care Monitoring

1. The Administrator, who is responsible for the day-to-day operations of the [NJ Ex Order 26.4(b)(1)] care home will inservice all staff on the updated policy and procedure for calling 911 for appropriate assistance in the event of an emergency.
2. Resident #3 was affected by this deficient practice and all residents had the potential to be affected by the same deficient practice. Resident #3 presented with a [NJ Exec Order 26.4b1] on the morning of [NJ Exec Order 26.4b1]. The CMA immediately contacted the nurse supervisor who advised her to hold the resident's [NJ Exec Order 26.4b1] medication and to [NJ Exec Order 26.4b1]. The nurse supervisor put a call out to the Nurse Practitioner to see if she should send the resident to the hospital. While waiting for the Nurse Practitioner to respond back the resident's [NJ Exec Order 26.4b1] [NJ Ex Or] upon re-taking it but the CMA noted that the resident was [NJ Exec Order 26.4b1] with a [NJ Exec Order 26.4b1]. They immediately called [NJ Exec Ord] and the resident was transported to the hospital. The nurse supervisor contacted the Nurse Practitioner, the resident's family and the Administrator, who is also an RN. On [NJ Exec Order 26.4b1] the hospital contacted the facility to notify them that the resident [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1].
3. The Administrator/RN will complete:



- a. The policy and procedure for calling 911 for a DNR (Do Not Resuscitate) resident was updated on 10/7/25.
 - b. In-services were completed for all staff and the Nurse Supervisor by the Administrator on normal vital signs, when to call a nurse, the procedure for sending a resident to the hospital and how to properly complete a universal transfer form starting on 10/7/25 and completed on 10/14/25
4. The Administrator will continue to provide education on calling 911 in the event of an emergency to all staff yearly and new staff upon hire.

Completion date: October 14, 2025

accepted
12/10/25



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PLAN OF CORRECTION FOR COMPLAINT VISIT OCTOBER 6, 2025

R 688 8:37-5.3(b) Personal Care- Staffing Requirements

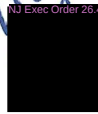
1. The Administrator, who is responsible for the day-to-day operations of the dementia care home has updated the Personal Care Assistant (CHHA & CNA) and Staffing Coordinator's job description standards on 10/7/25.
2. All residents have the potential to be affected by the same deficient practice.
3. The Administrator will complete:
 - a. In-services were completed for all aides by the Administrator and new Job Descriptions were signed for their personnel files starting on 10/7/25 and completed on 10/14/25 on the new updated standards of the job description which includes that they are required to stay at work until their replacement arrives.
 - b. The staffing coordinator was in-serviced by the Administrator on 10/7/25 and signed the new updated standards of the job description for their personnel file which includes to ensure that there are appropriate levels of staffing and nursing care at all times, accurately complete and update schedules as changes occur for all staff, be available to take off hour calls 24 hours a day and assist with emergency staffing issues.
4. The Administrator will monitor the staffing schedules weekly for



accuracy and appropriate staffing levels.

Completion date: October 14, 2025

accepted 12/9/25



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

TITLE

(X6) DATE

11/19/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/6/2025
NAME OF FACILITY SERENITY GARDENS AT BRICK, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 320 HERBERTSVILLE ROAD BRICK, NJ 08724	

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 R0016	Correction	ID Prefix R0270	Correction	ID Prefix R0464	Correction
Reg. # 8:37-1.1(b)	Completed	Reg. # 8:37-2.8(a)	Completed	Reg. # 8:37-4.1(e)	Completed
LSC	10/14/2025	LSC	10/14/2025	LSC	10/14/2025
ID Prefix R0688	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:37-5.3(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/14/2025	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/6/2025		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			