PRINTED: 12/11/2023 FORM APPROVED

New Jersey Department of Hea STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 09/19/2023	
	AL13005				09		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
BRIGHTV	IEW EATONTOWN, LLC		CKOFF ROAD OWN, NJ 07724				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLET THE APPROPRIATE DATE		
A 000	Initial Comments		A 000				
	conducted on 9/18/20 Newly Constructed th (AL) facility licensed to included 36 Memory 57 residential units in residential units in the total of 93 apartments CENSUS: N/A The outbreak respon The facility is in subs the standards in the I Code 8:36, Standard Living Residences, C Care Homes and Ass An Initial Standard su Brightview Eatontown with 90 residential un compliance with the stand Administrative Code Licensure of Assisted Comprehensive Pers Assisted Living Progr	se plan was reviewed. tantial compliance with all of New Jersey Administrative s for Licensure of Assisted comprehensive Personal sisted Living Programs. urvey was conducted of n, an assisted living facility hits. The facility is in standards in the New Jersey 8:36, Standards for I Living Residences, sonal Care Homes, and rams. in 2019 and is a three-story 11) construction. The facility th inter-connected ack-up smoke detection is and corridor smoke					

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

TITLE

(X6) DATE

608511