New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	60a000	A. BUILDING: _____ B. WING _____	C 05/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FLORHAM PARK	8 JAMES STREET FLORHAM PARK, NJ 07932

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00134344 CENSUS: 54 SAMPLE SIZE: 5 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.	A 000		
A1057	8:36-15.4 Resident Records All records shall be maintained for a period of 10 years after the discharge of a resident from the assisted living residence, comprehensive personal care home or assisted living program. This REQUIREMENT is not met as evidenced by: Complaint: NJ00134344 Based on interview and record review it was determined that the facility failed to provide the	A1057		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/03/23

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A1057	Continued From page 1 surveyor with a closed record for 1 of 5 residents reviewed, Resident #3. This deficient practice was evidenced by the following: On 5/12/23 at 9:50 a.m., the surveyor reviewed the admission and discharge list for the last 6 months which identified that Resident #3 had been discharged from the facility on [redacted]. After review of the aforementioned list, the surveyor requested the closed medical record for Resident #3 from the Executive Director (ED). At 10:45 a.m., the ED stated they were still looking for the closed record for Resident #3. At 12:50 p.m., the ED stated they were only able to find a partial record for Resident #3. The ED further stated that the computer system was locked, and she was unable to obtain and provide the requested progress notes. The facility failed to maintain Resident #3's closed medical record for the period of 10 years after discharge, in accordance with state regulations.	A1057		