PRINTED: 01/20/2021 FORM APPROVED

New Jersey Department of Health

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  220 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  (X5)  (X5)  (X6) DEFICIENCY MUST BE DEFICIENCIES  (X6) DEFICIENCY MUST BE DEFICIENCY BY SIMILAR OF CORRECTION (X5)  (X6) DEFICIENCY MUST BE DEFICIENCY BY SIMILAR OF CORRECTION (X5)  (X6) DEFICIENCY MUST BE DEFICIENCY BY SIMILAR OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  220 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)			30A004	B. WING		10/21/2	020	
BRIGHTON GARDENS OF WEST ORANGE  220 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	•							
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TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE  DATE	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE	
Initial Comments Initial Comments: Census: 88  A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 10/21/20. The facility was found to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	A 000	Initial Comments: Census: 88  A Covid-19 Focused of conducted by the State facility was found to be New Jersey Administration of regulations state of Living Resides Personal Care Homes Programs and Center Prevention (CDC) recommends.	te Agency on 10/21/20. The be in compliance with the rative Code 8:36 infection andards for Licensure of lences, Comprehensive s and Assisted Living rs for Disease Control and commended practices to	A 000				

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

TITLE (X6) DATE