STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25251	A. BUILDING: _____ B. WING _____	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWOOD SENIOR LIVING AT HISTORIC SM	705 EAST MOSS MILL ROAD GALLOWAY TOWNSHIP, NJ 08205

(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: Initial CENSUS: 0 CAPACITY: 139 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		
A 777	8:36-7.5(b) Resident Assessments and Care Plans (b) If a resident who has not been receiving a health care service requires a health care service on a temporary basis (meaning a period of time reasonably expected to be 14 days or less and not involving a significant change in condition or a life-threatening illness), neither a health care assessment nor a health service plan shall be required. The administrator shall develop a system to identify the residents receiving a health care service on a temporary basis. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility's	A 777		

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	25251	A. BUILDING: _____ B. WING _____	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWOOD SENIOR LIVING AT HISTORIC SM	705 EAST MOSS MILL ROAD GALLOWAY TOWNSHIP, NJ 08205

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A 777	Continued From page 1 Administrator failed to develop a system to identify the residents receiving a health care service on a temporary basis. This deficient practice was evidenced by the following: On 11/6/2024 at 10:00 a.m., while conducting an initial survey, Surveyor #1 reviewed the facility's policy and procedure manual which revealed a policy titled, "5.03 Service/Care Plan" which did not specify the difference between General Service Plans and Health Service Plans (HSP). Continued review of the facility's policy and procedure manual revealed that the facility's policies and procedures did not include the name of the facility. A HSP is a written document that outlines a resident's care needs and preferences. The HSP includes interventions and/or treatment, treatment goals, time intervals at which the resident's response to treatment will be reviewed and measures to be used to assess the effects of treatment. At 1:24 p.m., Surveyor #1 conducted an interview with the facility's Wellness Director (WD) in regard to the facility's policy titled, "5.03 Service/Care Plan", she stated that she would create a separate policy. On 11/7/2024 at 9:30 a.m., Surveyor #1 reviewed a policy titled, "5.03(a) Health Service Plan" with an effective/revised date of 11/6/2024 which revealed, " ... PROCEDURE:...If the assessment shows that the need is temporary, less than 14 days a health service plan need not be initiated/developed."	A 777		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25251	A. BUILDING: _____ B. WING _____	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWOOD SENIOR LIVING AT HISTORIC SI	705 EAST MOSS MILL ROAD GALLOWAY TOWNSHIP, NJ 08205

(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 777	Continued From page 2 At 10:32 a.m., Surveyor #2 interviewed the facility's WD in regard to above-mentioned procedure, the WD stated that the Assisted Living regulations reflected the above-mentioned procedure in the facility's HSP policy. During continued surveyor interview, the facility's WD did not specify a system that the facility will utilize to identify the residents receiving a health care service on a temporary basis. Review of Assisted Living regulation 8:36-7.5(b) revealed, "If a resident who has not been receiving a health care service requires a health care service on a temporary bases (meaning a period of time reasonably expected to be 14 days or less and not involving a significant change in condition or a life-threatening illness), neither a health care assessment nor a health service plan shall be required. The administrator shall develop a system to identify the residents receiving a health care service on a temporary basis."	A 777		
A1083	8:36-16.1(b) Physical Plant (b) New buildings and alterations, renovations and additions to existing buildings for assisted living residences shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3, Use Group I-2 of the subcode. This REQUIREMENT is not met as evidenced by: Based on observation and interview on 11/6/2024	A1083		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25251	A. BUILDING: _____ B. WING _____	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWOOD SENIOR LIVING AT HISTORIC SM	705 EAST MOSS MILL ROAD GALLOWAY TOWNSHIP, NJ 08205

(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
A1083	Continued From page 3 and 11/8/2024 in the presence of facility management, it was determined that the facility failed to provide an Emergency Generator annunciator panel in a location readily observed by operating personnel. Reference: New Jersey Uniform Construction Code 5:23-Emergency Power; Chapter 27-Electrical; 2702-Emergency and Standby Power Systems; 2702.1.3- Installation. Emergency and standby power systems shall be installed in accordance with ICC Electrical Code NFPA 110 and NFPA 111. ANNUNCIATOR PANELS: NFPA 99 6.4.1.1.17 Alarm Annunciator. A remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station (see 700.12 of NFPA 70, National Electrical Code). The annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source. On 11/6/2024 at approximately 9:23 AM, the surveyor requested, from the Executive Director (ED) and Maintenance Director (MD), a copy of the facility lay-out that identified the various rooms and smoke compartments in the facility. The surveyor asked if the facility had an Emergency Generator and where was the Emergency Generator annunciator panel located. The MD stated the facility had one (1) 700-Kilowatt Emergency Generator and the annunciator panel was in the maintenance area. On 11/6/2024 and 11/8/2024, in the presence of the facility's ED and MD, the surveyor conducted	A1083		

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	25251	A. BUILDING: _____ B. WING _____	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWOOD SENIOR LIVING AT HISTORIC SM	705 EAST MOSS MILL ROAD GALLOWAY TOWNSHIP, NJ 08205

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A1083	Continued From page 4 a tour of the building and observed the following: On 11/8/2024 at approximately 12:20 PM, an inspection in the secured service corridor that leads to the Maintenance area was performed. Inside the attached two-car garage, the surveyor observed a [NJ Ex Order 26] emergency generator annunciator panel installed on a wall. The surveyor observed that a person would need to pass through two locked doors to observe the generator annunciator panel. There was no evidence that the Emergency Generator annunciator panel was in a location that was readily observed by operating staff 24 hours a day. The ED and MD confirmed the finding at the time of observations. The ED, Chief Clinical Officer, Wellness Director and MD were informed of the deficiency during the survey exit on 11/8/2024 at approximately 12:52 PM. NJAC 8:36.	A1083		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
25251 Y1	Y2	11/13/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWOOD SENIOR LIVING AT HISTORIC SMITHVILLE	705 EAST MOSS MILL ROAD GALLOWAY TOWNSHIP, NJ 08205

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 A0777 Reg. # 8:36-7.5(b) LSC	Correction Completed 11/12/2024	ID Prefix A1083 Reg. # 8:36-16.1(b) LSC	Correction Completed 11/09/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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 11/8/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			