STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0103	A. BUILDING: _____ B. WING _____	C 02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT HAMMON	308 SOUTH WHITE HORSE PIKE HAMMONTON, NJ 08037

(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 #: NJ 00189889 Census: 146 Sample Size: 3 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 310	8:36-3.4(a)(1) Administrator's Responsibilities (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/25/26

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A 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00189889 Based on interview and record review, it was determined that the facility failed to ensure the implementation and enforcement of the facility policies titled, "Disciplinary Action for Medication Incident Policy", "Resident Return from Hospital or Other Facility Policy" and "Resident Assessment Process Policy", for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following: 1. On 2/12/26 at 10:00 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) #1, regarding the medication administration process. LPN #1 stated that some of the residents came to the nurse to receive their medications but for most residents, LPN #1 brought the medication cart to the resident's rooms. The surveyor asked LPN #1 if she received orientation to the medication administration process prior to starting her employment and LPN #1 stated that she received, "some." LPN #1 stated that when she arrived for her first day of employment on [redacted], the nurse who was scheduled to provide her with orientation was not available. LPN #1 stated that the nurse who worked the 11:00 p.m. to 7:00 a.m. shift, LPN #2, was assisting to administer the morning medications to the residents, since the nurse who was scheduled to work that morning was unable to work. LPN #1 stated that LPN #2 informed her that she had administered all of the morning medications,	A 310		

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A 310	Continued From page 2	A 310		

except for three residents. LPN #2 then handed LPN #1 the packets of medications for the three residents, which LPN #1 stated she administered. LPN #2 stated that she could not recall the resident's names. The surveyor asked LPN #1, how she verified that the medications she administered were correct and LPN #1 stated, "I trusted that LPN #2 looked at the eMAR." The surveyor asked LPN #1 if she administered medications to Resident #2 on the morning of [NJ Exec Order 26.], and LPN #1 stated that she did not administer medications to Resident #2, but was aware that the resident was sent to the hospital that day.

At 11:03 a.m., the surveyor interviewed Resident #2 who was [NJ Exec O] and [NJ Exec Order 26.4b1] [NJ Exec Order 26.] Resident #2 stated that in [NJ Exec Order 26] of [NJ Exec Orde] he/she received morning medications from the nurse who worked at night [LPN #2], and noticed that the [NJ Exec Order 26.4b1]. Resident #2 further stated that one of the [NJ Exec O] was [NJ Exec O] which was [NJ Exec Order 26.4b] but thought that maybe there was a [NJ Exec Order 26.] in his/her medications. Resident #2 stated that shortly after he/she received the medications, he/she began to feel "[NJ Exec Order 26] and [NJ Exec Order 26.4b1] in the hospital. Resident #2 further stated that he/she returned to the facility [NJ Exec Order 26.4b1].

At 12:40 p.m., the surveyor interviewed the Director of Nursing (DON) regarding the [NJ Exec Order 26.4] medication administration incident. The DON stated that she was on duty the morning of [NJ Exec Order 26.4] and that Resident #2 became [NJ Exec Order 26.4b1] and was sent to the hospital. The DON added that, "It seemed like a [NJ Exec Order 26.4b1]." The DON further stated that shortly after Resident #2 was sent to the hospital, she received a call from Resident #2's family, who informed her that

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A 310	Continued From page 3	A 310		

the resident may have been given the [NJ Exec Order 2] [redacted] that morning. The DON stated that she did not initially investigate because she did not think there was a concern, until a representative from the Ombudsman Office visited the facility [on NJ Exec Order 26.4b1] The DON stated that she then investigated the incident, which revealed that on the morning of [NJ Exec Order 26.4b] LPN #2 administered medications to the residents an hour before the medications were due and then went home at 7:00 a.m. The DON stated that LPN #2 did not document the medications she administered to the residents on the eMAR, and that LPN #1 signed the eMAR for the medications that LPN #2 administered. The DON further stated that she should should have investigated right away.

The DON stated that LPN #1 was disciplined, but LPN #2 refused to come in for disciplinary action. The DON further stated that LPN #2 continued to work and administer medications after the incident but [NJ Exec Order 26.4b1].

Review of LPN #2's employee file revealed no last date of employment and although the surveyor requested LPN #2's last date of employment, the date was not provided.

There was no documented evidence provided during the survey that showed an investigation or staff education was completed immediately after the DON was notified that Resident #2 may have received the wrong medication on the morning of [NJ Exec Order 26.4]

The surveyor reviewed a facility policy, dated 10/1/20, titled, "Disciplinary Action for Medication Incident Policy", which revealed the following, "...Procedure: 1. The Resident Care Director or

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A 310	Continued From page 4	A 310		

designee will review the Medication Incident Report form, investigate the circumstances and causative factors, and develop an action plan to prevent further incidents...5. The Resident Care Director will meet with the Associate involved in the medication incident to discuss the investigation of the medication incident, the action plan, and possible recommendations for disciplinary action...8. In cases involving ...consequences for the Resident as a result of the medication incident, the Associate may be suspended until an investigation has been completed..."

2. On 2/12/26 at 1:45 p.m., the surveyor reviewed Resident #2's, "Admission Record", provided by the Assistant Director of Nursing (ADON), which revealed that Resident #2 moved into the facility in NJ Exec Order 26.4 of NJ Exec Orde with a diagnosis of NJ Exec Order 26.4b1 [redacted]

The surveyor reviewed a progress note (PN) dated NJ Exec Order 26 at 9:23 a.m., written by the DON, which revealed that Resident #2 was sent to the emergency room (ER) for evaluation of a, NJ Exec Order 26.4b1 The PN further revealed, "NJ Exec Order 26.4b1 [redacted] ..."

The surveyor reviewed a PN dated NJ Exec Order 26.4 at 1:21 p.m., written by a Licensed Practice Nurse (LPN), which revealed that Resident #2, "... returned to the facility via NJ Exec Order 26.4b1 [redacted] resident is currently NJ Exec Order 26.4b1, vital signs where [were] take

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A 310	Continued From page 5 [taken]..." The surveyor review of the MR documents which included assessments and progress notes, showed no documentation to reflect that Resident #2 was assessed by a Registered Nurse (RN) after he/she returned from the hospital on NJ Exec Order 26.4 At 2:16 p.m. the surveyor interviewed the DON who stated that she "thought she had assessed" Resident #2 when he/she returned from the hospital. The facility failed to provide documentation that Resident #2 was assessed by a RN after Resident #2 returned from the hospital on NJ Exec Order 26.4 The surveyor reviewed a facility policy titled, "Resident Return from Hospital or Other Facility Policy", dated 10/1/20, which revealed the following: " ...Procedure: 1. Upon notification that a Resident will be discharged from a hospital or other healthcare facility, the Wellness Director will utilize the Wellness Assessment Tool to reassess the Resident's current needs, level of care and services ...6. Upon the Resident's return ...the Wellness Director or nurse designee will complete the Resident Assessment and Fall Risk Assessment ...8. The Wellness Director of nurse designee will document on the Progress Notes the following: Time Resident returned. Name of hospital ...Name of person [or ambulance] transporting Resident. Documents or copies of records received from the hospital ...Notification of family members ..." The surveyor reviewed a facility policy dated 10/1/20, titled, "Resident Assessment Process Policy", which revealed the following, "To ensure a systematic comprehensive approach to	A 310		

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A 310	Continued From page 6 Resident assessments and individualized care plans, an assessment will be performed pre-admission/day of admission and reviewed at 30 days. A complete reassessment will be performed every 6 months or per state requirements and/or whenever a change in condition occurs..." Refer to: 8:36-11.4 (b) [A 0935]	A 310		
A 783	8:36-7.5(e) Provision of Health Care Services (e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing. This REQUIREMENT is not met as evidenced by: Complaint : NJ 00189889 Based on interview and record review, it was determined that the facility failed to ensure that a resident received an annual physical examination from a physician which included the certification that the resident was appropriate for Assisted Living (AL) for 3 of 3 residents reviewed, Residents #1, #2 and #3. This deficient practice was evidenced by the following:	A 783		

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A 783	Continued From page 7 On 2/12/26 at 1:45 p.m., the surveyor reviewed Resident #1's, "Admission Record", which revealed that Resident #1 was admitted to the facility in [redacted] of [redacted] with diagnoses of [redacted] The surveyor reviewed a document titled, "Chief Complaint", dated [redacted], written by an Advanced Nurse Practitioner (APN), which included a [redacted] and NJ Exec Order 26.4b1 for Resident #1. Review of the [redacted] revealed no documentation that the annual physician certification (PC) was completed to ensure that Resident #1 did not NJ Exec Order 26.4b1 that NJ Exec Order 26.4b1 the facility was capable of providing. The surveyor reviewed Resident #2's, "Admission Record", which revealed that Resident #2 was admitted to the facility in NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 [redacted] The surveyor reviewed a document dated [redacted], titled, "Chief Complaint", written by an APN, which included a [redacted] for Resident #2. Review of the [redacted] revealed no documentation that the annual PC was completed to ensure that Resident #2 NJ Exec Order 26.4b1 [redacted] the facility was capable of providing. The surveyor reviewed Resident #3's, "Admission Record", which revealed that the Resident #3 was admitted to the facility in NJ Exec Order 26.4b1 with a diagnosis of [redacted] The surveyor reviewed a document dated [redacted], titled "Chief Complaint", written by an APN, which included a [redacted] for Resident #3. Review of the [redacted] revealed no documentation that the annual PC	A 783		

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A 783	Continued From page 8 was completed to ensure that Resident #3 did not have needs that exceeded the level of care the facility was capable of providing. At 2:20 p.m., the surveyor interviewed a Nurse Consultant (NC) and inquired about the resident annual physician certifications. The NC stated that she was a new consultant for the facility and was aware of the annual certification requirement. The NC stated that a new form was created to ensure that when a [NJ Exec Ord] was completed, that it would also include a section for the annual physician certification. The surveyor asked if there was a facility policy that addressed the resident annual [NJ Exec Order] and physician certification. The NC stated that she would check. At 2:45 p.m.,the surveyor interviewed the Director of Nursing (DON) and inquired about the annual physician certifications for the residents. The DON stated that the certifications were located in the resident progress notes in the eMAR. The surveyor asked the DON to provide the annual certifications for Resident #1, Resident #2 and Resident #3; however, the documentation of the physician certifications or policy was not provided during the survey.	A 783		
A 935	8:36-11.4(b) Administration of medications (b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.	A 935		

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A 935	Continued From page 9	A 935		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ 00189889

Based on interview and record review, it was determined that the facility failed to ensure that medications were properly administered and documented for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On 2/12/26 at 10:00 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) #1 regarding the medication administration process. LPN #1 stated that some of the residents came to the nurse to receive their medications but for most residents, LPN #1 brought the medication to the resident's rooms. The surveyor asked LPN #1 if she received orientation to the medication administration process prior to starting her employment and LPN #1 stated that she received, "some." LPN #1 stated that when she arrived for her first day of employment on [redacted], the nurse who was scheduled to provide her with orientation was not available. LPN #1 stated that the nurse who worked the 11:00 p.m. to 7:00 a.m. shift, LPN #2, was assisting to administer the morning medications to the residents, since the nurse who was scheduled to work that morning was unable to work. LPN #1 stated that LPN #2 informed her that she had administered all of the morning medications, except for three residents. LPN #2 then handed

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A 935	Continued From page 10	A 935		

LPN #1 the packets of medications for the three residents, which LPN #1 stated she administered. LPN #2 stated that she could not recall the resident's names. The surveyor asked LPN #1, how she verified that the medications she administered were correct and she stated, "I trusted that LPN #2 looked at the eMAR."

LPN #1 further explained, that LPN #2 informed her that she was ending her shift and provided LPN #1 with a list of the residents whom she had administered medications to. LPN #1 also stated that LPN #2 told her to sign the eMAR for the medications that LPN #2 administered. LPN #1 confirmed that she signed the eMAR for the medications that LPN #2 administered as soon as she received log in credentials for the eMAR. The surveyor inquired if LPN #1 administered medications to Resident #2 on the morning of NJ Exec Order 26.4 and LPN #1 stated that she did not administer medication to Resident #2, but was aware that the resident was sent to the hospital that day.

The surveyor review of the eMAR dated NJ Exec Order 26.4b1 NJ Exec Order 26.4 revealed that LPN #1 signed the eMAR for the administration of Resident #2's morning medications on NJ Exec Order 26.4

At 11:03 a.m. the surveyor interviewed Resident #2 who was NJ Exec O and NJ Exec Order 26.4b1 . Resident #2 stated that in NJ Exec Order 26 of NJ Exec Orde he/she received morning medications from the nurse who worked at night [LPN #2], and noticed that the NJ Exec Order 26.4b1 . Resident #2 further stated that one of the NJ Exec O was NJ Exec O which was NJ Exec Order 26.4b but thought that maybe there was a NJ Exec Order 26.4 in his/her medications. Resident #2 stated that shortly after he/she received the medications, he/she began to

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feel "NJ Exec Order 26 and NJ Exec Order 26.4b in the hospital. Resident #2 stated that he/she returned to the facility NJ Exec Order 26.4b1.

At 12:40 p.m., the surveyor interviewed the Director of Nursing (DON) regarding the NJ Exec Order 26.4 medication administration incident. The DON stated that she was on duty the morning of NJ Exec Order 26.4 and that Resident #2 became NJ Exec Order 26.4b1 and was sent to the hospital. The DON added that, "It seemed like a NJ Exec Order 26.4b1." The DON further stated that shortly after Resident #2 was sent to the hospital, she received a call from Resident #2's family, who informed her that the resident may have been given the wrong medication earlier that morning. The DON stated that she did not initially investigate, because she did not think there was a concern, until a representative from the Ombudsman Office visited the facility [on NJ Exec Order 26.4b1]. The DON stated that she then investigated the incident, which revealed that on the morning of NJ Exec Order 26, LPN #2 administered medications to the residents an hour before the medications were due and then went home at 7:00 a.m. The DON stated that LPN #2 did not document the medications she administered to the residents on the eMAR; and, that LPN #1 signed the eMAR for the medications that LPN #2 administered. The DON further stated that she should should have investigated right away.

Surveyor review of Resident #2's hospital record, dated NJ Exec Order 26.4b1 revealed a discharge diagnosis of, "NJ Exec Order 26.4b1."

The facility was unable to provide documented evidence that an investigation was conducted immediately after the DON was notified by Resident #2's family of the NJ Exec Order 26 medication

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A 935	Continued From page 12 error. The surveyor reviewed a facility policy dated 10/1/20, titled, "Medication Procedures Policy", which revealed the following, "...A licensed nurse administering medication will verify current Medication Administration Record ..."	A 935		
A1051	8:36-15.2 Record Availability The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00189889 Based on observation and interview, it was determined that the facility failed to provide the surveyor with complete access to the resident Electronic Medical Records (EMR) for 3 of 3 residents, Residents #1, #2 and #3. This deficient practice was evidenced by the following: On 2/12/26 at 10:00 a.m., during entrance conference with the Executive Director (ED), the surveyor requested access to the Electronic Medical Records (EMR) system. The ED stated that she would place a telephone call to corporate personnel to obtain EMR access for the surveyor. At 10:30 a.m. the ED provided the surveyor with log in code information, however when the	A1051		

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	AL0103	A. BUILDING: _____ B. WING _____	C 02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT HAMMON	308 SOUTH WHITE HORSE PIKE HAMMONTON, NJ 08037

(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
A1051	Continued From page 13 surveyor attempted to log in to the EMR, the code did not function, and the surveyor informed the ED. At 10: 45 a.m., the ED provided the surveyor with a second log in code, and after several attempts in the presence of the ED, the surveyor could not gain access to the facility's EMR. The surveyor then informed the ED that full access to EMR was required to complete the investigation. At 11:17 a.m., after multiple unsuccessful EMR log in attempts by the surveyor, the ED stated that she was not sure what else could be done to provide the surveyor with access. At 2:00 p.m., during interview with the ED, the surveyor requested a facility policy on provision of access to the medical records, however there was no policy provided to the surveyor. The ED failed to provide the surveyor with full access to the EMR for Residents #1, #2 and #3, which impeded the survey investigation process.	A1051		

8:36-15.2 Record Availability the facility failed to provide the surveyor with complete access to the resident Electronic Medical Records

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

   The facility printed the requested documents from Resident #1,2 and 3 charts. The glitch in the facility's electronic health record system (eHR) which prevented surveyor access was rectified on 2/26/2026.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

   All residents have the potential to be affected by the same deficient practice

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

   The Regional RN created a new username and password to allow surveyor access to resident electronic records. The login information was provided to the Executive Director.
   The Executive Director will be responsible for providing the surveyor with the log in information prior to or during the entrance conference.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur

   The Executive Director will test the DOH access login monthly by using the log in credentials to verify access. The Executive Director will report access problems to the Regional Nurse who will contact the eHR vendor to rectify the issue.

Compliance date 2/26/26

[redacted]

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL0103 Y1	A. Building B. Wing Y2	3/27/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT HAMMONTON	308 SOUTH WHITE HORSE PIKE HAMMONTON, NJ 08037

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 A0310	Correction	ID Prefix A0783	Correction	ID Prefix A0935	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.5(e)	Completed	Reg. # 8:36-11.4(b)	Completed
LSC	04/20/2026	LSC	04/30/2026	LSC	04/30/2026
ID Prefix A1051	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.2	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/26/2026	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
2/12/2026	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
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