STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	08A010	A. BUILDING: _____ B. WING _____	C 04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JUNIPER VILLAGE AT WASHINGTON SQUARE	120 TOWN CENTER BOULEVARD SEWELL, NJ 08080

(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#: NJ00184014 CENSUS: 108 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) Administration (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

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint#: NJ00184014

Based on interview and record review, the facility failed to implement and develop a policy on "NJ Exec Order 26.4b1 Drills" when 1 of 3 residents reviewed, Resident #2 NJ Exec Order 26.4b1 from the facility. This deficient practice was evidenced by the following:

The Facility Reportable Event (FRE) was received on NJ Exec Order 26.4b1 at 11:06 a.m. via the complaint hotline email. The FRE revealed the resident (Resident #2) NJ Exec Order 26.4b1 from a secure NJ Exec Order 26.4b1 A staff member NJ Exec Order 26.4b1 through the NJ Exec Order 26.4b1 but did not NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1, so the NJ Exec Order 26.4b1 did not NJ Exec Order 26.4b1 and the resident NJ Exec Order 26.4b1 the facility.

On 4/9/25 at 12:50 p.m., the surveyor reviewed Resident #2's electronic medical record (EMR) which revealed that the resident was admitted to the facility in NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 in other NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The surveyor's review of the EMR revealed, "Progress Notes New (PNN)" dated NJ Exec Order 26.4b1 at 3:48 p.m., written by the Wellness Nurse (WN) which documented that upon review of the camera footage showed the resident was seen NJ Exec Order 26.4b1 at 12:06 [p.m.], the NJ Exec Order 26.4b1, so the NJ Exec Order 26.4b1 and the resident NJ Exec Order 26.4b1 r with NJ Exec Order 26.4b1. Review of a 2nd PNN dated NJ Exec Order 26.4b1 at 9:13 p.m. written by the

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A 310	Continued From page 2 Medication Associate indicated that the resident was kept on NJ Exec Order 26.4b1 throughout the shift [3-11 p.m.] for NJ Exec Order 26.4b1. Review of an additional PNN dated NJ Ex Order 26 at 11:38 a.m. written by the Director of Wellness (DOW), revealed that Resident #2 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 to the front desk when a staff notified the manager on duty that a staff used the employee entrance in the NJ Exec and did NJ Exec Order 26.4b1, which allowed the resident to NJ Exec Order 26.4b1, without the NJ Exec Orde system notification being activated. The resident was placed on NJ Exec Order 26.4b1 for the next 2 weeks. At 11:33 a.m., during an interview with the Home Health Aide (HHA) who was assigned to Resident #2 that day, she stated that she took him/her to activities and gave care to another resident when she returned, another staff stated that Resident #2 had NJ Exec Order 26.4b1 In the same interview, when asked if she was recently in-serviced, she continued to say that she was not educated recently on NJ Exec Order 26.4b1 drills or how to NJ Exec Order 26.4b1. At 2:51 p.m., during an interview, the Administrator was asked if all staff were trained in NJ Exec Order 26.4b1 drills and how to NJ Exec Order 26.4b1 The Administrator stated that the only staff trained were the ones involved with the NJ Exec Order 2 incident on the NJ Exec unit, and that all staff should be shown how to properly close the door and participate in the NJ Exec Order 26.4b1 drills. On 5/5/25, during a post survey telephone interview, when the surveyor asked the Administrator if all staff were in-serviced on	A 310		

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A 310	Continued From page 3 NJ Ex Order 26.4(b)(1) drills after the incident and after the survey, she stated that she only educated the staff involved on the NJ Exec unit. Review of undated policy titled, "Elopement and Missing Resident Plan" revealed, "Purpose: To provide a systematic plan for managing missing residents...."	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care; This REQUIREMENT is not met as evidenced by: Complaint # NJ00184014 Based on interview and record review, it was determined that the facility failed to ensure a safe environment while providing care and services to a resident in the community for 1 of 3 residents reviewed, Residents #2. This deficient practice is evidenced by the following: The Facility Reportable Event (FRE) was received on NJ Exec Order 2 at 11:06 a.m. via the complaint	A 401		

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A 401	Continued From page 4	A 401		

hotline email. The FRE revealed the resident (Resident #2) NJ Exec Order 26.4b1 from a NJ Exec Order 26.4b1 unit. A staff NJ Exec Order 26.4b1, but did NJ Exec Order 26.4b1, so the door did not NJ Exec Order 26.4b1 and the resident NJ Exec Order 26.4b1 the facility.

On 4/9/25 at 12:09 p.m., the surveyor observed Resident #2 NJ Exec Order 26.4b1 in the hallway with staff with NJ Exec Order 26.4b1. The resident was NJ Exec Order 26.4b1 however, the surveyor was not able to interview the resident due to the resident's NJ Exec Order 26.4b1

On 4/9/25 at 12:50 p.m., the surveyor reviewed Resident #2's electronic medical record (EMR) which revealed that the resident was admitted to the facility in NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 with diagnoses of NJ Exec Order 26.4b1 in other NJ Exec Order 26.4b1

The surveyor's review of the EMR revealed, "Progress Notes New (PNN)" dated NJ Exec Order 26.4b1 at 3:48 p.m., written by the Wellness Nurse (WN) which documented, " ... upon review of the camera footage showed the resident was NJ Exec Order 26.4b1 at 12:06 [p.m.], the NJ Exec Order 26.4b1 way, so the NJ Exec Order 26.4b1 and the resident NJ Exec Order 26.4b1 NJ Exec Order 26.4b1." Review of a 2nd PNN dated NJ Exec Order 26.4b1 at 9:13 p.m. written by the Medication Associate which indicated, " ...the resident was kept on NJ Exec Order 26.4b1 throughout the shift [3-11 p.m." for NJ Exec Order 26.4b1

Review of an additional PNN dated NJ Exec Order 26.4b1 at 11:38 a.m., written by the Director of Wellness (DOW) revealed, "Resident #2 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 of the NJ Exec Order 26.4b1 unit NJ Exec Order 26.4b1 but NJ Exec Order 26.4b1 walked

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A 401	Continued From page 5	A 401		

around the building to the front desk when staff notified the manager on duty...a staff used the employee entrance in the [redacted] and [redacted], which allowed the resident to [redacted] without the alarm system notification being activated. The resident was placed on [redacted] for the next 2 weeks."

During an interview with the Administrator at 9:45 a.m., when the surveyor asked her about the elopement incident of Resident #2, she stated that Resident #2 followed a staff out of the [redacted] door and [redacted] and as seen on the lobby camera, the resident [redacted] five (5) minutes afterwards.

At 10:39 a.m., while on tour in the [redacted] unit with the Administrator, the surveyors observed two (2) doors: one was an internal door with a sign posted outside "Employee Entrance/Exit Only" with a keypad code on wall for access which opened towards a vestibule space with a keypad code, then another unlocked door that led out of the facility. The surveyors observed a camera placed on a ledge inside the space. The Administrator stated that at the time of the incident, the camera fell to the floor. The surveyors observed the camera on the wall during the tour.

On continued tour, the Administrator stated that the 1st [internal] door would alarm but since it was left open, the door did not trigger the alarm. She continued to say that there were no cameras around the building at 7:00 a.m., but that she could see the staff member's shoes at 7:00 a.m.

At 10:50 a.m., the Director of Maintenance

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A 401	Continued From page 6 (DOM) stated that the vestibule space had a keypad code, but currently was not working since after the incident, and so staff can come into the vestibule through the unlocked door, but not exit. At 10:58 a.m., the Administrator continued to say that the staff did not know Resident #2 was NJ Exec Order 26.4 until he/she NJ Exec Order 26.4b1 . At 11:09 a.m., during an interview with the Nurse Manager (NM), when asked what was done to ensure safety for Resident #2 when he/she NJ Exec Order 26.4b1 she replied that the resident was placed on NJ Exec Order 26.4b1 that began on NJ Exec Order 2 . According to the camera footage viewed, dated NJ Exec Order 2 , at 7:06 a.m., it was observed that the 1st, internal door opened, door closed and did not fully close, the staff came out of the door, can only see his/her jeans and shoes, then at 11:06 a.m., observed the 1st, internal door opened again, and the resident NJ Exec Order 26.4b1 and observed the resident's NJ Exec Order 26.4b1 on the camera. At 11:33 a.m., during an interview with the Home Health Aide (HHA) who was assigned to Resident #2 that day, she stated that she took him/her to activities and gave care to another resident when she returned another staff stated that Resident #2 had NJ Exec Order 26.4b1 , but that she said she did NJ Exec Order 26.4b1 . In the same interview, when asked about the employee entrance/exit door, she stated that the night shift used that door, they can go out the door, but not enter it and that the "door was not functioning for a few weeks now" and was not sure of the date. The HHA continued to say that she was not educated recently on	A 401		

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A 401	Continued From page 7 elopement drills or how to properly close the door. At 12:05 p.m., during an interview with the Certified Nurse's Aide (CNA), who found Resident #2 in the lobby that day, she stated that she saw him/her in the lobby, the resident liked to [NJ Exec Order 26.4b1] he/she had [NJ Exec Order 26.4b1] on and walked the resident back to the [NJ Exec O] unit around 11:00 a.m.-12:00 p.m. In the same interview, when the surveyor asked her if she was educated on the proper way to close the door, she replied, "no" that she was not. At 1:34 p.m., during an observation with the Administrator, when she pushed on the 1st, internal door, the bar beeped (alarmed) and she punched in the code to reset the door; however, if the door was not shut properly, it remained opened, and residents can leave [the facility]. The surveyors observed on the Administrator's [NJ Exec Or] that the specific door opened and beeped, but did not appear on the [NJ Exec O] alert. The Administrator stated that she did not know why. At 2:30 p.m., the surveyors reviewed the [NJ Exec Order 26.4b1] for Resident #2, and which revealed that the checks began on [NJ Exec Order 2] at 3:00 p.m., but not immediately after the incident. At 2:51 p.m., during a 2nd interview, when asked if all staff were trained in [NJ Exec Order 26.4b1] drills and how to properly close the door, the Administrator stated that the only staff trained were the ones involved with the [NJ Exec Order 26.4b1] and confirmed that all staff should have been shown how to properly close the door and participate in the [NJ Exec Order 26.4b1] drills. At 3:39 p.m. during a 2nd interview with the NM,	A 401		

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A 401	Continued From page 8 when asked about why there were no [NJ Exec Order] checks until 3:00 p.m. on [NJ Exec Order 26.4b1] Resident #2 and could he/she have [NJ Exec Order 2] again, she agreed and stated that Resident #2 technically "could have [NJ Exec Order 2] again." The facility failed to ensure that Resident #2 was safe in the community by failing to [NJ Exec Order 26.4] the resident's [NJ Exec Order 26.4b1] until the resident re-entered the facility. Additionally, there was no "Residents Rights" policy provided that listed the resident rights. On 4/9/25 at 5:09 p.m., the surveyor requested a Removal Plan (RP) from the Administrator about the above concerns. The facility submitted RPs on 4/10/25, 4/21/25, and on 4/28/25, which was accepted. On 4/28/25, the facility submitted an acceptable RP which mentioned staff education on how to properly close the door, the [NJ Exec] doors were no longer used as an employee entrance/exit, and that an additional sensor was applied to the internal door.	A 401		
A1051	8:36-15.2 Resident Records 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#: NJ00184014	A1051		

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A1051	Continued From page 9 Based on interview, and record review it was determined that the facility failed to ensure that full access to the Electronic Medical Records (EMRs) were available for review to the New Jersey Department of Health surveyor upon entry into the facility for 3 of 3 residents reviewed, Resident #'s 1, 2 and 3. This deficient practice was evidenced by the following: On 4/9/25 at 9:45 a.m., when the Administrator arrived at the facility, during the entrance conference, the surveyor requested full access to the facility's electronic medical record (EMR). At that time the facility's Administrator (Adm) stated that she would be able to provide the surveyor with full access to the EMR. At 10:17 a.m., the surveyor tried the login and created a new password, but an unauthorized message appeared, so the surveyor tried again. At 10:37 a.m., the surveyor informed the Administrator that the login with new password was tried several times, but did not work, states "unauthorized." At 12:23 p.m., the surveyor called the Administrator about setting up the login. At 12:48 p.m., the surveyor tried the same username with the new password and the login still did not work. At 12:50 p.m., the surveyor gained access to the EMR. At 2:30 p.m., the surveyor tried to review the "Evaluations" tab and there was nothing there.	A1051		

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A1051	Continued From page 10 At 2:42 p.m., the surveyor tried to review the "Care Services Action" tab, and nothing was there, so the Administrator was informed that full access was not given. At 3:35 p.m., the surveyor informed the Administrator that the Electronic Medication Administration Record (EMAR) was not accessible. The surveyor was not granted full access to the EMRs on entrance as requested. The surveyor was provided only facility printed paper copies of the EMRs, and not full access of the EMRs.	A1051		

POC #3 6/23/25

JUNIPER

Acceptable
6/23/25

June 23, 2025

Complaint #: NJ00184014

Survey Completion Date: 04/09/2025

ID Prefix Tag: A310
Plan of Correction:

1. Based upon the findings of the survey conducted on April 9th of 2025 pursuant to complaint #NJ00184014, it was noted that the facility failed to implement and develop a policy on "Elopement Drills." Residents 1 and 3 were not harmed by this deficient practice. However, Resident 2 [redacted] from the facility on [redacted]. Although the resident had the potential to be harmed by this deficient practice, the [redacted] resulted in no [redacted] the resident; the resident [redacted]. Resident 2 still resides at the facility.

2. All residents of the memory care unit have the potential to be impacted by this deficient practice because they require a secured environment for their safety.

3. On 3/2/25 an elopement training drill was conducted with the memory care staff who were working at the time of the elopement. On 3/12/25 an all-staff meeting was conducted during which the elopement procedure and how to properly close the memory care doors were reviewed. The notes from this meeting were emailed to all staff and printouts were made available in the breakroom. At the all-staff meeting on 4/9/25, the elopement procedure and memory care door functionality was again reviewed. This information was then emailed to all staff and printouts were made available in the breakroom.

   On 5/6/25, the Executive Director (ED) reviewed the facility policy and procedure manual and found that the "Missing Resident Plan" in the "Health Safety and Wellness Manual" states the following: "missing resident drills should be held at least monthly to familiarize staff with process and procedure."

   On 5/7/25, the ED met with the facility leadership team including the Director of Wellness (DOW). A plan was developed to conduct ongoing monthly elopement training drills. Each drill shall be held on a different shift than the month prior or the month after. All departments will participate in the drills except during the overnight shift,

which will be exclusively wellness staff. The drill will be overseen by the ED, DOW, or the Manager on Duty. These drills will be ongoing indefinitely.

On 5/8/25, the ED created an Elopement Drill Log Binder. The ED is responsible for collecting the logs from all elopement drills and storing them with other employee training records.

In addition, all employees are required to complete monthly trainings via the Relias online training platform. A course titled "Managing Elopement" is assigned to all employees upon hire and once annually thereafter.

4. A "Best Practice Assurance" audit is completed by the facility leadership team monthly per company policy. The leadership team is comprised of the Executive Director, Business Office Manager, Director of Wellness, Nurse Manager, Medical Concierge, Connections Director, Lead Connections Associate, Environmental Services Director, and both Directors of Sales and Marketing. The "Best Practice Assurance" audit is a Juniper policy that this community began practicing in September of 2024. This audit is also conducted once annually by the home office leadership team which includes at least two Regional Directors of Operations, the National Environmental Services Director, and the National Director of Dining. One of the prompts in the audit is to check a sample of 4 staff members to ensure that they each have documented elopement drill training. The Elopement Drill Binder will also be reviewed during BPA audits to ensure that the trainings are continuing to occur regularly on all shifts.

   Employee compliance with [NJ Exec Order 2[redacted] training is monitored monthly. The Business Office Manager runs a report at the end of each month with [NJ Exec Order 2[redacted] completion information for every employee. It is the responsibility of the leadership team member to follow up with staff members of their department who are not in compliance. Any employee who is not up to date with their Relias training, which includes the "Managing Elopement" training, is subject to disciplinary action. If an employee has not completed their Relias trainings at the time of their annual performance appraisal, they are not eligible for a wage increase and are subject to further disciplinary action.

Completion date: 5/8/25

ID Prefix Tag: A401
Plan of Correction:

1. Based upon the interview and record review, it was determined that the facility failed to ensure a safe environment while providing care and services to a resident in the community. Residents 1 and 3 were[NJ Exec Order 26.4b1[redacted] by the deficient practice, but Resident 2 [NJ Exec Order 26[redacted]d from the community on[NJ Exec Order 26.[redacted]. Although the resident had the potential to be

harmed by this deficient practice, the NJ Exec Order 26.4b1 resulted in NJ Exec Order 26.4b1 to the resident; the resident NJ Exec Order 26.4b1 [redacted]. Resident 2 still resides at the facility.

2. All residents of the memory care unit have the potential to be impacted by this deficient practice because they require a secured environment for their safety.

3. At approximately 5:30pm on 4/9/2025 following the exit conference with the surveyors, the ED further examined the exit doors near room 14 and determined that there was not a call bell/alarm system sensor on the interior door; there is only a sensor on the exterior door. The ED called customer support at NJ Ex Order 26.4(b)(the call bell/alarm system company, at approximately 10:30pm on 4/9/2025 and ordered a door sensor to be delivered with overnight priority shipping. The new sensor arrived at 11:45am on 4/11/25 and was installed promptly by the Environmental Services Director. The sensor has since been functioning properly and successfully communicating with the call bell/alarm system.

   Out of an abundance of caution, the ED installed an additional security alarm on the interior door near apartment 14 at approximately 6:30pm on 4/9/2025. When the door is opened, a 120-decibel alarm is triggered. This additional alarm will only stop sounding when the door is closed properly, which will ensure that staff are alerted if it is not fully closed.

   The doors near memory care apartment 14 were previously being used as an employee entrance/exit. That practice was ended effective 4/9/25. The Executive Director sent a text message to all staff members on their personal cell phones at 7:52pm on 4/9/25 via NJ Ex Order 26.4(b)(1) Healthcare Workforce Platform stating the following: "please do NOT use the Wellspring doors by rooms 13/14". In addition, "Emergency Exit Only" signs have been posted at the door. All staff must use the main entrance by the front desk effective immediately as of 4/9/25.

   The ED conducted mandatory education sessions for all staff from all departments and shifts on the doors and call bell/alarm system on 4/10/25 at 3pm, 4/11/25 at 11am and 4pm, and 4/12/25 at 12pm and the Medical Concierge conducted the same training at 11pm on 4/12/25. All staff received this training on how to properly utilize the doors including opening and closing them properly, as well as a re-education on how to monitor, respond to, and clear alerts in the call bell/alarm system. All staff have signed to acknowledge that they understand how the doors function, how the security features operate, and that the Wellspring doors are only to be used in the event of an emergency and are no longer an employee entrance/exit.

4. The Environmental Services Department is responsible for checking all door alarms and call systems monthly. The monthly tests are ongoing and are recorded in the [NJ Exec Ord] online task manager. A "Best Practice Assurance" audit is completed by the facility leadership team monthly per company policy. The "Best Practice Assurance" audit is a Juniper policy that this community began practicing in September of 2024. This audit is also conducted once annually by the home office leadership team. One of the prompts in the audit is to review the [NJ Exec Ord] logs to ensure that the door alarms and call systems are tested monthly with documentation present.

   The Call Bell/Alarm System and Door training that was conducted with all staff from 4/10/25 through 4/12/25 has been added to the new employee orientation checklist. This additional training will ensure that new staff are fully educated on the functionality of the door and understand that the memory care doors may never be used other than as emergency exits.

Completion date: 4/12/25

ID Prefix Tag: A1051
Plan of Correction:

1. Based on the interview and record review it was determined that the facility failed to ensure that full access to the Electronic Medical Records (EMR) were available for review to the New Jersey Department of Health surveyor upon entry into the facility. Although Residents 1, 2, and 3 were impacted by this deficient practice, none of them were harmed. Residents 1, 2, and 3 all still reside at the facility.

2. All residents had the potential to be impacted by this deficient practice.

3. Upon receipt of the Statement of Deficiencies received on 5/13/25, the ED reached out to the Regional Director of Wellness (RDOW) regarding the access given to the [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] users in the EMR. The RDOW created the [NJ Exec Order 26.4b1] user with the required access. The [NJ Exec Order 26.4b1] login information was provided to the surveyors. However, when the surveyors had difficulty logging into [NJ Exec Order 26.4b1], the ED created a new login, [NJ Exec Order 26.4b1] The ED was unaware that she did not have sufficient access to assign the necessary surveyor access and she created the [NJ Exec Order 26.4b1] login without consulting the RDOW for assistance.

   The RDOW provided training on 5/14/25 for the ED and DOW regarding the procedure for granting EMR access to surveyors. The RDOW created a training guide with pictures

outlining the process for giving surveyors access to the EMR. The training guide has been printed and is kept in the Survey Readiness Binder, which is kept in the ED's office.

4. The Survey Readiness Binder is reviewed monthly by the facility leadership team as part of the "Best Practice Assurance" audit. In addition, the home office leadership team conducts an annual BPA audit of the facility. One of the items for review in the audit states the following: "Survey Readiness Binder – is maintained and current (reviewed monthly in stand-up for updating)." The audit will continue to be conducted monthly indefinitely. The Survey Readiness Binder was created when the community opened in August of 2020 and was moved to an online platform (Microsoft Teams) when the facility changed management companies in March of 2024. The virtual Survey Readiness Binder is reviewed monthly during the BPA audit.

   Completion Date: 5/14/2025

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 08A010 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing Y2	DATE OF REVISIT 6/23/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
JUNIPER VILLAGE AT WASHINGTON SQUARE	120 TOWN CENTER BOULEVARD SEWELL, NJ 08080

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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 05/08/2025	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 04/12/2025	ID Prefix A1051 Reg. # 8:36-15.2 LSC	Correction Completed 05/14/2025
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	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 4/9/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

 EVENT ID: 663N12