STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06A003	A. BUILDING: _____ B. WING _____	C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

(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: Standatd withComplaints CENSUS: 142 A Life Safety Code Survey was conducted by the State Agency from 01/30/2025 through 01/31/2025. The facility was not in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs. TYPE OF SURVEY: Standard with Complaint COMPLAINT #: NJ 00182788, NJ 00179332, NJ 00176303, NJ 00177842, NJ 00176067, NJ 00171598, NJ 99177838, NJ 00179231, NJ 00174346 CENSUS: 142 SAMPLE SIZE: 17 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/31/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00177838, NJ 00176303, NJ 00177842, NJ 00179332 Based on observation, interview and record review, it was determined that the facility failed to ensure the implementation and enforcement of the facility policies and procedures on General Service Plans (GSP), Resident Assessment, Employee Health NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 for 8 of 17 residents reviewed, Resident #s 3, 4, 5, 6, 8, 9, 10 and 11. This deficient practice was evidenced by the following: 1. On 1/29/25 at 10:20 a.m., the surveyor interviewed the Executive Director (ED) regarding the Reportable Event Report which occurred on NJ Exec Order 26. and was reported to the Department of	A 310		

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A 310	Continued From page 2 Health (DOH) on [NJ Exec Order 26.]. The ED stated that the event was a ***NJ Ex Order 26. 4B1*** [redacted]. Resident #3 [NJ Ex] Resident #4 [NJ Ex Order 26.] [redacted] during the night shift but could not recall the exact date/time. The ED stated that the [NJ Ex Order 26] [redacted] were called and that she spoke with the two residents the next day and both stated that they were [NJ Ex Ord] The surveyor then requested the investigative report for review. The ED stated that there was no investigation completed. At 10:36 a.m., the surveyor observed Resident #3 return from an outing to his/her apartment in the "[NJ]" section of the building. The resident was [NJ Exec O] and NJ Exec Order 26.4b1 [redacted] and NJ Exec Order 26.4b1 [redacted]. The surveyor interviewed the resident regarding the [NJ Ex Order 26. 4B1] [redacted] that occurred on [NJ Exec Order 26.4] with Resident #4. Resident #3 stated that Resident #4 came to his/her apartment and was ***NJ Ex Order 26. 4B1*** on the [NJ Ex Or]. The resident explained that he/she [NJ Ex Or] Resident #4 ***NJ Ex Order 26. 4B1*** [redacted]. During the interview, Resident #3 stated that Resident #4 became "***NJ Ex Order 26. 4B1*** [redacted] Resident #4 [NJ Ex Order 26. 4B1]. Resident #3 stated that ***NJ Ex Order 26. 4B1*** [redacted] Resident #4 and ***NJ Ex Order 26. 4B1*** [redacted] and ***NJ Ex Order 26. 4B1*** [redacted]. Resident #3 added that the [NJ Ex Order 26. 4B1] [redacted] were called and he/she was ***NJ Ex Order 26. 4B1*** [redacted]. 2. At 10:45 a.m., the surveyor observed Resident #4 in his/her apartment in a motorized wheelchair in the "[NJ]" section of the building. The resident was [NJ Exec O] [redacted] and NJ Exec Order 26.4b1 [redacted] and was able to NJ Exec Order 26.4b1 [redacted]. During the interview with Resident #4 regarding	A 310		

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A 310	Continued From page 3	A 310		

the NJ Ex Order 26. 4B1 with Resident #3, Resident #4 admitted that he/she was NJ Ex Order 26. [redacted] in Resident #3's NJ Ex Or[redacted], which Resident #3 NJ Exec Order 26.4b1 and they both had NJ Ex Order 26. 4B1.

In addition, Resident #4 stated that during the NJ Ex Order 26. 4B1, Resident #3 'NJ Ex Order 26. 4B1 [redacted]. Resident #4 stated that he/she reported the NJ Ex Order 26. 4B1 to Nursing and the NJ Ex Order 26 were called. Resident #4 informed the surveyor also that they both NJ Ex Order 26. 4B1 [redacted] and NJ Ex Order 26. 4B1 [redacted]. Resident #3 was observed going to NJ Exec [redacted] Resident #4 upon the surveyor exiting Resident #4's apartment.

At 11:10 a.m., and 12:15 p.m., the surveyor reviewed Resident #3 and Resident #4's medical records which revealed the following:

Resident #3 moved NJ Ex Order 26. 4B1 [redacted].

Resident #4 moved NJ Ex Order 26. 4B1 [redacted].

The Progress Notes (PN) dated NJ Exec Order 26[redacted] at 4:29 a.m., by a Licensed Practical Nurse (LPN) documented that at approximately 11:30 p.m., NJ Exec Order 26.4b[redacted], Resident #4 came to the nursing station and stated that NJ Ex Order 26. 4B1 by Resident #3. Resident #4 stated that Resident #3 NJ Ex Order 26. 4B1 [redacted]. The LPN documented that Resident #4's NJ Ex Order 26. 4B1 [redacted]. In addition, the LPN documented that Resident #3 came to the nurses' station shortly after and NJ Ex Order 26. 4B[redacted] Resident #4's NJ Ex Order 26. 4B1 in his/her NJ Exec[redacted] The LPN documented that she NJ Exec Order 26.4b1

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A 310	Continued From page 4 Resident #3 to go back to his/her apartment and the [NJ Ex Order 26] were called and Resident #3 was taken to the [NJ Ex Order 26. 4B1] and returned the same day. At 12:05 p.m., the surveyor interviewed the Director of Wellness (DOW) regarding the [NJ Ex Order 26. 4B1] that occurred on [NJ Exec Order 26.4b] and the DOW stated that she received a telephone call after hours about the [NJ Ex Order 26. 4B]. The DOW stated that Resident #4's [NJ Ex Order 26. 4B1] and that the resident [NJ Ex Order 26. 4B1]. The DOW stated and confirmed that no investigation was completed as both residents decided to continue their [NJ Ex Order 26. 4B1]. Additionally, the surveyor inquired about completed assessment a for Resident #3 and Resident #4 after the above [NJ Ex Order 26. 4B]. The DOW stated that Resident #4's [NJ Ex Order 26. 4B1], and confirmed that she did complete an assessment/documentation for either of the residents. The facility failed to complete an investigation and assessment for Resident #3 and Resident #4 after the [NJ Ex Order 26. 4B1] that occurred on [NJ Exec Order 26]. The surveyor reviewed the policy titled. "Resident-to-Resident Abuse Policy" which revealed, "Abuse of a Resident by another Resident will not be tolerated. All allegations and reported incidents will be appropriately investigated ..." The policy under Immediate Action also revealed, "Both Residents will be assessed by a licensed nurse."	A 310		

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A 310	Continued From page 5 Further, the policy revealed, "The investigation is to be completed expeditiously in a manner respectful of confidentiality for both Residents while obtaining full information the investigations." Additionally, the policy revealed, "As part of the process, the Wellness Director should obtain a signed Actual or Alleged Abuse of Resident Investigation Statement and should interview witnesses, the Residents, and any others involved. The Wellness Director should note in writing any refusal to give a statement." 2. On 1/29/25 at 11:54 a.m., the surveyor reviewed Resident #5's medical record (MR) which revealed *NJ Ex Order 26. 4B1* [redacted]. The surveyor reviewed Resident #5's Service Plan (SP) dated [redacted] and observed that it was last revised on [redacted]. There was no further documentation observed by the surveyor to reflect the timely review, update,or revision of the SP for Resident #5's individualized needs. 3. On 1/29/25 at 12:00 p.m., the surveyor reviewed Resident #6's MR which revealed [redacted] The surveyor reviewed Resident #6's SP dated [redacted] and observed that it was last revised on [redacted] There was no further documentation observed by the surveyor to reflect the timely review, update or revision of the SP for Resident #6's individualized needs. 4. On 1/29/25 at 12:10 p.m., the surveyor reviewed Resident #8's MR which revealed [redacted]	A 310		

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NJ Ex Order 26. . The surveyor reviewed Resident #8's SP dated NJ Exec Order 26.4 , and observed that it was last revised on NJ Exec Order 26. . There was no further documentation observed by the surveyor to reflect the timely review, update or revision of the SP for Resident #8's individualized needs.

5. On 1/29/25 at 12:25 p.m., the surveyor reviewed Resident #9's MR which revealed NJ Ex Order 26. [redacted]
The surveyor reviewed Resident #9's SP dated NJ Exec Order 26.4 however, there were no additional dates on the SP to reflect the timely review, update or revision of the SP for Resident #9's individualized needs.

The surveyor reviewed a progress note (PN) dated NJ Exec Order 26.4 at 7:50 a.m., written by a Licensed Practical Nurse (LPN) #1, which indicated that Resident #9 was ***NJ Ex Order 26. 4B1*** [redacted]. Resident #9 ***NJ Ex Order 26. 4B1*** and was sent to the NJ Ex Order 26. 4B1 . Review of the investigation report revealed that Resident #9 was ***NJ Ex Order 26. 4B1*** [redacted] The MR indicated that Resident #9 NJ Ex Order 26. 4B1 to the facility on NJ Exec Order 26.4B1 . Further review of the MR showed no indication that an assessment was conducted by a Registered Nurse (RN) after the ***NJ Ex Order 26. 4B1***.

The surveyor observed a PN dated 9/30/24 at 6:15 p.m., written by LPN #2, which revealed that Resident #9 '***NJ Ex Order 26. 4B1*** [redacted]" and was ***NJ Ex Order 26. 4B1*** . The PN further indicated that Resident #9 stated that he/she was ***NJ Ex Order 26. 4B1*** [redacted], and agreed to be NJ Ex Order 26. 4B1 in

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A 310	Continued From page 7 the NJ Ex Order 26. 4B1. The PN dated 10/21/24 at 9:39 p.m., documented by LPN #2 indicated that Resident #2 NJ Ex Order 26. 4B1 the facility on NJ Exec Order 26.4b1 the same day. Further review of the MR showed no indication that an assessment was conducted by a RN after the NJ Ex Order 26. 4B1. The surveyor reviewed a PN dated 12/11/24 at 6:10 p.m., written by LPN #3, which revealed that Resident #9 NJ Ex Order 26. 4B1 . According to the PN, the resident NJ Ex Order 26. 4B1, was NJ Exec Order 26.4b1, and NJ Ex Order 26 . Review of the PN dated NJ Ex Order 26.4(b)(3 at 9:13 p.m., indicated that LPN #4, reassessed the resident's NJ Ex Order 26. 4B1 and that there were no new NJ Ex Order 26. 4B1 since the last assessment. Further review of the MR showed no documentation that the RN was notified or that an assessment was conducted by a RN for a NJ Ex Order 26. 4B1 . 6. On 1/30/25 at 1:45 p.m., the surveyor reviewed Resident #10's MR which revealed NJ Ex Order 26. 4B1 . The surveyor reviewed the PN dated NJ Exec Order 26.4 at 9:56 p.m., written by LPN #5, which revealed that Resident #10 had NJ Ex Order in the resident's room and stated that he/she NJ Ex Order 26. 4B1 and pressed the NJ Exec Order 26.4 as he/she was NJ Ex Order 26. The PN further indicated that NJ Ex Order arrived, examined and assisted Resident #10 NJ Ex Order 26. 4B1. The PN indicated that the Director of Wellness DOW was notified and the resident was placed on NJ Ex Order 26. 4B1 checks for the remainder of the night. Further review of	A 310		

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the MR revealed no documentation of an assessment by a RN after the [redacted] for change in status.

The surveyor reviewed a PN dated 9/21/24 at 3:33 p.m., written by LPN #6, which documented that the LPN went to administer medications to Resident #10 between 8:00 a.m.-8:15 a.m. and the resident was [redacted]. Further review of the PN revealed that Resident #10's [redacted] came to visit later that morning and found the resident in [redacted].

According to the PN, LPN #6 called [redacted] and upon checking Resident #10's [redacted], found it to be '[redacted]' and that [redacted] upon their arrival and transferred Resident #10 to the [redacted]. The surveyor reviewed an additional PN dated [redacted] at 10:44 p.m., by LPN #7, which indicated that Resident #10 returned from the [redacted] at 7:00 p.m. However, review of the MR revealed no documentation of follow up or assessment by a RN after the [redacted] and [redacted].

The surveyor reviewed a PN dated 9/28/24 at 2:22 p.m., written by a Certified Medication Aide (CMA), which indicated that Resident #10 was [redacted]. The PN indicated that the resident was sent out to the [redacted]. Review of the PN dated [redacted] at 1:22 p.m., by LPN #8, indicated that Resident #10 [redacted] the facility at 12:30 p.m. that day. Further review of the MR revealed no documentation of an assessment by a RN after the [redacted] and [redacted].

7. On 1/30/25 at 2:19 p.m., the surveyor reviewed

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A 310	Continued From page 9 Resident #11's MR which revealed NJ Ex Order 26. 4B1 [redacted]. The surveyor reviewed Resident #11's SP dated NJ Exec Order 26 [redacted], and was last revised on NJ Exec Order 26.4b3 [redacted]. There was no further documentation observed on the SP to reflect the timely review, updates or revision of the SP for Resident #11's individualized needs. 8. On 1/29/25 at 12:45 p.m. interviewed the Director of Wellness (DOW) and inquired how often the GSPs were updated and the DOW stated that the SP should be every six months, or if there was a change. The DOW further stated that she was aware that not all of the GSP's were being updated in a timely manner. The DOW stated that she was still new at the facility and acknowledged that there may not have been a process in place. She explained that she was working on a process to ensure timeliness and has been reviewing and updating the resident GSPs. She added that a second RN was recently hired to assist with the review of GSPs. During continued interview with the DOW, she stated that assessment by the RN was completed prior to admission, upon move in, and return of NJ Ex Order 26. 4B1. The surveyor inquired whether the RN assessed a resident after a NJ Ex [redacted] and she stated, "Yes," an RN assessment should be completed. The DOW explained that she followed up on the residents but did not always document the assessments and acknowledged that it should be done. On 1/31/25 at 2:00 p.m. the surveyor reviewed the facility policy dated 10/1/20, titled, "Service Package Change Policy:" which revealed the following:	A 310		

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A 310	Continued From page 10 "A review of the personal care services being delivered to each Resident is completed before move-in, at the end of the first 30 days, and quarterly or when the Resident's health status or family circumstances change (referred to as a change in condition). The state's regulatory guidelines will be complied with and supersede these time frames.... The Wellness Director assessed the Resident's needs and discusses services and the service plan with the Resident ..." The surveyor reviewed an undated facility policy titled, "Resident Return from Hospital or Other Facility Policy ..." 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. The Wellness Assessment Tool will be completed using information gathered from the interdisciplinary team progress notes, nurse's notes, physician orders, diagnostic test results... as well as direct objective assessment of the Resident. The Wellness Director will review the results of the Wellness Assessment with the General Manager ... A Resident Service Plan will be developed prior to the Resident's return ... Upon the Resident's return, the Wellness Director	A 310		

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A 310	Continued From page 11 or nurse designee will complete the Resident Assessment and Fall Risk Assessment ..." 8. On 1/31/24 at 12:00 p.m., the surveyor reviewed employee files which revealed that 9 out of 10 employee files showed no indication that the employees received a *NJ Ex Order 26. 4B1* [redacted] test upon employment for Employee #s, 1, 2, 3, 4, 5, 6, 7, 8, and 9. The surveyor also reviewed a facility policy dated 10/1/20 titled, "Tuberculin Skin Testing for Associates Policy" which indicated the following: "The Tuberculin Skin Test will be completed, and results documented prior to the start of employment by the Associate ..."	A 310		
A 389	8:36-4.1(a)(16) 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: 16. The right to be free from physical and mental abuse and/or neglect; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00171598 Based on interview, record review, and review of pertinent facility documents, it was determined	A 389		

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that the facility failed to ensure a resident's right to be free from [redacted] was enforced for unsampled residents and 1 of 17 residents reviewed, Resident #14. This deficient practice was evidenced by the following:

The Department of Health (DOH) received a Reportable Event Record (RER) written by the facility's former Executive Director (ED), dated [redacted], for an *NJ Ex Order 26. 4B1* [redacted] that occurred on [redacted]. The RER indicated that Resident #12 [redacted] Resident #14 [redacted]. The RER also indicated that Resident #12 had become *NJ Ex Order 26. 4B1* [redacted].

On 1/29/25 at 10:39 a.m., the surveyor interviewed Resident #14 to inquire about the [redacted] that occurred on [redacted] Resident #14 stated that he/she was approached by Resident #12 and that Resident #12 *NJ Ex Order 26. 4B1* [redacted]. Resident #14 stated that he/she [redacted] Resident #12, and Resident #12 *NJ Ex Order 26. 4B1* [redacted]. Resident #14 stated that Resident #12 *NJ Ex Order 26. 4B1* [redacted]. In addition, Resident #14 stated that Resident #12 *NJ Ex Order 26. 4B1* [redacted]. Resident #14 stated that he/she reported the [redacted] to the former ED, and that the former ED told him/her to [redacted] Resident #12.

The surveyor reviewed the Medical Record of Resident #12, who was *NJ Ex Order 26. 4B1* [redacted], and observed a Progress Notes (PN) written by Nurse #1, dated [redacted], which documented, "... [Resident #12] has been [redacted] ..."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06A003	A. BUILDING: _____ B. WING _____	C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

(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 389	Continued From page 13 In addition, the surveyor reviewed a PN written by Nurse #2, dated [redacted], which documented, "*NJ Ex Order 26. 4B1* [redacted] ..." The surveyor then reviewed a PN written by Nurse #3, dated [redacted] which documented, "... [Resident #12] was *NJ Ex Order 26. 4B1* [redacted] ... [Resident #12] then started to make *NJ Ex Order 26. 4B1* [redacted], for example "*NJ Ex Order 26. 4B1* [redacted]" to a resident with a *NJ Ex Order 26. 4B1* [redacted]". Lastly, the surveyor reviewed another PN written by Nurse #1, dated [redacted], which documented, "... *NJ Ex Order 26. 4B1* [redacted] ..." The surveyor reviewed the facility policy titled, "Resident Rights Policy," which indicated that Residents had the right to be free from sexual abuse, physical abuse, mental abuse, verbal abuse, corporal punishment, neglect, and involuntary seclusion. In addition, the surveyor reviewed the policy titled, "Resident-to-Resident Abuse Policy," which indicated, "Abuse of a Resident by another Resident will not be tolerated. All allegations and reported incidents will be appropriately investigated. There are several different types of abuse: a) physical, b) emotional, c) financial, and d) sexual."	A 389		
A 555	8:36-5.8(a) General Requirements	A 555		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06A003	A. BUILDING: _____ B. WING _____	C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

(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 555	Continued From page 14 (a) The facility shall be capable of providing resident transportation, either directly or by arrangement, to and from health care services provided outside the facility, and shall promote reasonable plans for security and accountability for the resident and his or her personal possessions, as well as transfer of resident information to and from the provider of the service, as required by individual residents and specified in resident service plans. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00174346; NJ00179231 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide residents with *NJ Ex Order 26. 4B1* appointments as required by individual residents and specified in resident service plans for 2 of 17 residents, Resident #11 and Resident #13. This deficient practice was evidenced by the following: 1) On 1/29/25 at 10:56 a.m., the surveyor observed Resident #13 in his/her apartment. The surveyor was NJ Exec Order 26.4b1 Resident #13, as this resident was *NJ Ex Order 26. 4B1*. The surveyor reviewed the Medical Record (MR) of Resident #13, who *NJ Ex Order 26. 4B1* The surveyor reviewed Resident #13's service plan, revised on NJ Exec Order 26, which indicated, "*NJ Ex Order 26. 4B1* ."	A 555		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06A003	A. BUILDING: _____ B. WING _____	C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

(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 555	Continued From page 15 In addition, the surveyor reviewed Resident #13's "72 Hour South Carolina Assessment V 2.1," dated 7/1/23, which indicated that the facility would be responsible for Resident #13's [redacted]. Lastly, the surveyor reviewed a Progress Note (PN) written by the Director of Wellness (DOW), dated [redacted], which indicated, "[redacted] ..." 2) At 11:10 a.m., the surveyor observed as Resident #11 made a [redacted] appointment over the phone. Resident #11 hung up the phone and stated that he/she [redacted] of the appointment. At this time, the surveyor asked Resident #11 who would set up [redacted] for the resident's appointment, and the resident stated that he/she would. Resident #11 explained that [redacted]. Resident #11 stated that [redacted]. On 1/31/25 at 12:02 p.m., the surveyor interviewed the DOW to inquire the reason Resident #13 and Resident #11 missed their [redacted] appointments. The DOW stated that	A 555		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06A003	A. BUILDING: _____ B. WING _____	C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

(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 555	Continued From page 16 Resident #13's RP, NJ Ex Order 26. 4B1 , made the resident's appointments and then emailed the appointments to the facility's former concierge, who then arranged for NJ Ex Order 26. 4B1 to the appointments. The DOW stated that the former concierge went out on leave and Resident #13's RP continued to send emails with appointments to the former concierge's email, which no other staff had access to. The DOW stated that the facility was not aware that Resident #13 missed NJ Ex Order 26. appointments until the facility received a visit from the Ombudsman. Regarding Resident #11, the DOW stated that the resident NJ Ex Order 26. 4B1 his/her appointments, however, the surveyor was not able to locate documented evidence of the NJ Ex Order 26. 4B1 appointments in the resident's MR. The surveyor reviewed the facility's "Assisted Living Services and Admission Agreement," which indicated, "... Upon request by the resident, the Community shall assist in making medical appointments and arranging for transportation to and from the source of medical treatment ..." In addition, the surveyor reviewed the facility's policy titled, "General Resident Transportation Policy,' effective 10/1/2020, which indicated, "... The Community will provide resident transportation, either directly or by arrangement, to and from health care services provided outside the center, and will promote reasonable plans for security and accountability for the resident and his or her personal transfer of resident information to and from the provider of the service, as required by individual residents and specified in resident's service plans ..."	A 555		
A 631	8:36-5.18(b)(2) General Requirements	A 631		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

(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 631	Continued From page 17 (b) Managed risk agreements shall be negotiated with the resident or legal guardian and shall address the following areas in writing: 2. The probable consequences if the resident continues the choice and/or action identified as a cause for concern; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00177838 Based on observation, interview and record review it was determined that the facility failed to negotiate a Managed Risk Agreement (MRA) to address Resident #3's NJ Ex Order 26. 4B1 and both chose to still remain in the NJ Ex Order 26. 4B1 of 2 residents, Resident #3 and Resident #4. This deficient practice was evidenced by the following: The surveyor reviewed the Facility Reportable Event (FRE) report regarding a NJ Ex Order 26. 4B1 submitted by the Director of Wellness (DOW) which occurred on NJ Exec Order 26. at the facility. The DOW documented that Resident #4 reported to the nurse that while visiting Resident #3 at his/her apartment, Resident #4 was NJ Ex Order 26. 4B1 Resident #3 and in addition, Resident #4 sustained NJ Ex Order 26. 4B1 . The DOW documented that Resident #4 NJ Ex Order 26. 4B1 , NJ Ex were called and Resident #3 was NJ Ex Order 26. 4B1 . On 1/29/25 at 10:36 a.m., the surveyor observed Resident #3 return from an outing to his/her apartment in the "NJ" section of the building. The	A 631		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

(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 631	Continued From page 18 resident was NJ Exec O and NJ Exec Order 26.4b1 The surveyor interviewed the resident regarding the NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 26. with Resident #4. Resident #3 stated that Resident #4 came to his/her apartment and was NJ Ex Order 26. 4B1 on the NJ Ex Or. Resident #3 explained that he/she told Resident #4 that he/she NJ Ex Order 26. 4B1 . Resident #3 stated that Resident #4 NJ Ex Order 26. 4B1 Resident #4 NJ Ex Order 26. 4B1. Resident #3 stated that NJ Ex Order 26 Resident #4 NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1. Resident #3 added that Resident #4 called the NJ Ex Order 26. 4B1 and he/she was NJ Ex Order 26. 4B1 . At 10:45 a.m., the surveyor observed Resident #4 in his/her apartment in a NJ Exec Order 26.4b1 wheelchair in the "NJ" section of the building. The resident was NJ Exec O and NJ Exec Order 26.4b1 and was able to NJ Exec Order 26.4b1 . During the interview with Resident #4 regarding the above NJ Ex Order 26. 4B1 with Resident #3, Resident #4 admitted that he/she was NJ Ex Order 26. 4B1 in Resident #3's NJ Ex Or which resident #3 NJ Exec Order 26.4b1 and they both NJ Ex Order 26. 4. Resident #4 stated that during the NJ Ex Order 26. 4B1, Resident #3 ' NJ Ex Order 26. 4B . Resident #4 stated that NJ Ex Order 26. 4B1 . Resident #4 informed the surveyor also that they both NJ Ex Order 26. 4 . Upon exiting Resident #4's apartment, the surveyor observed Resident #3 going in to visit Resident #4.	A 631		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

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A 631	Continued From page 19 At 11:10 a.m., and 12:15 p.m., the surveyor reviewed Resident #3 and Resident #4's medical records (MR). Resident #3's MR revealed that the resident's NJ Ex Order 26. 4B1 [redacted]. The surveyor reviewed Resident #4's medical record which revealed the NJ Ex Order 26. 4B1 [redacted]. The Progress Notes (PN) dated NJ Exec Order 26 at 4:29 a.m., by a Licensed Practical Nurse (LPN) documented that at approximately 11:30 p.m., NJ Exec Order 26.4b1, Resident #4 came to the nursing station and stated that he/she was NJ Ex Order 26. 4B1 Resident #3. Resident #4 stated that Resident #3 NJ Ex Order 26. 4B1 [redacted]. The LPN documented that Resident #4's NJ Ex Order 26. 4B1 [redacted]. In addition, the LPN documented that Resident #3 came to the nurses' station shortly after and NJ Ex Order 26. 4B Resident #4's NJ Ex Order 26. 4B1 in his/her NJ Exec The LPN documented that she redirected Resident #3 to go back to his/her apartment and the NJ Ex Order 26 were called and Resident #3 was taken to the NJ Ex Order 26. 4B1 and returned the same day. At 12:05 p.m., the surveyor interviewed the Director of Wellness (DOW) regarding the resident to NJ Ex Order 26. 4B1 [redacted] that occurred on NJ Exec Order 26.4b1 The DOW stated that she received a telephone call after hours about the above NJ Ex Order 26. 4B1. The DOW stated that Resident #4's NJ Ex Order 26. 4B1 [redacted]. The DOW further stated that she spoke with both	A 631		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

(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 631	Continued From page 20 residents the next dau in detail regarding the NJ Ex Order 26. 4B1 and both residents chose to continue their NJ Ex Order 26. 4B1 . The surveyor then requested the documentation of the conversation and also inquired if the residents were provided a MRA. The DOW stated that there was no documentation of the conversation and confirmed that she did not provide the residents with a MRA. Surveyor review of the facility's policy titled, "Shared Risk Agreement Policy" effective 10/01/2020, revealed, "It is the goal of the Community to allow the Resident choice in reasonable risk-taking. The Community reserves the right to determine what level of risk is acceptable" "Procedure: 1. When ... this will be documented in a written agreement among all parties in accordance with state regulations ... 3. When there are identified risks ... 6. The Shared Risk Agreement will clearly identify the possible risk to the Resident ..."	A 631		
A 749	8:36-7.3(a) Resident Assessments and Care Plans (a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. This REQUIREMENT is not met as evidenced by: Complaint #s: NJ 00176303, NJ 00177842, NJ	A 749		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

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A 749	Continued From page 21 00179332, NJ 00176067 Based on interview and record review, it was determined that the facility failed to ensure that the General Service Plan (GPS) were developed, reviewed and/or revised for 8 of 17 residents reviewed, Resident #s, 3, 4, 5, 6, 8, 9, 11 and 16. This deficient practice was evidenced by the following: 1. On 1/29/25 at 11:10 a.m., and 12:15 p.m., the surveyor reviewed Resident #3 and Resident #4's medical records regarding the NJ Ex Order 26. 4B1 [redacted] that occurred on NJ Exec Order 26. and was reported to the Department of Health (DOH) on NJ Exec Order 26. when Resident #3 NJ Ex Resident #3 NJ Ex [redacted]. The surveyor reviewed Resident #3's medical record which revealed NJ Ex Order 26. 4B1 [redacted]. The surveyor reviewed Resident #4's medical record which revealed NJ Ex Order 26. 4B1 [redacted]. The Progress Notes (PN) dated NJ Exec Order 26 at 4:29 a.m., by a Licensed Practical Nurse (LPN) documented that at approximately 11:30 p.m., NJ Exec Order 26.4b1 Resident #4 came to the nursing station and stated that he/she was NJ Ex Order 26. 4B1 Resident #3. Resident #4 stated that Resident #3 NJ Ex Order 26. 4B1 [redacted]. The LPN documented that Resident #4's NJ Ex Order 26. 4B1 [redacted]. In addition, the LPN documented that Resident #3 came to the nurses' station shortly after and NJ Ex Order 26. 4B Resident #4's NJ Ex Order 26. 4B1 in his/her NJ Exec The LPN documented that she NJ Exec Order 26.4b1	A 749		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 749	Continued From page 22 Resident #3 to go back to his/her apartment and the [NJ Ex Order 26] were called and Resident #3 was taken to the [NJ Ex Order 26. 4B1] and returned the same day. Continued surveyor review of Resident #3 and Resident #4's medical record did not observe documented evidence that the residents' GSP was developed and/or reviewed with intervention(s) to address the residents' [NJ Ex Order 26. 4B1]. At 12:05 p.m., the surveyor interviewed the Director of Wellness (DOW) regarding the [NJ Ex Order 26. 4B1] and inquired about the residents GSPs. The DOW stated that she received a telephone call after hours about the [NJ Ex Order 26. 4B1]. The DOW stated that Resident #4's [NJ Ex Order 26. 4B1] and that the resident [NJ Ex Order 26. 4B1] further [NJ Ex Order 26. 4B1]. However, there was no documented evidence that the GSPs were developed and/or revised to address Resident #3 and Resident #4 behaviors. 2. On 1/30/25 at 10:45 a.m., the surveyor reviewed Resident #16's medical record (MR) which revealed [NJ Ex Order 26. 4B1] The Nursing Note (NN) dated [NJ Exec Order 26.4b1] written by a Licensed Practical Nurse (LPN) documented that the resident was [NJ Exec O] and [NJ Exec Order 26.4b1] During review of the MR, the surveyor did not observe a GSP, Service Plan or Health Service Plan in the resident's medical record. The resident was [NJ Ex Order 26. 4B1]	A 749		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

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A 749	Continued From page 23	A 749		

The NN dated NJ Exec Order 26.4b1 5:19 a.m., written by a LPN documented that the resident was NJ Ex Order 26. 4B1 [redacted] and returned to the facility with a *NJ Ex Order 26. 4B1* related to NJ Ex Order 26. 4 [redacted].

The NN dated NJ Exec Order 2 at 6:03 a.m., written by a LPN documented that the resident returned from the NJ Ex Order 26. 4B1 related to *NJ Ex Order 26. 4B1* [redacted] following a *NJ Ex Order 26. 4B1* and returned with a new *NJ Ex Order 26. 4B1*.

The NN dated NJ Exec Order 26. at 5:46 p.m., written by a LPN documented that [Agency] nurse came out to change resident's *NJ Ex Order 26. 4B1*, which was removed without difficulty but was NJ Exec Order 2 to NJ Exec Orde a new NJ Ex Order 26. 4B1 in.

The NN dated NJ Exec Order 26. at 5:27 a.m., by a LPN documented that as per report, resident NJ Ex Order 26. 4B1 [redacted] since return to facility at 3 p.m. The resident *NJ Ex Order 26. 4B1* [redacted] and requested *NJ Ex Order 26. 4B1* [redacted] and was transferred to the *NJ Ex Order 26. 4B1*.

The NN dated NJ Exec Order 26. at 6:26 a.m., by a LPN documented that the resident returned from the *NJ Ex Order 26. 4B1* [redacted] and was also diagnosed with NJ Ex Or [redacted].

The NN dated NJ Exec Order at 9:29 a.m., by a LPN documented that the resident was *NJ Ex Order 26. 4B1* [redacted]. The LPN documented that the *NJ Ex Order 26. 4B1* was leaking from site of NJ Ex Order 26. 4B1.

The NN dated NJ Exec Order at 11:39 a.m., by a LPN documented that the resident was sent to the NJ Ex O [redacted] per the resident's request and declined the facility

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NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

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A 749	Continued From page 24 staff NJ Ex Order 26. 4B1 . The NN dated NJ Exec Order 2 at 5:57 a.m., by a LPN documented that the NJ Ex Order 26. 4B1 was 'NJ Ex Order 26. 4B1" and that the resident also needed NJ Ex Order 26. 4B1 The LPN documented that the resident was transferred to the NJ Ex Order 26. 4B1 . At 1:15 p.m., the surveyor interviewed the Director of Wellness (DOW) and inquired about Resident #16's care and also the GSP for review. The DOW stated that she started employment with the facility in NJ Ex Order 26. 4B1 and if the GSP was not available in the medical record, then it was not initiated or updated. 3. On 1/29/25 at 11:54 a.m., the surveyor reviewed Resident #5's medical record (MR) which revealed NJ Ex Order 26. 4B1 . The surveyor reviewed Resident #5's Service Plan (SP) dated NJ Exec Order 26. NJ Exec Order 26. , and observed that it was last revised on . There was no further documentation observed by the surveyor to reflect the timely review, update,or revision of the SP for Resident #5's individualized needs. 4. On 1/29/25 at 12:00 p.m., the surveyor reviewed Resident #6's MR which NJ Ex Order 26. 4B1 . The surveyor reviewed Resident #6's SP dated NJ Exec Order , and observed that it was last revised on NJ Exec Order 26. . There was no further documentation observed by the surveyor to reflect the timely review, update or revision of the SP for Resident #6's individualized needs.	A 749		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06A003	A. BUILDING: _____ B. WING _____	C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

(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 749	Continued From page 25 5. On 1/29/25 at 12:10 p.m., the surveyor reviewed Resident #8's MR which revealed [NJ Ex Ord] [redacted]. The surveyor reviewed Resident #8's SP dated [NJ Exec Order 26] [redacted], and observed that it was last revised on [NJ Exec Order 26] [redacted]. There was no further documentation observed by the surveyor to reflect the timely review, update or revision of the SP for Resident #8's individualized needs. 6. On 1/29/25 at 12:25 p.m., the surveyor reviewed Resident #9's MR which [NJ Ex Order 26. 4B1] [redacted]. The surveyor reviewed Resident #9's SP dated [NJ Exec Order 26] [redacted], however there were no additional dates on the SP to reflect the timely review, update or revision of the SP for Resident #9's individualized needs. 7. On 1/30/25 at 2:19 p.m., the surveyor reviewed Resident #11's MR which revealed [NJ Ex Order 26. 4B1] [redacted]. The surveyor reviewed Resident #11's SP dated [NJ Exec Order 26] [redacted], and observed that it was last revised on [NJ Exec Order 26] [redacted]. There was no further documentation observed on the SP to reflect the timely review, updates or revision of the SP for Resident #11's individualized needs. 8. On 1/29/25 at 12:45 p.m. interviewed the Director of Wellness (DOW) and inquired how often the GSPs were updated and the DOW stated that the SP should be every six months, or if there was a change. The DOW further stated that she was aware that not all of the GSP's were being updated in a timely manner. The DOW stated that she was still new at the facility and	A 749		

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A 749	Continued From page 26 acknowledged that there may not have been a process in place for reviewing and updating the GSPs. On 1/31/25 at 2:00 p.m. the surveyor reviewed the facility policy dated 10/1/20, titled, "Service Package Change Policy," which revealed the following: "A review of the personal care services being delivered to each Resident is completed before move-in, at the end of the first 30 days, and quarterly or when the Resident's health status or family circumstances change (referred to as a change in condition). The state's regulatory guidelines will be complied with and supersede these time frames ..." 2. "The Wellness Director assessed the Resident's needs and discusses services and the service plan with the Resident ..."	A 749		
A 765	8:36-7.4(c)(1) Resident Assessments and Care Plans (c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following: 1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as needed basis, including and upon the resident's return to the facility from the hospital;	A 765		

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A 765	Continued From page 27 This REQUIREMENT is not met as evidenced by: Complaint #s: NJ 00176303, NJ 00177842, NJ 00179332 The facility failed to implement and ensure the assessment of all residents with a General Service Plan (GSP) at least semi-annually, and those residents with a Health Service Plan (HSP) at least quarterly, and as needed, including the resident's return from the NJ Ex Order 26. 4B1 of 17 residents reviewed, Resident NJ Ex O and Resident NJ Ex Or. This deficient practice was evidenced by the following: 1. On NJ Exec Order 26 at 10:27 a.m., the Department of Health (DOH) received a Facility Reportable Event (FRE), (A form utilized by health care facilities to report incidents to the DOH), regarding an event that occurred at the facility on NJ Exec Order 26 at 7:48 a.m. Review of the FRE indicated that a facility resident, Resident #9 pulled his/her call bell, and was found by a facility Certified Nursing Assistant (CNA), NJ Ex Order 26. 4B1 . The FRE further indicated that the NJ Ex Order 26. 4B1 revealed that Resident #9 sustained an NJ Ex Order 26. 4B1 On 1/29/25 at 12:10 p.m., the surveyor reviewed Resident #9's MR which revealed NJ Ex Order 26. 4B1 . The surveyor reviewed a progress note (PN) dated NJ Exec Order 26.4 at 7:50 a.m., written by a Licensed Practical Nurse (LPN) #1, which indicated that Resident #9 was NJ Ex Order 26. 4B1 . According to the LPN documentation, the resident	A 765		

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A 765	Continued From page 28 stated that he/she [redacted]. Resident #9 was complained of [redacted] and was sent to the [redacted] Review of the facility investigative report revealed that Resident #9 was admitted with a [redacted]. The MR indicated that Resident #9 [redacted] the facility on [redacted]. Further review of the MR showed no indication that an assessment was completed by a Registered Nurse (RN) after the [redacted]. Additionally, the surveyor observed a PN dated [redacted] at 6:15 p.m., written by a LPN #2, which revealed Resident #9, "[redacted]" and was [redacted]. The PN further indicated that Resident #9 stated that he/she was [redacted]. A PN dated [redacted] at 9:39 p.m., written by LPN #2 revealed that Resident #2 [redacted] the facility on [redacted]. Further review of the MR revealed no indication that an assessment was completed by a RN after the [redacted]. The surveyor reviewed an additional PN dated [redacted] at 6:10 p.m., by a facility LPN #3, which revealed that Resident #9 [redacted]. LPN #3 documented that the resident [redacted] was [redacted] and would be [redacted]. Review of an additional PN dated [redacted] at 9:13 p.m., indicated that LPN #4, reassessed the resident's [redacted] and that there were no new [redacted] since the last assessment. Further review of the	A 765		

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A 765	Continued From page 29 MR revealed no documentation that a RN was notified or that an assessment was completed by a RN for a [redacted]. 2). On [redacted] at 2:37 p.m., the DOH received an FRE dated [redacted], which indicated that Resident #10, [redacted] According to the FRE report, Resident #10 was sent to the [redacted] On 1/30/25 at 1:45 p.m., the surveyor reviewed Resident #10's MR which revealed [redacted]. The surveyor reviewed a PN dated [redacted] at 9:56 p.m., written by LPN #5, which revealed that Resident #10 had a [redacted] his/her room and stated that he/she [redacted] and pressed his/her [redacted] as he/she was [redacted] The PN further indicated that Emergency Medical Services (EMS) arrived, examined and assisted Resident #10 [redacted]. The PN indicated that the Director of Wellness (DOW) was notified and the resident was placed on [redacted] checks for the remainder of the night shift. Further review of the MR revealed no documentation of an assessment by a RN after the [redacted] for [redacted]. The surveyor reviewed a PN dated 9/21/24 at 3:33 p.m., written by LPN #6, which documented that the LPN went to administer medications to Resident #10 between 8:00 a.m.-8:15 a.m. and the resident was still sleeping. Further review of the PN revealed that Resident #10's [redacted] came to visit later that morning and [redacted]. The PN	A 765		

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A 765	Continued From page 30	A 765		

documented that LPN #6 called [redacted] and upon checking Resident #10's [redacted], found the [redacted] to be "[redacted]."

The surveyor reviewed an additional PN dated [redacted] at 10:44 p.m., written by LPN #7, which revealed that Resident #10 [redacted] from the [redacted] at 7:00 p.m. Further review of the MR revealed no documentation of follow up or assessment by a RN after the [redacted] and [redacted].

The surveyor reviewed a PN dated [redacted] at 2:22 p.m., by a Certified Medication Aide (CMA), that indicated Resident #10 was [redacted]. The PN documented that the resident was sent out to the [redacted] and admitted with [redacted]. Review of the PN dated [redacted] at 1:22 p.m., by LPN #8, indicated that Resident #10 [redacted] the facility at 12:30 p.m., the same day. Further review of the MR revealed no documentation of an assessment by a RN after the [redacted] and [redacted].

On 1/29/25 at 12:45 p.m., during interview with the DOW, she stated that assessment by the RN was done prior to admission, upon move in, and if a resident went out the [redacted] upon their return. The surveyor inquired whether the RN assessed a resident after a [redacted] and she stated "[redacted]," an RN assessment should be completed. The DON further stated that she checked on the residents but did not always document an assessment after a [redacted] from the [redacted].

On 1/31/25 at 2:00 p.m., the surveyor reviewed an undated facility policy titled, "Resident Return from Hospital or Other Facility Policy."

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A 765	Continued From page 31 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. 2. The Wellness Assessment Tool will be completed using information gathered from the interdisciplinary team progress notes, nurse's notes, physician orders, diagnostic test results... as well as direct objective assessment of the Resident. 3. The Wellness Director will review the results of the Wellness Assessment with the General Manager ... 4. A Resident Service Plan will be developed prior to the Resident's return ... 6. Upon the Resident's return, the Wellness Director or nurse designee will complete the Resident Assessment and Fall Risk Assessment ..."	A 765		
A 891	8:36-10.5(a) Dining Services (a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.	A 891		

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A 891	Continued From page 32 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to store and label food in accordance with the provisions of Chapter 24, N.J.A.C. 8:24. "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines," which placed the highly susceptible population of residents at risk for foodborne illnesses. This deficient practice was evidenced by the following: On 1/30/25 at 11:48 a.m., the surveyor, in the presence of the Dining Director, toured the dry storage area in the kitchen and observed the following: 1. Two unlabeled boxes of "NJ Exec Order 26.4b1 [redacted] packets, which indicated that the sweetener was best by 10/27/24. 2. One open box of "NJ Exec Order 26.4b1," dated 1/7/25, which contained dessert shells that were not covered or wrapped. 3. One open unlabeled box of "Craisins". 4. One open unlabeled box of "NJ Exec Order 26.4b1 Dressing". 5. Three boxes of unlabeled potatoes. 6. Four boxes of unlabeled dry cereal. 7. Two unlabeled 8-pound 5-ounce cans of grape jelly. 8. One unlabeled 7-pound 4-ounce can of baked beans. 9. One unlabeled 30 fluid ounce container of NJ Exec Or[redacted] mayonnaise. 10. One open unlabeled box of "NJ Exec Order 26.4b1 Shells".	A 891		

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A 891	Continued From page 33 11. One unlabeled box of "NJ Exec Order 26.4b1 Cocoa Mix. In addition, the surveyor inspected the refrigerator in the presence of the Dining Director and observed the following: 1. Three unlabeled 5-pound tubs of low-fat cottage cheese. 2. Unlabeled oranges and lemons. 3. Two 6-pound bags of "NJ Exec Order 26.4b1 Nonfat Yogurt," dated 12/24/24, which expired on 1/15/25. Lastly, the surveyor inspected the freezer in the presence of the Dining Director and observed the following: 1. Two unlabeled boxes of "NJ Exec Order 26.4b1 [redacted]. 2. Two unlabeled NJ Exec Order 26 bags of breaded tilapia fish (per the Dining Director). 3. One unlabeled NJ Exec Order 26 bag of breaded chicken tenderloins (per the Dining Director). The surveyor interviewed the Dining Director to inquire the reason some open items were left uncovered/unwrapped. The Dining Director stated that he did not know, and acknowledged that once a box was opened, the contents should have been put in a NJ Exec Order 26 bag and labeled. The surveyor then inquired if dry cereal and produce including potatoes were usually labeled, and the Dining Director stated that the potatoes and dry cereal were supposed to be labeled. In addition, the surveyor asked the Dining Director who checked to see if food expired, and the Dining Director stated that he did. The surveyor then inquired the reason there was yogurt in the refrigerator that expired on 1/15/25, 15 days ago. The Dining Director stated that the yogurt was previously used for parfaits and that he would get	A 891		

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A 891	Continued From page 34 rid of the yogurt. Lastly, the surveyor inquired the reason meats and fish were stored in unlabeled [NJ Exec Order 26] bags, and the Dining Director acknowledged that the [NJ Exec Order 26] bags should have been labeled.	A 891		
A 925	8:36-11.2 Pharmaceutical Services The assisted living residence, comprehensive personal care home, or assisted living program shall be capable of ensuring that pharmaceutical services are provided to residents in accordance with the prescriber's orders, each resident's health care plan, and in accordance with the rules of this chapter and all applicable State and Federal laws and regulations. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of pertinent facility documents it was determined that the facility failed to [NJ Ex Order 26. 4B1] for 1 of 17 residents reviewed, Resident #11. This deficient practice was evidenced by the following: On 1/29/25 at 11:10 a.m., the surveyor interviewed Resident #11, who stated that a week prior to the date of survey [NJ Exec Order 26.4B1], he/she was seen by a doctor, who ordered the resident a new [NJ Ex Order 26.4]. However, Resident #11 stated that he/she did not receive the [NJ Ex Order 26. 4B] The surveyor reviewed the Medical Record (MR) of Resident #11, who was admitted [NJ Ex Order 26. 4B1]	A 925		

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A 925	Continued From page 35 *NJ Ex Order 26. 4B1* [redacted]. The surveyor reviewed Resident #11's Medication Administration Record (MAR), which confirmed on [redacted] the resident was ordered *NJ Ex Order 26. 4B1* [redacted] a day. However, the order status revealed that the order was '*NJ Ex Order 26. 4B1* [redacted]'. On 1/31/25 at 10:33 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN), who was assigned to Resident #11. The surveyor inquired the reason Resident #11's *NJ Ex Order 26. 4B1* [redacted] was ordered on [redacted] and was still *NJ Ex Order 26. 4B1* [redacted], [redacted] days later. The LPN stated that physician orders were not confirmed until medications were received by pharmacy. The surveyor then inquired the reason the LPN did not call the pharmacy to request the [redacted], and the LPN stated that she was not aware of the order for the [redacted] that was still *NJ Ex Order 26. 4B1* [redacted]. The LPN explained that she was not told about the [redacted] order when she received report from the previous shift. At 12:02 p.m., the surveyor interviewed the Director of Wellness (DOW) to inquire when physician orders were confirmed, and the DOW stated that physician orders were not confirmed until medications were received from the pharmacy. The surveyor then inquired the reason Resident #11 had not received his *NJ Ex Order 26. 4B1* [redacted] that was ordered on [redacted] from pharmacy. The DOW stated that she did not know why Resident #11 did not receive his/her [redacted] and that she would have to look into it.	A 925		

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A 925	Continued From page 36 The surveyor reviewed the facility policy titled, "Provision of Pharmaceutical Services," which indicated that, "[The facility] shall be capable of ensuring that pharmaceutical services are provided to residents in accordance with prescriber's orders, each resident's health care plan, and in accordance with the rules of this chapter and all applicable State and Federal laws and regulations ... [The facility] shall assist residents in obtaining pharmaceutical services in accordance with orders from a health care provider licensed to prescribe and in accordance with each resident's health care plan or resident's service plan ..."	A 925		
A 935	8:36-11.4(b) Pharmaceutical Services (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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to ensure that all NJ Ex Order 26. 4B1 were documented as NJ Ex Order 26. 4B1 immediately after the medications were NJ Ex Order 26. 4B1 of 17 residents observed, Resident #5 and Resident #6. This	A 935		

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A 935	Continued From page 37 deficient practice was evidenced by the following: 1. On 1/29/24 at 9:28 a.m., during medication observation, the surveyor observed a facility Licenced Practical Nurse (LPN) #6 prepared and [redacted] to Resident #5. After LPN #6 [redacted], she returned to the [redacted] cart; however, the surveyor did not observe LPN #6 sign for the [redacted] on the Electronic Medication Record (EMR) after the [redacted] to Resident #5. At 11:54 a.m., the surveyor reviewed Resident #5's medical record (MR) which revealed [redacted]. 2. The surveyor also observed LPN #6 prepared and [redacted] to Resident #6, and upon returning to the [redacted] cart, the surveyor did not observe LPN #6 sign for the [redacted] that she had [redacted] to Resident #6. At 12:00 p.m., the surveyor reviewed Resident #6's MR which revealed [redacted]. During further observation of the [redacted] observation, the surveyor observed the EMR screen which showed [redacted] un-sampled residents who were highlighted in red. The surveyor asked LPN #6 what the red color meant and the LPN explained that those resident's [redacted] were not late, and that they had already been [redacted], but were not signed for in the EMR. During interview with LPN #6 she explained that it was a big [redacted] and stated, "I	A 935		

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A 935	Continued From page 38 just run through the meds and sign after." LPN #6 further stated that she practically had the cart memorized and that signing after she was done with the NJ Ex Order 26. 4B1 was easier. When the surveyor asked how she kept track of what she had given and to which resident she had NJ Ex Order 26. 4B1 to, the LPN showed the surveyor a check list that she utilized and kept on the NJ Ex Order 26. 4B1 cart. On 1/31/25 during exit conference, the surveyor discussed the NJ Ex Order 26. 4B1 which included the observation that LPN #6 did not sign for the NJ Ex Order 26. 4B1 immediately after NJ Ex Order 26. 4B1. The DON questioned how could the LPN keep track of what she had NJ Ex Order 26. 4B1 if she didn't sign after NJ Ex Order 26. 4B1, and that NJ Ex Order 26. 4B1 should be signed right after they were NJ Ex Order 26. 4B1 to each resident. On 1/31 24 at 2:00 p.m., the surveyor reviewed an undated facility policy titled, "Administration of Medications", which revealed," Medication administration is documented on the resident's MAR at the time the medication is given by the person who administered the medication."	A 935		
A 941	8:36-11.5(b)(3)(i-v) Pharmaceutical Services (b) The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C. 13:37-6.2 to certified medication aides, as defined in this chapter. 3. The certified medication aide shall not: i. Administer any injection other than pre-drawn properly packaged and labeled insulin	A 941		

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A 941	Continued From page 39 as described in (b)1 above; ii. Calculate a medication dosage; iii. Pre-pour medications for more than one resident at a time; iv. Contact prescribers for changes in medication, to clarify an order, or contact the pharmacist for questions regarding a dispensed medication; or v. Administer bolus doses of enteral feedings, or stop and/or start an existing enteral feeding pump or gravity-fed system. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of pertinent facility documents it was determined that the facility failed to ensure that Certified Medication Aides (CMAs) received proper delegation from the Registered Nurse/Director of Wellness (RN/DOW), in accordance with N.J.A.C. 13:37-6.2, when two CMAs NJ Ex Order 26. 4B1 [redacted] of 17 residents. This deficient practice was evidenced by the following: On 1/29/25 at 11:10 a.m., during an interview with Resident #11, the resident stated that staff NJ Ex Order 26. 4B1 [redacted]. According to ozempic.com, NJ Ex Order 26. 4B1 [redacted].	A 941		

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A 941	Continued From page 40 NJ Ex Order 26. 4B1 refers to NJ Ex Order 26. 4B1 [redacted]. At 11:32 a.m., the surveyor reviewed the Medical Record (MR) of Resident #11, who was NJ Ex Order 26. 4B1 [redacted] The surveyor reviewed Resident #11's Medication Administration Record (MAR), which confirmed the resident received NJ Ex Order 26. 4B1. In addition, the MAR revealed that on NJ Exec Order 26, Certified Medication Aide (CMA) #1 documented the NJ Ex Order 26. 4B1 to Resident #11. At 12:33 p.m., the surveyor interviewed CMA #1 to confirm that she NJ Ex Order 26. 4B1 to Resident #11, and the CMA confirmed that she did NJ Ex Order 26. 4B1 to Resident #11 one time. In addition, the surveyor inquired if NJ Ex Order 26. 4B1 [redacted] was in the CMA's scope of practice, and CMA #1 stated that she did not know. At 12:45 p.m., the surveyor interviewed the Director of Wellness (DOW), who was a Registered Nurse (RN), to inquire who was allowed to NJ Ex Order 26. 4B1, and the DOW stated that CMAs or Licensed Practical Nurses (LPNs) could NJ Ex Order 26. 4B1. During this interview, the DOW stated that she "thought" that anything NJ Ex O[redacted]-dosed could be NJ Ex Order 26. 4B1 by a CMA. The DOW also stated that more than one resident received NJ Ex Order 26. 4B1, and that she did not in-service or train the CMAs on NJ Ex Order 26. 4B1 [redacted]. At this time, the surveyor inquired if the facility had a waiver for CMAs to NJ Ex Order 26. 4B1, and the DOW stated that the facility did not have	A 941		

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A 941	Continued From page 41 a waiver. The DOW provided the surveyor with a document titled, "Order Listing Report," which revealed that Resident #17 also had an order for [NJ Ex Order 26. 4B1]. The surveyor reviewed Resident #17's MAR, which revealed on [NJ Exec Order 26.4b] CMA #2 documented the [NJ Ex Order 26. 4B1] to this resident. CMA #2 was not available for interview. At 1:06 p.m., the DOW stated that another RN at the facility in-serviced CMAs on [NJ Ex Order 26. 4B1] however, the DOW stated that there was no documented evidence of the in-service. The surveyor reviewed the facility policy titled, "Limits to Delegation of Medication Administration," which indicated, "The RN is responsible for the administration of medications. The RN may choose to delegate the task to the LPNs and/or CMAs who have received the required training. The following limits shall apply to the delegation of medication administration. a. The administration of oral, ophthalmic, otic, inhalant, nasal, rectal, vaginal, topical, and injectable (subcutaneous) medications may be delegated. Medication requiring any other route of administration and injections other than pre-drawn insulin shall not be delegated ..." This deficient practice placed residents in imminent danger. On 1/31/25, the facility submitted a removal plan, which indicated that the facility would in-service CMAs and LPNs on [NJ Ex Order 26. 4B1] and inform them that [NJ Ex Order 26. 4B1] was only to be [NJ Ex Order 26. 4B1] by licensed nurses. The removal plan also indicated that the in-service would inform CMAs that they should not [NJ Ex Order 26. 4B1] any [NJ Ex Order 26. 4B1] other than	A 941		

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A 941	Continued From page 42 pre-drawn properly packaged and labeled NJ Ex Order 26. . In addition, the removal plan indicated that the facility would develop a policy and procedure to address the *NJ Ex Order 26. 4B1* and other *NJ Ex Order 26. 4B1* by a licensed nurse. On 2/19/25, the surveyor conducted a re-visit at the facility and confirmed that the facility in-serviced staff and drafted a policy titled, "Policy for administration of Ozempic and other subcutaneous GLP-1 Agonist Medication".	A 941		
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 #: NJ00171598 Based on interview, closed medical record review, and review of pertinent facility documents, it was determined that the facility failed to retain a complete Medical Record (MR) for 1 of 17 residents reviewed for *NJ Ex Order 26. 4B1*, Resident NJ Ex Or. This deficient practice was evidenced by the following: On 1/30/25 at 10:13 a.m., the surveyor requested Resident #12's closed MR from the Executive Director (ED). Prior to exit on NJ Exec Order 26.4 , the surveyor informed the	A1057		

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A1057	Continued From page 43 Director of Wellness (DOW) that Resident #12's closed MR was not provided and the surveyor requested that Resident #12's closed MR be available for review by the time the surveyor arrived the next morning, on 1/31/25. On 1/31/25, Resident #12's closed MR was not available to the surveyor for review. At 9:20 a.m., the surveyor requested that the ED provide Resident #12's closed MR a third time. At 9:30 a.m., the Director of Internal Case Management provided the surveyor with a manila folder and stated that it was Resident #17's closed MR. The surveyor reviewed Resident #12's closed MR and did not observe a service plan, history and physical, physician certification, nursing assessment, progress notes, discharge plan, order summary, Medication Administration Record (MAR), or physician progress notes. At 1:19 p.m., the surveyor showed the Executive Director (ED) the manila folder that was provided and then inquired the reason Resident #12 did not have a complete closed MR, and the ED stated, "That's the only thing they could find, I had no involvement with that." On 1/31/25 at 2:16 p.m., the DOW provided the surveyor with Resident #12's service plan, order summary report, and progress notes from NJ Exec Ord [redacted] The surveyor was not able to complete the investigation due to incomplete medical records. The surveyor reviewed the facility policy titled, "Document Retention Policy," which indicated that, "... Federal and State laws require the	A1057		

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A1057	Continued From page 44 community to maintain certain types of records for particular periods. Failure to maintain such records could subject the Community to penalties and fines, obstruct justice, spoil legal evidence, and/or seriously harm the Community's position in litigation ..."	A1057		
A1225	8:36-17.3(b)(8)(i-ii) Housekeeping-Sanitation-Safety-Maintenance (b) The following safety conditions shall be met: 8. An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition; i. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved; and ii. The written statement shall be available for review by the Department during survey. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the	A1225		

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A1225	Continued From page 45 facility failed to ensure an annual inspection of the electrical system was completed as required by the New Jersey Administrative Code 8.36-17.3 (b) (8) (i-ii) to ensure the electrical system was in safe condition. This had the potential to affect all occupants in 16 of the 16 smoke compartments in the facility. Findings included: On 01/30/2025 at 9:35 AM, the Director of Maintenance confirmed during a review of required inspections and maintenance documentation that an annual electrical review of the facility electrical system had not been conducted in the prior year. During an interview on 01/30/2025 at 9:35 AM, the Director of Maintenance stated the facility lacked a written policy regarding conducting an annual electrical inspection, noting he was not aware that such an inspection was required.	A1225		
A1233	8:36-17.5(a)(2) Housekeeping-Sanitation-Safety-Maintenance (a) The heating and air conditioning system shall be adequate to maintain the required temperature in all areas used by residents. Residents may have individually controlled thermostats in residential units in order to maintain temperatures at their own comfort level. 2. The facility or residents shall not utilize portable heaters.	A1233		

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A1233	Continued From page 46 This REQUIREMENT is not met as evidenced by: Complaint # NJ182788 Based on observation, interview, and document review, the facility failed to maintain the facility temperature at a minimum of 72 degrees Fahrenheit (F) during the day in all areas used by residents. This deficient practice had the potential to affect residents on the second floor near resident Room [redacted] and all residents who accessed the dining room through the facility atrium. Findings included: On 01/30/2025 at 10:30 AM, the Director of Maintenance stated the facility lacked a written policy regarding conducting environmental surveillance rounds to monitor ambient air temperatures. On 01/30/2025 at 10:17 AM, the surveyor, accompanied by the Director of Maintenance, observed that the heating, ventilation, and air conditioning (HVAC) remote control station display that monitored ambient air temperature in the atrium area of the facility read 71 degrees F. On 01/30/2025 at 10:30 AM, the surveyor, accompanied by the Director of Maintenance, observed that the wall display thermostat on the second floor near resident Room [redacted] read 63 degrees F. An email document from the Director of Maintenance to the Administrator, dated 01/20/2025, revealed the temperatures in the facility atrium ranged from 68 degrees F at 8:00	A1233		

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A1233	Continued From page 47	A1233		

AM to 69 degrees F at 5:00 PM from 01/19/2025 to 01/20/2025. The email revealed the temperature in the dining room was 71 degrees F at 8:00 AM on 01/19/2025 and 01/20/2025. Per the email, on 01/21/2025, the temperature in the atrium was 69 degrees F at 8:00 AM, 9:00 AM, 10:00 AM, 11:00 AM, and 12:00 PM, and was 71 degrees F at 1:00 PM.

An email from the Director of Maintenance to the Administrator, dated 01/21/2025, revealed the temperature in the facility atrium on 01/18/2025 was 68 to 69 degrees F from 8:00 AM to 1:00 PM. Per the email, the temperature of the dining room on 01/18/2025 was 71 degrees F at 8:00 AM, 9:00 AM, and 10:00 AM.

A facility document titled, "Temperature Readings" revealed that, on 01/22/2025, the temperature of the atrium was 71 degrees F from 8:00 AM through 2:00 PM and the temperature of the dining room was 71 degrees F from 8:00 AM through 10:00 AM. The document revealed that, on 01/23/2025, the temperature of the atrium was 71 degrees F from 8:00 AM through 2:00 PM.

During an interview on 01/30/2025 at 1:10 PM, Resident #1 revealed the atrium area had been "real cold," but did not know for what length of time the atrium area had been cold.

During an interview on 01/30/2025 at 1:21 PM, Resident #4 stated the entire NJ Ex Or floor had always been cold.

During an interview on 01/30/2025 at 12:40 PM, the Executive Director (ED) stated she had been the ED at the facility since NJ Exec Order 26.4b, but that the heating problem in the atrium area near the dining room had "NJ Exec Order 26 NJ Ex Order 26.4 The

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A1233	Continued From page 48 ED stated that it was "always cooler" in the atrium area. Per the ED, the facility ' s HVAC contractor was at the facility on 01/17/2025 to troubleshoot the heating system malfunctions. She stated the contractor inspected the system and told facility staff that they would be in contact with them "soon" to provide recommendations regarding resolving the shortcomings of the existing HVAC system. The ED stated that, as of 01/30/2025, the HVAC contractor had not contacted the facility with a solution.	A1233		
A1249	8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that a fire suppression system was installed on a combustible overhang over the front entrance to the facility that met the requirements of the New Jersey Uniform Fire Code and NFPA 13 section 9.2.3.1. This deficient practice had the potential to affect all occupants	A1249		

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A1249	Continued From page 49 in 16 of the 16 smoke compartments in the facility. Findings included: On 01/30/2025 at 10:50 AM, the surveyor, accompanied by the Director of Maintenance, observed that the front entrance, which was inclusive of a driveway drop off area, had a combustible overhang projecting more than four feet off the main building that lacked fire sprinkler coverage. During an interview on 01/30/2025 at 10:50 AM, the Director of Maintenance stated he was not aware that the combustible overhang required fire sprinkler coverage. The Director of Maintenance stated he was not aware of the requirement and noted the facility did not conduct environmental surveillance to ensure regulatory standards were met.	A1249		
A1307	8:36-18.4(a)(1) Infection Prevention and Control Services (a) Each new employee upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows:	A1307		

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NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

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A1307	Continued From page 50 1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later. This REQUIREMENT is not met as evidenced by: Based on interview and review of employee files it was determined that the facility failed to ensure that 9 out of 10 employees reviewed received a *NJ Ex Order 26. 4B1* test upon employment with the facility for Employee #s: 1, 2,3, 4, 5, 6, 7, 8 and #9. This deficient practice was evidenced by the following: On 1/31/24 at 12:00 p.m., the surveyor reviewed a sample of employee files which revealed the following: 1. The surveyor reviewed Employee file #1, which revealed that Employee #1 had a *NJ Ex Order 26. 4B1* of *NJ Exec Order 26.4B1*. Further review of the file revealed no documentation of a *NJ Ex Order 26. 4B1* test upon employment for Employee #1. 2. The surveyor reviewed Employee file #2, which revealed that the employee had a *NJ Ex Order 26. 4B1* of *NJ Exec Order 26.*. Further review of the employee file showed no documentation of a *NJ Ex Order 26. 4B1* test upon employment for Employee #2. 3. The surveyor reviewed Employee file #3, which revealed that the employee had a *NJ Ex Order 26. 4B1* of	A1307		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06A003	A. BUILDING: _____ B. WING _____	C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

(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
A1307	Continued From page 51	A1307		

NJ Exec Order. Further review of the file revealed no documentation of a *NJ Ex Order 26. 4B1* test upon employment for Employee #3.

4. The surveyor reviewed Employee file #4, which revealed that the employee had a *NJ Ex Order 26. 4B1* of NJ Exec Order 26.4b1 Further review of the file revealed no documentation of a *NJ Ex Order 26. 4B1* test upon employment for Employee #4.

5. The surveyor reviewed Employee file #5, which revealed a *NJ Ex Order 26. 4B1* of NJ Exec Order 26. for the employee. Further review of the file revealed no documentation of a *NJ Ex Order 26. 4B1* test upon employment for Employee #5.

6. The surveyor reviewed Employee file #6 which revealed that the employee had a *NJ Ex Order 26. 4B1* of NJ Exec Order 26. Further review of the file revealed documentation of a *NJ Ex Order 26. 4B* test on the date of NJ Exec Order 26., however, there was no documentation of a *NJ Ex Order 26. 4B1* test upon employment for Employee #6.

7. The surveyor reviewed Employee file #7, which revealed that the employee had a *NJ Ex Order 26. 4B1* of NJ Exec Order 26.4b1 Further review of the file revealed no documentation of a *NJ Ex Order 26. 4B1* test upon employment for Employee #7.

8. The surveyor reviewed Employee file #8, which revealed that the employee had a *NJ Ex Order 26. 4B1* of NJ Exec Order 26. Further review of the file revealed documentation of a *NJ Ex Order 26. 4B* test dated NJ Exec Order 26.4, however, there was no documentation of a *NJ Ex Order 26. 4B1* test upon employment for Employee #8.

9. The surveyor reviewed Employee file #9, which revealed that the employee had a *NJ Ex Order 26. 4B1* of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06A003	A. BUILDING: _____ B. WING _____	C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILL	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

(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
A1307	Continued From page 52 NJ Exec Order 2 Further review of the file revealed documentation of a NJ Ex skin test dated NJ Exec Order, however, there was no documentation of a *NJ Ex Order 26. 4B1* test that was completed upon employment for Employee #9.	A1307		

NEW STANDARD
Senior Living

Received 6/3/25
Accepted 6/3/25

May 16, 2025

TagA310:

In response to deficient practice related to 8:36-3.4 (a)(l)-Administration: The Administrator or designee shall be responsible for but not limited to the following: ensuring the development, implementation, and enforcement of all policies and procedures.

Resident #3, 4, 5, 6, 8, 9, and 11's NJ Ex Order 26. 4B1 plans were reviewed and updated by the Director of Wellness or registered nurse designee on NJ Exec Order 26.4b1 Resident #16 was NJ Ex Order 26. 4B1 at the time of the survey and subsequently NJ Ex Order 26. 4B1

Resident #3 and Resident #4 remain in the community and continue to carry on with a NJ Ex Order 26. 4B1 NJ Ex Order 26. with a NJ Ex Order 26. 4B1 in place.

Employees #1,2,4,5,6,7,8, and 9 will receive a NJ Ex Order 26. 4B1 test by the end of NJ Exec Order 26.4b1 Employee #3 NJ Ex Order 26. 4B1

All residents have the potential to be affected by this deficient practice.

The Executive Director reviewed all policies regarding assessments, general service plans, resident to resident abuse, and employee health tuberculosis (TB) screenings, on 2/20/2025 with the management team. All employees will have NJ Ex O NJ Ex Order 26. 4B1 completed upon hire. All current employees will have NJ Ex Order 26. 4B1 on file by 6/30/2025.

To ensure that the deficient practice doesn't recur, the policies will be reviewed by the end of each month for the next three months during monthly QA meetings by the management team, starting 5/31/2025 and annually thereafter. Completion date 06/30/2025.

TagA389:

In response to deficient practice related to 8:36-4.1 (a)(16)-Resident Rights: 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: (16) The right to be free of physical and mental abuse and/or neglect.

Resident #12 NJ Ex Order 26. 4B1 on NJ Exec Order 26.4b1 Resident #14 resides in the community with no further NJ Ex Order 26. 4B1

All residents have the potential to be affected by this deficient practice.

All residents will be educated on resident rights and the reporting process involving suspected violations by the Executive Director or designee starting immediately with completion to be on 5/28/2025. Staff will be educated by the Executive Director immediately with complete training to be completed by 5/22/2025 on Resident Rights and the need to report any suspected violation of rights to the Executive Director or designee immediately for investigation.

To ensure that the deficient practice doesn't recur, staff will receive training regarding residents' rights and reporting violations immediately upon hire and annually. A reading of the residents' rights was added to each resident council meeting monthly and recorded in the meeting minutes. Completion date 05/28/2025.

NEW STANDARD
Senior Living

TagA555:

In response to deficient practice related to 8:36-5.8 (a) General Requirements-(a) the facility shall be capable of providing resident transportation, either directly or by arrangement, to and from health care services provided by outside the facility, and shall promote reasonable plans for security and accountability for the resident and his or her personal possessions, as well as transfer of resident information to and from the provider of the service, as required by the individual residents and specified in resident service plans.

Resident #11 and Resident #13 remain in the community. Staff are assisting with scheduling NJ Ex Order 26. 4B1 to appointments as needed. No further appointments have been missed to the knowledge of the staff.

All residents have the potential to be affected by this deficient practice.

Education was provided to staff regarding transportation policy and procedures on 2/1/2025. Staff will assist residents with scheduling appointments and arranging NJ Ex Order 26. 4B1. Nurses schedule NJ Ex Order 26. 4B1 and receive confirmation.

To ensure that this deficient practice will not recur, review of appointments and NJ Ex Order 26. 4B1 will be discussed once a week during clinical review meetings that started on 3/25/2025. Completion date 3/25/2025 and ongoing weekly.

TagA631:

In response to deficient practice related to 8:36-5.18(b)(2) General Requirements- managed risk agreements shall be negotiated with the resident or legal guardian and shall address the following areas in writing: (2) the probable consequences if the resident continues the choice and/or action identified as a cause for concern.

Resident#3 and Resident#4 remain in the community and continue to carry on with a NJ Ex Order 26. 4B1 with a NJ Ex Order 26. 4B1 in place.

All residents have the potential to be affected by this deficient practice.

The Executive Director met with resident #4 on 02/05/2025. Director of Wellness met with resident #3 on NJ Exec Order 26.4b1 to sign a NJ Ex Order 26. 4B1. The Executive Director met with resident #4 again on NJ Exec Order 26.4b1 with NJ Ex Order 26. 4B1 to NJ Ex Order 26. 4B1 that outlines NJ Ex Order 26. 4B1 to include immediate 30-day notice to NJ Ex Order 26. 4B1 if the resident continues actions that are cause for concern.

To ensure this deficient practice will not recur, the Managed Risk Agreement binder will be reviewed monthly by the management team during the QA meetings beginning in June 2025. Completion date 5/15/2025.

TagA749:

In response to deficient practice related to 8:36-7.3(a) Resident Assessments and Care Plans- the resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.

Resident #3, 4, 5, 6, 8, 9, and 11 's general service plans were reviewed and updated by the Director of Wellness or registered nurse designee on 1/28/2025. Resident #16 was NJ Ex Order 26. 4B1 at the time of the survey and NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1

All residents have the potential to be affected by this deficient practice.

The Executive Director educated the Director of Wellness on regulation 8:36-7.3(a) in April 2025.

The Director of Wellness and/or designee will monitor NJ Exec Order 26.4b1 dashboard for any service plans that are due for review daily for 2 weeks, weekly for 2 months, and monthly going forward beginning on 5/19/2025 to ensure GSP remain compliant and updated. This will be discussed during monthly QA meetings beginning June 2025. Completion date 5/19/2025 and ongoing moving forward.

NEW STANDARD
Senior Living

TagA765:

In response to deficient practice related to 8:36-7.4 (c) (1) Resident Assessments and Care Plans- (c)Written policies and procedures shall be developed and implemented to ensure, but not be limited to the following: (1) Assessment of all resident with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as needed basis, including and upon the resident's return to the facility from the hospital;

Resident #10 was assessed by the Director of Wellness on NJ Exec Order 26.4b1 Resident #9 was NJ Ex Order 26. 4B1 at time of survey and subsequently NJ Ex Order 26. 4B1

All residents have the potential to be affected by this deficient practice.

The Executive Director trained the Director of Wellness on regulation 8:36-7.4 (c)(1) and policy regarding regular assessments and care plan changes on 3/29/2025.

Policy will be reviewed during monthly QA meetings beginning in June 2025 and service plans will be monitored on the point click care dashboard. Completion date of 3/29/2025 and ongoing to monitor.

TagA891:

In response to deficient practice related to 8:36-10.5(a) Dining Services-(a) the facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.

The dietary director and staff removed unlabeled foods and discarded them immediately. All residents have the potential to be affected by this deficient practice.

The Executive Director trained the dietary director and staff on regulation 8:36-10.5(a) on 2/2/2025.

To ensure the deficient practice will not recur, the dietary director and/or designee completed an audit of stored food daily for two weeks which was started on 2/2/2025 and completed on 2/14/2025 and will continue to audit monthly moving forward. The findings will be discussed during the monthly QA meeting starting June 2025. Completion date of 2/14/2025.

TagA925:

In response to deficient practice related to 8:36-11.2 Pharmaceutical Services-The assisted living residence, comprehensive personal care home, or assisted living program shall be capable of ensuring that pharmaceutical services are provided to residents in accordance with the prescriber's orders, each resident's health care plan, and in accordance with the rules of this chapter and all applicable State and Federal laws and regulations.

Resident#11's NJ Ex Order 26. 4B1 orders were reviewed and confirmed by the Director of Wellness on 2/1/2025.

All residents have the potential to be affected by this deficient practice.

All nurses were assigned mandatory education on Managing Orders Pending Confirmation and Clinical Review for Senior Living to be completed by 5/31/2025. Verbal and written training provided to nurses regarding the process of confirming orders in point click care EMAR system on 5/15/2025.

To ensure that this deficient practice will not recur, an audit will be completed weekly for 4 weeks beginning on 5/19/2025 and then monthly by Director of Wellness and/or designee. The staff will be re-educated as needed regarding findings and this will be reviewed at the QA meeting monthly beginning in June 2025. Completion date 5/31/2025.

NEW STANDARD
Senior Living

TagA935:

In response to deficient practice related to 8:36-11.4 (b) Pharmaceutical Services-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.

The Director of Wellness provided immediate education on 2/1/2025 to all nurses and certified medication technicians regarding the *NJ Ex Order 26. 4B1* and documentation in real time.

All residents have the potential to be affected by this deficient practice.

To ensure that this deficient practice will not recur, the Director of Wellness and/or designee will audit missed *NJ Ex Order 26. 4B1* daily for 1 week, and weekly going forward beginning on 5/19/2025 with re-education to staff as needed immediately.

This will be reviewed during monthly QA meetings beginning in June 2025. Completion date 5/19/2025 with ongoing audits.

TagA941:

In response to deficient practice related to 8:36-11.5 (b)(3)(i-v) Pharmaceutical Services- (b) the registered professional nurse may choose to delegate the task of administering medications in accordance with the N.J.A.C 13:37-6.2 to certified medication aides as defined in this chapter. 3. The certified medication aid shall not (i) Administer any injection other than pre-drawn properly packaged and labeled insulin as described in (b)1 above; (ii) Calculate a medication dosage; (iii) Pre-pour medications for more than one resident at a time; (iv) Contact prescribers for changes in medication, to clarify an order, or contact the pharmacist for questions regarding a dispensed medication; or (v) Administer bolus doses of enteral feedings, or stop and/or start an existing enteral feeding pump or gravity-fed system.

Resident #11 and 17s *NJ Ex Order 26. 4B1* by a Licensed Practical Nurse only. All residents have the potential to be affected by this deficient practice.

A policy for non-insulin injections was written on 2/7/2025. Certified Medication Aides were in serviced by the Director of Wellness on 2/1/2025 regarding no longer *NJ Ex Order 26. 4B1* until waiver is applied for and approved.

To ensure that this deficient practice will not recur, the policy for non-insulin injections was added to orientation and annual inservices for certified medication aides and nurses on 2/10/2025. Completion date of 2/10/2025.

Tag A1057

In response to deficient practice related to 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.

A new process for closed charts was created. Closed medical charts are removed from the binder and filed in a locked medical records cabinet for 10 years. The Executive Director educated the Director of Wellness, nurses and medication aides on this practice prior to survey in July of 2024.

All residents have the potential to be affected by this deficient practice.

To ensure that this deficient practice will not recur, the process was added to orientation and annual in-services to certified medication aides, nurses and Director of Wellness. This will be audited each month during monthly QA meetings beginning in June 2025. Completion date of July 2024 prior to survey.

NEW STANDARD
Senior Living

Tag A1225

In response to deficient practice related to 8:36-17.3 (b)(S)(i-ii) Housekeeping- Sanitation-Safety-Maintenance-(b) the following safety conditions shall be met: (8) an electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition; (i) the written statement shall include the date of inspection, and shall indicate that all circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances including lamps, are Underwriters Laboratories (U.L.) approved; and (ii) the written statement shall be available for review by the Department during survey.

An electrical inspection was completed on 2/5/2025 and documentation was received. All residents have the potential to be affected by this deficient practice.

To ensure that this deficient practice will not recur, the electrical inspection was added to the maintenance calendar to be scheduled yearly. This will be audited by the maintenance director and Executive Director yearly. Completion date of 2/5/2025.

Tag A1233:

In response to deficient practice related to 8:36-17.5(a)(2) Housekeeping-Sanitation- Safety-Maintenance- (a) the heating and air conditioning system shall be adequate to maintain the required temperature in all areas used by residents. Residents may have individually controlled thermostats in residential units in order to maintain temperatures at their own comfort level. (2) the facility or residents shall not utilize portable heaters.

A thermostat was installed at the ground level of the atrium on 2/5/2025 to maintain the temperature in that area for the residents.

All residents have the potential to be affected by this deficient practice.

To ensure that this deficient practice will not recur an audit tool was produced, and audits are being completed weekly by the maintenance director and/or designees. Any temperature variations are addressed immediately. Audits will be reviewed at QA meetings monthly beginning in June 2025. Completion date 2/5/2025.

TagA1249

In response to deficient practice related to 8:36-17.7 Housekeeping-Sanitation-Safety- Maintenance-the building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and lifeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.

Local building codes and township reviewed mechanical drawings regarding the overhang at the front of the building on 2/6/2025. It was determined that it is built with non-combustible material, and no sprinkler system is required.

All residents have the potential to be affected by this deficient practice.

To ensure that this deficient practice will not recur, any new construction will be reviewed for fire hazard and requirements will be followed. Completion date 2/6/2025.

NEW STANDARD
Senior Living

TagA1307

In response to deficient practice related to 8:36-18.4(a)(1) Infection Prevention and Control Services- (a) each new employee upon employment shall receive a two-step Mantoux tuberculin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux test results (zero to nine millimeters in induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows: (1) If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two step Mantoux test shall be administered one to three weeks later.

Employees #1,2,4,5,6, 7,8, and 9 will receive a NJ Ex Order 26. 4B1 test by the end of NJ Exec Order 26.4b1 Employee #3 NJ Ex Order 26. 4B1

All residents have the potential to be affected by this deficient practice.

The Executive Director will train the administrative assistant and director of wellness and/or designee regarding regulation 8:36-18.4 (a) (1) on 5/16/2025. All staff will have initial NJ Ex testing by the end of June 2025.

To ensure that this deficient practice will not recur, a tickler will be started to remind staff of the need for NJ Ex testing yearly and new staff will receive a NJ Ex O test upon hire or have a previous one completed within a year of hire. Audits will be reviewed during monthly QA meetings beginning in June 2025. Completion by 6/30/2025.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
06A003 Y1	A. Building B. Wing Y2	6/3/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILLE	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

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 06/30/2025	ID Prefix A0389 Reg. # 8:36-4.1(a)(16) LSC	Correction Completed 05/28/2025	ID Prefix A0555 Reg. # 8:36-5.8(a) LSC	Correction Completed 03/25/2025
ID Prefix A0631 Reg. # 8:36-5.18(b)(2) LSC	Correction Completed 05/15/2025	ID Prefix A0749 Reg. # 8:36-7.3(a) LSC	Correction Completed 05/19/2025	ID Prefix A0765 Reg. # 8:36-7.4(c)(1) LSC	Correction Completed 03/29/2025
ID Prefix A0891 Reg. # 8:36-10.5(a) LSC	Correction Completed 02/14/2025	ID Prefix A0925 Reg. # 8:36-11.2 LSC	Correction Completed 05/31/2025	ID Prefix A0935 Reg. # 8:36-11.4(b) LSC	Correction Completed 05/19/2025
ID Prefix A0941 Reg. # 8:36-11.5(b)(3)(i-v) LSC	Correction Completed 02/10/2025	ID Prefix A1057 Reg. # 8:36-15.4 LSC	Correction Completed 07/30/2025	ID Prefix A1225 Reg. # 8:36-17.3(b)(8)(i-ii) LSC	Correction Completed 02/05/2025
ID Prefix A1233 Reg. # 8:36-17.5(a)(2) LSC	Correction Completed 02/05/2025	ID Prefix A1249 Reg. # 8:36-17.7 LSC	Correction Completed 02/06/2025	ID Prefix A1307 Reg. # 8:36-18.4(a)(1) LSC	Correction Completed 06/30/2025

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	
2/19/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
06A003 Y1	A. Building B. Wing Y2	6/3/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILLE	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

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 A0389	Correction	ID Prefix A0555	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(16)	Completed	Reg. # 8:36-5.8(a)	Completed
LSC	06/30/2025	LSC	05/28/2025	LSC	03/25/2025
ID Prefix A0631	Correction	ID Prefix A0749	Correction	ID Prefix A0765	Correction
Reg. # 8:36-5.18(b)(2)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. # 8:36-7.4(c)(1)	Completed
LSC	05/15/2025	LSC	05/19/2025	LSC	03/29/2025
ID Prefix A0935	Correction	ID Prefix A1057	Correction	ID Prefix A1225	Correction
Reg. # 8:36-11.4(b)	Completed	Reg. # 8:36-15.4	Completed	Reg. # 8:36-17.3(b)(8)(i-ii)	Completed
LSC	05/19/2025	LSC	07/30/2025	LSC	02/05/2025
ID Prefix A1233	Correction	ID Prefix A1249	Correction	ID Prefix A1307	Correction
Reg. # 8:36-17.5(a)(2)	Completed	Reg. # 8:36-17.7	Completed	Reg. # 8:36-18.4(a)(1)	Completed
LSC	02/05/2025	LSC	02/06/2025	LSC	06/30/2025
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	
2/19/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO