STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A003	A. BUILDING: _____ B. WING _____	C 02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIONS GATE	1100 LAUREL OAK ROAD VOORHEES, NJ 08043

(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: Survey Type: Complaint Complaint #: NJ 00189963 Census: 65 Sample size: 4 The facility is not in compliance with all the standards in the New Jersey Code 8:36 Standards for licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.	A 000		
A 310	8:36-3.4(a)(1) Administrator's Responsibilities (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00189963	A 310		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A003	A. BUILDING: _____ B. WING _____	C 02/27/2026

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LIONS GATE	1100 LAUREL OAK ROAD VOORHEES, NJ 08043

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A 310	Continued From page 1 Based on interview and record review, it was determined that the facility failed to ensure the the policy titled, "Air Temperature Monitoring Policy", was fully developed, implemented and enforced, which had the potential to affect all residents of the facility. This deficient practice was evidenced by the following: On 2/24/26, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), (a form utilized by healthcare facilities to report incidents to the NJDOH), regarding loss of power and heat on [NJ Exec Order 26.4] The FRE indicated that the backup generator turned on at 6:43 a.m., and at 4:30 p.m., staff noticed that the temperature on the second floor started to decrease. According to surveyor interview with several residents of the second floor, they felt "chilly", and were provided blankets. The surveyor interviewed the Director of Maintenance (DOM) and requested the log of the temperatures at the time of the event. The DOM stated that, he used an infrared thermometer to measure the temperatures but did not keep a record of the temperatures. On 2/27/26 at 11:30 a.m., the surveyor reviewed the facility's undated policy titled, "Air Temperature Monitoring Policy", provided by the Executive Director (ED), which revealed, "The building temperature must be at a minimum of 72 degrees during the day and 68 degrees at night." The surveyor further reviewed the "Air Temperature Monitoring Policy". The policy did not include maintaining a written log for recording	A 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A003	A. BUILDING: _____ B. WING _____	C 02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIONS GATE	1100 LAUREL OAK ROAD VOORHEES, NJ 08043

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A 310	Continued From page 2 ambient air temperatures, nor the frequency of monitoring. At 12:15 p.m., the surveyor interviewed the ED regarding monitoring and recording ambient air temperatures. The ED stated that the DOM was in charge of monitoring the ambient air temperatures and was unsure if a written log was kept. At 12:35 p.m., the surveyor interviewed the Chief Executive Officer (CEO) regarding how the facility monitors the ambient air temperatures. The CEO stated that the facility uses infrared thermometers and visually observes the thermostats in the common areas. The CEO stated that he was unsure if the DOM maintained a written log for recording ambient air temperatures.	A 310		

received 03/25/26

accepted 03/26/26

Lions Gate Assisted Living #04A003
Plan of Correction from 2/27/2026 survey
Submitted on March 25, 2026 via email: HFEL.POCAL@doh.nj.gov

[redacted]

A 310 Administration

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

   All residents of Assisted Living have the potential to be affected by not maintaining a written log for recording ambient air temperatures, nor the frequency of monitoring.

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

   Any resident who lives in Assisted Living has the potential to be affected by not recording ambient air temperatures frequently.

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

   To ensure this deficient practice does not recur, the Director of Maintenance will implement a daily log to monitor ambient air temperatures. Temperatures will be recorded each day and maintained by the Maintenance Department.
   A
   If temperatures in any of these common areas fall outside the required ranges, at least 72°F during the day and 68°F at night during the heating season, and not exceeding 82°F during warmer weather, the Director of Maintenance will promptly assess the situation and take appropriate corrective actions to restore and maintain compliant temperature levels in all assisted living common areas.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

   The Director of Maintenance will present a summary of the temperature logs at the monthly QAPI meeting and review the findings with the committee. These findings will be reported at each monthly QAPI meeting for a period of six months. At the conclusion

of this period, the QAPI committee will determine whether reporting can be discontinued or if further action or monitoring is recommended.

5. Date of Completion: March 23, 2026

accepted 03/26/26

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
04A003 Y1	A. Building B. Wing Y2	3/26/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LIONS GATE	1100 LAUREL OAK ROAD VOORHEES, NJ 08043

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	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/23/2026	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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	
2/27/2026	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO