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 02/05/2026

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: Complaint Complaint #: NJ 00189830 Sample size: 3 Census: 123 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 43 E, Enforcement of Licensure Regulations.	A 000		
A 310	8:36-3.4(a)(1) Administrator's Responsibilities (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

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

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A 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure the development, implementation and enforcement of the policy titled, "Heat/Cold." This deficient practice was evidenced by the following: On 2/5/26 at 11:30 a.m., the surveyor reviewed the facility's undated policy titled, "Heat/Cold", provided by the Director of Nursing (DON), which revealed, "The building temperature must be between 60 degrees and 82 degrees." Surveyor further review of the "Heat/Cold" policy did not include the temperature monitoring nor frequency. Additionally, the section which indicated that the service provider to contact for repair was left blank for both the heat and cold sections of the policy. The surveyor interviewed the DON regarding the "Heat/Cold" policy, the DON confirmed that the policy stated the indoor temperature must be between 60 and 82, however, it did not specify how the temperatures were to be monitored or the frequency of monitoring. The DON also acknowledged that the vendor's contact information section had not been completed. The surveyor interviewed the DON regarding the log titled, "24 HOUR LOG FOR THERMOSTATS EACH SHIFT" provided by the DON which revealed that the temperatures were last checked on 2/2/26. The surveyor inquired whether the	A 310		

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A 310	Continued From page 2 facility had any records of temperature monitoring completed before or after 02/02/26. The DON confirmed that the most recent entry was dated 02/02/26 and stated that she was unable to provide additional temperature monitoring logs.	A 310		
A1231	8:36-17.5(a)(1) Heating and Air Conditioning ((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. 1. During the heating season, the temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) during the day ("day" means the time between sunrise and sunset) and 68 degrees Fahrenheit (20 degrees Celsius) at night, when residents are in the facility. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that temperatures in the facility were kept at a minimum of 72 degrees Fahrenheit during the day and 68 degrees at night when residents were present at the facility. This deficient practice was evidenced by the following:	A1231		

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A1231	Continued From page 3 On 2/5/26 from 10:00 a.m. to 11:00 a.m., the surveyor toured the facility with the Alternate Director of Maintenance (ADOM) and observed six (6) rented portable heaters throughout the facility. Additionally, the surveyor observed a rented portable heater outside of the dining room, plugged into an extension cord. During surveyor interview with the ADOM, the ADOM confirmed that the 6 portable heaters were rented and were used throughout the facility. Additionally, the ADOM stated that the heater outside of the dining room was plugged into the extension cord by the rental company. During the tour with the ADOM, the surveyor observed the following: 1. At 10:13 a.m., the surveyor observed that the first floor Building B thermostat had a reading of 69 degrees Fahrenheit. 2. At 10:35 a.m., the surveyor observed that the first floor Building A thermostat had a reading of 70 degrees Fahrenheit. 3. At 10:45 a.m., the surveyor observed that the second floor Building A thermostat had a reading of 62 degrees Fahrenheit. At 10:46 a.m., the surveyor observed that there was no device installed to monitor the temperatures in the corridors that contained resident rooms [redacted] to [redacted] and [redacted] to [redacted] During surveyor interview with the ADOM, the surveyor asked the ADOM how the resident corridor temperatures were monitored. The ADOM stated that, other than the main	A1231		

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A1231	Continued From page 4 thermostat located outside of the resident corridors, he was not sure how the temperatures were being monitored. During the interview, the ADOM acknowledged that the temperatures were below the required regulation and stated that he would address the concerns.	A1231		
A1233	8:36-17.5(a)(2) Heating and Air Conditioning (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. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that the facility or residents did not utilize portable heaters. This deficient practice was evidenced by the following: At 10:30 a.m. in the presence of the Alternate Director of Maintenance (ADOM), the surveyor observed a staff- owned portable heater in use in	A1233		

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A1233	Continued From page 5 the third floor sitting area of building B. The surveyor also observed that there was no monitoring device in place to ensure adequate temperatures were being maintained on the second and third floors of Building B. The surveyor interviewed the ADOM regarding the use of portable heaters and how temperatures were monitored on the second and third floors. The ADOM confirmed that a staff owned portable heater was used. He also stated that he was not sure how the temperatures were monitored on the second and third floors as he was unable to locate a thermostat or thermometer.	A1233		
A1249	8:36-17.7 Building and Grounds 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, it was determined that the facility failed to ensure the	A1249		

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A1249	Continued From page 6 building and grounds were kept free from fire hazards and other hazards to residents' health and safety. This deficient practice was evidenced by the following: On 2/5/26 at 10:40 a.m., in the presence of the Alternate Director of Maintenance 2 (ADOM2), the surveyor observed that the door to exit stairway 4 near resident room [redacted] was held open with a doorstop. However, doors to stairway enclosures can only be held open with devices that automatically release the door with activation of the fire alarm and sprinkler system. During surveyor interview with the ADOM2 regarding the exit stairway door, ADOM2 confirmed that the door to exit stairway was held open with a doorstop.	A1249		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
06A003 Y1	A. Building B. Wing Y2	3/27/2026 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 A1231	Correction	ID Prefix A1233	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-17.5(a)(1)	Completed	Reg. # 8:36-17.5(a)(2)	Completed
LSC	03/16/2026	LSC	03/16/2026	LSC	03/15/2026
ID Prefix A1249	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-17.7	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/16/2026	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/5/2026	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO