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 01/22/2026

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 00189725, NJ 00189762 Census: 125 Sample Size: 3 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 310	8:36-3.4(a)(1) Administrator's Responsibilities (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

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

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	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint : NJ 00189725 Based on interview and record review, it was determined that the Administrator failed to ensure the development, implementation, and enforcement of the "Domestic Hot Water Temperature Monitoring policy and procedures (PP). This deficient practice was evidenced by the following: On 1/22/26 at 12:30 p.m., the surveyor reviewed the facility's Policy and Procedure manual (PPM) provided by the Executive Director (ED), which revealed that there was no policy for domestic hot water (DHW) temperature monitoring. During surveyor interview with the ED regarding DHW temperature monitoring, the ED confirmed that there was no policy in the manual for DHW monitoring. The ED informed the surveyor that corporate should have the policy and would contact corporate. Further surveyor review of the facility's "Water Temperature Log" provided by the ED revealed, "Check temps every two weeks". However, the last three entries on the logs were dated 10/6/25, 1/7/26 and 1/20/26. Surveyor review of the facility's "Maintenance Logs" revealed that on 1/16/26, 1/20/26 and 1/22/26, residents in rooms 221, 226, 235, 237, 239, 213, 217 and 224, submitted maintenance	A 310		

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	Continued From page 2 request for "No Hot Water". The Maintenance log also revealed that there was no "Signature" and "Date of Completion" filled out on the maintenance request logs. At 1:20 p.m., the surveyor interviewed the ED regarding the DHW monitoring not being recorded from 10/7/25 through 1/7/26. The ED stated that she was [redacted] at the facility and informed the surveyor that she was unable to provide documentation prior to her start date on [redacted]	A 310		
H3460	8:43E-10.11(c)(1) Other Rprtng Rqrmnts Unrltd to Pt Sfty Act (c) Examples of reportable events in the nature of physical plant and operational interruptions, include, but are not limited to, the following: 1. Loss of heat or air conditioning; This REQUIREMENT is not met as evidenced by: Complaint : NJ 00189762 Based on interview and record review, it was determined that the facility failed to immediately report events in the nature of physical plant and operational interruptions due to the boiler not functioning resulting in the loss of hot water. This deficient practice was evidenced by the following.	H3460		

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 01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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H3460	Continued From page 3 On 01/22/26, the Surveyor reviewed the facility's "Maintenance Logs" which revealed that on 1/16, 1/20 and 1/22/26, residents in rooms [NJ Exec Order 26.4b1] [redacted] submitted maintenance requests for "No Hot Water". During surveyor interview with the Executive Director (ED) regarding the hot water concern, the ED confirmed that there was an issue with the boiler the week of 1/16/26, but it was corrected immediately. The ED further stated that currently there was no issue with the boiler or hot water. Surveyor review of the service report from a plumbing company dated 1/28/26, provided by the ED revealed that the plumbers were called out on 01/23/26 and discovered that both boilers were locked out for flame failure. According to the report, the flame sensors and igniters were replaced. Additionally, the service report indicated that the plumbers returned again on 1/26/26 and, "Found the boiler locked out on "flame failure during ignition." However, the ED could not provide the surveyor with documented evidence to show that the facility immediately reported the loss of hot water to the Department of Health (DOH) on 1/16/26 ,1/20/26,1/22/26, 1/23/26 and 1/26/26.	H3460		

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

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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	03/11/2026	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
1/22/2026	☐ YES ☐ NO

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
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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix H3460	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-10.11(c)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/15/2026	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
1/22/2026	☐ YES ☐ NO