New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		
					C
		55A000	B. WING		09/16/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE	
MIRA VIE	AT TINTON FALLS		RTFORD DRIVE	4	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	FALLS, NJ 0770	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
A 000	Initial Comments		A 000		
	Initial Comments: Type of Survey: Com	-			
	Complaint #: NJ 001	76838			
	Census: 60				
	Sample Size: 3				
	all of the standards in Administrative Code & Licensure of Assisted Comprehensive Perso Assisted Living Progra submit a Plan of Corra completion date for ea that the plan is impler	3:36, Standards for Living Residences, conal Care Homes and ams. The facility must ection, including a each deficiency and ensure mented. Failure to correct alt in enforcement action in isions of New Jersey Fitle 8, Chapter 43E,			
A 310	1. Ensuring the d	or designee shall be ot limited to, the following:	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					C	
		55A000	B. WING		09/16/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
	47 TWTON 5411 0		TFORD DRIVE			
MIRA VIE	AT TINTON FALLS	TINTON F	ALLS, NJ 07701			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
A 310	Continued From page	: 1	A 310			
	by: Complaint #NJ 00176 Based on observation and review of facility processed on the secure of the ensure all residents safe on the secure resident with addition, the faci implement its policy a "Elopement -Missing Systems and Program Resident #1 as evided with diagnoses and with a secure with a s	in, interview, record review, policy and procedure it was acility failed to develop and gensive policy and procedure is were accounted for and in a role of 3 residents, Resident could be recorded as were accounted for and in a role of 3 residents, Resident could be recorded as a role of 3 residents, and a role of 3 residents, and by the following: I to 1 of 3 residents, and a residents, and by the following: I to 4 revealed the medical count which revealed the following in the revealed the recorded as a role of the r				

INCW JCIS	bey Department of Fleat	IUI					
STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
		55A000	B. WING		09/1	6/2024	
					-		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE			
	AT TIMEON TALLS	ONE HAI	RTFORD DRIVE				
MIRA VIE	AT TINTON FALLS	TINTON	FALLS, NJ 0770)1			
			171220,110 01110				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE	
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE	
1710		,		DEFICIENCY)			
A 310	Continued From page	e 2	A 310				
	NIEVO	Order 26 4(b)/1					
		entered the facility					
		dent NJ ex order 26.4b1					
		tion, the LPN stated at that					
	time she NJ ex orde	er 26.4b1					
	The LPN also stated	that she NJ ex order 26.4b1 and NJ ex o					
		. Further, the					
	LPN stated that NJ e						
	Li iv stated that	. The resident was					
	than N. Lay and an O						
	then NJ ex order 2						
		rveyor interviewed the care					
		rked on the third floor					
	Memory Care Unit on	the day the					
	resident NJ ex order 26, rega	rding the exit door alarm.					
	The care staff member	er stated that she was					
	tending to another res	sident on Nu ex order 26.40 and did not					
		In addition, the care staff					
		he was not aware that					
	Resident #1 NJ ex o	010e1 26.401					
	At 1:29 p.m., the surv						
	Concierge regarding	the NJ ex order 26.46 NJ ex order 26.4b1 at the					
	facility. The Concierge	e stated that on NJ ex order 26.4 a					
		the facility and asked if the					
		named [Resident #1].					
	_	I that she checked her					
		stated yes to the bystander					
	who then informed he	er that the resident					
		In addition, the Concierge					
		the walkie-talkie to notify the					
	LPN and also called a	NU ex order 26.4b1					
	According to surveyor	r review of the FRE, on					
	NJ ex order 26.40 NJ ex order						
	NO OX OTO						
	At 1:40 p.m. the cum	yover intensiowed the					
	At 1:40 p.m., the surv	eyor interviewed the	1				

new Jers	sey Department of Heal	itn			
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		C
		55A000	B. WING		09/16/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE. ZIP CODE	
			RTFORD DRIVE	,	
MIRA VIE AT TINTON FALLS			4		
	T	TINTON	ALLS, NJ 0770	71	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	
IAG		,	170	DEFICIENCY)	
			+		
A 310	Continued From page	e 3	A 310		
	Executive Director (F	D) regarding the third-floor			
	NJ Ex Order 26.4(b)(1) unit NJ Ex Order 26.4(b)(1)	alarm that was			
	silenced on NJ ex order 26.40	The ED stated that he could			
		nember turned off the alarm.			
		e NJ Ex Order 26.4(b)(1)			
		in the third floor unit. The			
	FD stated that the	Ex Order 26.4(b)(1) where the			
		did not have an alarm. He			
		or was maintained unlocked			
	to exit but required a				
	to oxit but roquirou u	odd to re omen			
	The surveyor reviewe	ed the facility policy and			
	-	pement - Missing Person"			
		esidents have the right to live			
	, in a safe and secu				
		sible for ensuring effective			
		inted to reduce the risk of			
	resident elopement.				
		•••			
	In addition, the surve	yor reviewed the facility			
		titled, "Security Systems			
	and Programs" which				
	_	e effective security systems			
	and programs that are	• •			
		iond) Locking of doors			
		used or located in low traffic			
		rm system specifically			
		eimer's/dementia care			
	program"				
	_				
	At 3:55 p.m., the surv	eyor requested a removal			
		process in place to ensure			
	that all residents were	e safe and accounted for,			
	Resident #1 who NJ	ex order 26.4b1 on			
	NJ ex order 26.40 unaware to s				
		an acceptable removal plan			
	which included training	ng in-services for all staff on			
	NJ Ex Order 26.4(b)(1) R	esident procedures and			
		ne facility installed new			

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		55A000	B. WING		09/1	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MIRA VIE	AT TINTON FALLS		TFORD DRIVE			
	QUILITA DI CO		ALLS, NJ 0770			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
A 310	Continued From page	e 4	A 310			
	. The removan alarm sounds an ibegin along with a he	the ground level was plan also listed that when nvestigation of the area will ead count to ensure all nunity are accounted for.				
A1357	8:36-19.4(b)(3) Alzhe	eimer's/Dementia Programs	A1357			
	having an Alzheimer' pursuant to N.J.S.A. member of the public person diagnosed wit disorders in the facilit written list that indica 3. The safety polany security monitorii	seeking placement of a th Alzheimer's and/or related by with a clear and concise				
	This REQUIREMENT by: Complaint #NJ 00176 Based on observation review, it was determ maintain a safe environ NJEXOTGET 26.4(b)(1) unit in a policies and procedur Resident #1 which re	is not met as evidenced 6838 n, interview, and record sined that the facility failed to conment on the secured accordance with the facility res for 1 of 3 residents, sulted in the Nucleon of the sulted of the following:				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		55A000	B. WING		09/1	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MIRA VIE	AT TINTON FALLS		FORD DRIVE			
			LLS, NJ 0770			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
A1357	Continued From page	5	A1357			
A1357	On 9/16/24 the Depar investigated a facility was received on and an NJ ex order FRE report, on facility that Resident # At 10:00 a.m., the surexecutive Director (Executive Director (Exe	reportable event (FRE) that regarding resident safety 26.4b1. According to the a bystander notified the Jacorder 26.4b1 veyor interviewed the D) regarding vexorer 26.4b1 and unit. The ED unit was on the third a code was not needed to ode was required to exit the veyor toured the veyor veyor toured the veyor	A1357			
	al NJ Ex Order 26.4(b)(1) on automatically	the NJ Ex Order 26.4(b)(1) unit upon NJ Ex Order 26.4(b)(1) ne ED added that the alarm				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
		55A000	B. WING		00/4	6/2024
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NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA FORD DRIVE	ITE, ZIP CODE		
MIRA VIE AT TINTON FALLS		LLS, NJ 0770	1			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
A1357	Continued From page	6	A1357			
	to silence and reset th					
	#1 in his/her apartme	rveyor interviewed Resident nt NJ ex order 26.4b1 tated that he/she wanted to				
	record (MR) of Reside resident was admitted with diagnoses with di	which NJ ex order 26.4b1 According to the NJ ex order 26.4b1 I the resident was				
	that a Licensed Practi documented in the Pr 1:04 p.m., that the con a.m., that a	rogress Notes or weares. at ncierge notified her at 11:04 was at the concierge desk				
		upon discovery ex order 26.4b1 dition, the LPN documented dent #1 NJ ex order 26.4b1 .				
	regarding the Nex order 25.4 Nex order 25.4 The ED state notified by the facility	ed that on New order 25.40 he was Corporate Nurse on duty 25. In addition, the ED nt New order 26.4b1				

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER:

AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION
A. BUILDING:

C

B. WING

D9/16/2024

	55A000	B. WING		09/16/2024
NAME OF PI	ROVIDER OR SUPPLIER STREET AL	DDRESS, CITY, STATE	;, ZIP CODE	
	ONE HAR	RTFORD DRIVE		
MIRA VIE	AT TINTON FALLS	FALLS, NJ 07701		
(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 APPROPRIAT DEFICIENCY)	(X5) COMPLETE DATE
A1357	Continued From page 7 NJ ex order 26.4b1 stated that anyone could through the NJEX Order 26.4(b)(1), but a code was required to enter into the facility. At 11:45 a.m., the surveyor interviewed the Director of Plant Operations (DOPO) regarding the facility exit doors and alarms. The DOPO confirmed that if the bar on the third-floor exit doors were held down for 20 seconds the door would automatically open, and the alarm would continue to sound until reset. In addition, the DOPO stated that the first floor and basement exit doors that lead to the outside did not have locks or alarms that sounded when exiting the facility, but the doors automatically locked after exiting and required a code to enter back into the facility. At 12:05 p.m., the surveyor requested a timeline of the Surveyor with a copy of the FRE investigation	A1357		
	along with staff statements which indicated that a staff member silenced and reset alarm. The staff member failed to ensure all residents were accounted for after the staff member silenced and reset alarm leading to stairwell. At 12:16 p.m., the surveyor interviewed the care staff member who worked on the third-floor unit on unit on present the staff member stated that norder 26.4(b)(1) unit on present the staff member stated that norder 26.4(b)(1) In addition, the care staff member stated that she norder 26.4b1 Resident #1 NJ ex order 26.4b1			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		55A000	B. WING		09/1	; 6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		<u> </u>
			TFORD DRIVE	, 000_		
MIRA VIE	AT TINTON FALLS	TINTON F	ALLS, NJ 0770	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
A1357	Continued From page	e 8	A1357			
	regarding the third-flot. The ED stated that the sounded on the unit. was not sure who sile the date of the incide. The surveyor reviewed procedure titled, "Elowhich revealed"Rown. in a safe and secu community is responsive the surveyor reviewed procedure titled, "Elowhich revealed"Rown. in a safe and secu community is responsive the surveyor resident elopement	ed the facility policy and pement - Missing Person" esidents have the right to live re environment. The sible for ensuring effective ented to reduce the risk of ."				
	policy and procedure and Programs" which communities will have and programs that are buildings and popula that are infrequently areas(k) Door ala	e effective security systems				
	plan from the ED for place for securing					
	which included training Elopement/Missing Falarms. In addition, the alarms to the third floadded new alarms to	an acceptable removal plan ng in-services for all staff on desident procedures and ne facility installed new or secured unit and also the ground level emergency val plan also listed that when				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:		A. BUILDING:	
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		55A000	B. WING		09/16/2024
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NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ILE, ZIP CODE	
MIRA VIE	AT TINTON FALLS		ALLS, NJ 0770	1	
240.15	CHMMADY CT	ATEMENT OF DEFICIENCIES			N OFF
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
A1357	Continued From page	e 9	A1357		
711001	, ,	nvestigation of the area will	711001		
	begin along with a he	ad count to ensure all			
	residents in the comm	nunity are accounted for.			
	Reference: A 0310, 8	3:36 - 3.4(a)(1)			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		55A000	B. WING		09/16/2024
NAME OF PE	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE	
MIRA VIE	AT TINTON FALLS		RTFORD DRIVE FALLS, NJ 07701	1	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
{A 000}	Initial Comments		{A 000}		
	Initial Comments: Type of Survey: Com				
	Complaint #: NJ 001	76838			
	Census: 60				
	Sample Size: 3				
	all of the standards in Administrative Code & Licensure of Assisted Comprehensive Perso Assisted Living Progra submit a Plan of Corra completion date for ea that the plan is impler	3:36, Standards for Living Residences, onal Care Homes and ams. The facility must ection, including a ach deficiency and ensure mented. Failure to correct alt in enforcement action in isions of New Jersey Fitle 8, Chapter 43E,			
{A 310}	8:36-3.4(a)(1) Admini		{A 310}		
	•	ot limited to, the following:			
	1. Ensuring the dimplementation, and eand procedures,	levelopment, enforcement of all policies including resident rights;			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/13/24

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		R-C	
		55A000	B. WING		1	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
MIRA VIF	AT TINTON FALLS	ONE HART	FORD DRIVE			
WIIIVA VIL	ATTINTORTALLO	TINTON FA	LLS, NJ 0770	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{A 310}	Continued From page	2 1	{A 310}			
	by: Complaint #NJ 00176 Based on observation and review of facility determined that the faimplement a compreh to ensure all residents safe on the secure m resident was admitted with diagnoses safe on the secure m resident with amiliar review, the surveyor of Room safe of the resident with amiliar review, the surveyor of Room safe of the resident with amiliar review, the surveyor of Room safe of the secure m resident with amiliar review, the surveyor of Room safe of the secure m resident with a surveyor of Room safe of the secure m resident with diagnoses. At 11:30 a.m., the surveyor of Room safe of Resident safe of the secure m resident with a surveyor of Room safe of the secure m resident with a surveyor of Room safe of the secure m resident s	n, interview, record review, policy and procedure it was acility failed to develop and procedure is were accounted for and emory care unit during a por 1 of 3 residents, Resident cility failed to follow and and procedure titled Person and Security ins" for 1 of 3 residents, inced by the following: Veyor reviewed the medical ent #1 which revealed the did to the facility in the which included the which include				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		55A000	B. WING		09/1	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
MIRA VIE	AT TINTON FALLS		TFORD DRIVE			
	OLIMAN OT		ALLS, NJ 0770	T		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{A 310}	Continued From page	2	{A 310}			
	time NJ ex order 2 The LPN also stated to to N Ex order 26.4th LPN stated that she N NJ ex order 26.4th At 12:16 p.m., the sur staff member who wo NJ ex order 26.4th	that she second 26.4b1 that she second 20.4b1 that she				
	facility had a resident The Concierge stated resident list and then who then informed he stated that she used t LPN and also NJ ex o	the stated that on sked if the named [Resident #1]. I that she checked her stated yes to the yes to the stated yes t				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		55A000	B. WING		09/1	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE. ZIP CODE		
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MIRA VIE	AT TINTON FALLS		RTFORD DRIVE			
		TINTON	ALLS, NJ 0770)1		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	MAIL	DATE.
			+	,		
{A 310}	Continued From page	2 3	{A 310}			
		D) regarding the third-floor				
	NJ Ex Order 26.4(I	o)(1) alarm that was				
		The ED stated that he could				
		nember turned off the alarm.				
	The ED stated that th	e NJ Ex Order 26.4(b)(1)				
	alarms only rang with	in the third floor unit. The				
	ED stated that the NJ	Ex Order 26.4(b)(1) where the				
	resident NJ Ex Order 26 from.	did not have an alarm. He				
		or was maintained unlocked				
	to exit but required a					
	to ome but roquirou u	sous to re emen.				
	The surveyor reviewed the facility policy and					
		procedure titled, "Elopement - Missing Person"				
		esidents have the right to live				
		•				
	, in a safe and secu					
		sible for ensuring effective				
		nted to reduce the risk of				
	resident elopement.	"				
	-	yor reviewed the facility				
		titled, "Security Systems				
	and Programs" which	revealed "Our				
	communities will have	e effective security systems				
	and programs that are	e appropriate to the				
		iond) Locking of doors				
		used or located in low traffic				
		rm system specifically				
		eimer's/dementia care				
	program"	cirici 3/dementia care				
	program					
	At 2.55 p.m. tha c	rover requested a removal				
		reyor requested a removal				
		process in place to ensure				
		e safe and accounted for,				
	Resident #1 who	ex order 26.4b1				
	NJ ex order 26.46 NJ ex order 26.4	^{4D1} .				
	The facility submitted	an acceptable removal plan				
	which included training	ig in-services for all staff on				
		esident procedures and				
		ie facility installed new				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		55A000	B. WING		R-C 09/16/2024	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE	1 00/10/20	
			FORD DRIVE	,		
MIRA VIE	AT TINTON FALLS		LLS, NJ 0770	1		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE CC	OMPLETE DATE
{A 310}	Continued From page	2 4	{A 310}			
	added new alarms to exit doors. The remove an alarm sounds an in- begin along with a he	or secured unit and also the ground level emergency val plan also listed that when envestigation of the area will ad count to ensure all nunity are accounted for. 3:36 - 19.4(b)(3)				
{A1357}	8:36-19.4(b)(3) Alzhe	imer's/Dementia Programs	{A1357}			
	 (b) A facility that advertises or holds itself out as having an Alzheimer's/dementia program shall, pursuant to N.J.S.A. 26:2M-7.1, provide a member of the public seeking placement of a person diagnosed with Alzheimer's and/or related disorders in the facility with a clear and concise written list that indicates: 3. The safety policies and procedures and any security monitoring system that is specific to residents diagnosed with Alzheimer's and related disorders. This REQUIREMENT is not met as evidenced by: Complaint #NJ 00176838 Based on observation, interview, and record review, it was determined that the facility failed to maintain a safe environment on the secured unit in accordance with the facility policies and procedures for 1 of 3 residents, Resident #1 which resulted in the versident as evidenced by the following: 					

1 `		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			COMPLE	ETED		
		55A000	B. WING		R-0	C 6/2024
					1 09/1	0/2024
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
MIRA VIE	AT TINTON FALLS		FORD DRIVE LLS, NJ 0770	1		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF CORRECTION	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{A1357}	Continued From page	e 5	{A1357}			
	On Successful the Depart investigated a facility was received on and an unwitnessed FRE report, on facility that Resident at Executive Director (Executive Director (Executive Director) stated that the floor of the facility and	rtment of Health (DOH) reportable event (FRE) that regarding resident safety Jex Order 25-4(0)(1) According to the				
	care unit on the third surveyor observed the three key coded and the surveyor observed alarmed when the arr. At 10:20 a.m., the surveyor observed alarmed when the arr. At 10:28 a.m., during unit, the surveyor observed alarmed when the arr.	to the stairwell. In addition, d that the NUEXOGGET 25.4(a)(1) m of the door was pushed. Tveyor observed that NUEXGET 25.4(a)(1) was				
	and the door automatuse of a code. During interview with all three Necode 204001 on automatically opened	ically opened without the the ED, the ED stated that the ^{SUEX ORGE 25 4(5)(1)} unit				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		55A000	B. WING		R-C 09/16/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	·
MIRA VIE	AT TINTON FALLS		TFORD DRIVE		
	7.1.1.1.1.0.1.1.1.2.2.0	TINTON F	ALLS, NJ 07701	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
{A1357}	Continued From page	÷ 6	{A1357}		
	to silence and reset the At 10:57 a.m., the sur	veyor interviewed Resident			
	facility. Resident #1 s	nt regarding care at the tated that he/she wanted to			
	At 11:15 a.m., the surveyor reviewed the medical record (MR) of Resident #1 which revealed the resident was admitted to the facility in [VICKORDER 255-45]				
	"Master Assessment"	According to the NJ ex order 26.4b1			
	During review of the MR, the surveyor observed that a Licensed Practical Nurse (LPN) documented in the Progress Notes on 1:04 p.m., that the concierge notified her at 11:04 a.m., that a was at the concierge desk and had reported that Resident #1 NJ ex order 26.4b1				
	The LPN further NJ ex order 26.4b1	was called over the was called upon discovery			
		ex order 26.4b1 dition, the LPN documented dent #1 NJ ex order 26.4b1			
	regarding the Nucleoter 2005. The ED states notified by the facility that the resident stated that the resident on the third floor	ced that on was he was Corporate Nurse on duty To a naddition, the ED through the was through the cand down the stairwell to			
	the unalarmed and ur	nlockeo ^{NJ Ex Order 26.4(b)(} in the			

New Jers	sey Department of Heal	ith				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED	
55A000		B. WING		R-C 09/16/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE		
MENAVIE	AT TINTON FALLS		TFORD DRIVE			
MIKA VIE	AT TINTON FALLS	TINTON F	ALLS, NJ 0770	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{A1357}	Continued From page	÷ 7	{A1357}			
	stated that anyone co	rder 26.4(b)(1). The ED also ould exit through the a code was required to enter				
	Director of Plant Open the facility confirmed that if the bedoors were held down would automatically ocontinue to sound unt DOPO stated that the exit doors that lead to locks or alarms that seacility, but the doors exiting and required a facility.	rveyor interviewed the grations (DOPO) regarding and alarms. The DOPO par on the third-floor exit in for 20 seconds the door open, and the alarm would til reset. In addition, the grifst floor and basement to the outside did not have sounded when exiting the automatically locked after a code to enter back into the				
	of the webcomes accept along with staff staten staff member silenced alarm. The staff mem	rveyor requested a timeline review. The ED provided the of the FRE investigation ments which indicated that a d and reset NEX OTHER 28-4(b)(1) about 18 and				
	NJ ex order 28.4b1 The care she was providing car that she did not hear addition, the care state	yeyor interviewed the care J ex order 26.4b1 yex order 26.4b1				

New Jers	sey Department of Hea	<u>itn</u>				
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		1		l _	_	
			B WING		R-	
		55A000	B. WING		09/1	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE ZIP CODE		
TO LINE OF T	NO VIDEN ON OUT FEET					
MIRA VIE	AT TINTON FALLS		FORD DRIVE			
		TINTON FA	ALLS, NJ 0770	1		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
IAG	REGOLITORY OR I	EGO IDENTI TINO INI ONIMATION	IAG	DEFICIENCY)	WIL.	
{A1357}	Continued From page	e 8	{A1357}			
	At 12:45 p.m. tho au	nyover intensiowed the ED				
		rveyor interviewed the ED				
		oor exit door alarm system.				
		e third-floor alarms only				
		The ED also stated that he				
		enced and reset the alarm on				
	the date of the incide	nt.				
		ed the facility policy and				
		pement - Missing Person"				
		esidents have the right to live				
	in a safe and secu					
	community is respons	sible for ensuring effective				
	systems are impleme	ented to reduce the risk of				
	resident elopement	."				
	·					
	In addition, the surve	yor reviewed the facility				
		titled, "Security Systems				
	and Programs" which					
	_	e effective security systems				
	and programs that are					
		tiond) Locking of doors				
		used or located in low traffic				
		rm system specifically				
		eimer's/dementia care				
	program"	eimei s/dementia care				
	program					
	At 2:55 n m the our	rover requested a removal				
	-	yeyor requested a removal				
	plan from the ED for I	not having a process in				
	place for securing	and no process in				
		sidents were accounted for,				
		from the facility on				
	unaware to s	taff.				
		an acceptable removal plan				
		ng in-services for all staff on				
		lesident procedures and				
	alarms. In addition, th	ne facility installed new				
	alarms to the third flo	or secured unit and also	1			
	added new alarms to	the ground level emergency				
		val plan also listed that when				

STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:					
		55A000	B. WING		R-C 09/16/2024			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ITE, ZIP CODE				
MIRA VIE	MIRA VIE AT TINTON FALLS ONE HARTFORD DRIVE							
	T		ALLS, NJ 0770					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE			
{A1357}	Continued From page	9	{A1357}					
	an alarm sounds an ir begin along with a he	nvestigation of the area will ad count to ensure all nunity are accounted for.						
	Reference: A 0310, 8	3:36 - 3.4(a)(1)						



RUNGIA

Mira Via at Tinton Falls 1 Hartford Drive Tinton Falls NJ 07701 Provider # NJ55A000

November 13, 2024
Plan of correction for Complaint Survey # NJ00176838

A310 8:36-3.4(a)(1) Administration

- Resident 1 and all residents found to be affected by the deficient practice were unharmed in this incident. Moving forward, the Executive Director and the entire team at the community have been retrained on Elopement/Missing Person and Security System P&P. Including taking a head count during an activated door alarm and identifying residents at risk. This deficient practice was corrected 9/25/2024.
 - 2 The community will identify other residents that have the potential to be affected by the same deficient practice by following the community policy and procedure for investigating alarms when they sound. When an alarm sounds, community policy will immediately be followed.
- 3 <u>Systematic changes</u> that have been made to prevent further deficiencies from occurring are. Training will be ongoing monthly, and on date of hire. This deficient practice was corrected 9/25/2024

All team members have been retrained on Elopement/Missing Resident procedures beginning 9/16/2024 and completed 9/25/2024.

Additional security devices have been added to all doors leading out of our Memory Support neighborhood. These additional devices were installed on 9/25/2024

4 <u>Corrective Actions</u> that have been implemented to monitor that deficient practice do not continue to occur:

1 Hartford Drive | Tinton Falls, NJ 07701 | 732.933.4700



Executive Director or designee will include this corrective measure in its Quarterly QA Program to ensure compliance. This measure was added in meetings June 24, 2024 and September 23, 2024.

Community will follow P&P for Monthly Elopement Drills and Staff Education. Training will be ongoing monthly, and on date of hire. This deficient practice was corrected 9/25/2024

REUNED 6/6/2024

NJ Ex Order 26.4(b)(1)

MIRA VIE TINTON FELLS

Red liday



Mira Via at Tinton Falls 1 Hartford Drive Tinton Falls NJ 07701 Provider # NJ55A000

November 13, 2024

<u>Plan of correction for Complaint Survey # NJ00176838</u>

A1357 8:36-19.4(b)(3) Alzheimer's/Dementia Programs

- 1 Resident 1 and all residents with the potential to be affected by the deficient practice were unharmed in this incident. These residents all reside in a secure Memory Support neighborhood. Moving forward, Executive Director and the entire team will follow Elopement/Missing Person and Security System and Programs policies. All team members were retrained on Elopement/Missing Person and Security System P&P. This deficient practice was corrected immediately on 9/25/2024.
- 2 The community will identify all residents that have the potential to be affected by the same deficient practice by following the community policy and procedure for investigating alarms when they sound. When an alarm sounds appropriate actions will be taken. All team members were retrained on Elopement/Missing Person and Security System P&P. This deficient practice was corrected immediately on 9/25/2024.
- 3 Systematic Changes that have been made to prevent further deficiencies from occurring are.

Wester with



Red

ASSISTED LIVING I MEMORY CARE

All team members have been retrained on Elopement/Missing Resident and Security Systems and Programs. New staff will be trained on the date of hire, and monthly thereafter. Completed on 9/25/2024.

Additional security devices have been added to all doors leading out of our Memory Support neighborhood. These additional devices were installed on 9/25/2024.

New security devices have been programed to alert the front desk as well as the pagers that the team members carry. When an alarm is activated, all team members immediately act by responding to the associated door and calling a "code grey" for any unaccounted residents. These additional devices were installed and programmed on 9/25/2024

4 Corrective Actions that have been implemented to monitor that deficient practice do not continue to occur:

Executive Director or designee will include this corrective measure in its Quarterly QA Program to ensure compliance. This measure was added in meetings June 24, 2024, and September 23, 2024.

Monthly Elopement Drills will occur as per P&P. This will be uploaded into TELS (an online document tracking and retention system) this will ensure compliance. This deficient practice was completed on 9/25/2024.

REVISED 12/6/2024

NJ Ex Order 26.4(b)(1)

Mira VIE TINTON Fells