STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A000	A. BUILDING: _____ B. WING _____	C 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRA VIE AT TINTON FALLS	ONE HARTFORD DRIVE TINTON 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 APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Initial Comments: Type of Survey: Complaint Complaint #: NJ 00176838 Census: 60 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) 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;	A 310		

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

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
MIRA VIE AT TINTON FALLS	ONE HARTFORD DRIVE TINTON FALLS, NJ 07701

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #NJ 00176838

Based on observation, interview, record review, and review of facility policy and procedure it was determined that the facility failed to develop and implement a comprehensive policy and procedure to ensure all residents were accounted for and safe on the secure NJ Ex Order 26.4(b)(1) unit during a resident NJ Ex Order 26.4(b)(1) for 1 of 3 residents, Resident #1. In addition, the facility failed to follow and implement its policy and procedure titled "Elopement -Missing Person and Security Systems and Programs" for 1 of 3 residents, Resident #1 as evidenced by the following:

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 NJ ex order 26.4b1 with diagnoses which included NJ ex order 26.4b1 and NJ ex order 26.4b1. According to the NJ ex order 26.4 "Master Assessment" completed by a Registered Nurse, the resident was NJ Ex Order 26.4(to NJ Ex Order 26 with NJ Ex Order 26.4(b)(1) and was independent with ambulation. During the MR review, the surveyor observed an Emergency Room "After Visit Summary " dated NJ ex order 26.4b which revealed the resident was NJ ex order 26.4b1

At 11:30 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) regarding the report of Resident #1's NJ Ex Order 26.4(b)(1) from the facility on NJ ex order 26.4(. The LPN stated that on NJ ex order 26.4(she was alerted by the Concierge at approximately

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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MIRA VIE AT TINTON FALLS	ONE HARTFORD DRIVE TINTON 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 APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 310	Continued From page 2	A 310		

11:04 a.m., that a NJ Ex Order 26.4(b)(1) entered the facility and stated that a resident NJ ex order 26.4b1 In addition, the LPN stated at that time she NJ ex order 26.4b1 The LPN also stated that she NJ ex order 26.4b1 and NJ ex o . Further, the LPN stated that NJ ex order 26.4b1 . The resident was then NJ ex order 26.4b1 .

At 12:16 p.m., the surveyor interviewed the care staff member who worked on the third floor Memory Care Unit on NJ ex order 26.4b the day the resident NJ ex order 26 , regarding the exit door alarm. The care staff member stated that she was tending to another resident on NJ ex order 26.4b and did not hear the door alarm. In addition, the care staff member stated that she was not aware that Resident #1 NJ ex order 26.4b1

At 1:29 p.m., the surveyor interviewed the Concierge regarding the NJ ex order 26.4b NJ ex order 26.4b1 at the facility. The Concierge stated that on NJ ex order 26.4b a NJ Ex Order 26.4(b)(1 came into the facility and asked if the facility had a resident named ... [Resident #1]. The Concierge stated that she checked her resident list and then stated yes to the bystander who then informed her that the resident NJ ex order 26.4b1 . In addition, the Concierge stated that she used the walkie-talkie to notify the LPN and also called a NJ ex order 26.4b1

According to surveyor review of the FRE, on NJ ex order 26.4b NJ ex order 26.4b1

At 1:40 p.m., the surveyor interviewed the

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A 310	Continued From page 3 Executive Director (ED) regarding the third-floor NJ Ex Order 26.4(b)(1) unit NJ Ex Order 26.4(b alarm that was silenced on NJ ex order 26.4b. The ED stated that he could not verify what staff member turned off the alarm. The ED stated that the NJ Ex Order 26.4(b)(1) alarms only rang within 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 explained that the door was maintained unlocked to exit but required a code to re-enter. The surveyor reviewed the facility policy and procedure titled, "Elopement - Missing Person" which revealed " ...Residents have the right to live ..., in a safe and secure environment. The community is responsible for ensuring effective systems are implemented to reduce the risk of resident elopement. ..." In addition, the surveyor reviewed the facility policy and procedure titled, "Security Systems and Programs" which revealed " ...Our communities will have effective security systems and programs that are appropriate to the buildings and population. ...d) Locking of doors that are infrequently used or located in low traffic areas. ...(k) Door alarm system specifically designed for the Alzheimer's/dementia care program. ..." At 3:55 p.m., the surveyor requested a removal plan for not having a process in place to ensure that all residents were safe and accounted for, Resident #1 who NJ ex order 26.4b1 on NJ ex order 26.4b unaware to staff. The facility submitted an acceptable removal plan which included training in-services for all staff on NJ Ex Order 26.4(b)(1) Resident procedures and alarms. In addition, the facility installed new	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 4 alarms to the third floor secured unit and also added new alarms to the ground level [NJ Ex Order 26.4(b)(1)] [redacted]. The removal plan also listed that when an alarm sounds an investigation of the area will begin along with a head count to ensure all residents in the community are accounted for. Reference: A 1357, 8:36 - 19.4(b)(3)	A 310		
A1357	8:36-19.4(b)(3) Alzheimer's/Dementia Programs (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 [NJ Ex Order 26.4(b)(1)] unit in accordance with the facility policies and procedures for 1 of 3 residents, Resident #1 which resulted in the [NJ ex order 26.4b1] of the resident as evidenced by the following:	A1357		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1357	Continued From page 5 On 9/16/24 the Department of Health (DOH) investigated a facility reportable event (FRE) that was received on NJ ex order 26.4b regarding resident safety and an NJ ex order 26.4b1. According to the FRE report, on NJ ex order 26.4b a bystander notified the facility that Resident #1 NJ ex order 26.4b1 [redacted] At 10:00 a.m., the surveyor interviewed the Executive Director (ED) regarding NJ Ex Order 26.4(b) and NJ Ex O of the secured NJ Ex Order 26.4(b)(1) unit. The ED stated that the NJ Ex Order 26.4(b)(1) unit was on the third floor of the facility and a code was not needed to enter the unit, but a code was required to exit the unit. At 10:05 a.m., the surveyor toured the NJ Ex Order 26.4([redacted] unit on the third floor of the facility. The surveyor observed that the NJ Ex Order 26.4(b)(1) unit had three key coded NJ Ex Order 26.4(b)(1 [redacted], Door #1, Door #2, and Door #3 that led to the stairwell. In addition, the surveyor observed that the NJ Ex Order 26.4(b)(1) alarmed when the arm of the NJ Ex Ord [redacted] was pushed. At 10:20 a.m., the surveyor observed that NJ Ex Or [redacted] where the resident NJ Ex Order 26.4(b)(1) was located three doors from Resident #1's apartment. The surveyor also observed that the stairwell led down to the NJ Ex Order 26.4(b)(1). At 10:28 a.m., during surveyor tour of the NJ Ex Order 26.4([redacted] unit, the surveyor observed that the ED held the arm of exit Door #2 for a period of 20 seconds and the NJ Ex Order 26.4(b)(1) without the use of a code. During interview with the ED, the ED stated that all NJ Ex Order 26.4(b)(1) on the NJ Ex Order 26.4(b)(1) unit automatically NJ Ex Order 26.4 [redacted] upon NJ Ex Order 26.4(b)(1) for 20-30 seconds. The ED added that the alarm	A1357		

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A1357	Continued From page 6	A1357		

would continue to sound until a code was entered to silence and reset the alarm.

At 10:57 a.m., the surveyor interviewed Resident #1 in his/her apartment NJ ex order 26.4b1 . Resident #1 stated that he/she wanted to go home.

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 NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 According to the NJ ex order 26.4b1 "Master Assessment" the resident was NJ Ex Order 26.4(to NJ Ex Order 26 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 NJ ex order 26.4b at 1:04 p.m., that the concierge notified her at 11:04 a.m., that a NJ Ex Order 26.4(b)(1 was at the concierge desk and had reported that Resident #1 was NJ Ex Order 26.4(b)(1 The LPN further NJ ex order 26.4b1 upon discovery that Resident #1 NJ ex order 26.4b1 In addition, the LPN documented that she NJ ex order 26.4 Resident #1 NJ ex order 26.4b1 .

At 11:38 a.m., the surveyor interviewed the ED regarding the NJ Ex Order 26.4(b)(1 that occurred on NJ ex order 26.4b . The ED stated that on NJ ex order 26.4b he was notified by the facility Corporate Nurse on duty that the resident NJ ex order 26. . In addition, the ED stated that the resident NJ ex order 26. NJ ex order 26.4b1 NJ ex order 26.4b1

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A1357	Continued From page 7	A1357		

NJ ex order 26.4b1 . The ED also stated that anyone could NJ Ex O through the NJ Ex 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 NJ Ex Order 26.4(b)(1) for review. The ED provided the surveyor with a copy of the FRE investigation along with staff statements which indicated that a staff member silenced and reset NJ Ex Order 26.4(b)(1) alarm. The staff member failed to ensure all residents were accounted for after the staff member silenced and reset NJ Ex Order 26.4(alarm leading to stairwell.

At 12:16 p.m., the surveyor interviewed the care staff member who worked on the third-floor NJ Ex Order 26.4(b)(1) unit on NJ ex order 26.4b1, regarding the NJ ex order 26.4b1. The care staff member stated that NJ ex order 26.4b1 In addition, the care staff member stated that she NJ ex order 26.4b1 Resident #1 NJ ex order 26.4b1

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A1357	Continued From page 8 At 12:45 p.m., the surveyor interviewed the ED regarding the third-floor [NJ Ex Order 26.4(b)] alarm system. The ED stated that the third-floor alarms only sounded on the unit. The ED also stated that he was not sure who silenced and reset the alarm on the date of the incident. The surveyor reviewed the facility policy and procedure titled, "Elopement - Missing Person" which revealed " ...Residents have the right to live ... in a safe and secure environment. The community is responsible for ensuring effective systems are implemented to reduce the risk of resident elopement ..." In addition, the surveyor reviewed the facility policy and procedure titled, "Security Systems and Programs" which revealed " ...Our communities will have effective security systems and programs that are appropriate to the buildings and population. ...d) Locking of doors that are infrequently used or located in low traffic areas. ...(k) Door alarm system specifically designed for the Alzheimer's/dementia care program. ..." At 3:55 p.m., the surveyor requested a removal plan from the ED for not having a process in place for securing [NJ Ex Order 26.4(b)(1] and no process in place to ensure all residents were accounted for, Resident #1, who NJ ex order 26.4b1 [NJ ex order 26.4] unaware to staff. The facility submitted an acceptable removal plan which included training in-services for all staff on Elopement/Missing Resident procedures and alarms. In addition, the facility installed new alarms to the third floor secured unit and also added new alarms to the ground level emergency exit doors. The removal plan also listed that when	A1357		

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A1357	Continued From page 9 an alarm sounds an investigation of the area will begin along with a head count to ensure all residents in the community are accounted for. Reference: A 0310, 8:36 - 3.4(a)(1)	A1357		

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{A 000}	Initial Comments Initial Comments: Type of Survey: Complaint Complaint #: NJ 00176838 Census: 60 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) 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;	{A 310}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/13/24

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	{A 310}		

This REQUIREMENT is not met as evidenced by:
Complaint #NJ 00176838

Based on observation, interview, record review, and review of facility policy and procedure it was determined that the facility failed to develop and implement a comprehensive policy and procedure to ensure all residents were accounted for and safe on the secure memory care unit during a resident NJ Ex Order 26.4(b)(1) for 1 of 3 residents, Resident #1. In addition, the facility failed to follow and implement its policy and procedure titled "Elopement -Missing Person and Security Systems and Programs" for 1 of 3 residents, Resident #1 as evidenced by the following:

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 NJ ex order 26.4b1 with diagnoses which included NJ ex order 26.4b1 "Master Assessment" completed by a Registered Nurse, the resident was NJ Ex Order 26.4(to NJ Ex Order 26 with NJ Ex Order 26.4(b)(1) and was independent with ambulation. During the MR review, the surveyor observed an Emergency Room "After Visit Summary " dated NJ ex order 26.4b which revealed the resident was diagnosed with a NJ ex order 26.4b1

At 11:30 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) regarding the report of Resident #1's NJ ex order 26.4b1 on NJ ex order 26.4(. The LPN stated that on NJ ex order 26.4b she was alerted by the Concierge at approximately

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{A 310}	Continued From page 2 11:04 a.m., that a [redacted] entered the facility and stated that a resident [redacted] In addition, the LPN stated at that time [redacted] The LPN also stated that she [redacted] and [redacted] to [redacted] the resident. Further, the LPN stated that she [redacted] the resident in the [redacted]. The resident [redacted] At 12:16 p.m., the surveyor interviewed the care staff member who worked on the third floor [redacted] the day the [redacted], regarding the [redacted] alarm. The care staff member stated that she was [redacted] In addition, the care staff member stated that she [redacted] that Resident #1 [redacted] At 1:29 p.m., the surveyor interviewed the Concierge regarding the [redacted] at the facility. The Concierge stated that on [redacted] a [redacted] came into the facility and asked if the facility had a resident named ... [Resident #1]. The Concierge stated that she checked her resident list and then stated yes to the [redacted] who then informed her that the resident [redacted]. In addition, the Concierge stated that she used the walkie-talkie to notify the LPN and also [redacted] According to surveyor review of the FRE, on [redacted] "A staff member silenced the [redacted] alarm without checking for an [redacted] At 1:40 p.m., the surveyor interviewed the	{A 310}		

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MIRA VIE AT TINTON FALLS	ONE HARTFORD DRIVE TINTON FALLS, NJ 07701

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{A 310}	Continued From page 3 Executive Director (ED) regarding the third-floor NJ Ex Order 26.4(b)(1) alarm that was silenced on [redacted]. The ED stated that he could not verify what staff member turned off the alarm. The ED stated that the NJ Ex Order 26.4(b)(1) alarms only rang within the third floor unit. The ED stated that the NJ Ex Order 26.4(b)(1) where the resident [redacted] from, did not have an alarm. He explained that the door was maintained unlocked to exit but required a code to re-enter. The surveyor reviewed the facility policy and procedure titled, "Elopement - Missing Person" which revealed " ...Residents have the right to live ..., in a safe and secure environment. The community is responsible for ensuring effective systems are implemented to reduce the risk of resident elopement. ..." In addition, the surveyor reviewed the facility policy and procedure titled, "Security Systems and Programs" which revealed " ...Our communities will have effective security systems and programs that are appropriate to the buildings and population. ...d) Locking of doors that are infrequently used or located in low traffic areas. ...(k) Door alarm system specifically designed for the Alzheimer's/dementia care program. ..." At 3:55 p.m., the surveyor requested a removal plan for not having a process in place to ensure that all residents were safe and accounted for, Resident #1 who NJ ex order 26.4b1 [redacted] NJ ex order 26.4b1. The facility submitted an acceptable removal plan which included training in-services for all staff on Elopement/Missing Resident procedures and alarms. In addition, the facility installed new	{A 310}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A000	A. BUILDING: _____ B. WING _____	R-C 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRA VIE AT TINTON FALLS	ONE HARTFORD DRIVE TINTON 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 APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 310}	Continued From page 4 alarms to the third floor secured unit and also added new alarms to the ground level emergency exit doors. The removal plan also listed that when an alarm sounds an investigation of the area will begin along with a head count to ensure all residents in the community are accounted for. Reference: A 1357, 8:36 - 19.4(b)(3)	{A 310}		
{A1357}	8:36-19.4(b)(3) Alzheimer's/Dementia Programs (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 [redacted] unit in accordance with the facility policies and procedures for 1 of 3 residents, Resident #1 which resulted in the [redacted] of the resident as evidenced by the following:	{A1357}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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MIRA VIE AT TINTON FALLS	ONE HARTFORD DRIVE TINTON FALLS, NJ 07701

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{A1357}	Continued From page 5 On [NJ ex order 26.4b1] the Department of Health (DOH) investigated a facility reportable event (FRE) that was received on [NJ ex order 26.4b] regarding resident safety and an unwitnessed [NJ Ex Order 26.4(b)(1)] According to the FRE report, on [NJ ex order 26.4b] a bystander notified the facility that Resident #1 NJ ex order 26.4b1 [redacted] At 10:00 a.m., the surveyor interviewed the Executive Director (ED) regarding entrance and exit of the secured [NJ Ex Order 26.4(b)(1)] unit. The ED stated that the [NJ Ex Order 26.4(b)(1)] unit was on the third floor of the facility and a code was not needed to enter the unit, but a code was required to exit the unit. At 10:05 a.m., the surveyor toured the memory care unit on the third floor of the facility. The surveyor observed that the [NJ Ex Order 26.4(b)(1)] unit had three key coded [NJ Ex Order 26.4(b)(1)], [NJ Ex Order 26.4(b)] [NJ Ex Order 26.4(b)] and [NJ Ex Order 26.4(b)] that led to the stairwell. In addition, the surveyor observed that the [NJ Ex Order 26.4(b)(1)] alarmed when the arm of the door was pushed. At 10:20 a.m., the surveyor observed that [NJ Ex O] [redacted] where the resident [NJ Ex Order 26.4(b)(1)] was located three doors from Resident #1's apartment. The surveyor also observed that the stairwell led down to the NJ Ex Order 26.4(b)(1). At 10:28 a.m., during surveyor tour of the [NJ Ex Order 26.4(] [redacted] unit, the surveyor observed that the ED held the NJ Ex Order 26.4(b)(1) for a period of 20 seconds and the door automatically opened without the use of a code. During interview with the ED, the ED stated that all three [NJ Ex Order 26.4(b)(1)] on the [NJ Ex Order 26.4(b)(1)] unit automatically opened upon holding the [NJ Ex Order 26.4(b)] for 20-30 seconds. The ED added that the alarm	{A1357}		

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{A1357}	Continued From page 6 would continue to sound until a code was entered to silence and reset the alarm. At 10:57 a.m., the surveyor interviewed Resident #1 in his/her apartment regarding care at the facility. Resident #1 stated that he/she wanted to [NJ Ex Order 26.4(b)(1)] 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 [NJ ex order 26.4b1] [redacted] According to the [NJ ex order 26.4b1] "Master Assessment" the resident [NJ ex order 26.4b1] [redacted] During review of the MR, the surveyor observed that a Licensed Practical Nurse (LPN) documented in the Progress Notes on [NJ ex order 26.4] at 1:04 p.m., that the concierge notified her at 11:04 a.m., that a [NJ Ex Order 26.4(b)(1)] was at the concierge desk and had reported that Resident #1 [NJ ex order 26.4b1] [redacted] The LPN further documented that a [NJ ex order] [redacted] was called over the [NJ ex order 26.4b1] was called upon discovery that Resident #1 [NJ ex order 26.4b1] [redacted]. In addition, the LPN documented that she [NJ Ex Order 26.] Resident #1 [NJ ex order 26.4b1] [redacted] At 11:38 a.m., the surveyor interviewed the ED regarding the [NJ ex order 26.4b1] that occurred on [NJ ex order 26.4] [redacted]. The ED stated that on [NJ ex order 26.4] he was notified by the facility Corporate Nurse on duty that the resident [NJ ex order 26.] [redacted]. In addition, the ED stated that the resident [NJ Ex Order 26] through the [NJ Ex O] [redacted] on the third floor and down the stairwell to the unalarmed and unlocked [NJ Ex Order 26.4(b)(1)] in the	{A1357}		

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
MIRA VIE AT TINTON FALLS	ONE HARTFORD DRIVE TINTON FALLS, NJ 07701

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{A1357}	Continued From page 7 basement that NJ Ex Order 26.4(b)(1). The ED also stated that anyone could exit through the basement door, 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 NJ Ex Order 26.4(b)(1) 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 NJ Ex Order 26.4(b)(1) for review. The ED provided the surveyor with a copy of the FRE investigation along with staff statements which indicated that a staff member silenced and reset NJ Ex Order 26.4(b)(1) alarm. The staff member failed to ensure all residents were accounted for after the staff member silenced and reset NJ Ex Order 26.4(b)(1) leading to stairwell. At 12:16 p.m., the surveyor interviewed the care staff member who NJ ex order 26.4b1 NJ ex order 26.4b1, regarding the NJ ex order 26.4b1 The care staff member stated that she was providing care to another resident and that she did not hear the sound of the alarm. In addition, the care staff member stated that she NJ ex order 26.4b1 that Resident #1 NJ ex order 26.4b1	{A1357}		

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{A1357}	Continued From page 8 At 12:45 p.m., the surveyor interviewed the ED regarding the third-floor exit door alarm system. The ED stated that the third-floor alarms only sounded on the unit. The ED also stated that he was not sure who silenced and reset the alarm on the date of the incident. The surveyor reviewed the facility policy and procedure titled, "Elopement - Missing Person" which revealed " ...Residents have the right to live ... in a safe and secure environment. The community is responsible for ensuring effective systems are implemented to reduce the risk of resident elopement ..." In addition, the surveyor reviewed the facility policy and procedure titled, "Security Systems and Programs" which revealed " ...Our communities will have effective security systems and programs that are appropriate to the buildings and population. ...d) Locking of doors that are infrequently used or located in low traffic areas. ...(k) Door alarm system specifically designed for the Alzheimer's/dementia care program. ..." At 3:55 p.m., the surveyor requested a removal plan from the ED for not having a process in place for securing [NJ Ex Order 26.4(b)(1)] and no process in place to ensure all residents were accounted for, Resident #1, who [NJ Ex Order 26] from the facility on [NJ ex order 26.4] unaware to staff. The facility submitted an acceptable removal plan which included training in-services for all staff on Elopement/Missing Resident procedures and alarms. In addition, the facility installed new alarms to the third floor secured unit and also added new alarms to the ground level emergency exit doors. The removal plan also listed that when	{A1357}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{A1357}	Continued From page 9 an alarm sounds an investigation of the area will begin along with a head count to ensure all residents in the community are accounted for. Reference: A 0310, 8:36 - 3.4(a)(1)	{A1357}		

Rcd 12/4/24

MIRA VIE
AT TINTON FALLS
ASSISTED LIVING | MEMORY CARE

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

1. 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 **Systematic changes** 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 **Corrective Actions** that have been implemented to monitor that deficient practice do not continue to occur:

accepted 12/9/24

MIRA VIE

AT TINTON FALLS

ASSISTED LIVING | MEMORY CARE

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

accepted
12/9/24

REVISED 12/6/2024

NJ Ex Order 26.4(b)(1)

ED
MIRA VIE TINTON FALLS

Rcd 12/16/24

MIRA VIE
AT TINTON FALLS
ASSISTED LIVING | MEMORY CARE

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

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

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.

Accepted 12/9/24

Rec'd 12/6/24

MIRA VIE
AT TINTON FALLS
ASSISTED LIVING | 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

accepted 12/9/24 DM

NJ Ex Order 26.4(b)(1)

ED
Mira Vie Tinton Falls