

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2026
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NAME OF PROVIDER OR SUPPLIER MIRA VIE AT BRICK	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724
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(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	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ 00189661</p> <p>Census: 91</p> <p>Sample Size: 4</p> <p>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.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administrator's Responsibilities</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00189661</p> <p>Based on interview and record review, it was determined that the facility failed to implement the facility's policy and procedure titled, "NJ Exec Order 26.4b1 Items" for resident's NJ Exec Order 26.4b1 for 1 of 4 residents, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 1/13/26 at 11:30 p.m., the surveyor interviewed the Executive Director (ED) regarding who was responsible for cleaning and packing up a resident's NJ Exec Order 26.4b1 from the apartment upon the resident's move out. The ED stated that the resident's family was responsible for packing up and removing the resident's NJ Ex Order 26.4(b)(1) within a 14-day period.</p> <p>Surveyor continued interview with the ED, inquired about Resident #2's NJ Exec Order 26.4b1. The ED stated that the resident had a NJ Exec Order 26.4b1 who packed and picked up the resident's NJ Ex Order 26.4(b)(1) on NJ Exec Order 26.4b1. The ED explained that Resident #2's Power of Attorney (POA) stated that the resident's NJ Exec Order 26.4b1. The ED stated that she investigated the claim and the NJ Exec Order 26.4b1 were also notified.</p> <p>At 12:00 p.m., the surveyor reviewed Resident #2's MR, which revealed that the resident was admitted on NJ Exec Order 26.4b1 services in NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>At 1:30 p.m., the surveyor reviewed the facility investigation summary provided by the ED, which revealed that on [redacted], a Maintenance staff retrieved a [redacted] NJ Exec Order 26.4b1 from the facility's [redacted]. The investigation summary revealed that the facility emailed pictures of the NJ Exec Order 26.4b1 to Resident #2's POA. The investigation summary also revealed that a [redacted] investigation was still open as of date of survey [redacted].</p> <p>The surveyor reviewed the facility policy and procedure titled, "Missing Items" which revealed, "Residents have the right to keep and maintain their personal belongings, and we [facility] are responsible for protecting the residents from theft, misuse, and loss of items."</p>	A 310		
A1073	<p>8:36-15.6(b) Resident Records</p> <p>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.</p> <p>This REQUIREMENT is not met as evidenced</p>	A1073		

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A1073	<p>Continued From page 3</p> <p>by: Complaint #: NJ 00189661</p> <p>Based on interview and record review it was determined that the facility failed to ensure a Registered Nurse (RN) documented an assessment in the resident's medical record (MR), NJ Exec Order 26.4b1 and the administration of NJ Exec Order 26.4b1 medication for 1 of 4 resident's, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 1/13/26 at 12:00 p.m., the surveyor reviewed Resident #2's MR which revealed that the resident was re-admitted to the facility in NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 with diagnoses of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The MR also revealed that Resident #2 was admitted to NJ Exec Order 26.4b1 services in NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed the resident's medication administration record (MAR) for the month of NJ Exec Order 26.4b1 which revealed that the resident had an order for NJ Exec Order 26.4b1 by NJ Exec Order 26.4b1 by mouth every one hour as needed (a medication used to treat NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1). The MAR revealed that on NJ Exec Order 26.4b1 at 6:14 p.m., 8:24 p.m., and 11:26 p.m., the resident was administered NJ Exec Order 26.4b1 by mouth by a Certified Medication Aide (CMA).</p> <p>Further surveyor review of the MAR revealed that the CMA documented that the RN was notified of the NJ Exec Order 26.4b1 administration. However, surveyor continued review of the MR, did not reveal documented evidence that Resident #2 was assessed by the facility's RN on NJ Exec Order 26.4b1 to indicate that Resident #2's NJ Exec Order 26.4b1 and required NJ Exec Order 26.4b1 administration.</p>	A1073		
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A1073	<p>Continued From page 4</p> <p>At 2:30 p.m., the surveyor interviewed the Director of Health and Wellness (DHW) and inquired about documentation in the resident's MR regarding Resident #2's [redacted] in medical [redacted] and the need for [redacted] administration on [redacted]. The DHW stated that she was not in the facility at the time the resident required the [redacted] but was notified via phone text by the CMA. The DHW explained that the [redacted] RN took over Resident #2's care and she, [DHW], did not document nursing assessment in the resident's MR upon return on [redacted].</p> <p>At 3:12 p.m., the surveyor interviewed the CMA via phone, and inquired about Resident #2's administration of [redacted] on [redacted]. The CMA stated that on [redacted] RN was at the facility and requested that Resident #2 be administered [redacted] for [redacted] of [redacted]. The CMA stated that she administered the [redacted] to the resident and notified the RN via text message.</p>	A1073		
A1077	<p>8:36-15.7(a)(2) Record of Death</p> <p>(a) Whenever a resident dies in the assisted living residence, the administrator or the administrator's designee shall:</p> <p>2. Include in the resident's record written documentation from the physician of the date and time of death, the name of the person who pronounced the death, disposition of the body, and a record of notification of the family. The administrator or administrator's designee shall include</p>	A1077		

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A1077	<p>Continued From page 5</p> <p>in the record of notification of the family confirmation and written documentation of that notification.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00189661</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that required information for residents who [redacted] at the facility was documented in the resident medical record for 1 of 4 residents, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 1/13/26 AT 12:00 p.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that the resident was re-admitted to the facility in [redacted] with diagnoses of [redacted] and [redacted] and [redacted] on [redacted].</p> <p>Continued surveyor review of the MR, revealed, "Progress Notes (PN)" dated [redacted] at 9:11 a.m., written by the Director of Health and Wellness (DHW), which revealed, "Resident placed on [redacted] for ... Resident [redacted] this morning ..."</p> <p>However, continued surveyor review of the PN, did not reveal documentation that reflected the date, time, disposition, and name of the person who [redacted] Resident #2's [redacted]</p> <p>At 1:38 p.m., the surveyor interviewed the</p>	A1077		
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A1077	<p>Continued From page 6</p> <p>Executive Director (ED) and inquired about Resident #2's ^{NJ Ex Order 2} documentation in the MR. The ED stated that the resident's ^{NJ Ex Ord} was documented in the PN by the DHW.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Death of a Resident" that revealed "...Document appropriately. ...Enter narrative documentation in resident's chart noting: ...a) Body position b) Condition of surroundings C) What time was resident found d) By whom e) What time was the resident last observed f) What was the resident doing at the time ... Transported out of community a) who transported out b) time.</p>	A1077		

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{A 000}	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ 00189661</p> <p>Census: 91</p> <p>Sample Size: 4</p> <p>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.</p>	{A 000}		

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

TITLE

(X6) DATE

02/11/26

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65a007 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/13/2026 Y3
NAME OF FACILITY MIRA VIE AT BRICK	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724	

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 <u>A0310</u>	<u>Correction</u>	ID Prefix <u>A1073</u>	<u>Correction</u>	ID Prefix <u>A1077</u>	<u>Correction</u>
Reg. # <u>8:36-3.4(a)(1)</u>	<u>Completed</u>	Reg. # <u>8:36-15.6(b)</u>	<u>Completed</u>	Reg. # <u>8:36-15.7(a)(2)</u>	<u>Completed</u>
LSC <u></u>	<u>02/11/2026</u>	LSC <u></u>	<u>02/11/2026</u>	LSC <u></u>	<u>02/11/2026</u>
ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>
Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>
LSC <u></u>	<u></u>	LSC <u></u>	<u></u>	LSC <u></u>	<u></u>
ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>
Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>
LSC <u></u>	<u></u>	LSC <u></u>	<u></u>	LSC <u></u>	<u></u>
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Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>
LSC <u></u>	<u></u>	LSC <u></u>	<u></u>	LSC <u></u>	<u></u>
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LSC <u></u>	<u></u>	LSC <u></u>	<u></u>	LSC <u></u>	<u></u>

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/13/2026		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65a007 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/13/2026 Y3
NAME OF FACILITY MIRA VIE AT BRICK	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A1073	Correction	ID Prefix A1077	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-15.6(b)	Completed	Reg. # 8:36-15.7(a)(2)	Completed
LSC	02/11/2026	LSC	02/11/2026	LSC	02/11/2026
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
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ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/13/2026		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		