

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2025	
NAME OF PROVIDER OR SUPPLIER MIRA VIE AT TOMS RIVER		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 SILVERTON ROAD TOMS RIVER, NJ 08753			
(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 00188420 Census: 100 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 313	8:36-3.4(a)(4) Administrator's Responsibilities (a) The administrator or designee shall be responsible for, but not limited to, the following: 4. Ensuring the provision of staff orientation and staff education; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188420		A 313		

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

TITLE

(X6) DATE

09/15/25

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A 313	<p>Continued From page 1</p> <p>Based on observation, interview, and record review, it was determined that the Executive Director (ED) failed to ensure that direct care staff received proper education and training for NJ Ex Order 26. 4B1 care for 1 of 3 residents reviewed, Resident NJ Ex [REDACTED]. This deficient practice was evidenced by the following:</p> <p>The Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by facilities to report events to the DOH), regarding Resident #2's NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1 [REDACTED]. According to the FRE, a staff member found Resident #2 NJ Ex Order 26. 4B1 [REDACTED]. The FRE revealed that NJ Ex Order 26.4b1 [REDACTED] was initiated, and Emergency Medical Services (EMS) was contacted.</p> <p>On 8/12/25 at 10:44 a.m., the surveyor reviewed Resident #2's closed medical record (MR), which revealed that Resident #2 was admitted to the facility on NJ Ex Order 26. 4B1 [REDACTED] [REDACTED] [REDACTED]. The prescription slip dated NJ Ex Order 26.4b1, written by an Advanced Practice Nurse (APN), indicated that Resident #2's NJ Ex Order 26. 4B1 [REDACTED]. The resident NJ Ex Order 26. 4B1 [REDACTED] days after being admitted to the facility.</p> <p>At 2:56 p.m., the surveyor requested the Executive Director (ED) to provide the surveyor with the surveillance camera footage from the hallway of Resident #2's room at the time of the incident on NJ Ex Order 26. 4B, including a timeline of the incident. The ED provided the surveyor with the timeline of the incident that occurred on NJ Ex Order 26. 4B [REDACTED]</p>	A 313		

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A 313	<p>Continued From page 2</p> <p>which revealed the following:</p> <p>On NJ Ex Order 26. 4B at 10:15 a.m., a NJ Exec Order 26.4b1 entered Resident #2's room with a package.</p> <p>At 10:16 a.m., a Care Partner arrived and entered into Resident #2's room.</p> <p>At 10:17 a.m., the Director of Health and Wellness (DHW) arrived and entered Resident #2's room.</p> <p>At 10:20 a.m., another staff member arrived and entered Resident #2's room with the NJ Ex Order 26. 4B1 (AED).</p> <p>On 8/12/25 at 12:55 p.m., the surveyor interviewed the NJ Exec Ord who first found Resident #2 NJ Ex Order 26. 4B1 at 10:15 a.m. and inquired about the incident. The HHA stated that she went to deliver a package to Resident #2, and saw that the resident was NJ Ex Order 26. 4B1. The NJ Exec Ord stated that she called for help from other staff members via her NJ Exec Order 26.4b1. The NJ Exec Ord explained that she was NJ Exec Ord-certified; however, she was unfamiliar with performing NJ Exec Ord on someone who had a NJ Ex Order 26. 4B1 and did not start NJ Exec Ord. The NJ Exec Ord stated that the DHW started NJ Exec Ord once she arrived at Resident #2's room.</p> <p>Additionally, the surveyor interviewed the NJ Exec Ord and inquired about education that was provided to staff regarding Resident #2's NJ Ex Order 26. 4B1 when the resident was NJ Ex Order 26. 4B1. The NJ Exec Ord stated that she did not receive any education regarding Resident #2's NJ Ex Order 26. 4B1.</p> <p>At 2:03 p.m. and 2:28 p.m., the surveyor interviewed a Licensed Practical Nurse (LPN) and</p>	A 313		

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A 313	<p>Continued From page 3</p> <p>a Certified Medication Aide (CMA) and inquired about education that was provided to them regarding NJ Ex Order 26. 4B1. The LPN and the CMA stated that the DHW informed staff that in case of an emergency to place the NJ Ex Order 26. 4B1 on Resident #2's NJ Ex Order 26. 4B1 instead of the resident's NJ Ex Order 26. 4B1. The LPN and CMA did not specify any other education that was provided to them regarding NJ Ex Order 26. 4B1.</p> <p>At 3:24 p.m., the surveyor interviewed the DHW and inquired about education that she provided to staff members regarding Resident #2's NJ Ex Order 26. 4B1. The DHW stated that she informed staff members that Resident #2 was responsible for administering his/her medications and performing NJ Ex Order 26. 4B1 on his/herself. Additionally, the DHW informed the surveyor that she educated staff about where to properly place the NJ Ex Order 26. 4B1 on Resident #2 in emergencies. The DHW confirmed that all education was verbal and there was no documentation of the education provided to staff members.</p> <p>During continued surveyor interview with the DHW, the surveyor inquired about how staff members would know what to do in emergencies which involved Resident #2's NJ Ex Order 26. 4B1. The DHW stated that since Resident #2 was responsible for managing his/her NJ Ex Order 26. 4B1, the resident would have to address the issue him/herself. The surveyor asked the DHW what would be the protocol if Resident #2's NJ Ex Order 26. 4B1 accidentally came out of the NJ Ex Order 26. 4B1. The DHW stated that if the NJ Ex Order 26. 4B1 came out, Resident #2 would be responsible for performing NJ Ex Order 26. 4B1 for him/herself.</p> <p>The surveyor reviewed a facility policy titled, "Emergency Medical Plan" dated 4/2021, which</p>	A 313		

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A 355	<p>Continued From page 5</p> <p>and services in accordance with the resident's Service Plan (SP) for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 8/12/25 at 10:44 a.m., the surveyor reviewed Resident #2's MR which revealed that the SP dated [REDACTED], and initiated by the Director of Health and Well included [REDACTED] and [REDACTED]. Resident #2's SP indicated, " ... NJ Ex Order 26. 4B1 [REDACTED] [REDACTED] [REDACTED]."</p> <p>The surveyor observed Resident #2's "Service Checkoff List" dated [REDACTED], which included [REDACTED] "NJ Exec Order 26.4b1" and "NJ Exec Order 26.4b1." The surveyor observed that the [REDACTED] were scheduled for each shift and the [REDACTED] [REDACTED] were scheduled "as needed." Additionally, the surveyor observed that there was no documentation which indicated that the [REDACTED] [REDACTED] and [REDACTED] checks were completed by staff members.</p> <p>On 8/12/25 at 12:55 p.m., the surveyor interviewed a [REDACTED] and inquired about Resident #2's [REDACTED] and [REDACTED] checks. The [REDACTED] stated that she would check on residents every [REDACTED] hours and sign-off on a checklist to document that she completed the [REDACTED] for each resident; however, she did not know if Resident #2 had a checklist since he/she was a [REDACTED].</p> <p>During continued surveyor interview with the [REDACTED] the [REDACTED] stated that she would perform [REDACTED] [REDACTED] for residents who required</p>	A 355		

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A 355	<p>Continued From page 6</p> <p>[REDACTED] with their care. The [REDACTED] explained that Resident #2 was [REDACTED] for his/her own care, therefore, she did not check the resident's [REDACTED]</p> <p>At 2:03 p.m., the surveyor interviewed a Licensed Practical Nurse (LPN) and inquired about Resident #2's [REDACTED] and [REDACTED]. The LPN stated that she was not aware of Resident #2's [REDACTED] and [REDACTED]. The LPN explained that since Resident #2 provided [REDACTED] and was a [REDACTED] to the facility, she was not familiar with the resident's care.</p> <p>At 1:47 p.m. and 3:24 p.m., the surveyor interviewed the Director of Health and Wellness (DHW) and inquired about [REDACTED] checks performed for Resident #2. The DHW stated that the [REDACTED] checks should be completed and documented each shift. The DHW stated that staff member should check vital signs if Resident #2 presented with any signs of [REDACTED]. The DHW was not able to provide the surveyor the documentation for Resident #2's [REDACTED] checks.</p> <p>The surveyor reviewed a facility policy titled, "Service Plans" dated 4/2021, which revealed, " ... The Director of Health and Wellness will print out two copies of the service plan. First one is placed in the Service Plan Binder for Care Partners ... Care will be documented as completed by utilizing the ADL Sign off Sheet ..."</p> <p>The surveyor reviewed another facility policy titled, "Day of Admission" dated 4/2021, which revealed, " ... ensure staff have access and are aware of the new resident and his/her service needs ..."</p>	A 355		

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A 357	Continued From page 7	A 357		
A 357	8:36-4.1(a)(2) Resident Rights (a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 2. The right to receive a level of care and services that addresses the resident's changing physical and psychosocial status; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188420 Based on observation, interview, and record review, it was determined that the facility failed to provide appropriate care that addressed the resident's NJ Ex Order 26. 4B1 conditions for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On NJ Ex Order 26. 4B1 , the Department of Health (DOH) received a Facility Reportable Event (FRE) regarding Resident #2's NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1 . The FRE revealed that Resident #2 was admitted to the facility with a NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1 and was NJ Ex Order 26. 4B1 with medications and NJ Ex Order 26. 4B1 . Additionally, the FRE revealed that Resident #2	A 357		

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A 357	<p>Continued From page 8</p> <p>was last observed by staff on ^{NJ Exec Order 26.} around 7:30 a.m. when breakfast was delivered to the resident's room and Resident #2 was reported to be '<i>NJ Ex Order 26. 4B1</i>.' According to the FRE, a staff member brought a package to Resident #2's room on ^{NJ Ex Order 26. 4B} at 10:05 a.m. and was found NJ Ex Order 26. 4B1 ^{NJ Exec Order 26.4b1}.</p> <p>On 8/12/25, the surveyor reviewed Resident #2's Service Plan (SP) and observed that the SP included, '<i>NJ Ex Order 26. 4B1</i> ^{NJ Exec Order 26.4b1}.'</p> <p>At 2:56 p.m., the surveyor viewed surveillance camera footage of the hallway outside of Resident #2's room with the Executive Director (ED). The surveyor then requested the ED to provide the surveyor with the footage of the last time a staff member entered Resident #2's room, prior to the resident being ^{NJ Exec Order} NJ Ex Order 26. 4B1 ^{NJ Exec Order 26.4b1}.</p> <p>The ED was not able to provide the surveyor the footage of the last time a staff member entered Resident #2's room by the completion of the survey on 8/12/25.</p> <p>On 8/13/25 at 4:42 p.m., post survey, the surveyor received an email from the ED which included a timeline of the ^{NJ Ex Order 26. 4B} incident when Resident #2 was ^{NJ Exec Order} NJ Ex Order 26. 4B1 ^{NJ Exec Order 26.4b1}. The surveyor reviewed the timeline which revealed the following:</p> <p>On 7/30/25 at 6:58 p.m., Resident #2 entered his/her room.</p> <p>On 7/31/25 at 10:15:41 a.m., a ^{NJ Exec Order 26.4b1} NJ Ex Order 26. 4B1 ^{NJ Exec Order 26.4b1} entered Resident #2's room, ^{NJ Ex} ^{NJ Exec Order 26.4b1} hours later.</p>	A 357		

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A 357	<p>Continued From page 9</p> <p>On 8/12/25 at 12:55 p.m., the surveyor interviewed the [REDACTED] who was assigned to Resident #2 and discovered Resident #2 NJ Ex Order 26. 4B1 at 10:15 a.m. The [REDACTED] stated that she checked on Resident #2 in his/her room around 7:00 a.m., at the beginning of her shift. The [REDACTED] stated that Resident #2 was sleeping in the bed when she checked on the resident.</p> <p>On 8/14/25 at 9:19 a.m., the surveyor place a telephone call to the ED and inquired about the timeline that she provided to the surveyor via email. The ED confirmed that no one entered or exited Resident #2's room between NJ Ex Order 26. 4B at 6:58 p.m. and NJ Ex Order 26. 4B at 10:15 a.m. ([REDACTED]).</p> <p>The surveyor reviewed a facility policy titled, "Basic Care" dated 4/2021, which revealed, " ... Each resident should be monitored on an on-going basis as indicated in the service plan ..."</p> <p>The surveyor reviewed another facility policy titled, "Shift Change Process - End of Shift Charting" dated 4/2021, which revealed, " ... A safety check is conducted at the end of each shift and documented on the Service Plan Documentation or Eldermark Services ..."</p>	A 357		
A 401	8:36-4.1(a)(22) Resident Rights	A 401		
	(a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the			

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A 401	<p>Continued From page 10</p> <p>following rights:</p> <p>22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188420</p> <p>Based on interview and record review, it was determined that the facility failed to provide a safe environment for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 8/12/25 at 10:44 a.m., the surveyor reviewed Resident #2's closed medical record (MR) which revealed that Resident #2 was admitted to the facility in NJ Ex Order 26. 4B1 [REDACTED] [REDACTED] [REDACTED].</p> <p>The surveyor reviewed a prescription slip dated NJ Exec Order 26, written by an Advanced Practice Nurse (APN) and observed orders for the following treatments and care:</p> <p>NJ Ex Order 26. 4B1 [REDACTED],</p> <p>NJ Ex Order 26. 4B1 [REDACTED] and</p>	A 401		

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A 401	<p>Continued From page 11</p> <p><i>NJ Ex Order 26. 4B1</i> [REDACTED] [REDACTED].</p> <p>Further, the surveyor observed a prescription slip dated ^{NJ Exec Order 26.4} [REDACTED] written by the same APN, which indicated that Resident #2's <i>NJ Ex Order 26. 4B1</i> [REDACTED]</p> <p>The surveyor reviewed a facility policy titled, "Allowable Health Conditions" dated 4/2021, which revealed, " ... The Community will admit and retain stable residents with health conditions that can be safely cared for by Community staff and are congruent with state licensing agency guidelines ... The following are examples of health conditions/needs which are managed in the Community ... Tracheostomy when the resident is capable of self-care and suctioning is not required ..."</p> <p>At 3:24 p.m., the surveyor interviewed the Director of Health and Wellness (DHW) and inquired about the facility's policy titled, "Allowable Health Conditions" provided by the Executive Director (ED) in a binder. The DHW stated that she was not aware that a resident with a <i>NJ Ex Order 26. 4B1</i> [REDACTED] was not an acceptable health condition per the facility's policy.</p> <p>At 4:21 p.m., the surveyor interviewed the ED and inquired if she reviewed Resident #2's move-in orders prior to the resident's <i>NJ Ex Order 26. 4B1</i> [REDACTED] to the facility. The ED stated that she usually reviewed the move-in paperwork prior to a resident's move-in; however, she was unaware of Resident #2's <i>NJ Ex Order 26. 4B1</i> [REDACTED]. Additionally, the ED explained that she expressed concern to Corporate regarding</p>	A 401		

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A 401	<p>Continued From page 12</p> <p>Resident #2's NJ Ex Order 26. 4B1 in case there was an emergency. The ED also stated that she expressed concern that the facility was not equipped for NJ Ex Order 26. 4B1 or emergent medical care for a resident with a NJ Ex Order 26. 4B1.</p> <p>On 8/13/25 at 3:07 p.m., the surveyor interviewed a Registered Nurse (RN) who performed the pre-NJ Ex Order 26. 4B1 prior to the resident admission to the facility. During the interview, the RN informed the surveyor that he was aware of the facility's "Allowable Health Conditions" policy, but there was no orders for NJ Ex Order 26. 4B1 at the time of the pre-assessment.</p> <p>The surveyor reviewed additional facility policy titled, "Sentinel Events" dated 4/2021, which revealed, " ... Residents want a safe secure environment that guards against and reduces the risk of serious or unexpected incidents ..."</p>	A 401		
A 625	<p>8:36-5.18(a)(3) Managed Risk Agreements</p> <p>(a) The choice and independence of action of a resident may need to be limited when a resident's individual choice, preference and/or actions are identified as placing the resident or others at risk, lead to adverse outcome and/or violate the norms of the facility or program or the majority of the residents. When the resident assessment process identified in N.J.A.C. 8:36-7 indicates that there is a high probability that a choice or action of the resident has resulted or will result in any of the preceding, the assisted living residence, comprehensive personal care, home or assisted living program shall:</p> <p>3. Seek to negotiate a managed risk agreement with the resident (or legal guardian) that will</p>	A 625		

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NAME OF PROVIDER OR SUPPLIER MIRA VIE AT TOMS RIVER		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 SILVERTON ROAD TOMS RIVER, NJ 08753		
(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 625	<p>Continued From page 13</p> <p>minimize the possible risk and adverse consequences while still respecting the resident's preferences; and</p> <p>This STANDARD is not met as evidenced by: Complaint #: NJ 00188420</p> <p>Based on interview and record review, it was determined that the facility failed to negotiate a Managed Risk Agreement for a resident who refused to be NJ Ex Order 26. 4B1 for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 8/12/25 at 12:15 p.m., the surveyor reviewed Resident #2's closed medical record (MR), which revealed that Resident #2 was admitted to the facility on NJ Ex Order 26. 4B1</p> <p>[REDACTED]</p> <p>[REDACTED]. The Progress Note (PN) dated 7/28/25 at 7:15 p.m., written by the Assistant Director of Health and Wellness (ADHW), a Licensed Practical Nurse (LPN) documented that the resident was NJ Ex Order 26. 4B1</p> <p>[REDACTED].</p> <p>Surveyor review of the MR revealed a PN dated NJ Exec Order 26. at 7:15 p.m., written by the ADHW, which indicated, "[Resident #2] NJ Ex Order 26. 4B1</p> <p>[REDACTED]</p> <p>[REDACTED]"</p>	A 625		

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A 625	<p>Continued From page 14</p> <p>Additionally, the surveyor observed a PN dated ^{NJ Exec Order 26.} at 7:45 p.m., written by the ADHW, which revealed, 'NJ Ex Order 26. 4B1'</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] ..."</p> <p>The surveyor did not observe additional interventions following the PN written by the ADHW regarding concern for Resident #2's NJ Ex Order 26. 4B1 [REDACTED], date of admission.</p> <p>At 3:56 p.m., the surveyor interviewed the ADHW and inquired about her documentation regarding her concern for Resident #2's NJ Ex Order 26. 4B1 [REDACTED]. The ADHW stated that Resident #2 ^{NJ Exec Order 26.} to go to the [REDACTED] for evaluation and she continued to assess the resident until the resident's NJ Ex Order 26. 4B1 improved and increased to the [REDACTED] percentage. The ADHW confirmed that she recommended to call Emergency Medical Services (EMS) for Resident #2; however, the resident [REDACTED]. The ADHW stated that she informed the Executive Director (ED) and the Director of Health and Wellness (DHW) of the resident's refusal to be NJ Ex Order 26. 4B1 for further evaluation.</p> <p>At 4:21 p.m., the surveyor interviewed the ED and inquired about Resident #2's ^{NJ Exec Order 26.} to be NJ Ex Order 26. 4B1 [REDACTED], due to the resident's low NJ Ex Order 26. 4B1. The ED stated that she was made aware of the NJ Ex Order 26. 4B1 on ^{NJ Exec Order 26.} [REDACTED]. The ED stated that she wanted Resident #2 to be sent to the [REDACTED]; however, Resident</p>	A 625	

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A 625	<p>Continued From page 15</p> <p>#2 <small>NJ Exec Order 26.4</small> The ED stated that Resident #2 was monitored by the ADHW until the <small>NJ Ex Order 26. 4B1</small> symptoms resolved.</p> <p>On 8/14/25 at 9:19 a.m., the surveyor spoke with the ED via telephone and inquired if a Managed Risk Agreement was initiated for Resident #2 regarding his/her <small>NJ Ex Order 26. 4</small> for treatment. The ED stated that Resident #2 did not have a Managed <small>NJ Ex Ord</small> Agreement.</p> <p>The surveyor reviewed a facility policy titled, "Shared Risk Agreement" dated 4/2021, which revealed, " ... There may be risks involved with the choices the resident makes. The best time to negotiate risk is before a resident moves in so that the resident and staff know what to expect ..."</p>	A 625		
A 735	<p>8:36-7.2(e)(1-5) Health Care Assmnt. and Health Service Plan</p> <p>(e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services, if appropriate; 4. The time intervals at which the resident's response to treatment will be reviewed; and 5. The measures to be used to assess the effects 	A 735		

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A 735	<p>Continued From page 16 of treatment.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188420</p> <p>Based on interview and record review it was determined that the facility failed to develop a Health Service Plan (HSP) to coordinate ordered NJ Ex Order 26. 4B1 [REDACTED]</p> <p>[REDACTED] of 3 residents, Resident # 2. This deficient practice was evidenced by the following:</p> <p>On 8/12/25 at 10:44 a.m., the surveyor reviewed Resident #2's closed medical record (MR) which revealed that Resident #2 was admitted to the facility on NJ Ex Order 26. 4B1 [REDACTED]</p> <p>[REDACTED].</p> <p>Continued surveyor review of Resident #2's MR revealed an Advanced Practice Nurse (APN) orders dated NJ Exec Order 26.4 [REDACTED] which indicated that the resident had orders for NJ Exec Order 26.4b1 services. Additionally, the surveyor reviewed Resident #2's initial assessment completed by the Director of Health and Wellness (DHW) on NJ Exec Order 26.4 [REDACTED], which documented that the resident did not receive care from a NJ Exec Order 26.4b1 agency and that there were NJ Exec Order 26.4b1 [REDACTED] regarding the resident's ability to [REDACTED] or [REDACTED]</p>	A 735	

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A 735	<p>Continued From page 17</p> <p>Surveyor review of the MR did not reveal a [REDACTED] to address the NJ Exec Order 26.4b1, [REDACTED] for Resident #2.</p> <p>At 3:24 p.m., the surveyor interviewed the DHW and inquired if Resident #2 had an [REDACTED]. The DHW stated that Resident #2 did not have an [REDACTED] and acknowledged that [REDACTED] were for residents who had orders for NJ Exec Order 26.4b1 [REDACTED].</p> <p>The surveyor reviewed a facility policy titled, "Day of Admission-New Jersey" dated 4/2021, which revealed, " ...The resident's clinical service needs are addressed during the move-in process ... If the initial assessment ... indicates that the resident requires health care services, a health care assessment shall be completed ..."</p> <p>The surveyor reviewed another facility policy titled, "Day of Admission" dated 4/2021, which revealed, "... All Health Care Provider admission orders are received, reviewed and processed ..."</p>	A 735		
A 761	<p>8:36-7.4(a) Health Care Services</p> <p>(a) The assisted living residence, comprehensive personal care home, or assisted living program shall ensure that the resident receives "health care services" under the direction of a registered professional nurse, in accordance with the health service plan.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 761		

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A 761	<p>Continued From page 18</p> <p>Complaint #: NJ 00188420</p> <p>Based on interview and record review, it was determined that the facility Registered Nurse (RN) failed to coordinate appropriate health care services for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 8/12/25 at 12:15 p.m., the surveyor reviewed Resident #2's closed medical record (MR), which indicated that Resident #2 was admitted to the facility on NJ Ex Order 26. 4B1</p> <p>[REDACTED]</p> <p>[REDACTED]. The resident NJ Ex Order 26. 4B1</p> <p>[REDACTED].</p> <p>The surveyor reviewed Resident #2's orders written by an Advanced Practice Nurse (APN) and the findings were as follows:</p> <p>The order dated NJ Exec Order 26.4 included NJ Ex Order 26. 4B1</p> <p>[REDACTED]</p> <p>[REDACTED].</p> <p>The "Health Care Provider Move-In Order" dated NJ Exec Order 26.4, included an order for NJ Ex Order 26. 4B1</p> <p>[REDACTED].</p> <p>The order dated NJ Exec Order 26. indicated that the resident could NJ Exec Order 26.4b1 his/her NJ Ex Order 26. 4B1.</p> <p>Additionally, the surveyor reviewed Resident #2's medication orders which revealed that the resident had an order for NJ Ex Order 26. 4B1</p> <p>[REDACTED] with documented instructions to hold the dose if the resident's NJ Ex Order 26. 4B1 (NJ Exec) was NJ Exec Order 26 than</p>	A 761		

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A 761	<p>Continued From page 19</p> <p><small>NJ Exec Order 26.4b1</small></p> <p>Further surveyor review of Resident #2's MR revealed a NJ Exec Order 26.4b1 [REDACTED], which was completed by the Director of Health and Wellness (DHW). The <small>NJ Exec Order 26.4b1</small> indicated that Resident #2 was approved to NJ Exec Order 26.4b1 his/her medications.</p> <p>At 3:24 p.m., the surveyor interviewed the DHW and inquired if she verified the delivery of Resident #2's medical equipment which included the resident's NJ Ex Order 26. 4B1 [REDACTED]. The DHW confirmed that she did not verify if the above equipment and supplies were delivered to the facility upon Resident #2's NJ Ex Order 26. 4B1.</p> <p>Additionally, the surveyor inquired about the interventions that were in place for Resident #2 to check his/her <small>NJ Exec Order 26.4b1</small> prior to the resident NJ Exec Order 26.4b1 the prescribed NJ Ex Order 26. 4B1. The DHW stated that since Resident #2 was responsible for administering his/her own medications, the facility was not responsible for coordinating the resident's <small>NJ Exec Order 26.4b1</small> checks prior to administering the medication.</p> <p>During further surveyor interview with the DHW, the surveyor inquired about the process of determining if Resident #2 was appropriate to NJ Exec Order 26.4b1 his/her medications. The DHW stated that she completed a NJ Exec Order 26.4b1 Assessment which required Resident #2 to answer questions related to medication administration. The DHW stated that Resident #2 answered the questions appropriately which allowed the resident to administer his/her own medications. The DHW confirmed that she did not observe Resident #2 administer medications</p>	A 761		

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A 761	<p>Continued From page 20</p> <p>to NJ Exec or provide NJ Ex Order 26. 4B1 to self, prior to approving the resident to perform NJ Exec Order 26.4b1</p> <p>On 8/13/25 at 3:07 p.m., the surveyor interviewed the Registered Nurse (RN), who completed the resident's assessment prior to the resident's admission to the facility and inquired about how he determined that Resident #2 could NJ Exec NJ Ex Order 26. 4B1 and NJ Exec Order 26.4b1 on NJ Exec Order 26. 4B1. The RN stated that he asked Resident #2 questions regarding the resident's medication regimen and how to administer the medications. The RN stated that he confirmed with the nurses at the rehab facility, where he assessed Resident #2, if the resident could perform NJ Exec Order 26. 4B1 by his/herself. The RN stated that he did not have documentation from the rehab facility to indicated that Resident #2 had the ability to perform NJ Exec Order 26. 4B1. The RN also stated that he did not observe Resident #2 demonstrate how he/she administered medications or performed NJ Exec Order 26. 4B1 for his/her NJ Ex Order 26. 4B1 during the assessment.</p> <p>The surveyor reviewed a facility policy titled, "Day of Admission - New Jersey" dated 4/2021, which revealed, "...The resident's clinical service needs are addressed during the move-in process ..."</p> <p>The surveyor reviewed a facility policy titled, "Medication Services" dated 4/2021, which revealed, "... Independent: the resident safely self-manages his or her own medications, including storage, administration, and re-ordering ... The Director of Health and Wellness appraises the resident and utilizes the [Assessment] to determine if the resident can safely manage his/her medications ..."</p> <p>The surveyor reviewed a facility policy titled,</p>	A 761		

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A 761	Continued From page 21 "Blood Pressure and/or Pulse Reading to Determine the Need for a Medication" dated 4/2021, which revealed, "...The resident, when his/her Health Care Provider has stated in writing that the resident is physically and mentally capable of self-testing ..."	A 761		
A1027	8:36-14.1(c) Emergency Medical Services (c) At least one employee trained in cardiopulmonary resuscitation and the Heimlich maneuver shall be available in the facility at all times. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188420 Based on interview and record review, it was determined that the facility's Executive Director (ED) failed to ensure that at least one employee who was certified and trained in cardiopulmonary resuscitation (CPR) was available, and on duty in the facility at all times. This deficient practice was evidenced by the following: On 8/12/25 at 9:46 a.m., the ED provided the surveyor with the facility's staff schedule, staff list, and copies of the CPR certifications of staff members. At 10:03 a.m., the surveyor cross-referenced the CPR certifications for staff members and the staff schedule dated 7/25/25 to 8/14/25. The surveyor	A1027		

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A1027	<p>Continued From page 22</p> <p>observed that there were some shifts that did not have a CPR-certified staff member scheduled to work. The findings were as follows:</p> <p>The 11 p.m. - 7 a.m. shift did not have a CPR-certified staff member scheduled on 7/29, 7/30, 8/4, 8/6, 8/8, 8/12, and 8/13/25, for a total of 7 shifts.</p> <p>On 8/2 and 8/3/25, there was no CPR-certified staff member scheduled between the hours of 5 p.m. - 11 p.m.</p> <p>On 8/12/25 at 4:21 p.m., the surveyor interviewed the ED and inquired about scheduling staff members who were CPR-certified. The ED confirmed that there should be at least one (1) CPR-certified staff member scheduled for each shift. The ED explained that she became aware on the survey date that the 11 p.m. - 7 a.m., shifts did not have at least one (1) CPR-certified staff member scheduled to work.</p> <p>On 8/13/25 at 4:42 p.m., post survey, the ED emailed the surveyor additional information which included the requested timeline for the incident that occurred on ^{NJ Exec Order 26} [REDACTED]. The ED informed the surveyor that the Director of Health and Wellness (DHW) worked on 7/29/25 from 11 p.m. to 7 a.m. However, the surveyor reviewed the DHW's schedule provided by the ED on 8/12/25, and observed that the DHW was scheduled to work on 7/29 and 7/30/25 from 8 a.m. to 4 p.m.</p> <p>The surveyor reviewed a facility policy titled, "Staffing Plan New Jersey" dated 4/2021, which revealed, " ... The Community shall ensure that a minimum of one staff member is trained in CPR and the use of the AED as well as trained on the Heimlich maneuver and is available in the facility</p>	A1027		

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A1027	Continued From page 23 at all times ..."	A1027		

POC#2 received 9/22/25
Accepted 9/22/25



9/10/2025

To Whom It May Concern,

Please find the Plan of Correction related to the complaint survey conducted on 8/12/2025.

A313 8:36- 3.4(a)(1) Administrator's Responsibilities

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- Resident #2 no longer resides [REDACTED] Resident [REDACTED]
- Staffing schedule immediately reconciled to ensure minimum of one CPR certified employee scheduled each shift. Completed 8/12/25.
- Licensed staff in-serviced by Director of Health & Wellness related to CPR and Emergency Medical Plan on 9/8/2025.
- Executive Director educated Leadership Team on 8/13/2025 on policies and procedures: Allowable Health Conditions, Staff Training, Service Plans, Day of Admission, Daily Task Lists, Managed Risk.
- Community to follow policies and procedures as it relates to CPR, Emergency Medical Plan, and Allowable Medical Condition policy.
- Staff schedule to reflect CPR expiration dates for greater compliance effective 9/12/2025.

2. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- All residents have the potential to be affected.

3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.

- Executive Director or designee to ensure all licensed staff are trained to respond to medical emergencies. In addition, Management and Personnel Staff Training, Emergency Medical Plan, Staff Education and Orientation have been reviewed and audited by Executive Director or designee. Completed 9/30/25.



- Department managers, including Director of Health & Wellness, Director of Business and People, Director of Sales & Marketing, Director of Resident Experience, Director of Memory Support, Director of Plant Operations, and Director of Restaurant & Hospitality educated by Executive Director on policies related to Allowable Health Conditions. Completed 8/13/25.
- CPR expiration dates to be reflected on the printed schedule to ensure compliance. Completed 9/11/25.
- Education of emergency medical plans, and allowable health conditions were reviewed and all licensed staff educated on the policies. All staff in-serviced on the policies with a completion date of 9/30/2025.
- Effective 9/30/2025 and ongoing.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- QAPI Meetings held quarterly.
- Review of CPR certification list for all staff, by Executive Director, as part of QAPI to ensure compliance. Next QAPI Date: 9/30/2025.
- Review of all staff training regarding policies stated above audited quarterly and presented during quarterly QAPI meeting. Next QAPI Date: 9/30/2025.
- Completion date: 9/30/2025.

NJ Ex Order 26, 4B

*approved
9/22/25*

A355 8:36-4.1(a)(1) Resident Rights

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- Resident #2 no longer resides NJ Ex Order 26, 4B1 Resident NJ Ex Order 26, 4B1
- Immediate licensed staff training by Director of Health and Wellness on completing end of shift safety checks per policy, as well as Basic Care and Oxygen policy. Completed 8/13/25.
- Immediate audit by Director of Health & Wellness that all service plans were available to be signed off by care staff up to and including assignment sheets.



Completed 8/13/2025.

2. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
 - All residents have the potential to be affected.
3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.
 - Immediate re-implementation of process for care staff to sign off on daily assignments sheets. Completed 9/1/2025.
 - Update of Med Tech Daily Task Sheet to include verification of ADL sheet completion and safety check completion each shift. Completed 9/19/2025.
 - Ongoing staff education regarding service plans, assignment sheets, and safety checks to be completed at monthly staff meetings by Director of Health and Wellness and/or Designee. Completed 9/8/2025.
 - Day of Admission policy and procedure reviewed with Director of Health and Wellness and Assistant Director of Health and Wellness by Regional Vice President of Clinical. Completed on 9/10/25.
 - Effective 9/19/2025 and on-going.
4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
 - Director of Health and Wellness will present completed percentages of Daily Med Task Sheets and Caregiver Assignment Sheets at Quarterly QAPI Meetings. Next Meeting 9/30/25.
 - Director of Health and Wellness and/or Designee will audit Med Tech Task List and Caregiver Assignment Sheets on a weekly basis.
 - Completion date: 9/30/2025.

NJ Ex Order 26.4B1
Approved

9/22/25

A357 8:36-4.1(a)(2) Resident Rights

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
 - Resident #2 no longer resides [REDACTED] Resident [REDACTED]
 - Immediate staff education by Director of Health & Wellness for licensed staff on end



of shift safety checks and compliance with policy. Completed 8/13/25.

- Immediate audit by Director of Health & Wellness that all service plans were available to be signed off by care staff up to and including assignment sheets. Completed 8/13/2025.

2. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- All residents have the potential to be affected.

3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.

- Immediate re-implementation of process for care staff to sign off on daily assignments sheets. Completed 9/1/2025.
- Update of Med Tech Daily Task Sheet to include verification of ADL sheet completion and safety check completion each shift by Executive Director & Director of Health & Wellness. Completed 9/19/2025.
- Ongoing staff education for licensed staff regarding service plans, assignment sheets, and safety checks to be completed at monthly staff meetings by Director of Health and Wellness and/or Designee. Completed 9/8/25 and Monthly.
- Completed 9/19/2025.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Director of Health and Wellness will present completed percentages of Daily Med Task Sheets and Caregiver Assignment Sheets at Quarterly QAPI Meetings. Next Meeting 9/30/25.
- Director of Health and Wellness and/or Designee will audit Med Tech Task List and Caregiver Assignment Sheets on a weekly basis. Completed 9/19/25 and Ongoing.
- Completion date: 9/30/2025.

NJ Ex Order 26.4

Approved
a/22/25



A401 8:36-4.1(a)(22) Resident Rights

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
 - Resident #2 no longer resides [REDACTED] Resident [REDACTED] NJ Ex Order 26. 4B1
 - Education completed by Executive Director to leadership team regarding Allowable Health Conditions on 8/13/25.
 - Immediate audit completed by Director of Health and Wellness to ensure no other residents violated current policy of Allowable Health Conditions. Completed on 8/13/25.
2. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
 - All residents have the potential to be affected.
3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.
 - All future prospects scheduled for move-in that flag with significant health conditions to be reviewed by Regional Vice President of Clinical prior to admission. Executive Director, Director of Health & Wellness, or Director of Sales & Marketing to inform Regional Vice President of Clinical of any prospects requiring review. Completed 9/16/2025.
4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
 - Quarterly education by Executive Director to all Department Leaders on Allowable Health Conditions Policy. Completion on 8/13/2025.
 - Completion date: 8/13/2025.

[REDACTED] *approved*
[REDACTED] *9/22/25*

A625 8:36-5.18(a)(3) Managed Risk Agreements

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
 - Resident #2 no longer resides [REDACTED] Resident [REDACTED] NJ Ex Order 26. 4B1



- Audit of charts by Director of Health and Wellness to determine if any other residents would benefit from managed risk agreements. No residents identified at this time. Executive Director and Director of Health & Wellness are responsible to arrange for Managed Risk agreements as needed. Completed 8/15/25.
- 2. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
 - All residents have the potential to be affected.
- 3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.
 - Execution and collaboration with Regional Vice President Clinical of identifying need of Managed Risk agreements prior to admission and/or changes in condition for current residents. Completed 9/10/2025.
 - Education regarding Shared Risk Agreements and Policy provided by Regional Vice President of Clinical to Executive Director, Director of Health and Wellness, and Assistant Director of Health and Wellness on 9/10/25.
 - Completed 9/10/2025.
- 4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
 - Managed Risk Agreements will be reviewed at Quarterly QAPI Meetings by Executive Director and Director of Health and Wellness. Next Meeting 9/30/2025.
 - Completion date: 9/30/2025.

Approved
a/22/25

A735 8:36-7.2(e)(1-5) Health Care Assessment and Health Service Plan

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
 - Resident #2 no longer resides [REDACTED] Resident [REDACTED]



- Pharmacy Consultant conducted an audit of all new admissions and orders on 8/18/25.
- Immediate education to licensed staff by Director of Health and Wellness on Day of Admission Policy and new order processing procedures on 8/13/2025.
- Health Service Plan review with Regional Vice President of Wellness, Director of Health and Wellness, Assistant Director of Health and Wellness and Executive Director held on 9/10/2025.

2. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- All residents have the potential to be affected.

3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.

- Continued staff education for licensed staff during monthly meetings regarding new order processing and day of admission policy by Director of Health and Wellness or designee. Next Staff Meeting 9/15/2025.
- Director of Health and Wellness and/or Designee will follow process of 3-way stamp/check for all new orders received. All prescriptions require a stamp on the back side to include pharmacy name, order accuracy verification, and final check when medication has been checked in. This includes parameters and verification of order. Completed 9/10/2025.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Quarterly Pharmacy Consultant Visit with emphasis on new admission orders. Next visit 11/2025.
- Completion date: 9/30/2025.

NJ Ex. Order 26.4 *Approved
9/22/25*

A761 8:36-7.4(a) Health Care Services



1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
 - Resident #2 no longer resides NJ Ex Order 26.4B1 Resident NJ Ex Order 26.4B1
 - Immediate audit by Director of Health and Wellness and Assistant Director of Health and Wellness to confirm that all resident(s) self-testing has a current prescription that documents resident is capable. One resident identified and physician updated orders received. Director of Health & Wellness implemented interventions. Completed 9/19/25.
2. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
 - All residents have the potential to be affected.
3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.
 - Director of Health and Wellness and/or Designee to review all new orders and orders prior to admission to ensure compliance with policy regarding Blood Pressure and/or Pulse Reading. Completed 8/13/2025.
 - Director of Health & Wellness to verify with resident during quarterly Self-Medication evaluation that they remain able to administer medication and provide blood pressure and/or pulse checks on themselves safely effective 8/13/2025.
 - Facility order process will be followed where all new orders are faxed to Pharmacy upon receipt and then verified by Wellness Staff upon receipt. DHW and/or Designee to perform final check. In-service given by Director of Health and Wellness to Wellness Staff on 9/3/2025.
4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
 - Quarterly Pharmacy Consultant Visit with emphasis on new orders. Next visit 11/2025.
 - Director of Health and Wellness, or designee, to present results NJ Ex Order 26.4B1
 - Completion date: 9/3/2025.

A1027 8:36-14.1(c) Emergency Medical Services

*approved
9/22/25*



1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
 - Resident #2 no longer resides [REDACTED] Resident [REDACTED] NJ Ex Order 26.4B1
 - Staffing schedule immediately reconciled to ensure CPR certified employees were scheduled each shift. Completed 8/13/25
 - Staff education related to CPR certification and medical emergencies immediately completed by Director of Health and Wellness on 8/13/25.
 - CPR expiration dates added to the posted Wellness schedule effective 9/12/2025.
2. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
 - All residents have the potential to be affected.
3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.
 - ED or Designee to monitor CPR expiration dates on a monthly basis.
 - Scheduler instructed by Executive Director on 8/12/2025 to ensure one CPR certified person is on per shift on a daily basis.
 - CPR/AED certification classes will be conducted a minimum of bi-annually, with additional courses offered if needed.
 - Scheduled CPR expiration dates will be added to the printed schedule as an additional way to monitor and ensure compliance. Completed 9/11/25.
 - CPR/AED certification class scheduled for 9/24/2025.
 - Executive Director educated scheduler on having one CPR certified person on per shift effective 8/13/2025.
4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
 - Review of CPR certification list for all staff as part of QAPI to ensure compliance.
Next QAPI Date: 9/30/2025.
 - Completion date: 8/13/2025.

NJ Ex Order 26.4B1
[REDACTED]

Approved
a/21/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65A114	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 11/13/2025
NAME OF FACILITY MIRA VIE AT TOMS RIVER		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 SILVERTON ROAD TOMS RIVER, NJ 08753

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 A0313 Reg. # 8:36-3.4(a)(4) LSC	Correction Completed 09/30/2025	ID Prefix A0355 Reg. # 8:36-4.1(a)(1) LSC	Correction Completed 09/30/2025	ID Prefix A0357 Reg. # 8:36-4.1(a)(2) LSC	Correction Completed 09/30/2025
ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 08/13/2025	ID Prefix A0625 Reg. # 8:36-5.18(a)(3) LSC	Correction Completed 09/30/2025	ID Prefix A0735 Reg. # 8:36-7.2(e)(1-5) LSC	Correction Completed 09/30/2025
ID Prefix A0761 Reg. # 8:36-7.4(a) LSC	Correction Completed 09/03/2025	ID Prefix A1027 Reg. # 8:36-14.1(c) LSC	Correction Completed 08/13/2025	ID Prefix Reg. # LSC	Correction Completed 09/30/2025
ID Prefix Reg. # LSC	Correction Completed 09/30/2025	ID Prefix Reg. # LSC	Correction Completed 09/30/2025	ID Prefix Reg. # LSC	Correction Completed 09/30/2025
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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 8/12/2025		<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 65A114	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 11/13/2025 Y3
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