New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	82471	A. BUILDING: _____ B. WING _____	C 04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRIA ASSISTED LIVING	70 STOCKTON AVENUE OCEAN GROVE, NJ 07756

(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 #: NJ00190132 Census: 75 Sample Size: 3 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 310	8:36-3.4(a)(1) Administrator's Responsibilities (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/08/26

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00190132

Based on interview, and record review, it was determined that the Executive Director (ED) failed to implement and enforce the policy titled, "DP04-Incident Reports" after an alleged NJ Exec Order 26.4b1 incident on NJ Exec Order 26.4 for 1of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:

On 4/9/26 at 9:49 a.m., the surveyor interviewed the Business Office Manager (BOM), regarding Resident #1's alleged NJ Exec Order 26.4b1 incident on NJ Exec Order 26.4 with a Certified Home Health Aide (CHHA). The BOM explained that Resident #1's family notified the facility about the incident that the CHHA used her NJ Exec Order 26 to NJ Exec Or Resident #1's NJ Exec Order 26.4b1 to NJ Exec Orde the resident back into the wheelchair. She immediately notified the Executive Director (ED) and the Registered Nurse (RN), and requested an NJ Exec Order 26.4b1 be completed on Resident #1. The BOM stated that she notified Resident #1's physician.

At 10:50 p.m., the surveyor interviewed the Licensed Practical Nurse (LPN), about the alleged NJ Exec Order 26.4b1 incident with Resident #1 on NJ Exec Order 26.4 The LPN stated that she had finished her shift and left for the day, that the family reported the incident. The LPN stated that she was not made aware of the incident until NJ Exec Order 26.4 , when the physician called to inform her that she was scheduled to see Resident #1 after the

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A 310	Continued From page 2 incident. The surveyor asked the LPN if there were any previous concerns about resident's NJ Exec Order with the CHHA. The LPN stated that the CHHA in question had always been pleasant and hard working. The surveyor asked the LPN if she was educated after Resident #1's alleged NJ Exec Order incident. The LPN confirmed that she had not received any training on NJ Exec Order after Resident #1's reported incident. At 11:24 a.m., the surveyor interviewed the ED and asked about the alleged NJ Exec Order 26.4b1 incident with Resident #1 on NJ Exec Order 26.4b. The ED stated that he was not in the facility when Resident #1's family NJ Exec Order 26.4b1, the BOM notified him, and he started the NJ Exec Order 26.4b1 At 12:14 p.m., the surveyor had a telephone interview with the CHHA involved and asked about the NJ Exec Order 26. incident with Resident #1. The CHHA denied the NJ Exec Order 26.4b1 and stated that she assisted Resident #1 with care, and NJ Exec Order 26.4b1 Resident #1 to the wheelchair, and stated that Resident #1, NJ Exec Order 26.4b1 at the time of NJ Exec Order 26.4b1 She added that she was surprised to receive a call from the facility stating that Resident #1 NJ Exec Order 26.4b1 about her on NJ Exec Order 26.4b At 2:00 p.m., during a second interview with the ED, the surveyor asked the ED if staff were educated after Resident #1's alleged NJ Exec Order incident. The ED stated that training was not completed since there was NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 on Resident #1. The ED confirmed to the surveyor that staff should have been educated after Resident #1's alleged NJ Exec Order NJ Exec Order 26.4b1 incident on NJ Exec Order 26.4b	A 310		

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A 310	Continued From page 3 At 3:35 p.m., the surveyor interviewed the Medication Technician (MT) who assisted with NJ Exec Order 26.4b1 Resident #1, when the family reported the alleged NJ Exec Order on NJ Exec Order 26.4 Th MT stated that there were NJ Exec Order 26.4b1 on Resident #1's NJ Exec Orde The surveyor asked the MT if there had been any NJ Exec Order 26.4b1 about the CHHA in question. The MT stated "no" he had not heard or seen any concerns that he had about the CHHA. The surveyor asked the MT if he was educated after Resident #1's alleged NJ Exec Order incident. The MT confirmed that he had not received any training on NJ Exec Order after Resident #1's NJ Exec Order 26.4 incident. The facility failed to follow its policy by educating all staff after Resident #1's alleged NJ Exec Order incident on NJ Exec Order 26.4 Surveyor review of a facility policy titled,"DP04 - "Incident Reports" dated 06/07/2024, revealed "...Procedure: " 3. The Community will investigate all internal occurrence reports and state required incident reports. a. Investigations shall include but not limited to: ... iv. Steps to prevent similar incidents from occurring in the future. 1. Staff training on any prevention mechanisms to be set in by the Community ..."	A 310		
A 503	8:36-5.3(a)(6) Transfer of Ownership (a) Prior to transferring ownership of a facility or program, the prospective new owner shall submit an application to the Certificate of Need and Licensing Program, including the following items: 6. When a transfer of ownership application has	A 503		

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A 503	Continued From page 4 been reviewed and deemed acceptable, an approval letter from the Certificate of Need and Licensing Program shall be sent to the applicant along with licensure application forms and the licensure fee request. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to provide the surveyor with the acceptable, approval letter of transfer of ownership with the facility's name change. This deficient practice was evidenced by the following: On 4/9/26 at 9:05 a.m., during the entrance conference, the surveyor interviewed the Business Office Manager (BOM), regarding the facility's name change. The BOM stated that the facility was under new management, "doing business as". The surveyor asked the BOM how long the facility's name had been changed. The BOM confirmed to the surveyor that the facility's official name change was since September 10, 2023. The surveyor requested a copy of the documents of the name change from the BOM. The BOM stated she did not have access to the documents. At 11:49 a.m., the surveyor interviewed the Executive Director (ED) and asked about the facility's name change. The ED explained that since he was hired in NJ Exec Order 26.4b1, he was not provided with the documents for ownership. The	A 503		

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A 503	Continued From page 5 ED stated that he would reach out to his superiors and request the documents. At 1:38 p.m., the ED stated that he had not received the documents for the transfer of ownership for the facility's name change. At the time of the survey, the surveyor was not provided with a copy of the approved documents for the facility name change.	A 503		
A 783	8:36-7.5(e) Provision of Health Care Services (e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00190132 Based on interview and record review, it was determined that the facility failed to ensure that residents received an [NJ Exec Order 2] [NJ Exec Order 26.4] [redacted] with [NJ Exec Order 26.4b1] completed by a physician, and advanced practice nurse or physician assistant certification documented in their Medical Record (MR) for 2 of 3 residents	A 783		

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A 783	Continued From page 6 reviewed, Resident #1 and Resident #3. This deficient practice was evidenced by the following: 1. On 4/9/26 at 10:45 a.m., the surveyor reviewed Resident #1's closed MR which revealed that Resident #1 was admitted to the facility in NJ Exec Order 26.4b1, with diagnoses of NJ Exec Order 26.4b1. The surveyor reviewed a document titled, "Pre-Admission & Annual Medical History and Physical" (PAAMH&P), that was dated and signed by the physician on NJ Exec Order 26. The surveyor could not locate the current NJ Exec Order 2 NJ Exec Order 26.4 with physician NJ Exec Order 26.4b1 for Resident #1. 2. The surveyor reviewed Resident #3's MR which revealed that Resident #3 was admitted to the facility in NJ Exec Order 26.4b1, with diagnoses of NJ Exec Order 26.4b1. The surveyor reviewed a document titled PAAMH&P, that was dated and signed by the physician on NJ Exec Order 26.4b1. The surveyor could not locate the current NJ Exec Order 2 NJ Exec Order 26.4b1 with physician NJ Exec Order 26.4b1 for Resident #3. At 10:50 a.m., during an interview with the Licensed Practical Nurse (LPN), the surveyor asked the LPN about Resident #1 and Resident #3's annual physical and physician certification. The LPN stated that she would contact the physician for an updated NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 for Resident #1 and Resident #3. At 11:24 a.m., the surveyor interviewed the Executive Director (ED) regarding the incompleted NJ Exec Order 26.4b1 for Resident #1 and Resident #3. The ED stated that the Director of Nursing (DON) would usually ensure that they were updated every year. The	A 783		

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A 783	Continued From page 7 ED confirmed that the NJ Exec Order 26.4b1 [redacted] should have been updated. The ED added that he would ensure the DON followed up with the resident's physicians. Additionally, at the time of survey, there was no policy provided regarding Annual Physical Examination and Physician Certification.	A 783		

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Plan of Correction for Statement of Deficiency related to site visit on April 9, 2026.

8:36-3.4(a)(1) A 310

1. Between 4/10/26-4/15/26, training was completed for all team members in each department to include Administration, Resident Services, Culinary, Maintenance, Housekeeping, and Activities. This training included abuse prevention, identification, and reporting, as well as Resident Rights. The Executive Director served as the trainer on 4/10/26, 4/13/26, 4/14/26, and 4/15/26. The Memory Care Director served as the trainer on 4/11/26 and 4/12/26.

2. All residents have the potential to be affected by this deficient practice

3. 4/9/26-Divisional Director of Resident Care retrained the Executive Director on policy DP04-Incident Reports. In the event of future abuse allegations/incident, the Executive Director will follow both company policy and State regulation to include, but not limited to, timely retraining of staff.

4. Executive Director or designee will audit incident reports 3 times weekly for 4 weeks, then 2 times weekly for 4 weeks, then 1 time weekly for 4 weeks to ensure ongoing compliance with this regulation

5. The required and cited training was completed in full on 4/15/2026.

6. Resident #1 was NJ Exec Order 26.4b1 by the Licensed Practical Nurse on NJ Exec Order 26.4b1 due to NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1. Resident #1 NJ Exec Order 26.4b1 in the NJ Exec Order 26.4b1 due to NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1.

8:36-5.3(a)(6) A 503

The community operates under the operating license of Ocean Grove, LLC. On NJ Exec Order 26.4b1 the community entered into court appointed receivership under the operating license of Ocean Grove, LLC. The community remains under the status of receivership under Ocean Grove, LLC. The deficiency relates to the community's failure to timely produce documentation regarding the community's DBA being assigned to the operating entity.

Upon notification of the citation, the Executive Director contacted the appropriate ownership representatives to inquire about the availability of the information. The

NJ Exec Order 26.4b1

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ownership group communicated that certain filings with the State must be performed before we were able to file the DBA. On NJ Exec Order 26.4b1 the management company legal department communicated to the Executive Director that they have filed an annual report to have the entity re-instated. In addition, on NJ Exec Order 26.4b1 the New Jersey Department of Treasury provided a certificate of Alternative Name for Ocean Grove Operating LLC with an alternate name of Seaton at Ocean Grove.

As of 5/18/2026, it is the Executive Director's understanding that all necessary filings are complete with a projected final resolution of 7/1/2026.

8:36-7.5(e) A 783

1. On 4/21/2026, the Registered Nurse scheduled an NJ Exec Order 26.4b1 for Resident #3 to be completed on NJ Exec Order 26.4b1. An NJ Exec Order 26.4b1 for Resident#3 was completed by the primary care physician NJ Exec Order 26.4b1 which NJ Exec Order 26.4b1 the residents' NJ Exec Order 26 what the facility can provide.

Resident #1 was NJ Exec Order 26.4b1 by the Licensed Practical Nurse on NJ Exec Order 26.4b1 due to NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1. Resident #1 NJ Exec Order 26.4b1 in the NJ Exec Order 26.4b1 due to NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1

2. All residents have the potential to be affected by this deficient practice.

3. On 4/12/26, the Executive Director completed an audit of annual physical examinations for all current residents. The community nursing staff is working with any residents' primary care physician who need an annual physical examination to have it completed timely. The date of full compliance is projected to by 7/1/2026.

Following the completion of the audit, the Executive Director created a tracker with due dates for residents' annual physical examinations to be utilized by the nursing team to maintain compliance.

The Divisional Director of Resident Care trained the Registered Nurse and the two assisting Licensed Practical Nurses on the requirement of the regulation and the proper completion

NJ Exec Order 26.4b1

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8:36-7.5(e) Continued

of the form being used to document residents' annual physical examination so they can assist the Director of Heatlh and Wellness and Executive Director in maintaining compliance.

4. The Divisional of Health and Wellness, Executive Director, or designee will complete a monthly audit for the next 6 months to ensure the completion of all annual physical examinations due that month as well as prepare for those due the next month.

Additionally, the community is exploring options to add the tracking of due date and completion to the electronic health record to assist in maintaining compliance

NJ Exec Order 26.4b1

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
82471 Y1	A. Building B. Wing Y2	5/22/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRIA ASSISTED LIVING	70 STOCKTON AVENUE OCEAN GROVE, NJ 07756

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 A0310	Correction	ID Prefix A0503	Correction	ID Prefix A0783	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.3(a)(6)	Completed	Reg. # 8:36-7.5(e)	Completed
LSC	05/22/2026	LSC	05/22/2026	LSC	05/22/2026
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
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
4/9/2026	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO