STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	al0101	A. BUILDING: _____ B. WING _____	C 02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT EGG HAR	6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234

(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 # NJ00189698 Census: 158 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 573	8:36-5.10(b) Reportable Events (b) The written notification, as required pursuant to (a) above, shall be forwarded by the facility to the Division. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00189698	A 573		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/23/26

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 573	Continued From page 1	A 573		

Based on interview and record review, it was determined that the facility failed to notify the Department of Health (DOH) immediately by telephone and in writing within 72 hours of a NJ Exec Order 26.4b1 that occurred on NJ Exec Order 26 for 1of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:

On NJ Exec Order 26 at 10:02 a.m., the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by facilities to report incidents to the DOH), regarding Resident #1 MVA that occurred on NJ Exec Order. The FRE revealed that Resident #1, was in a NJ Exec Order 26.4b1 in her/his NJ Exec Order 26.4b1 when a NJ Exec Order 26.4b1 and NJ Ex Resident #1. The FRE further revealed that Resident #1 NJ Exec Order 26.4b1 a NJ Exec and was transferred to the hospital for evaluation.

On 2/12/26 at 11:45 a.m., the surveyor reviewed Resident #1's Medical Record (MR), which revealed that Resident #1 was admitted to the facility in NJ Exec Order 26.4b1, with diagnoses of NJ Exec Order 26

During the entrance conference with the Executive Director (ED), the surveyor interviewed the ED regarding Resident #1's NJ Exec Or on NJ Exec Order 2 The ED explained that Resident #1 was NJ Exec Order 26.4b1 and would NJ Exec Order 26.4b1 . The surveyor asked the ED if the facility required residents to sign out when NJ Exec Order 26.4b1. The ED stated "yes" that residents were required to sign out, and that some residents would notify staff, while others would sign out at the front desk. The ED further

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	al0101	A. BUILDING: _____ B. WING _____	C 02/12/2026

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NEW STANDARD SENIOR LIVING AT EGG HAR	6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234

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A 573	Continued From page 2	A 573		

stated that Resident #1, did not sign out on the day of the incident. The surveyor inquired about the delay in notifying the DOH of Resident #1's NJ Exec Order incident. The ED stated that she waited for the hospital to confirm diagnosis of the NJ Exec Ord before reporting the incident to DOH.

At 9:54 a.m., the surveyor interviewed the Director of Nursing (DON) and inquired about Resident #1's NJ Exec Or incident. The DON stated that the Assistant Director of Nursing (ADON) reported that Resident #1 was NJ Exec Order 26.4b1 while in a NJ Exec Order 26.4b1, and was sent to the hospital. The DON added that Resident #1 returned to the facility with NJ Exec Order 26.4b1 of NJ Exec Orde to the NJ Exec Order 26. and was noted with a NJ Exec Order 26.4b1. The surveyor asked the DON if DOH was notified of Resident #1's NJ Exec Or after they were notified of the incident. The DON stated that he and management were waiting for a confirmed diagnosis from the hospital, before reporting to DOH.

At 10:50 a.m., the ADON stated that she was notified of Resident #1's NJ Exec Or by the LPN. ADON further stated that she immediately called the nearby hospital and inquire about Resident #1's status and was informed that Resident #1 was NJ Ex by a NJ Exec and had NJ Exec Order 26.4b1. The ADON stated no, they were waiting for hospital to confirm diagnosis before notifying the DOH of Resident #1's NJ Exec Order 26.4b1.

The surveyor was not provided with facility policy that addressed state required incident notifications.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
al0101 Y1	A. Building B. Wing Y2	3/26/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT EGG HARBOR TOWNSHIP	6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234

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 A0573	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-5.10(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/26/2026	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	
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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
2/12/2026	☐ YES ☐ NO