STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35006	A. BUILDING: _____ B. WING _____	C 02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLENNIUM MEMORY CARE AT MONROE LL(	310 BUCKELEW AVENUE MONROE, NJ 08831

(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
R 000	Initial Comments Complaint #: NJ00189283 Census: 15 Sample: 3 The facility is not in compliance with all of the standards in the New Jersey Administrative Code N. J. A. C. 8:37 Standards For Licensure of Dementia Care Homes.	R 000		
R1960	8:37-8.1(a)(14) Resident Records It shall be the duty of each licensee to maintain an orderly file with respect to each resident containing at least any other written agreement between the licensee and the resident. This STANDARD is not met as evidenced by: Complaint #: NJ00189283 Based on interview and record review, it was determined that the facility failed to document that the service plan agreement was provided as requested for 1 of 3 residents reviewed, Resident # 2. This deficient practice was evidenced by the following: At 10:44 a.m., the surveyor interviewed the Director of Operations/Director of Nursing (DOO/DON) regarding families who requested documentation related to a resident's Medical Record (MR). The DOO/DON stated that requests were usually submitted via email. The documentation would be scanned and emailed back to whomever made the request. The DOO/DON also stated that if the person who	R1960		

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R1960	Continued From page 1	R1960		

requested the documentation was not the Power of Attorney (POA), then the facility would contact the POA before processing the request. The DOO/DON further stated that the email was the facility's documentation of the transaction.

At 12:49 p.m., the surveyor reviewed Resident # 2's MR, which revealed that Resident # 2 was admitted to the facility in NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 [redacted].

During a follow up interview with the surveyor at 1:55 p.m., the DOO/DON stated that he had multiple phone calls with Resident # 2's NJ Exec Order 26 regarding obtaining a copy of the completed signed service agreement and had mailed a copy of the signed service agreement sometime between the end of NJ Exec Order 26.4b1 and the beginning of NJ Exec Order 26.4b1. The DOO/DON further stated he did not document that he mailed a copy of the signed service agreement in Resident # 2's MR.

Review of Resident # 2's MR titled, "Monthly Nursing Notes (MNN)", dated NJ Exec Order 26.4b, revealed no evidence of any discussions with Resident # 2's NJ Exec Order 26.4 who requested a copy of the signed service agreement, or any notations about the DOO/DON having multiple phone calls with Resident # 2's NJ Exec Order 26 regarding the request. Further review of the "MNN" revealed no documentation that the completed signed service plan was provided to Resident # 2's family.

At 1:30 p.m., the surveyor reviewed an undated policy and procedure titled, "Category: Patient Information, Subject: Client Records "which revealed: "Policy: The Agency will establish a record for each client and maintain each record

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	D35006	A. BUILDING: _____ B. WING _____	C 02/05/2026

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R1960	Continued From page 2 with the required information according to regulation. ... Procedure: 1. Upon processing of data related to a new client, the client record ... will include, but not limited to, all of the following information: ... i. Clinical progress notes for all disciplines providing services, dated, and signed. Such notes must be written the day the service is rendered and incorporated into the client's record within 14 days,.. n. Complete documentation of all known services, observations, significant events, and 60-day summaries, as well as reports sent to the physician..."	R1960		

POC #2
Rec'd 3/19/26
Reviewed 3/23/26
Acceptable

Millennium
Memory Care

Millennium Memory Care at Monroe
R 1960

I. Corrective action(s)accomplished for resident(s)affected:
. A copy of the requested documents from the POA of Resident #2 were resent via email on 3/19/26 by NJ Exec Order 26.4b1 DOO/DON.
. Resident #2 is no longer resides at the facility. Discharged at POA's request on NJ Exec Order 26.4b1
• Residents(s) #2 were affected by the deficient practice.

II. Residents identified having the potential to be affected and corrective action taken:
• All residents have the potential to be affected by this deficient practice.

III. Measures will be put into place to ensure the deficient practice will not re occur:
• The Policy's and Procedures were updated on 02/06/2026 by NJ Exec Order 26.4b1 DOO/DON to include, all signed agreements and correspondence with family members/POA will be kept in residents medical records. If a copy of said records are requested by family member/POA a release form will be completed by family member/POA and a copy will be furnished to the requestor within 14 business days either in person or through United States Postal Service (USPS) with a return receipt requested so to confirm that the said records requested were furnished.
. The facility manager was educated on the new policy and procedure on 2/7/26 regarding proper distribution of medical records as requested by family/POA. NJ Exec Order 26.4b1 DOO/DON provided the education.

IV. Corrective actions will be monitored to ensure the deficient practice will not reoccur:
• The facility manager will fax a copy of all release forms to the Director of Operations/Director of Nursing so that the Director can confirm receipt of requested documents with said family member/POA. Once confirmed, the Director will send an email to the facility manager so that the email may be printed and placed in the residents medical chart.
. NJ Exec Order 26.4b1 DOO/DON will review medical charts at least monthly to ensure that all requested documents by family/POA have been received by the requestor.
. Millennium Memory Care began using NJ Exec Order 26.4b1 on 01/02/2026 so that a signed copy of all agreements and consents are automatically provided to the family/POA at time of ratification via email.

Completed Date: 03/19/26

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
D35006 Y1	A. Building B. Wing Y2	3/23/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLENNIUM MEMORY CARE AT MONROE LLC	310 BUCKELEW AVENUE MONROE, NJ 08831

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 R1960	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:37-8.1(a)(14)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/19/2026	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?
2/5/2026	☐ YES ☐ NO