STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315529	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE , EAST HANOVER, New Jersey, 07936**

(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) COMPLETION DATE
F0000	INITIAL COMMENTS Federal Initial Comments (FOO) COMPLAINT #: 2656895 CENSUS: 64 SAMPLE SIZE: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT. The NJDOH conducted a Complaint survey on 11/6/25. The survey was officially completed on 11/6/25.	F0000		12/30/2025
F0658 SS = D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is NOT MET as evidenced by: Complaint # 2656895 Based on interview, record review and review of other pertinent facility documents on [NJ Ex Order 26] it was determined that the facility failed to ensure that the nursing services were provided and documented consistently on the Medication Administration Record (MAR) and the Treatment Administration Record (TAR) in accordance with professional standards of practice. This deficient practice was identified for 1 of 4 residents reviewed for standards of practice (Resident #1). The evidenced was as follows:	F0658	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice For Resident #1, the [U. S. FOIA (b) (2)] or designee immediately reviewed the [NJ Ex Order 26, 4B] TAR and [NJ Ex Order 26, 4B1] MAR. The assigned nurse was interviewed, counseled, and re-educated by the Assistant Director of Nursing on 11/6/2025 regarding proper documentation requirements, including: Timely completion of MARs and TARs Initialing/signing after medication or treatment administration Compliance with facility policies and professional nursing standards Any omitted documentation was investigated to determine whether medications/treatments were administered but not documented versus missed administration. Resident #1 was assessed and monitored for any [NJ Exec Order 2] related to the documentation gaps; none were	12/23/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315529	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/06/2025

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F0658 SS = D	Continued from page 1 Reference: "The practice of nursing as a Licensed Practical Nurse is defined as performing tasks, and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a Registered Nurse, or otherwise legally authorized Physician or Dentist." A review of the facility's undated policy titled "Charting and Documentation" revealed that item 7 stated "Documentation of procedures and treatments will include are-specific details, including: b) "the name and title of the individual(s) who provide the care; g) the signature and title of the individual documenting." A review of the Admission Record (AR) revealed that Resident #1 was admitted to the facility with diagnoses that included but were not limited to NJ Ex Order 26, 4B1 [redacted]. A review Resident #1's comprehensive Minimum Data Set (MDS,) an assessment tool dated NJ Ex Order 26, 4 revealed that the resident had a Brief Interview Mental Status (BIMS), of NJ Ex Order 26, 4B1, indicating that the resident's NJ Ex Order 26, 4B1 A Review of the NJ Ex Order 26, 4B1 Medication Administration Record (MAR) revealed blanks for the following medication orders: NJ Ex Order 26, 4B1 [redacted] (NJ Ex Order 26, 4B1 [redacted] every NJ Ex Order 26, 4B1 before use on NJ Exec Order at 0600. NJ Ex Order 26, 4B1 [redacted] every NJ times a day for flush after use on NJ Exec Order at 0630. A Review of the NJ Ex Order 26, 4B TAR, revealed blanks for the following treatments: NJ Ex Order 26, 4B1 with bi-weekly showers scheduled every day shift for Tuesday, and Friday and document on NJ Exec Order on the day shift.	F0658	Continued from page 1 identified. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected by the deficiaent practice. The DON or designee conducted a facility-wide audit of: All current residents' MARs for the past 30 days All current residents' TARs for the past 30 days The audit focused on: Missing initials or signatures Incomplete medication or treatment documentation Compliance with physician orders Any additional documentation issues identified were addressed immediately with staff re-education and corrective counseling, as indicated by the Director of Nursing. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur The facility revised and reinforced expectations related to: The "Charting and Documentation" policy Nursing Administration or designee will conduct end-of-shift checks to ensure Medication Administration Record are complete and signed. This revision to our policy was added as of 11/6/2025 The "Administering Medications" policy If a drug is withheld, refused, or given at a time other than the scheduled time, the individual	

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F0658 SS = D	Continued from page 2 On 11/6/25 at 1:11PM an interview was conducted with the[redacted] who stated that the assigned nurse was responsible for signing the treatment record after each treatment completed. The [redacted] further stated that the expectation is for the nurse to carry out the physician order and sign the treatment record, indicating that it is the only way to verify that the treatment has been completed. A review of the facility's policy titled "Administering Medications" with a reviewed date of 5/2/25 revealed under "Procedure" number 18 "The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones". NJAC 8:39-11.2(b)	F0658	Continued from page 2 administering the medication shall inform the physician. This revision to our policy commenced 11/6/2025. Mandatory re-education was provided to all licensed nursing staff ([redacted]) by the [redacted] and designee regarding: Professional standards for medication and treatment documentation Proper completion of MARs and TARs Accountability for signing/initialing immediately after administration This education was initiated on 11/6/2025 and will be ongoing for new team members. 4. How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur The DON or designee will conduct weekly audits of MARs and TARs for: Completeness Timeliness Proper signatures and initials Audits will be conducted for four (4) consecutive weeks, then monthly for three (3) months. Audit results will be documented and reviewed during: Quarterly QA/QAPI meetings Daily Nursing leadership meetings Trends or repeat issues will trigger: Additional staff re-education Individual corrective action plans, as necessary	

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F0658 SS = D		F0658	Continued from page 3 Failure to comply with documentation standards will result in progressive disciplinary action per facility policy.	
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Complaint # 2656895 Based on interviews, medical record review, and review of pertinent facility documentation on 11/6/25 it was determined that the facility failed to consistently document Activities of Daily Living (ADL) as being provided to residents. This deficient practice was identified for 1 of 4 residents reviewed for ADLs (Resident #1). The findings were as followed: A review of the Admission Record (AR) revealed that Resident #1 was admitted to the facility with diagnoses that included but were not limited to: NJ Ex Order 26, 4B1 [redacted] A review Resident #1's comprehensive Minimum Data Set (MDS,) an assessment tool dated NJ Ex Order 26, revealed that the resident had a Brief Interview Mental Status (BIMS), of NJ Ex Order 26, 4B1, indicating that the resident's NJ Ex Order 26, 4B1. A review of the NJ Ex Order 26, 4B "Documentation Survey Report v2," for Activity of Daily Living (ADL) care by the Certified Nursing Assistants (CNAs), revealed blanks for the following: Bed mobility on NJ Ex Order 26 on the evening shift. On NJ Ex Order 26, on the night shift.	F0677	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice Resident #1's ADL documentation was immediately reviewed upon identification of the deficient practice. The U. S. FOIA (b) (2) verified that all required ADL care was provided as per the resident's comprehensive care plan. Any missing ADL documentation was addressed through staff re-education, and documentation was completed in accordance with facility policy. The resident continues to receive all necessary ADL assistance to maintain nutrition, grooming, personal hygiene, and mobility needs. This education was initiated on 11/6/2025 by the U. S. FOIA (b) (2) and/or designee. Resident #1 was assessed and monitored for NJ Exec Order 2 [redacted]s related to the documentation gaps; none were identified. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the ability to be affected by the deficient practice. All current residents were reviewed to determine if other individuals may have been affected by incomplete ADL documentation. The U. S. FOIA (b) (2) conducted a 100% audit of CNA ADL documentation for the past 14 days across all shifts. Any discrepancies identified during the audit were immediately corrected and addressed with the responsible staff. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur To prevent recurrence of incomplete ADL documentation, the facility implemented the following corrective	12/23/2025

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F0677 SS = D	Continued from page 4 NJ Exec Order 26 on NJ Exec Order on the evening shift. NJ Exec Order 26.4b1 on NJ Ex Order 26 on the evening shift. NJ Ex Order 26, 4B or NJ Ex Order 26 on the evening shift. Walk in corridor on NJ Ex Order 26 on the evening shift. Walk in room on NJ Ex Order 26 on the evening shift. NJ Ex Order 26, 4B1 on NJ Ex Order 26 on the evening shift. NJ Exec Ord on NJ Ex Order 26 at 6:00 PM, on the evening shift. NJ Exec Order 26.4b1 on NJ Ex Order 26, 4B1, on the evening shift On 11/6/25 at 1:23 PM, an interview was conducted with the U. S. FOIA (b) (2) who revealed that the US FOIA was responsible for documenting on the Activity of Daily Living (ADL). The U. S. FOIA further revealed that the U. S. FOIA (b) (2)) and the U. S. FOIA were responsible for auditing MAR, TAR, and ADL documentation to ensure completion. A review of the facility's undated policy titled "ADL Documentation Policy" revealed under "Procedure" in item number 2 "Documentation Requirements" revealed in section a) "ADLs shall be documented in real time or immediately after completion of care tasks for each shift." NJAC 8:39, 27.2(b), (h).	F0677	Continued from page 4 measures: All U. S. FOIA were re-educated on the ADL Documentation Policy by the Director of Nursing or designee with emphasis on: Real-time or immediate post-care documentation Completion of all ADL fields for each shift Accountability for accurate and complete documentation. This education was initiated on 11/6/2025 by U. S. FOIA (b) (2) and designee. The U. S. FOIA (b) (2) reinforced expectations during shift huddles and staff meetings. Weekly audits will be conducted by the DON or ADON 4. How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur The facility will monitor compliance with ADL documentation through the following process: Weekly audits of ADL documentation for all residents by the DON or ADON. Monthly summary reports by the DON or designee will be reviewed during QAPI meetings to identify trends and opportunities for improvement. Audit results will be tracked for three (3) months to ensure sustained compliance and presented by the DON at the quarterly QAPI meeting.	

New Jersey State Department of Health

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S0000	Initial Comments The facility was in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. 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 the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S0000		12/23/2025

Office of Primary Care and Health Systems Management

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

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 1/5/2026 in relation to the 11/6/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities	F0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 1/5/26 in relation to the 11/6/25 State of New Jersey Complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities.	S0000		

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