

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>05MOOY</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MIRA VIE AT MANALAPAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>445 ROUTE 9 SOUTH MANALAPAN, NJ 07726</b>		
(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	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ179711, NJ182641, NJ182482, NJ169116</p> <p>CENSUS: 56</p> <p>SAMPLE SIZE: 6</p> <p>SURVEY DATE: 10/06/25, 10/07/25</p> <p>The facility was not in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on this Complaint survey.</p> <p>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.</p>	A 000		
A 365	<p>8:36-4.1(a)(6) Resident Rights</p> <p>(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:</p> <p>6. The right to privacy;</p>	A 365		

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

TITLE

(X6) DATE

11/11/25

New Jersey Department of Health

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A 365	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ179711</p> <p>Refer to A0935</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to provide privacy during the medication administration of an <b>NJ Exec Order 26.4b1</b> [REDACTED]. This deficient practice was identified during the medication pass observation of 1 of 4 nurses who administered to 1 of 4 residents on 1 of 2 of the medication rooms (first floor) and was evidenced by the following:</p> <p>On 10/6/25 at 9:01 AM, the surveyor observed Resident #2 <b>NJ Exec Order 26</b> [REDACTED] seated in a wheelchair in the doorway of the medication room. Within the medication room the surveyor observed seats adjacent to the medication carts.</p> <p>At 9:17 AM, Unsampled Resident entered the same medication room, and sat on the chair adjacent to the medication cart.</p> <p>At 9:22 AM, the Certified Medication Aide (CMA) sanitized his hands, donned gloves and <b>NJ Exec Order 26</b> [REDACTED] Resident #2's <b>NJ Exec Order 26</b> [REDACTED]</p> <p>At 9:32 AM, the CMA pulled the resident's <b>NJ Exec Order 26</b> [REDACTED] without providing privacy cleaned the area with an alcohol swab</p>	A 365		

If continuation sheet 3 of 7

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A 935	<p>Continued From page 3</p> <p>by: Complaint #: NJ179711</p> <p>Based on observation, interview and record review, it was determined that the facility failed to administer medications in accordance with the manufacturer's specifications). This deficient practice was identified during the medication pass observation of 1 of 4 nurses who administered to 1 of 4 residents on 1 of 2 of the medication rooms (first floor) and was evidenced by the following:</p> <p>On 10/6/25 at 9:01 AM, the surveyor observed Resident #2 [redacted] seated in a wheelchair in the doorway of the medication room. Within the medication room the surveyor observed seats adjacent to the medication carts.</p> <p>At 9:17 AM, the surveyor observed the Certified Medication Aide (CMA) prepare medications for Resident #2 that included an order for [redacted] a day at 9:00 AM and 9:00 PM for [redacted] NJ Exec Order 26.4b1</p> <p>At 9:22 AM, the CMA pointed the [redacted] downward, turned the [redacted] pressed the [redacted] which [redacted] the [redacted] from the [redacted] into the cover of the [redacted] NJ Exec Order 26.4b1 and turned the [redacted] towards [redacted]. The [redacted] reached [redacted] At that time, the CMA stated he had to retrieve a [redacted] NJ Exec Order 26.4b1 for the resident since there was not enough dose in the [redacted] NJ Exec Order 26.4b1.</p> <p>At 9:27 AM, after retrieving a new [redacted] NJ Exec Order 26.4b1,</p>	A 935		

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A 935	<p>Continued From page 4</p> <p>labeled for the resident, from the refrigerator, in the same medication room, the CMA [NJ Exec Order 26.4b1] the [NJ Exec Order 26.4b1] downward, [NJ Exec Order 26.4b1] the [NJ Exec Order 26.4b1] to [NJ Exec Order 26.4b1] and turned toward Resident #2 to administer. At that time, the surveyor requested to speak with the CMA on the side of the medication cart.</p> <p>At 9:29 AM, the surveyor and the CMA reviewed the [NJ Exec Order 26.4b1]. The CMA pointed the [NJ Exec Order 26.4b1] and confirmed seeing an [NJ Exec Order 26.4b1]. At that time, the CMA recognized and stated that he should have [NJ Exec Order 26.4b1] the [NJ Exec Order 26.4b1] facing upward.</p> <p>At 10:25 AM, during a meeting with the Director of Wellness and Health (DWH) and the Executive Director (ED), the surveyor discussed the concern during the medication pass observation of the CMA who [NJ Ex Order 26.4b1] the [NJ Exec Order 26.4b1] against the manufacturer's specifications.</p> <p>At 3:39 PM, during a meeting with the surveyors, and the ED, the DWH acknowledged that the [NJ Exec Order 26.4b1] should have been [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1]. At that time, the DWH provided previous medication administration in-services provided to the staff regarding proper [NJ Exec Order 26.4b1] administration from the Consultant Pharmacist.</p> <p>A review of the undated, facility provided education to staff for Insulin Administration Using an [NJ Exec Order 26.4b1] included, hold the [NJ Exec Order 26.4b1] pointing upwards.</p> <p>NJAC 8:36 - 11.4(b)</p>	A 935		
A1051	8:36-15.2 Record Availability	A1051		

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A1051	<p>Continued From page 5</p> <p>The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ169116</p> <p>Based on interview and record review it was determined that the facility failed to ensure that the medical records were available for surveyors to review, specifically the electronic medication administration record (EMAR) and the Health Service Plan for 1 of 3 residents reviewed, Resident #1.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/7/25 at 10:10 AM, a review of the closed medical records of Resident #1 revealed the resident was re-admitted to the facility on [NJ Exec Order 26.4b1] from a [NJ Exec Order 26.4b1] stay. The resident was transferred to the [NJ Exec Order 26.4b1] facility on [NJ Exec Order 26.4b1] and was no longer in the facility. The Resident #1 had diagnoses which included but not limited to: [NJ Exec Order 26.4b1]</p> <p>The medical records also revealed that the resident was on [NJ Exec Order 26.4b1] care on [NJ Exec Order 26.4b1]. A review of the [NJ Exec Order 26.4b1] which was completed on [NJ Exec Order 26.4b1] revealed a score of [NJ Exec Order 26.4b1] which indicated a [NJ Exec Order 26.4b1]. A review of the physician's orders revealed [NJ Exec Order 26.4b1]</p>	A1051		

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A1051	<p>Continued From page 6</p> <p>(NJ Exec Order 26.4b1) at bedtime for (NJ Exec Order 26.4b1) (NJ Exec Order 26.4b1) and (NJ Exec Order 26.4b1) (NJ Exec Order 26.4b1).</p> <p>On 10/7/25 at 1:25 PM, the surveyor requested from the Director of Health and Wellness (DHW) for the (EMAR) and the Health Service Plan for Resident #1, for the re-admission date of (NJ Exec Order 26.4b1). The DHW stated that she attempted to call the previous ownership for those records but was unsuccessful and confirmed, "I do not have those records." The DHW stated that she was not aware that they were supposed to have those previous records when the company switched over to the new one.</p> <p>On 10/7/25 at 1:35 PM, the surveyor informed the Executive Director (ED) and the DHW of the concern regarding medical records for Resident #1, not being available specifically the EMARS and the Health Service Care Plans for (NJ Exec Order 26.4b1).</p> <p>A review of the facility's most recent policy titled, Resident's Medical Record, dated 4/2021, revealed under Procedure: Ensure that the Resident Record is complete ....</p> <p>1) Each Resident Record contains at a minimum:</p> <p>g) chronological resident medication and treatment administration records.</p> <p>j) updated Resident Service Plan.</p> <p>4) Keep the Resident Record on file after the resident has left in accordance with state regulations.</p> <p>NJAC 8:36 - 15.2</p>	A1051		



11/20/2025

Revised Plan of Correction for Survey at Mira Vie at Manalapan, dated October 7, 2025.

Deficiency- A365--- 8:36-4.1(a) Resident Rights

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
  - a. Resident #2, who still resides at the community, was affected by the deficient practice when the CMA administered [REDACTED] in the medication room without ensuring privacy, as an unsampled resident entered the room during the procedure. To prevent recurrence, on October 6, 2025 a privacy screen was placed in the medication room to ensure resident privacy during all medication administration, especially when another resident is present
2. How the facility will identify other residents having the potential to be affected by the same deficient practice?
  - a. All residents have the potential to be affected by the same deficient practices
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.
  - a. From October 6, 2025 to October 9, 2025, all nursing staff were re-educated on Resident Rights, with emphasis on the resident's right to privacy during medication administration. Staff were instructed to consistently utilize the privacy screen and confirm that each resident is in a private setting when receiving medication.
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.
  - a. Starting November 3, 2025, The Director of Nursing or designee will conduct random monthly audits of medication administration for the next two





months, to ensure privacy protocols are being followed. Any deviations will be addressed through immediate staff re-education.

**Completion Date: 10/09/2025**

NJ Exec Order 26.4b1

approved  
11/21/25

Deficiency- A935-- 8:36-11.4 (b) Administration of Medications

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
  - a. Resident #2, who still resides at facility, was affected by the deficient practice when CMA improperly <sup>NJ Exec Order 26.4b1</sup> by pointing downwards. On October 6, 2025, The Director of Health and Wellness (DHW) immediately re-educated the Certified Medication Aide (CMA) involved on the proper technique for <sup>NJ Exec Order 26.4b1</sup> administration, including the correct procedure for priming the <sup>NJ Exec Order 26.4b1</sup> prior to use. Resident #2's medication administration record was reviewed on <sup>NJ Exec Order 26.4b1</sup> was administered correctly thereafter.
2. How the facility will identify other residents having the potential to be affected by the same deficient practice?
  - a. All residents receiving insulin or other injectable medications have the potential to be affected. On October 8, 2025, the DHW reviewed current medication administration practices for all residents receiving insulin to ensure compliance with policy and safe medication administration standards.
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.
  - a. All licensed nurses (LPNs) and CMAs were re-educated, starting on October 6, 2025 by the DHW on Mira Vie's Medication Administration Policy, as well as proper Insulin Administration procedures per the facility's pharmacy consultant which was previously provided to facility. The facility has



reinforced adherence to manufacturer guidelines and pharmacy consultant recommendations for insulin administration. Staff demonstrated competency through return- demonstration and verbal testing to confirm understanding of correct process. Re-education of all LPN's and CMA's was completed on October 9, 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.
  - a. Starting November 3, 2025, the DHW or designee will conduct random weekly audits of insulin administration for four (4) weeks, followed by monthly audits for two (2) months to ensure compliance with insulin administration procedures. Findings will be reviewed at the facility's Quality Assurance and Performance Improvement (QAPI) meetings. Additional education will be provided as needed based on audit results

**Completion Date: 10/09/2025**

Deficiency- A1051-- 8:36-15.2 Record Availability

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
  - a. Resident #1 is no longer a resident of Mira Vie at Manalapan. Requested records were attempted to be retrieved from resident file storage and a phone call to former Management Company, **NJ Exec Order 26.4b1** the Chelsea stated that files should have been printed prior to transition and they could not assist in obtaining requested files. Requested Health Service Plan and EMAR from 11/2023 could not be obtained.
2. How will the facility identify other residents having the potential to be affected by the same deficient practice?
  - a. All residents have potential to be affected by the same deficient practice.
3. What measures will be put into place or systemic changes made to ensure that the



deficient practice will not recur.

- a. Starting on November 3, 2025, the Executive Director and Director team started an audit of all records in resident chart room and organize accordingly, to ensure records are kept appropriately and can be easily obtained. The audit will be completed by January 5, 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.
  - a. On November 3, 2025, the Executive Director educated all staff responsible for resident record keeping, including nursing and business office team members on Mira Vie's policy for resident record storage. Staff verbalized understanding and signed off on receiving the Resident Record- Storage Policy. Records will be audited every 6 months to ensure compliance with proper record storage and retention. The audit and re-organization of records will be completed by January 5, 2026.

Completion Date: 01/05/2026

NJ Exec Order 26.4b1

NJ Exec Order 26.4b1 Executive Director

NJ Exec Order

approved  
11/21/25

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 05MOOY <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/21/2025 <span style="float: right;">Y2</span>
NAME OF FACILITY MIRA VIE AT MANALAPAN	STREET ADDRESS, CITY, STATE, ZIP CODE 445 ROUTE 9 SOUTH MANALAPAN, NJ 07726	

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 A0365	Correction	ID Prefix A0935	Correction	ID Prefix A1051	Correction
Reg. # 8:36-4.1(a)(6)	Completed	Reg. # 8:36-11.4(b)	Completed	Reg. # 8:36-15.2	Completed
LSC	10/09/2025	LSC	10/09/2025	LSC	01/05/2026
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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 10/7/2025		<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			