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
	YMOSFX	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

(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: Standard with Complaint COMPLAINT #: NJ 00179356 CENSUS: 90 SAMPLE SIZE: 7 The facility is not in substantial compliance with all 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 547	8:36-5.7(a)(6) General Requirements (a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at all times. The manual(s) shall include at least the following: 6. Policies and procedures for the maintenance of personnel records for each employee, including at least his or her name, previous employment, educational background,	A 547		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 01/23/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	YMOSFX	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

(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 547	Continued From page 1 credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, records of physical examinations, job description, records of orientation and inservice education, and evaluation of job performance; This REQUIREMENT is not met as evidenced by: Based on interview, facility document review, and facility policy review, the facility failed to ensure personnel records included a physical examination for 1 (Certified Nursing Assistant [CNA] #1) of 5 personnel records reviewed. Findings included: A facility policy titled, "Personnel Records," revised 05/09/2024, revealed, "1. Federal and state regulations require that our facility maintain an individual personnel record for each employee." The policy continued, "3. Personnel records contain, as each may apply, the following data:" and included, "c. Physical examination." A document titled, "Employee List Updated 11-10-25," revealed CNA #1 was [redacted]. CNA #1's personnel file revealed no evidence of a [redacted] examination. During an interview on 11/18/2025 at 10:18 AM, the Director of Nursing (DON) stated that newly hired staff were required to have a [redacted] examination completed. The DON stated that the Assistant Administrator (ADM) was responsible	A 547		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	YMOSFX	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

(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 547	Continued From page 2 for ensuring that personnel files were completed, and her expectation was for the files to be completed. During an interview on 11/18/2025 at 11:10 AM, the Assistant ADM stated that he was responsible for ensuring that all paperwork was obtained when new staff were hired. The Assistant ADM stated that he missed putting CNA #1's name on the new hire list, so her history and [redacted] examination was never obtained. The Assistant ADM stated that the history and [redacted] examination should have been completed within a month of CNA #1's hire date, and his expectation was that employee files be completed.	A 547		
A1095	8:36-16.5(b) Physical Plant (b) All fire detection systems shall be installed in accordance with the Uniform Construction Code, N.J.A.C. 5:23, N.J.A.C. 5:70 and the National Fire Alarm Code, National Fire Protection Association (NFPA) 72, 1999 Edition, incorporated herein by reference, as amended and supplemented. National Fire Protection Association publications are available from: NFPA, One Batterymarch Park, Quincy, MA, 02269-9101. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to ensure supervised smoke detectors/detection (tied into the fire alarm system) was provided in	A1095		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	YMOSFX	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

(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
A1095	Continued From page 3 all public areas; and Inspection, Testing and Maintenance (ITM) of the fire alarm system was in accordance with N.J.A.C 5:23, N.J.A.C 5:70, NFPA 70 and 72. This deficient practice was evidenced by the following: On 11/19/25 from 10:00 a.m. to 10:19 a.m., in the presence of the Maintenance Director (MD), the surveyor inspected the smoke alarms (battery powered/ not tied into the fire alarm system) outside of resident rooms *NJ Ex Order 26. 4B1*. The surveyor inspected the smoke alarms which revealed that the smoke alarms were not functioning due to the smoke alarms not having batteries in them. The surveyor also observed the smoke alarms were over 10 years old (09/28/2005). The surveyor interviewed the MD regarding the smoke alarms and he confirmed that the smoke alarms outside rooms *NJ Ex Order 26. 4B1* were not hooked up to the fire alarm system. The MD also acknowledged the smoke alarms were missing batteries and were over 10 years old. Further the surveyor observed that the Smoke detectors were only observed at fire/smoke barrier doors, outside of the elevators and inside of resident rooms. The surveyor also observed that the smoke alarms in the corridors containing residents rooms, exit access corridors and public areas were not supervised and connected to the automatic fire detection system. During surveyor interview with the MD regarding the smoke alarms, the MD confirmed that the smoke alarms in the exit access corridors and public areas were battery powered and over 10 years old and were not hooked up to the fire alarm system.	A1095		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	YMOSFX	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

(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
A1095	Continued From page 4 At 10:23 a.m., in the presence of the MD, the surveyor observed that the smoke detector wiring from the unit outside the second-floor elevator into resident room [redacted] was not properly protected. The wiring was exposed and secured with tape along the wall and ceiling. During surveyor interview with the MD regarding the smoke detector wiring, he confirmed that the wiring was not properly protected. The surveyor reviewed the fire alarm system (FAS) Inspection, Testing and Maintenance (ITM) provided by the Assistant Administrator (AA) which revealed that ITM of the FAS was not conducted semi-annually. Additionally, the report did not include the annual testing of elevator recall, door holder release or access-controlled door unlocking. In an interview with the AA regarding the FAS testing, The AA confirmed that the ITM was only conducted annually and there was no indication of elevator recall, door holder release or access-controlled door unlocking.	A1095		
A1097	8:36-16.6 Physical Plant All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23.	A1097		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	YMOSFX	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

(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
A1097	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure that the Inspection, Testing and Maintenance (ITM) of the fire suppression system was in accordance with NFPA 25. This deficient practice was evidenced by the following: On 11/19/25 in the presence of the Assistant Administrator (AA), the surveyor reviewed the quarterly fire sprinkler inspection conducted on 12/12/24, which revealed that the comment section of the "Deficiencies Notes" page stated: "(41) dry barrel pendents on third floor common area are more than 10 years (2001) old and will need to be UL tested or replaced". "Recommendations: Insufficient sprinkler head coverage in administrators' office and recommend relocating existing head for proper coverage". The surveyor interviewed the Assistant Administrator (AA) and requested documentation regarding correction of the identified deficiencies from the 12/12/24 inspection. The AA provided work order [redacted] (03/25/2025) which documented, "removed 7 dry pendent heads for testing. New heads were installed in place of samples. Went over with engineer to get estimates on fixing the dry piping owner offices, system was left in service." However, the facility failed to provide documentation of the results of the sprinkler head	A1097		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	YMOSFX	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

(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
A1097	Continued From page 6 sampling or fixing of the dry system piping.	A1097		
A1249	8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that the building and grounds were kept free from fire hazards and other hazards to resident's health and safety. This deficient practice was evidenced by the following: On 11/19/2025 at 9:50 a.m., in the presence of the Maintenance Director (MD), the surveyor observed that 3 of 5 exit stairway enclosure lights were not functioning. At 10:50 a.m., in the presence of the MD, the surveyor observed that exterior exit access from the library and rehab/wellness offices were being obstructed by chairs and bags of ice melt.	A1249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	YMOSFX	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

(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
A1249	Continued From page 7 At 11:06 a.m., in the presence of the MD, the surveyor observed that the exit sign for the basement exit door was not illuminated. At 11:09 a.m., in the presence of the MD, the surveyor observed that battery-powered emergency lighting was not provided at the generator's Automatic Transfer Switch (ATS). Additionally, the ATS's status indicating screen was not functioning. At 1:50 p.m., in the presence of the MD, the surveyor observed that a remote generator annunciator panel that is located outside of the generator room and at a work site observable by personnel was not provided. The surveyor interviewed the MD regarding the above concerns. During the interview, the MD confirmed that 3 of 5 exit stairway lights were not functioning, that the exterior exit access was being blocked and that the exit sign in the basement was not illuminated. Additionally, the MD confirmed that there was no battery-powered emergency lighting at the ATS and the status indicating screen was not functioning. He also confirmed that the remote generator annunciator panel was not installed outside of the generator room. The surveyor reviewed the generator testing logs provided by the MD, which revealed that load tests of the generator for at least 30 minutes at 30% of the nameplate rating were not conducted every month between 20 and 40 days. The Load tests were conducted on: 7/5/25 and 8/30/25, (56) days between load test and 3/1/25 and 4/26/25, (57) days between load tests.	A1249		

POC #3 received 2/25/26
Accepted 2/25/26

MAGNOLIA GARDENS
ASSISTED LIVING

1935 Lakewood Road • Toms River, NJ 08755 • (732) 557-6500 • Fax (732) 557-6501

PLAN OF CORRECTION for Deficiency 8:36-5.7a(6) Admin services

1. Employee physical CNA #1 was completed November 21st 2025
2. All residents had the potential to be affected by this deficient practice.
    a. All employee files were audited by Asst. Administrator and completed 11/21/2025
    b. Finding: No other missing physicals were discovered during the 11/21/2025 audit
3. All staff members were inserviced on 11/20/2025 by the Administrator during the monthly staff meeting/inservice. Based on our exit interview, we took steps to address the deficiency.
4. A random audit of employee physical records will be conducted monthly for 6 months, and then quarterly thereafter. The audit will be conducted by either the Asst. Admin, The admin, or the executive director. Audit report will be reviewed during the Continuous quality improvement committee quarterly. Deficiency completed date 11/21/2025

[redacted] approved 2/25/26

[redacted] accepted

MAGNOLIA GARDENS
ASSISTED LIVING

1935 Lakewood Road • Toms River, NJ 08755 • (732) 557-6500 • Fax (732) 557-6501

PLAN OF CORRECTION for Deficiency A1095 8:36-16.5(b) Physical Plant

1. Actions taken to correct physical plant deficiency
   - Smoke Detectors outside rooms [redacted] were replaced on 01/12/2026 by the Maintenance Director. By 01/12/2026 Maintenance Director and Assistant Administrator inspected all smoke detectors throughout the facility.
   - Red Exposed Wire from Room [redacted] has already been installed within fireproof sheetrock, completed 12/01/2025
   - Elevator recall, and door holder release will now be conducted semi annually. The Maintenance director, or in his absence the Assistant Administrator will be responsible for conducting elevator recall, access-controlled unlocking, and door holder release test. The test was completed 01/14/2026 by Assistant Administrator.
   - Fire alarm inspections will be conducted semi-annually by allied fire and safety company.
2. All residents have the potential to be affected by the deficient practice. NJ Admin code Physical plant 8:36 and NJ housekeeping and sanitation, safety, and maintenance code were reviewed in safety meeting on 01/10/2026.
3. There is a maintenance inspection list we added and updated to reflect how to correctly manage the elevator test and fire inspections. In the inspection list elevator test is scheduled monthly, and the fire inspections are scheduled semiannually.
4. The maintenance director and Administrator review the checklist weekly to ensure inspections are completed as required. Completion date 01/19/2026

accepted 2/25/26

[redacted]

MAGNOLIA GARDENS
ASSISTED LIVING

1935 Lakewood Road • Toms River, NJ 08755 • (732) 557-6500 • Fax (732) 557-6501

PLAN OF CORRECTION for Deficiency A1097 8:36-16.6(b) Physical Plant

1. During our semiannual inspection by our sprinkler company, Sprinkler heads were removed and sent to sprinkler head company due to their age. The test results determined 3 heads in the attic failed. As per regulation all heads must be replaced. All 35 affected Heads were replaced throughout Magnolia on 03/26/2025 by sprinkler company. The dry piping repairs in owners office were completed on 03/25/2025. Sprinkler company was called 01/05/2026 and sent over the repair documentation 01/12/2026
2. All residents have the potential to be affected by the deficient practice.
3. Maintenance staff were inserviced on 12/03/25 by the Administrator on the importance of keeping documented work orders in a neat and orderly fashion. The work orders are documented in both a binder and the electronic share drive on our computer servers.
4. The Administrator or the Admin designee will be the one reviewing the maintenance work order binder quarterly to ensure all work order documentation is up to date. Completion date for deficiency is 01/12/2026

accepted

[redacted]
NJ Ex Order 26. 4B1

2/25/26

MAGNOLIA GARDENS
ASSISTED LIVING

1935 Lakewood Road • Toms River, NJ 08755 • (732) 557-6500 • Fax (732) 557-6501

PLAN OF CORRECTION for Deficiency A1249 8:36-16.6(b) Physical Plant

1. All dead exit light bulbs were replaced by Maintenance Director 11/21/2025. 2 were located in the basement and one was located in the stairwell.
    - A new shed was designated for the safe placement of salt bags, and all chairs were removed outside the exterior exits on 01/05/2026
    - All exit light bulbs and exit door obstructions were checked at the conclusion of the survey by the Maintenance director on 11/21/2025. All exit light bulbs and exit doors are now checked weekly by the Maintenance director or their designee.
    - The Automatic transfer switch (ATS)status indicating screen is functioning, button needed to be pressed to have it turn on which Maintenance director failed to do. This was discovered 11/21/2025 when maintenance director was showing assistant administrator the issues the surveyor noticed during his rounds.
    - The battery powered light at the Automatic transfer switch had the battery replaced on 11/21/2025 by Maintenance director
    - Generator company was called for installation of remote generator annunciator panel, the technician was delayed from snowstorm in 01/2025. Generator company came 02/16/2026 to create proposal. Generator company informed Assistant Administrator they need an electrician to install wire from generator control panel to nursing office for the remote generator annunciator. Electrician was scheduled to install wire on 02/25/2026 but was delayed due to blizzard until 03/06/2026
    - Generator Load tests are conducted every Monday by Assistant Administrator. Last load test was 02/16/2026
2. All residents had the potential to be affected by deficiency.
3. Maintenance staff were inserviced on 11/21/2026 on the following topics: How to turn on Automatic transfer switch status screen and keeping exit doorways clear. The inservice was conducted by the administrator. The weekly maintenance check list now includes the need to check all emergency lighting, Automatic transfer switch generator screen, and keeping exit doorways clear.
4. The administrator or their designee will be responsible for reviewing the checklist to ensure that these new editions are being checked on a weekly basis. Deficiency date of completion 03/06/2026.

Accepted 2/25/26

[redacted]
NJ Ex Order 26. 4B1

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
YMOSFX Y1	A. Building B. Wing Y2	2/25/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

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 A0547	Correction	ID Prefix A1095	Correction	ID Prefix A1097	Correction
Reg. # 8:36-5.7(a)(6)	Completed	Reg. # 8:36-16.5(b)	Completed	Reg. # 8:36-16.6	Completed
LSC	11/21/2025	LSC	01/19/2026	LSC	01/12/2026
ID Prefix A1249	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-17.7	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/06/2026	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	

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	
11/19/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
YMOSFX	A. Building B. Wing	2/25/2026

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

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 A1095 Reg. # 8:36-16.5(b) LSC	Correction Completed 01/19/2026	ID Prefix A1097 Reg. # 8:36-16.6 LSC	Correction Completed 01/12/2026	ID Prefix A1249 Reg. # 8:36-17.7 LSC	Correction Completed 03/06/2026
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 11/19/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			