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
	06A003	A. BUILDING: ____ B. WING ____	C 04/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILLE	**1125 VILLAGE DRIVE MILLVILLE, NJ 08332**

(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 COMPLAINT #: NJ00171661 CENSUS: 115 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 765	8:36-7.4(c)(1) Resident Assessments and Care Plans (c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following: 1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as needed basis, including and upon the resident's return to the facility from the hospital;	A 765		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/03/24

New Jersey Department of Health

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NEW STANDARD SENIOR LIVING AT MILLVILLE	**1125 VILLAGE DRIVE MILLVILLE, NJ 08332**

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A 765	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint #:NJ00171661 Based on interview and record review it was determined that the facility's Registered Nurse (RN) failed to reassess a resident upon return from a hospitalization in order to determine the residents needs for 1 of 3 residents, Resident #2, reviewed for care. This deficient practice was evidenced by the following: Resident #2's medical record (MR) revealed that Resident #2 moved into the facility on NJ Ex Order 26.4(b with diagnoses which included NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). On 4/1/2024 the surveyor reviewed a facility document titled, "Progress Notes" which revealed that Resident #2 was hospitalized from NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1 for NJ Ex Order 26.4(b)(1). At 10:26 a.m., the surveyor interviewed the Assistant Director of Nursing (ADON) who indicated that from NJ Ex Order 26.4(b)(1 to NJ Ex Order 26.4 Resident #2 was in the hospital for a NJ Ex Orc to NJ Ex Order 26.4(b)(1). There was no documentation regarding Resident #2 being sent to the hospital on NJ Ex Order 26.4(b)(1) The surveyor did not observe any documentation in the resident's medical record that identified that the resident was assessed by the RN upon return from the hospital on NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1). At 1 p.m., during surveyor interview with the Executive Director it was confirmed that the RN did not conduct an assessment upon Resident #2's return to the facility on NJ Ex Order 26.4(b)(1 or NJ Ex Order 26.4(	A 765		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 06A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED C 04/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILLE	**1125 VILLAGE DRIVE MILLVILLE, NJ 08332**

(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 765	Continued From page 2 The surveyor reviewed a facility policy titled "Resident Return from Hospital or Other Facility Policy" which revealed: "Procedure: ...6. Upon the Resident's return to the community, the Wellness Director or nurse designee will complete the Resident Assessment and Fall Risk Assessment. " The facility's RN failed to assess Resident #2 upon his/her return to the facility from the hospital.	A 765		
A1073	8:36-15.6(b) Resident Records (b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00171661 Based on interview, and record review it was determined that the facility failed to document in the medical record (MR) for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following: Resident #2's medical record (MR) revealed	A1073		

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	06A003	A. BUILDING: ______ B. WING ______	C 04/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILLE	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

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A1073	Continued From page 3 Resident #2 moved into the facility on NJ Ex Order 26.4(b with diagnoses which included NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). On 4/1/2024 at 10:26 a.m., the surveyor interviewed the Assistant Director of Nursing (ADON) who indicated from NJ Ex Order 26.4(b)(1 to NJ Ex Order 26.4(b)(1 Resident #2 was in the hospital for a NJ Ex Ord to his/her NJ Ex Order 26.4(b)(1) There was no documented evidence that Resident #2 was sent to the emergency room on NJ Ex Order 26.4(b)(1). The facility failed to provide documented evidence that Resident #2 was transported to the hospital on NJ Ex Order 26.4(b)(1 and returned to the facility on NJ Ex Order 26.4(b)(1.	A1073		
H5795	8:43E-13.5 UNIVERSL TRANSFR FORM:P&P REGARDG USE OF FORM A licensed healthcare facility or program shall develop and implement written policies and procedures addressing the required use of the Universal Transfer Form by a licensed healthcare facility or program's staff, method of transportation, procedures for security of the resident and all personal belongings or other items that accompany or immediately follow a transferred resident. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00171661 Based on interview and record review it was determined that the facility failed to ensure a Universal Transfer Form (UTF) policy and	H5795		

New Jersey Department of Health

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	06A003	A. BUILDING: ____ B. WING ____	C **04/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILLE	**1125 VILLAGE DRIVE** **MILLVILLE, NJ 08332**

(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
H5795	Continued From page 4 procedure was developed, implemented, and enforced to address the proper utilization and completion of a UTF for 1 of 3 residents reviewed for transfer to the hospital, Resident #2. This deficient practice was evidenced by the following: Resident #2's medical record (MR) revealed Resident #2 moved into the facility on NJ Ex Order 26.4(b with diagnoses which included NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). On 4/1/2024, the surveyor reviewed a facility document titled Progress Notes (PN) which revealed Resident #2 was hospitalized from NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1 for NJ Ex Order 26.4(b)(1). At 10:26 a.m., the surveyor interviewed the Assistant Director of Nursing (ADON) who indicated from NJ Ex Order 26.4(b)(1 to NJ Ex Order 26.4 Resident #2 was admitted to the hospital for a NJ Ex Or to NJ Ex Or At 12:20 p.m., the surveyor conducted an interview with the facility's Executive Director (ED) who explained that UTF's were not kept in the resident's medical record once sent to the hospital. The ED stated the facility did not have a policy on UTF's. The facility failed to develop and implement a policy regarding utilization and completion of the UTF.	H5795		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
06A003	A. Building B. Wing	6/3/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILLE	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

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 A0765 Reg. # 8:36-7.4(c)(1) LSC	Correction Completed 06/30/2024	ID Prefix A1073 Reg. # 8:36-15.6(b) LSC	Correction Completed 06/30/2024	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
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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	
4/1/2024	☐ 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 A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
06A003		6/3/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW STANDARD SENIOR LIVING AT MILLVILLE	1125 VILLAGE DRIVE MILLVILLE, NJ 08332

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ITEM (Y4)	DATE (Y5)	ITEM (Y4)	DATE (Y5)	ITEM (Y4)	DATE (Y5)
ID Prefix H5795 Reg. # 8:43E-13.5 LSC	Correction Completed 06/30/2024	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
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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?	☐ YES ☐ NO
4/1/2024		

 EVENT ID: 95AX12