

New Jersey Department of Health

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 01/12/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Re-Visit/Monitoring w/ Complaint</p> <p>COMPLAINT #: NJ00189666</p> <p>CENSUS: 126</p> <p>SAMPLE SIZE: 3</p> <p>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.</p>	A 000		
A 925	<p>8:36-11.2 Pharmaceutical Services</p> <p>The assisted living residence, comprehensive personal care home, or assisted living program shall be capable of ensuring that pharmaceutical services are provided to residents in accordance with the prescriber's orders, each resident's health care plan, and in accordance with the rules of this chapter and all applicable State and Federal laws and regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 925		

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

TITLE

(X6) DATE

02/12/26

New Jersey Department of Health

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 01/12/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL	STREET ADDRESS, CITY, STATE, ZIP CODE 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 925	<p>Continued From page 1</p> <p>Complaint #: NJ00189666</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that pharmaceutical services were provided to residents in accordance with the prescriber's orders for 2 of 3 residents reviewed, Residents #1 and #2. This deficient practice was evidenced by the following:</p> <p>1. On 1/12/26 at 10:50 a.m., the surveyor interviewed Resident #2, who stated that the facility switched pharmacies and that he/she did not receive [redacted] medication for five days and [redacted] medication for four days.</p> <p>The surveyor reviewed Resident #2's Medical Record (MR), which indicated that Resident #2 was admitted to the facility in [redacted] of [redacted] with diagnoses of [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>Review of Resident #2's Medication Administration Record (MAR) for [redacted] of [redacted] revealed that the resident had orders for [redacted] NJ Exec Order 26.4b1 (all used to treat [redacted] NJ Exec Order 26.4b1), that were ordered to be taken as needed. The MAR indicated that Resident #2 received one dose of [redacted] on [redacted] NJ Exec Order 26.4b1. In addition, the MAR revealed that Resident #2 did not receive his/her [redacted] (used for [redacted] NJ Exec Order 26.4b1 on [redacted] NJ Exec Order 26.4b1). However, the MAR indicated that Resident #2 received [redacted] on [redacted] NJ Exec Order 26.4b1. Further review of the MAR revealed that nursing staff documented "NA" as the reason Resident #2's [redacted] was not administered. According to the MAR chart codes, "NA" indicated that the medication was not available.</p>	A 925		

New Jersey Department of Health

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 01/12/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL	STREET ADDRESS, CITY, STATE, ZIP CODE 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 925	<p>Continued From page 2</p> <p>Additionally, Resident #2's MAR revealed that the following medications were also not available to administer:</p> <p>1. On [redacted], NJ Exec Order 26.4b1 used to treat symptoms of [redacted], [redacted] (used for [redacted] and [redacted]), [redacted] (used to [redacted]), [redacted] (used for [redacted]), [redacted] (used to [redacted]), and [redacted] (used to [redacted]).</p> <p>2. On [redacted], NJ Exec Order 26.4b1 (used to treat an [redacted]).</p> <p>At 10:38 a.m., the surveyor interviewed the Licensed Practical Nurse (LPN) who documented on Resident #2's MAR, on [redacted] that the resident's [redacted] was not available. The LPN stated that Resident #2 had a few missing medications when the pharmacy change took place. The surveyor then inquired what the process was when medication was not available. The LPN stated that the Registered Nurse supervisor and the resident would be informed, the pharmacy would be called, and the incident would be documented. The surveyor asked the LPN if he documented the incident on [redacted], and the LPN stated that he did not remember if a PN was completed.</p> <p>The surveyor reviewed a medication guide on [redacted], which indicated, "Take [redacted] exactly as your healthcare provider tells you to take it."</p> <p>At 1:43 p.m., the surveyor interviewed the Director of Nursing (DON) to inquire when the facility changed pharmacies and if there were any issues that resulted from the pharmacy change.</p>	A 925		
-------	--	-------	--	--

New Jersey Department of Health

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 01/12/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL	STREET ADDRESS, CITY, STATE, ZIP CODE 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 925	<p>Continued From page 3</p> <p>The DON stated that the facility changed pharmacies a few weeks prior to the date of survey and that she could not recall the exact date. The DON also stated that there were some issues with medications not being available. The DON stated that the pharmacy was called, and missing medications were delivered within 24 hours. The surveyor then inquired what the process was when medication was not available. The DON stated that if a medication was not available, the pharmacy, DON, and Nurse Practitioner (NP) would be notified, and the incident would be documented. The surveyor then inquired the reason the process was not followed for Resident #2, and the DON stated that she was not made aware that the resident did not receive his/her medication on NJ Exec Order 26.4b1. The surveyor then inquired how often the DON reviewed resident MARs, and the DON stated daily. The surveyor then inquired the reason the DON did not identify that Resident #2 did not receive his/her medication on the MAR documentation, and the DON stated, "I cannot answer to that".</p> <p>2. The surveyor reviewed the MR of Resident #1, which indicated that the resident was admitted to the facility in NJ Exec Order 26.4b1 of NJ Exec Ord with diagnoses of NJ Exec Order 26.4b1. Review of Resident #1's MAR for NJ Exec Order 26.4b1 of NJ Exec Ord revealed that the following medications were not available to administer:</p> <ul style="list-style-type: none"> - On NJ Exec Order 26.4b1 (used for NJ Exec Order 26.4b1). - On NJ Exec Order 26.4b1 (used for NJ Exec Ord). - On NJ Exec Order 26.4b1 (used for NJ Exec Order 26.4b1) and NJ Exec Order 26.4b1). - On NJ Exec Order 26.4b1 (used to keep 	A 925		
-------	--	-------	--	--

New Jersey Department of Health

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 01/12/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL	STREET ADDRESS, CITY, STATE, ZIP CODE 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 925	<p>Continued From page 4</p> <p>NJ Exec Order 26.4b1 in patients with NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1</p> <p>At 2:19 p.m., the surveyor interviewed the Executive Director (ED) to inquire about when the facility changed pharmacies. The ED stated that the "go-live date" for the new pharmacy was NJ Exec Order 26.4b1 and that the transition started the week prior to the go-live date NJ Exec Order 26.4b1). The surveyor then inquired what the process was when medication was not available. The ED stated that if medication was not available, staff would notify the physician and registered nurse to determine the next steps to take.</p> <p>The facility also had pharmacy issues on NJ Exec Order 26.4b1 and failed to ensure Resident #1 received medications as prescribed. This is a repeat deficiency.</p> <p>The surveyor reviewed the facility's policy titled, "General Guidelines," which indicated, "Medications are administered in accordance with written orders of the prescriber ..."</p> <p>The surveyor also reviewed the facility's policy titled, "Provider Pharmacy Requirements," which indicated, "Regular and reliable pharmaceutical service is available to provide residents with prescription and non-prescription medications ... 3. The provider pharmacy is responsible for rendering the required service in accordance with local, state, and federal laws and regulations, nursing care center policies and procedures, community standards of practice and professional standards of practice ... 4. The provider pharmacy agrees to perform the following pharmaceutical services, including but not limited to ... g. Providing routine and timely pharmacy service per contractual agreement and</p>	A 925		
-------	--	-------	--	--

New Jersey Department of Health

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 01/12/2026
--	---	--	---

NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL	STREET ADDRESS, CITY, STATE, ZIP CODE 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 925	Continued From page 5 emergency pharmacy service 24 hours per day, seven days per week ..."	A 925		
A1031	<p>8:36-14.1(d) Emergency Services and Procedures</p> <p>(d) The facility shall have an automatic external defibrillator (AED) on site. At least one employee trained in the use of the AED shall be available in the facility at all times.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that an Automatic External Defibrillator (AED) was available in the facility at all times for 126 of 126 residents. This deficient practice was evidenced by the following:</p> <p>On 1/12/26 at 10:38 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN), who stated that the facility's AED did not work and that the AED had to be serviced.</p> <p>At 2:46 p.m., the surveyor interviewed a Unit Manager (UM) to inquire where the AED was kept, and the UM stated that the AED was sent out for inspection approximately two weeks ago. The UM then stated that there was another AED on the third floor.</p> <p>At this time, the surveyor observed a storage cabinet labeled "AED" on a wall near the first-floor nursing station. The cabinet contained a list of resident code statuses and AED pads, but no AED unit.</p>	A1031		

New Jersey Department of Health

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 01/12/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL	STREET ADDRESS, CITY, STATE, ZIP CODE 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
A1031	<p>Continued From page 6</p> <p>At 2:54 p.m., the surveyor interviewed the Director of Nursing (DON) to inquire if the facility had a working AED in the building, and the DON stated that she was told that all AEDs were out of the building being serviced for maintenance. At this time, the DON stated that she would confirm that there was no AED in the building.</p> <p>At 3:01 p.m., the DON confirmed with staff that both of the facility's AEDs were sent out for maintenance and that there was no AED in the building.</p> <p>At 3:04 p.m., the surveyor interviewed the Executive Director (ED), DON, Consultants, and Regional Directors to inquire about the reason a working AED was not left in the building. The Regional Director of Operations stated that the previous DON sent both AEDs out for maintenance.</p>	A1031		
A1073	<p>8:36-15.6(b) Resident Records</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ001666</p>	A1073		

New Jersey Department of Health

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 01/12/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL	STREET ADDRESS, CITY, STATE, ZIP CODE 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
--------------------	--	---------------	---	--------------------

A1073	<p>Continued From page 7</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that health care staff documented in accordance with the standards of professional practice for 2 of 3 Residents reviewed, Residents #1 and #2. This deficient practice was evidenced by the following:</p> <p>1. On 1/12/26 at 10:50 a.m., the surveyor interviewed Resident #2, who stated that the facility switched pharmacies and that he/she did not receive [redacted] medication for five days and [redacted] medication for four days.</p> <p>The surveyor reviewed Resident #2's Medical Record (MR), which indicated that the resident had diagnoses of [redacted].</p> <p>Review of Resident #2's Medication Administration Record (MAR) for [redacted] of [redacted] revealed that the resident had orders for [redacted] (all used to treat [redacted]), that were ordered to be taken as needed. The MAR indicated that Resident #2 received one dose of [redacted] on [redacted]. In addition, the MAR revealed that Resident #2 did not receive his/her [redacted] (used for [redacted] on [redacted] on [redacted] on [redacted] on [redacted]). However, the MAR indicated that Resident #2 received [redacted] on [redacted].</p> <p>Further review of the MAR revealed that nursing staff documented "NA" as the reason Resident #2's [redacted] was not administered. According to the MAR chart codes, "NA" indicated that the medication was not available.</p> <p>Resident #2's MAR also revealed that the following medications were also not available to</p>	A1073		
-------	--	-------	--	--

New Jersey Department of Health

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 01/12/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL	STREET ADDRESS, CITY, STATE, ZIP CODE 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
--------------------	--	---------------	---	--------------------

A1073	<p>Continued From page 8</p> <p>administer:</p> <p>1. On NJ Exec Order 26.4b1 (used to treat symptoms of NJ Exec Order 26.4b1), NJ Exec Order 26.4b1 (used for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1), NJ Exec Order 26.4b1 (used to NJ Exec Order 26.4b1), NJ Exec Order 26.4b1 (used for treat NJ Exec Order 26.4b1), NJ Exec Order 26.4b1 (used to treat NJ Exec Order 26.4b1), and NJ Exec Order 26.4b1 (used to treat NJ Exec Order 26.4b1).</p> <p>2. On NJ Exec Order 26.4b1 (used to treat an NJ Exec Order 26.4b1).</p> <p>Review of Resident #1's MR revealed three Progress Notes (PNs) written by nursing staff that indicated that NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 were not available and that the facility was awaiting pharmacy delivery. The PNs did not include any documentation that indicated that the DON and physician were notified that the medication was not available.</p> <p>The MR revealed eight additional PNs that indicated that NJ Exec Order 26.4b1 were not available, and pharmacy and the "supervisor" were made aware. The MR did not reveal any PNs or documentation that Resident #2's physician was notified that the resident's medications were not available to be administered.</p> <p>At 10:38 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) who documented on Resident #2's MAR, on NJ Exec Order 26.4b1 that the resident's NJ Exec Order 26.4b1 was not available. The LPN stated that Resident #2 had a few missing medications when the pharmacy change took place. The surveyor then inquired what the process was when a medication was not available. The LPN stated that the Registered</p>	A1073		
-------	---	-------	--	--

New Jersey Department of Health

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 01/12/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL	STREET ADDRESS, CITY, STATE, ZIP CODE 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
--------------------	--	---------------	---	--------------------

A1073	<p>Continued From page 9</p> <p>Nurse supervisor and the resident would be informed, the pharmacy would be called, and the incident would be documented. The surveyor asked the LPN if he documented the incident on [redacted] and the LPN stated that he did not remember if a PN was completed.</p> <p>At 1:43 p.m., the surveyor interviewed the DON to inquire when the facility changed pharmacies and if there were any issues that resulted from the pharmacy change. The DON stated that the facility changed pharmacies a few weeks prior to the date of survey and that she could not recall the exact date. The DON also stated that there were some issues with medications not being available. The DON stated that the pharmacy was called, and missing medications were delivered within 24-hours. The surveyor inquired what the process was when a medication was not available, and the DON stated that if a medication was not available, the pharmacy, DON, and Nurse Practitioner (NP) would be notified, and the incident would be documented. The surveyor then inquired the reason the process was not followed for Resident #2, and the DON stated that she was not made aware that the resident did not receive his/her medication on [redacted]. The surveyor then inquired how often the DON reviewed resident MARs, and the DON stated daily. The surveyor then inquired the reason the DON did not identify that Resident #2 did not receive his/her medication on the MAR documentation, and the DON stated, "I cannot answer to that".</p> <p>The surveyor also reviewed a PN dated [redacted], written by Resident #2's NP, which indicated, "[Resident #2] is [redacted] with NP today because [the resident] is under the impression "NP [redacted]". Advised on</p>	A1073		
-------	--	-------	--	--

New Jersey Department of Health

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 01/12/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL	STREET ADDRESS, CITY, STATE, ZIP CODE 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
--------------------	--	---------------	---	--------------------

A1073	<p>Continued From page 10</p> <p>pharmacy swap and ADON notified ..."</p> <p>2. The surveyor reviewed the MR of Resident #1, which indicated that the resident had diagnoses of NJ Exec Order 26.4b1 [REDACTED].</p> <p>Review of Resident #1's MAR for NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 revealed that the following medications were not available to administer:</p> <ul style="list-style-type: none"> - On NJ Exec Order 26.4b1 (used for NJ Exec Order 26.4b1 [REDACTED]) - On NJ Exec Order 26.4b1 (used for NJ Exec Order 26.4b1 [REDACTED]) - On NJ Exec Order 26.4b1 (used for NJ Exec Order 26.4b1 [REDACTED] and NJ Exec Order 26.4b1 [REDACTED]). - On NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 (used to keep NJ Exec Order 26.4b1 in patients with NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 [REDACTED]). <p>Further review of Resident #1's MR revealed ten PNs written by nursing staff, that indicated that medications were not available, and pharmacy and the "supervisor" were made aware. However, the surveyor did not observe any PNs or documentation that indicated that Resident #1's physician was notified that the resident's medications were not available to administer.</p> <p>The surveyor reviewed the facility's policy titled, "Medication Shortages," which indicated, "On occasion, a medication ordered for a resident in the nursing facility may be unavailable for dispensing from the pharmacy ... The facility nurse must make every effort to ensure that a medication ordered for the resident is available to meet their needs ... 2. Nursing staff shall, if the shortage will impact the patient's immediate need of the ordered product: a. Notify the attending</p>	A1073		
-------	---	-------	--	--

New Jersey Department of Health

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 01/12/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL	STREET ADDRESS, CITY, STATE, ZIP CODE 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
A1073	Continued From page 11 physician of the situation ..."	A1073		



REC'D 4/16/26
2026/04/16



1. A925 – Pharmaceutical Services

Corrective Action for Residents Affected:

On 1/13/26, DON, and all RN staff reviewed the Medication Administration Records (MARs) for Residents #1 and #2.

On 1/13/26, the DON and all RN staff notified the attending Nurse Practitioner (NP) of missed and unavailable medications. Orders were clarified where necessary. All missing medications were reconciled with the pharmacy and delivered on **NJ Exec Order 26.4b1** Resident #1 & Resident #2 still reside in the facility and there is **NJ Exec Order 26.4b1** or recent report of any other issues.

On 1/14/26 and 1/26/26, the DON re-educated all Nursing staff regarding documentation requirements physician notification, RN notification and pharmacy notification when medications are unavailable and refill requests. The DON is responsible for daily medication administration audit.

Identification of Other Residents Potentially Affected:

All Residents have the potential to be affected by this deficient practice.

Systemic Changes to Prevent Recurrence:

On 1/13/26, DON and ADON conducted audit of all residents' MARs for the previous 30 days, to identify any additional instances of unavailable medications or failure to notify the physician. Any discrepancies identified were immediately addressed and physicians notified as required.

On 1/13/26, the Executive Director, DON, and Regional Clinical Nurse implemented a pharmacy transition protocol to ensure medication continuity during pharmacy changes and daily RN audit of daily medication administration including daily RN audit of medication administration. On 1/13/26, DON and all RN staff implemented medication availability checklist requiring verification of medication delivery prior to the pharmacy "go-live" date. On 1/14/26, the DON a in serviced all nursing staff on medication shortage procedures requiring immediate notification of the physician, RN, and pharmacy when medications are unavailable. Documentation of physician notification and RN is now required in the progress note and MAR exception log.

Monitoring to Ensure Ongoing Compliance:

The DON or designee will conduct weekly audits of 10 resident MARs for 90 days to ensure medications are administered as ordered and physician notification, RN notification is documented when medications are unavailable. Results will be reviewed at Quality Assurance meeting for review and recommendations.



NEW STANDARD
Senior Living

Completion Date: February 15, 2026

ACCEPTED

NJ Exec Order 26.42



9/16/26

2. A1031 – Emergency Services and Procedures (AED)

Corrective Action for Residents Affected:

Upon identification that no working AED was present in the facility, immediate action was taken to obtain a functioning AED.

On 1/13/26, the Regional Director of Operations secured and placed a temporary replacement AED to ensure resident safety.

Identification of Other Residents Potentially Affected:

All Residents have the potential to be affected by this deficient practice.

Systemic Changes to Prevent Recurrence:

On 1/13/26, the Executive Director implemented a preventive maintenance schedule for AED equipment requiring that at least one functioning AED always remains in the building during servicing. On 2/17/26, the facility established a contract ensuring staggered service so that no lapse in coverage occurs. The AED location and availability are now included in daily nursing safety rounds.

Monitoring to Ensure Ongoing Compliance:

The DON or designee will verify AED presence and functionality weekly for 90 days and document verification on an emergency equipment log.

Completion Date: February 1, 2026

ACCEPTED

NJ Exec Order 26.4b1



9/16/26

3. A1073 – Resident Records

Corrective Action for Residents Affected:

On 1/13/26 and 1/14/26 the DON, Regional Clinical Nurse reviewed the medical records of Residents #1 and #2.



NEW STANDARD
Senior Living

On 1/13/26, the DON and all RN staff notified the attending Nurse Practitioner (NP) of missed and unavailable medications. Orders were clarified where necessary. Physicians were notified regarding unavailable medications as required.

On 1/14/26 and 1/26/26, the DON re-educated all Nursing staff regarding progress note documentation, physician notification, RN notification and pharmacy notification when medications are unavailable and refill request.

Identification of Other Residents Potentially Affected:

All Residents have the potential to be affected by this deficient practice.

On 1/14/26 audit of all resident records for the past 30 days was conducted to identify any additional documentation deficiencies related to medication unavailability, physician notification, RN notification, POA notification. DON and all RN staff identified gaps and were corrected on 1/14/26.

Systemic Changes to Prevent Recurrence:

On 1/13/26, the DON implemented a documentation checklist requiring all nursing staff to document physician notification, pharmacy notification, notification in the progress note whenever medications are unavailable. The DON will review MAR exception reports daily to ensure documentation standards are followed.

On 1/14/26 and 1/26/26, the DON re-educated all Nursing staff regarding documentation compliance checklist, progress note documentation, physician notification, RN notification and pharmacy notification when medications are unavailable.

Monitoring to Ensure Ongoing Compliance:

The DON or designee will conduct weekly audits of 10 resident records for 90 days to ensure documentation meets professional standards. Results of the audit will be presented to the Quality Assurance and Process committee for review and recommendations. The Executive Director and Regional Clinical Nurse are responsible to monitor the audits.

Completion Date: February 15, 2026

accepted



4/16/26

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 06A003	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/6/2026
--	---	-----------------------------

NAME OF FACILITY NEW STANDARD SENIOR LIVING AT MILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 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 A0925	Correction	ID Prefix A1031	Correction	ID Prefix A1073	Correction
Reg. # 8:36-11.2	Completed	Reg. # 8:36-14.1(d)	Completed	Reg. # 8:36-15.6(b)	Completed
LSC	04/06/2026	LSC	04/06/2026	LSC	04/06/2026
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	

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 1/12/2026		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 06A003	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/6/2026
--	---	-----------------------------

NAME OF FACILITY NEW STANDARD SENIOR LIVING AT MILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 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 A0925	Correction	ID Prefix A1031	Correction	ID Prefix A1073	Correction
Reg. # 8:36-11.2	Completed	Reg. # 8:36-14.1(d)	Completed	Reg. # 8:36-15.6(b)	Completed
LSC	04/06/2026	LSC	04/06/2026	LSC	04/06/2026
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	

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 1/12/2026		<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		