

New Jersey Department of Health

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| 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 11/15/2025 |
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| NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILL | STREET ADDRESS, CITY, STATE, ZIP CODE 1125 VILLAGE DRIVE MILLVILLE, NJ 08332 |
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| (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 |
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| A 000 | <p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00189134, NJ00189194, NJ00189166</p> <p>CENSUS: 138</p> <p>SAMPLE SIZE: 6</p> <p>SURVEY DATE: 11/13/2025 - 11/15/2025</p> <p>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, 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 543 | <p>8:36-5.7(a)(4) General Requirements</p> <p>(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:</p> | A 543 | | |

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

TITLE

(X6) DATE

12/19/25

New Jersey Department of Health

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| A 543 | <p>Continued From page 1</p> <p>4. Policies and procedures for reporting all alleged and/or suspected cases of resident abuse or exploitation to the Complaints Program of the Division of Long-Term Care Systems at 1-800-792-9770. If the resident is 60 years of age or older, the State of New Jersey Office of the Ombudsman for the Institutionalized Elderly shall also be notified, in compliance with N.J.S.A. 52:27G-7.1 et seq., at 1-877-582-6995;</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, facility document review, and facility policy review, the facility failed to implement their policy for completing a thorough investigation into an NJ Exec Order 26.4b1 for 3 (Resident #1, #2, and #3) of 3 residents reviewed for NJ Exec Order 26.4b1</p> <p>Findings included:</p> <p>An undated facility policy titled, "Elder Abuse Policy and Procedure," indicated, "a) the community will thoroughly investigate all allegations of abuse, neglect or exploitation and maintain on-site written documentation of the investigation." The policy revealed a section titled, "Definitions," that indicated, "Misappropriation of resident property - the deliberate misplacement, exploitation or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent." The policy further indicated, "The facility must ensure that all alleged violations are thoroughly investigated; and must prevent further potential abuse while the investigation is in progress."</p> | A 543 | | |
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| A 543 | <p>Continued From page 2</p> <p>A "Reportable Event Record/Report," dated [redacted], revealed that on [redacted] at 4:30 PM staff reported an [redacted] that the previous Executive Director (ED) and Director of Marketing (DM) were [redacted] Resident #1, #2, and #3s [redacted]</p> <p>During an interview on 11/13/2025 at 5:01 PM, Licensed Practical Nurse (LPN) #1 confirmed that she had reported the [redacted] because residents had complained that someone was [redacted]. LPN #1 stated that while she had never seen it, she had heard rumors that the previous ED would get [redacted] to give to staff who complained that their [redacted] was wrong.</p> <p>During an interview on 11/13/2025 at 5:21 PM, Medication Technician (MT) #4 stated she had overheard residents talking about [redacted], but no resident had specifically complained to her about it. MT #4 stated that no one in management interviewed her about any [redacted]</p> <p>During an interview on 11/14/2025 at 8:35 AM, the DM stated she was notified she was [redacted]. The DM stated she had [redacted] with resident [redacted] at that time, other than taking the resident's [redacted] and giving it to the previous ED. The DM stated she had a key to the lock box so she could access the facility [redacted] if any department needed it, but there was no [redacted] in the lock box. The DM stated she was now being trained to manage resident [redacted]</p> <p>During an interview on 11/14/2025 at 10:46 AM, Certified Nurse Aide (CNA) #5 stated no one in</p> | A 543 | | |

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| A 543 | <p>Continued From page 3</p> <p>management had interviewed her about any residents missing [redacted]</p> <p>During an interview on 11/14/2025 at 10:54 AM, CNA #6 stated that no one in management had interviewed her about [redacted].</p> <p>During a telephone interview on 11/14/2025 at 1:08 PM, the Activity Director (AD) stated residents had complained to her about [redacted] but she did not understand the process of how [redacted] were distributed to residents, so she had reported the concerns to the previous ED to follow up with the residents. The AD stated most concerns were about residents' [redacted]. The AD stated that no one in management had interviewed her about concerns with [redacted].</p> <p>During an interview 11/14/2025 at 1:19 PM, the Interim ED stated she had been asked to interview the residents following the [redacted] of [redacted] and the [redacted] of the previous ED. The Interim ED stated she interviewed the three residents named in the [redacted]. The Interim ED stated she also interviewed additional residents to ensure they had no concerns with [redacted]. The Interim ED stated she did not have access to the [redacted] records at the time she completed the investigation, so she had left the investigation findings inconclusive. The Interim ED stated she had not interviewed any staff to inquire whether they were aware of any [redacted]. The Interim ED stated that it would have been helpful to interview staff to determine if they knew anything about [redacted].</p> <p>During an interview on 11/15/2025 at 10:28 AM, Registered Nurse (RN) #3, who was assisting</p> | A 543 | | |

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| A 543 | <p>Continued From page 4</p> <p>with nurse management at the facility, stated she expected staff to report any NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 immediately to the ED and Director of Nursing, so the NJ Exec Order 26.4b1 could be investigated.</p> <p>During an interview on 11/15/2025 at 10:39 AM, the Interim ED stated her expectation for investigating NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 was that the investigation should include interviewing all parties involved, including staff, other residents, and family members. The Interim ED stated the facility should do their due diligence and follow their policy for investigations.</p> | A 543 | | |
| A 687 | <p>8:36-6.3(a) Resident Care Policies</p> <p>(a) The administrator or his or her representative shall develop a policy and procedure for handling the monthly personal needs allowance for each resident who receives Supplemental Security Income (SSI) or other forms of public assistance. The personal needs allowance shall be at least the amount specified by the New Jersey State Department of Human Services pursuant to N.J.S.A. 44:7-87(h) and N.J.A.C. 10:123-3.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and facility policy review, the facility failed to develop a policy and procedure for handling the personal needs account (PNA) for residents who received NJ Ex Order 26.4(b)(1) or other forms of NJ Ex Order 26.4(b)(1). This failure had the potential to affect all residents who had their PNA managed by the facility.</p> <p>Findings included:</p> | A 687 | | |

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| A 687 | Continued From page 5 A facility policy titled, "Medicaid Policy," updated 10/18/2024, indicated, "c. Personal Needs Account. If the resident is incapable of handling his/her finances, the family/resident representative for the resident will be responsible to maintain the personal needs account (PNA) on the resident's behalf unless prior arrangements have been made with the Community." During an interview on 11/14/2025 at 8:35 AM, the Director of Marketing (DM) stated that when the facility deposited a resident's NJ Exec Order 26.4b1 ██████████ for them, the facility requested a check from the corporate office for the resident's monthly PNA. The DM stated that the check was cashed by the Executive Director (ED) and then the cash was given to the resident. The DM stated the resident was supposed to sign to confirm they had received the money. During an interview on 11/15/2025 at 10:01 AM, the Interim ED stated she could not locate any ledger that documented resident PNA money disbursements. The Interim ED further stated that she could not locate a policy for managing resident PNA funds. During an interview on 11/15/2025 at 10:39 AM, the Interim ED stated her expectation for PNA funds was that a record should be kept regarding resident funds and when those funds were disbursed to the resident. The Interim ED confirmed that there should be a policy for managing the PNA funds process. | A 687 | | |
| A 689 | 8:36-6.3(b) Resident Care Policies (b) Every administrator to whom resident's | A 689 | | |

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| A 689 | <p>Continued From page 6</p> <p>personal funds are entrusted shall maintain written records, such as a ledger, including the date each payment was received, the amount of payment, the date of each disbursement, the amount of each disbursement, the reason for each disbursement and to whom each disbursement was made. The personal needs allowance shall not be commingled with any other facility operating account and shall be deposited into an interest bearing account. Each resident shall receive his or her personal needs allowance within 72 hours of the receipt of the check by the administrator.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and facility policy review, the facility failed to maintain written records for resident personal funds that had been entrusted to the facility. This failure had the potential to affect all residents who had personal needs accounts (PNAs) managed by the facility.</p> <p>Findings included:</p> <p>A facility policy titled, "Medicaid Policy," updated 10/18/2024, indicated, "c. Personal Needs Account. If the resident is incapable of handling his/her finances, the family/resident representative for the resident will be responsible to maintain the personal needs account (PNA) on the resident's behalf unless prior arrangements have been made with the Community."</p> <p>During an interview on 11/14/2025 at 8:35 AM, the Director of Marketing (DM) stated that when the facility deposited a resident's NJ Exec Order 26.4b1 for them, the facility requested a check from the corporate office for</p> | A 689 | | |

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| A 689 | <p>Continued From page 7</p> <p>the resident's monthly PNA. The DM stated that the check was cashed by the Executive Director (ED), and then the cash was given to the resident. The DM stated the resident was supposed to sign to confirm they had received the money.</p> <p>During a telephone interview on 11/14/2025 at 5:37 PM, the Senior Director of Compliance (DOC) stated if the facility received a resident's NJ Exec Order 26.4b1, the facility would deposit the check and distribute PNA funds to the resident every month. The DOC stated the facility should have a ledger that tracked when PNA funds were disbursed to residents. The DOC stated that this facility process was not monitored by the corporate office.</p> <p>During an interview on 11/15/2025 at 10:01 AM, the Interim ED stated she could not locate any ledger that documented resident PNA money disbursements. The Interim ED further stated that she could not locate a policy for managing resident PNA funds.</p> <p>During an interview on 11/15/2025 at 10:20 AM, the Concierge stated that when residents requested money, she went to the ED to get the money and would write in a receipt book and have the resident sign to confirm that they had received the money. The Concierge stated she could not locate the receipt book and was not sure what had happened to it.</p> | A 689 | | |

POC #1 received 12/19/25
Accepted 12/24/25



NEW STANDARD
Senior Living

A 5438:36-5.79(a)(4) General Requirements

How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- On 11/14/25, the interim Executive Director was educated by the Regional Director of Operations on the facility policy and process of proper investigation of NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1
- On 11/5/25 the interim Executive Director followed up with Resident #1 to advise them of the outcome of the investigation and to review their reconciled facility financial statement with them.
- On 11/5/25 the interim Executive Director followed up with Resident #2 to advise them of the outcome of the investigation and to review their reconciled facility financial statement with them.
- On 11/5/25 the interim Executive Director followed up with resident #3 to advise them of the outcome of the investigation and to review their reconciled facility financial statement with them.

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 this deficient practice.

What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- An education fair was held December 2, 2025 through December 4, 2025, all staff was educated on abuse and neglect, inclusive of misappropriation of resident funds and proper reporting and investigative process.
- The Executive Director and/or designee will review weekly x4 then monthly x 6 months all incident reports and grievance reports to assure proper investigation process is followed to assure allegations of abuse and neglect are investigated per facility policy.

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.

- Results of the weekly and monthly audits will be presented to the Quality Assurance and Process improvement (QAPI) Committee for review and recommendations of next steps x 6 months. The first QAPI Committee meeting will be held on December 24, 2025.

Completion Date: December 22, 2025



approved
12/22/25
12/24/25



Priority
Life Care
lighting the way





NEW STANDARD
Senior Living

A 687 8:36-6.3(a) Resident Care Policies

How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- On November 14, 2025, the Regional Director of Operations updated the Medicaid Policy under section C-1 Addendum to reflect a revised process for PNA Disbursement.
- On November 14, 2025, the interim Executive director and Administrative Assistance/Marketing Director was educated on the updated policy/process regarding PNA Disbursement by the Regional Director of Operations.

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 this deficient practice.

What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- The Executive Director and/or Designee will audit that PNA Distribution is facilitated per the updated policy weekly x 4 weeks then monthly x 6 months.

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.

- Results of the weekly and monthly audits will be presented to the Quality Assurance and Process improvement (QAPI) Committee for review and recommendations of next steps x 6 months. The first QAPI Committee meeting will be held on December 24, 2025.

Completion Date: December 22, 2025



*approved
12/24/25*



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NEW STANDARD
Senior Living

A 689 8:36-6.3(b) Resident Care Policies

How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- On November 14, 2025, the Regional Director of Operations updated the Medicaid Policy under section C-1 Addendum to reflect a revised process for PNA Disbursement.
- On November 14, 2025, the interim Executive director and the Administrative Assistance/Marketing Director was educated on the updated policy/process regarding PNA Disbursement by the Regional Director of Operations.

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 this deficient practice.

What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- The Executive Director and/or Designee will audit that PNA Distribution is facilitated per the updated policy weekly x 4 weeks then monthly x 6 months.

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.

- Results of the weekly and monthly audits will be presented to the Quality Assurance and Process improvement (QAPI) Committee for review and recommendations of next steps x 6 months. The first QAPI Committee meeting will be held on December 24, 2025.

Completion Date: December 22, 2025



*approved
12/24/25*



**Priority
Life Care**
lighting the way



STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 06A003 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 12/24/2025 |
| 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 A0543 | Correction | ID Prefix A0687 | Correction | ID Prefix A0689 | Correction |
| Reg. # 8:36-5.7(a)(4) | Completed | Reg. # 8:36-6.3(a) | Completed | Reg. # 8:36-6.3(b) | Completed |
| LSC | 12/22/2025 | LSC | 12/22/2025 | LSC | 12/22/2025 |
| 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 |
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| LSC | | LSC | | LSC | |

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| 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 11/15/2025 | | <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 | | |

STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 06A003 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | Y2 | DATE OF REVISIT 12/24/2025 | Y3 |
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|-----------------------|------------|--------------------|------------|--------------------|------------|
| ID Prefix A0543 | Correction | ID Prefix A0687 | Correction | ID Prefix A0689 | Correction |
| Reg. # 8:36-5.7(a)(4) | Completed | Reg. # 8:36-6.3(a) | Completed | Reg. # 8:36-6.3(b) | Completed |
| LSC | 12/22/2025 | LSC | 12/22/2025 | LSC | 12/22/2025 |
| 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 | |

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| 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 11/15/2025 | | <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 | | |