

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2025
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NAME OF PROVIDER OR SUPPLIER MERRY HEART ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 118 MAIN STREET SUCCASUNNA, NJ 07876
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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
A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Standard</p> <p>Census: 74</p> <p>Sample Size: 6</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 310	<p>8:36-3.4(a)(1) Administrator's Responsibilities</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility Administrator failed to ensure that the "Emergency Response Procedure Binder" which also included the "Exposure Control Plan and Policy" was reviewed annually according to its policy and procedure titled, "Policy Statement." This deficient practice was evidenced by the following:</p> <p>On 10/23/25 at 2:15 p.m., the surveyor reviewed the facility "Emergency Response Procedure Binder" which revealed that the Emergency policy and procedures were last annually reviewed on 3/10/2016.</p> <p>At 2:30 p.m., the surveyor interviewed the Administrator regarding policy and procedure review. The Administrator stated that she was working on reviewing and updating all the facility policy and procedures, but missed the annual reviews for the "Emergency Response Procedure Binder."</p> <p>The surveyor reviewed the policy and procedure titled "Policy Statement" that was located in the front of the "Emergency Response Procedure Binder" last dated 3/10/16, which revealed, "It is the policy of this organization to annually evaluate the objectives, scope, performance and effectiveness of the Emergency Book including the Exposure Control Plan and Policy."</p>	A 310		
A 891	8:36-10.5(a) Dining Services	A 891		

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A 891	<p>Continued From page 2</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to store and dispose of expired food products in accordance with the provisions of Chapter 24 "N.J.A.C. 8:24, "Sanitation in Retail Food Establishments, Food and Beverage Vending Machines" which placed susceptible resident at risk for food born illnesses. This deficient practice was evidenced by the following:</p> <p>Reference: Chapter 24, N.J.A. C. 8:24-3.3(c)(1) (vi) " ... Food Shall be protected from cross contamination ... Storing damaged, spoiled or recalled food ..."</p> <p>1. On 10/22/24 at 10/27 a.m., the surveyor observed 2 boxes of cereal in the Memory Care (MC) Kitchen cabinet with expiration dates of 9/18/25.</p>	A 891		

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A 891	<p>Continued From page 3</p> <p>At 10:42 a.m., the surveyor interviewed a Certified Nursing Aide (CNA) regarding the expired cereal in the cabinet. The CNA stated that the cereal was not the residents cereal. In addition, the CNA stated that the facility served individual cereal containers to the residents, and she was not aware that the boxes of cereal were in the cabinet.</p> <p>At 11:00 a.m., the surveyor interviewed the Director of Nursing (DON), regarding the expired cereal in the cabinet. The DON stated that the cereal was brought in by a resident's family member for staff use. The surveyor then inquired if staff food was stored in the residential areas. The DON stated that the staff food should not be stored in the residential areas.</p> <p>At 11:05 a.m., the surveyor interviewed the Administrator regarding the storage of staff's food in the MC kitchen cabinet. The Administrator stated that staff's food should be stored in the employee lounge.</p> <p>2. On 10/23/25 at 10:40 a.m., the surveyor toured the facility Kitchen and observed that 5 spices for seasoning food were expired as follows: Rotisserie chicken seasoning 6/18/22, Rubbed Sage 6/18/22, Ground Nutmeg 11/18/24, Taco Seasoning 9/8/25, Ground Ginger 2/16/22.</p> <p>At 10:46 a.m., the surveyor interviewed a Cook regarding the expired spices. The Cook stated that he was not aware that the spices were expired. In addition, the Cook stated that he performed monthly food audits with the Dietician. The Cook than disposed of the expired spices.</p> <p>At 11:00 a.m., the surveyor interviewed the Administrator regarding the expired spices and</p>	A 891		

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A 891	<p>Continued From page 4</p> <p>monthly food audits. The Administrator confirmed that the Dietician and the Cooks performed monthly food audits but was unable to provide documented evidence of the audits.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Coffee and Lunch Break Policy" dated 5/14/16, which revealed " ...Personal food should be kept in employee lounge."</p> <p>In addition, the surveyor reviewed the facility policy and procedure titled, "Scope of Services" dated 7/25/25, which revealed "The Dining Services Department provides nutritionally appropriate services for residents..."</p>	A 891		



Family caring for family.

Merry Heart Assisted Living

Doc# 2 rec'd 12/18/25

accepted
12/19/25



A 310

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

The Emergency Response Procedure binder was immediately reviewed and updated to ensure all emergency protocols are accurate and current. All emergency binders were collected to ensure they were updated, and any discrepancies were corrected immediately.

Completion Date: 10/28/2025

2. 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 deficiency. All units and offices were checked to verify binder availability and correctness.

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

- a. A tracking list has been implemented to monitor the annual review of the Emergency Response Procedure binder.

Completion date: 11/11/2025

- b. Review of regulations and policies & procedures will be included in the weekly leadership meeting agenda to ensure ongoing compliance.

Completion date: 11/18/2025

- c. Staff will receive annual training on emergency procedures and binder location/use.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, *i.e.*, what program will be put into place to monitor the continued effectiveness of the systemic changes.

The Administrator or designee will audit the tracking list quarterly and document findings.

5. Completion Date: 11/21/2025

accepted
12/19/25



Family caring for family.

Merry Heart Assisted Living

A 891

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

All expired spices & cereals were removed from the kitchen immediately to prevent further use.

Completion date: 10/23/2025

2. 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 deficiency.

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

- a. Implement a weekly audit of food storage areas to prevent recurrence. Checklist was created for proper documentation and recording.

Completion date: 10/29/2025

- b. Re-training of Dietary Staff about the use of first-in first-out (FIFO) method, proper labeling, and proper storage.

Completion date: 10/24/2025

- c. Conducted a full review of all spices and dry goods to ensure compliance with expiration dates.

Completion date: 10/24/2025

- d. Purchased USE FIRST sticker to immediately alert dietary staff on which item to use first.

- e. Label items clearly with expiration dates.

- f. Train all staff on where to store their personal items and food in the employee break room.

Date of training
Conducted

NJ Ex Order 26.4(b)(1)

*Accepted
12/9/25*

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, *i.e.*, what program will be put into place to monitor the continued effectiveness of the systemic changes.
 - a. Weekly audit of food storage areas to prevent recurrence.
 - b. Each dietary staff member is assigned to a specific area to check for product expiration dates, and these checks must be performed weekly.
 - c. The supervisor will review and monitor compliance every week to ensure the checks are completed as required.
 - d. The Administrator will maintain records of weekly audits for compliance.

5. Completion Date: 11/11/2025

accepted
12/12/25

NJ Ex Order 26.4(b)(1)



STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 14A002	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/23/2025	Y3
NAME OF FACILITY MERRY HEART ASSISTED LIVING, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 118 MAIN STREET SUCCASUNNA, NJ 07876		

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 A0310	Correction	ID Prefix A0891	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-10.5(a)	Completed	Reg. #	Completed
LSC	11/21/2025	LSC	11/11/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/23/2025		<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		