

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/25/2025
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NAME OF PROVIDER OR SUPPLIER VOORHEES SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 501 LAUREL OAK ROAD VOORHEES, NJ 08043
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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: Complaint</p> <p>Complaint #: NJ 00188660</p> <p>Census: 86</p> <p>Sample Size: 4</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

10/07/25

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: Complaint #: NJ 00188660</p> <p>Based on interview and record review, it was determined that the Executive Director (ED) failed to implement and enforce the facility's "Abuse, Neglect, and Exploitation Prohibition and Prevention Program" policy for 1 of 4 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 9/25/25 at 9:35 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 was admitted to the facility in NJ Ex Order 26.4(b)(1), with a diagnosis of NJ Ex Order 26.4(b)(1). The surveyor reviewed a Progress Note (PN), written by the Assistant Director of Health and Wellness (ADHW) on NJ Ex Order 26.4(b)(1) at 5:40 p.m. which revealed that Resident #2 stated that the Certified Home Health Aide (CHHA) NJ Ex Order 26.4(b)(1) him/her and it was NJ Ex Order 26.4(b)(1).</p> <p>At 10:58 a.m., the surveyor reviewed emails between the CHHA and the Business Office Manager (BOM), provided by the ED as part of the facility's investigation documentation. Additionally, the surveyor reviewed an email from the CHHA to the BOM on NJ Ex Order 26.4(b)(1) at 10:39 a.m., which revealed, "NJ Ex Order 26.4(b)(1) ..."</p> <p>Further surveyor review of the emails sent between the CHHA and the BOM revealed an email that the BOM sent the CHHA on NJ Ex Order 26.4(b)(1) at</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>4:04 p.m., which revealed, "You are not to [redacted] with another TEAM member or a resident ever. It is within the [redacted] and [redacted] policy and is very straight forward ..."</p> <p>At 12:48 p.m., the surveyor interviewed the BOM and inquired about the [redacted] between the CHHA and Resident #2. The BOM stated that Resident #2's [redacted] provided the facility with [redacted] Resident #2 and the CHHA on [redacted], which indicated that [redacted]. The BOM stated that the CHHA was [redacted] immediately, pending the investigation and was then [redacted] or [redacted].</p> <p>At 1:30 p.m., the surveyor interviewed the ED and inquired about the CHHA's [redacted] with Resident #2. The ED stated that the [redacted] that Resident #2's [redacted] provided the facility on [redacted] lead to the CHHA's immediate [redacted] on [redacted] and [redacted] on [redacted]. During the interview, the ED stated that the CHHA did not follow the facility's [redacted] and [redacted] policy.</p> <p>The surveyor reviewed a facility policy titled, "Abuse, Neglect, and Exploitation Prohibition and Prevention Program," dated 9/1/19, which revealed, "... Educate staff and "Covered Individuals" ... Willful, as used in this definition of abuse, means the individual must have acted deliberately-not that the individual must have intended to inflict injury or harm ... Every resident has the right to be free from verbal, sexual, physical, and mental abuse ..."</p>	A 310		
A 749	8:36-7.3(a) General and Health Service Plans	A 749		

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A 749	<p>Continued From page 3</p> <p>(a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188660</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the General Service Plan (GSP) was reviewed and revised following an incident which involved 1 of 4 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 9/2/25, the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report incidents to the DOH), regarding NJ Ex Order 26.4(b)(1) towards Resident #2 that was reported to the facility on NJ Ex Order 26.4 by the resident's family. According to the FRE, Resident #2's family reported that a Certified Home Health Aide (CHHA) had NJ Ex Order 26.4(b)(1) with the resident which suggested NJ Ex Order 26.4(b)(1) the CHHA and Resident #2.</p> <p>On 9/25/25 at 9:35 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 was admitted to the</p>	A 749		
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A 749	<p>Continued From page 4</p> <p>facility in NJ Ex Order 26.4(b)(1), with a diagnosis of NJ Ex Order 26.4(b)(1). The surveyor reviewed a Progress Note (PN), written by the Assistant Director of Health and Wellness (ADHW) on NJ Ex Order 26.4(b)(1) at 5:40 p.m. which revealed that Resident #2 stated that the CHHA NJ Ex Order 26.4(b)(1) him/her and it was NJ Ex Order 26.4(b)(1).</p> <p>Surveyor review of Resident #2's General Service Plan (GSP), the surveyor did not observe documented evidence to indicate that the resident's GSP was reviewed and/or updated after the NJ Ex Order 26.4(b)(1) Resident #2 and the CHHA.</p> <p>At 1:13 p.m., the surveyor interviewed the Director of Health and Wellness (DHW) and inquired if Resident #2's GSP was reviewed and updated after the NJ Ex Order 26.4(b)(1) incident. The DHW stated that Resident #2's GSP was not updated or reviewed to reflect the above incident.</p> <p>At 1:30 p.m., the surveyor interviewed the Executive Director (ED) and inquired about Resident #2's GSP. The ED stated that the GSP should have been reviewed following the incident, which involved Resident #2's NJ Ex Order 26.4(b)(1) the CHHA. Additionally, the ED stated that all GSP reviews and updates should be documented in the MR.</p> <p>The surveyor reviewed a facility policy titled, "Resident Service Plans," dated 5/12/23, which revealed, "... Resident service plans are implemented/updated: ... as indicated by changes in resident level of service need ... as required by applicable state laws or regulations ..."</p>	A 749		
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POC #2 received 10/20/25
Accepted

VOORHESS SENIOR LIVING



October 13, 2025

State of New Jersey
Department of Health
PO BOX 358
Trenton, NJ 08625-0358

To Whom It May Concern:

Please see below for the outlined Plan Of Correction for Voorhees Senior Living, located at 501 Laurel Oak Road, Voorhees, NJ, in reference to Complaint #: NJ 00188660 . License number 15A003. Survey completed 9/25/25.

A.310

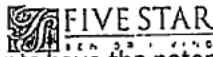
1. Resident #2 was evaluated and seen via [redacted] consultation with [redacted] on [redacted] in addition, the resident has been reassessed by the RN and the General Service Plan has been updated to include resident history of [redacted] [redacted] There are no resident concerns at this time. All staff re-educated on "abuse prevention policy" and importance of timely reporting. CHHA [redacted] effective [redacted] and informed [redacted] to the community.
2. All current and future residents residing in the facility have the potential to be affected by non-compliance with the community policies and procedures around both abuse and neglect. Education of all staff on facility abuse and neglect policies reviewed and conducted through 10/7/2025. Training completed by the Executive Director and Director of Health and Wellness. On-going education upon hire and annually to occur. All allegations of abuse require immediate notification of the ED. All department managers in-serviced on obligation to report to ED as well.
3. As stated, Education of all staff on facility abuse and neglect policies reviewed and conducted through 10/7/2025. Training completed by the Executive Director and Director of Health and Wellness. On-going education upon hire and annually to occur. All allegations of abuse require immediate notification of the ED. All department managers in-serviced on obligation to report to ED as well completed 10/7/2025. Training completed by the Executive Director.
4. ED to review Resident Rights and the facility zero tolerance policy at Resident Council bi-annually and at new hire and annual orientation for all employees. Completion date 10/7/2025.

Approved [redacted] 10/20/25

A.749

1. Resident # 2 has been reassessed by the Registered Nurse. Resident #2 general service plan was reviewed on [redacted] Resident general service plan has been updated by RN to clearly define resident's history of [redacted] GSP updated to inform staff on how to respond to resident's needs and [redacted] symptoms.

VOORHESS SENIOR LIVING



2. All current and future residents have the potential to be affected by not developing and/or updating the General Service Plan to reflect interventions and how to respond to the resident needs. All residents continued to be assessed upon move in, every 6 months and at change of condition by the RN.
3. RN to ensure current general service plans reflect current care needs, as well as how to respond to resident needs. Current GSP's reviewed to ensure appropriate interventions by RN. Education provided to the RN regarding updating the GSP after **NJ Exec Order 26.4b1** completed by Executive Director on **NJ Exec Order 26.4b1**. The RN reviewed the GSP on **NJ Exec Order 26.4b1** the General Service Plan has been updated to include resident history of engaging in **NJ Exec Order 26.4b1**
4. The RN will assess all residents upon admission, bi-annually, or upon change in condition. The RN will develop the general service plan to identify resident care needs. RN to complete addendum or update forms to include changes in care needs, as well as documented interventions and how to respond appropriate to resident needs. ED to conduct random audits quarterly of general service plans to ensure documentation has been updated to reflect changes in the residents' condition effective 10/7/2025. Completion date 10/7/2025.

Approved

NJ Ex Order 26.4b1

10/20/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15A003	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/20/2025
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NAME OF FACILITY VOORHEES SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 501 LAUREL OAK ROAD VOORHEES, NJ 08043
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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 A0749	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. #	Completed
LSC	10/07/2025	LSC	10/07/2025	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 9/25/2025		<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		