

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15A101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/16/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING OAK OF TOMS RIVER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2145 WHITESVILLE ROAD</b> <b>TOMS RIVER, NJ 08755</b>
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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 # NJ00184862</p> <p>CENSUS: 51</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 269	<p>8:36-3.1(a) Administration</p> <p>(a) An administrator shall be appointed and an alternate shall be designated in writing to act in the absence of the administrator. The administrator or a designated alternate shall be available at all times and shall be on-site at the facility on a full-time basis in facilities that have 60 or more licensed beds, and on a half-time basis in facilities that have fewer than 60 licensed beds, in accordance with the definition of "full-time" and "half-time" at N.J.A.C. 8:36-1.3.</p>	A 269		

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

TITLE

(X6) DATE

05/09/25

New Jersey Department of Health

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A 269	<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 failed to appoint an Administrator to be onsite on a half-time basis at the facility. This deficient practice was evidenced by the following:</p> <p>On 4/16/25, the surveyor conducted a complaint survey at the Assisted Living Program (ALP) which was located within an Assisted Living Residence (ALR).</p> <p>At 8:50 a.m., the surveyor observed a posting behind the Reception Desk that indicated, "... Assisted Living Administrator [Name], CALA &amp; Assisted Living Program Administrator: [Name], CALA are available in the community during business hours."</p> <p>At 8:55 a.m., the surveyor interviewed the Director of Building Operations (DBO) and inquired about the Executive Director (ED) for the ALP. The DBO stated that the ED usually worked remotely from another ALP site.</p> <p>At 9:15 a.m., the surveyor interviewed the Administrator for the ALR, who was also the Alternate Administrator (AA) for the ALP. The surveyor inquired about the ED for the ALP and the AA stated that the ED worked from another ALP and would come to this ALP site as needed. However, she added that the ED was available, via phone, at all times. During this interview, the AA reported that the census for the ALP on 4/16/25 was 51 residents.</p> <p>At 10:36 a.m., the surveyor requested the AA to</p>	A 269		

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A 269	<p>Continued From page 2</p> <p>provide the signed job descriptions for the ED and herself.</p> <p>At 11:27 a.m., the surveyor reviewed the ED's signed job description which indicated, "... Essential Functions: ... Ensures a safe a productive work environment by conducting regular inspections..."</p> <p>At 11:32 a.m., the surveyor reviewed the AA's signed job description, which was titled, "Executive Director - Position Description". The job description indicated, "... This is not a complete description of the scope and responsibilities of the Executive Director, as it is impossible to capture all of the day-to-day issues and demands of this position..."</p> <p>The job description for the AA, did not specify functioning as the AA for the ALP as well.</p> <p>At 1:13 p.m., the surveyor interviewed the DBO and inquired about the last time the ED visited the facility. The DBO stated that the ED had not visited the site in a while.</p> <p>At 1:35 p.m., the surveyor interviewed the AA and inquired about the administration for both the ALR and ALP. In addition, the surveyor inquired about who was the designated alternate administrator for the ALR while she also functioned as the AA for the ALP. The AA stated that she was usually the only Administrator in the building; therefore, she was performing both administrative positions for the ALP and ALR simultaneously.</p> <p>Upon further interview with the AA, the surveyor inquired about the ED's schedule in the facility. The AA stated that the ED did not have a set schedule at the ALP and her schedule was not</p>	A 269		

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A 269	<p>Continued From page 3</p> <p>documented. The AA reported that the last time the ED visited the facility was on <sup>NJ Exec Order 26.4b1</sup> [REDACTED]. The AA confirmed with the surveyor that the ED had not been physically at the facility <sup>NJ Exec Order 26.4b1</sup> [REDACTED].</p> <p>At 2:09 p.m., the AA reported that the census for the ALR on 4/16/25 was 75 residents.</p> <p>The surveyor reviewed an undated facility policy titled, "ADMINISTRATOR" which indicated, "... 2, The Administrator or a designated alternate shall be available at all times and shall be on-site at the facility on a full time basis in facilities that have (60) or more licensed beds, and on a half-time basis in facilities that have fewer than (60) licensed beds in accordance with the definition of "full-time" and "half-time"..."</p> <p>Additionally, the surveyor reviewed another undated facility policy titled, "DESIGNATED ADMINISTRATOR" which indicated, "POLICY An alternate shall be designated in writing to act in the absence of the Administrator, and shall be always available and shall be on-site at the facility on a full-time basis..."</p> <p>On 4/16/25 at 2:33 p.m., the surveyor requested a Removal Plan (RP) from the AA. On 4/17/25, the facility submitted RP #1 and it was returned to the facility for revisions on 4/25/25. On 4/28/25, the facility submitted RP #2 and it was approved on 4/29/25.</p>	A 269		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development,</p>	A 310		

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A 310	<p>Continued From page 4</p> <p>implementation, and enforcement of all policies and procedures, including resident rights;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00184862</p> <p>Based on interview and record review, it was determined that the Administrator failed to ensure the development of a facility policy for the use of <b>NJ Exec Order 26.4b1</b> in the facility for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>The Department of Health (DOH) received a Facility Reportable Event (FRE) dated <b>NJ Exec Order 26.4b1</b> regarding an incident that occurred on <b>NJ Exec Order 26.4b1</b> where <b>NJ Ex Order 26.4B1</b> in Resident #2's room from a <b>NJ Exec Order 26.4b1</b> in his/her <b>NJ Exec Order 26.4b1</b>. Resident #2 was in his/her room at the time of this incident. Staff members removed the resident from the room and put <b>NJ Ex Order 26.4B1</b>. The <b>NJ Exec O</b> arrived at the facility and assisted.</p> <p>On 4/16/25 at 10:31 a.m., the surveyor reviewed Resident #2's closed medical record (MR), which revealed that the resident's move-in date was <b>NJ Ex Order 26.4B1</b> with diagnoses of <b>NJ Ex Order 26.4B1</b>. The</p>	A 310		
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A 310	<p>Continued From page 5</p> <p>"Resident Health Assessment Annual Assessment" dated <sup>NJ Ex Order 26.4b1</sup> [REDACTED], indicated that the resident <sup>NJ Ex Order 26. 4B1</sup> [REDACTED].</p> <p>Upon further review of Resident #2's MR, the surveyor observed a "Resident <sup>NJ Ex Order 26.4(b)(1)</sup> [REDACTED] Assessment" dated <sup>NJ Ex Order 26</sup> [REDACTED], which indicated that the resident had previously been identified as <sup>NJ Ex Order 26. 4B1</sup> [REDACTED].</p> <p>The surveyor reviewed Resident #2's General Service Plan (GSP) dated <sup>NJ Ex Order 26.4(b)(1)</sup> [REDACTED] which indicated, "NJ Exec Order 26.4b1 [REDACTED] Staff to install <sup>NJ Exec Order 26.4b1</sup> [REDACTED] and monitored as needed." This intervention was documented under the "Behavior Patterns" section of the GSP to address the resident <sup>NJ Ex Order 26. 4B1</sup> [REDACTED].</p> <p>At 1:41 p.m., the surveyor interviewed the Alternate Administrator (AA) for the Assisted Living Program (ALP) and inquired about the <sup>NJ Ex Order 26. 4B1</sup> [REDACTED] that were listed in Resident #2's GSP. The AA informed the surveyor that there had been other residents in the past that had <sup>NJ Ex Order 26. 4B1</sup> [REDACTED] placed in their rooms since they were <sup>NJ Exec Order 26.4b1</sup> [REDACTED] inside the facility.</p> <p>Upon further surveyor interview, the AA explained that the <sup>NJ Ex Order 26. 4B1</sup> [REDACTED] would alert her phone if one of the <sup>NJ Ex Order 26. 4B1</sup> [REDACTED]. The AA stated that staff were aware of the <sup>NJ Ex Order 26. 4B1</sup> [REDACTED] in resident rooms; however, they were not trained on how to monitor the <sup>NJ Ex Order 26. 4B1</sup> [REDACTED] since the AA was the only one responsible for monitoring the system.</p> <p>On 4/16/25 at 12:12 p.m., the surveyor interviewed the AA and requested the facility's</p>	A 310		

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A 310	Continued From page 6  policy for the <b>NJ Ex Order 26. 4B1</b> . The AA stated that there was no policy for the <b>NJ Ex Order 26. 4B1</b> .  The surveyor reviewed an undated facility policy titled, "ADMINISTRATOR" which indicated, " ... PROCEDURE 1, The Administrator/designee will be responsible for, but not limited to the following: Ensuring the development, implementation, and enforcement of all policies and procedures ..."	A 310		
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 # NJ 00184862  Based on interview and review of records, it was determined that the facility failed to ensure the documentation of a nursing assessment was maintained in the resident medical record for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:  The Department of Health (DOH) received a Facility Reportable Event (FRE) dated <b>NJ Ex Order 26.4(b)</b> regarding an incident that occurred on <b>NJ Ex Order 26.4(b)</b>	A1073		

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A1073	<p>Continued From page 7</p> <p>where <b>NJ Ex Order 26. 4B1</b> in Resident #2's room from a <b>NJ Exec Order 26.4b1</b> in his/her <b>NJ Exec Order 26.4b1</b>. Resident #2 was in his/her room at the time of this incident. Staff members removed the resident from the room and <b>NJ Ex Order 26. 4B1</b>. The <b>NJ Exec</b> arrived at the facility and assisted. According to the FRE, Resident #2 was assessed for any <b>NJ Ex Order 26. 4B1</b> concerns.</p> <p>On 4/16/25 at 10:31 a.m., the surveyor reviewed Resident #2's closed medical record (MR) which revealed that the resident's move-in date was <b>NJ Ex Order 26. 4B1</b> with diagnoses of <b>NJ Ex Order 26. 4B1</b>.</p> <p>Upon further surveyor review of Resident #2's MR, the surveyor did not observe documentation of the assessment performed after the resident was removed from his/her room immediately following the incident on <b>NJ Exec Order 26. 4B1</b>.</p> <p>At 11:57 a.m., the surveyor reviewed the facility's Summary and Conclusion report, written by the Alternate Administrator (AA) of the Assisted Living Program (ALP). The "Conclusion" indicated, "Resident was immediately removed from bedroom and assessed for any <b>NJ Exec Order 26.4b1</b> concerns ..."</p> <p>On 4/16/25 at 10:10 a.m., the surveyor interviewed the Director of Health and Wellness (DHW) and inquired about the assessment of Resident #2 following the incident on <b>NJ Ex Order 26.4b1</b>. The DHW stated that the Licensed Practical Nurse (LPN), who <b>NJ Ex Order 26. 4B1</b> Resident #2 out of the room during the incident, assessed Resident #2's <b>NJ Ex Order 26. 4B1</b> and obtained his/her vital signs (VS).</p> <p>During the interview with the DHW, the surveyor</p>	A1073		
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A1073	<p>Continued From page 8</p> <p>inquired about where the assessment would be documented. The DHW stated that assessments would usually be documented in the "Observation Notes."</p> <p>At 12:50 p.m., the DHW provided the surveyor with the "24-HOUR RESIDENT REPORT ALP" dated <span style="background-color: black; color: white; font-size: small;">NJ Exec Order 26.4(b)</span>. The 24-Hour Report sheet documented updates for multiple residents during the shift. The surveyor observed that Resident #2's VS and <span style="background-color: black; color: white; font-size: small;">NJ Exec Order 26.4b1</span> assessment was documented on the 24-Hour Report sheet. Additionally, the surveyor observed that there was no staff member signature documented with the assessment.</p> <p>At 12:52 p.m., the surveyor interviewed the DHW and inquired about Resident #2's assessment documented on the 24-Hour Report sheet on <span style="background-color: black; color: white; font-size: small;">NJ Exec Order 26.4(b)</span>. The DHW confirmed that the LPN's assessment was documented on the 24-Hour Report sheet and was not documented in Resident #2's MR.</p> <p>The surveyor reviewed an undated facility policy titled, "RESIDENT WELLNESS FILES" which indicated, " ... PROCEDURE ... 2, The resident's wellness file will contain, at a minimum: ... All assessments and treatments by health care and service providers will be entered according to the standards of professional practice."</p>	A1073		
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POC#2 received 5/15/25  
Accepted 5/15/25

**Spring Oak of Toms River ALP**  
2145 Whitesville Rd  
Toms River, NJ 08755

**POC for SOD 04.16.25**

**A269 8:36-3.1 (a) Administration**

- 1) How the corrective action will be accomplished for those found to have been affected by the deficient practice:**

The Assisted Living Program(ALP) Administrator on record will be on site on a half-time basis, beginning April 21, 2025, while the Census remains below 60 residents at the Toms River location, as per regulation, and continue to do so until the current Director of Health & Wellness(DHW) can be named as Alternate Administrator of the ALP after completing the Certified Assisted Living (CALA) course and being granted conditional certification in accordance with N.J.A.C. 8:43I-4.5 for up to 120 days. Until that time, the Executive Director of The Spring Oak of Toms River Community will remain backup for the ALP Administrator on record, with the Chief Operating Officer of Spring Oak Living named as backup designee for the Spring Oak of Toms River Community as necessary.

- 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 deficient practice.

- 3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:**

Current ALP Administrator on record will provide a schedule weekly to the Executive Director of the Spring Oak of Toms River Community as well as the Chief Operating Officer of Spring Oak Living to ensure we are in compliance with the "half-time" or "full time" definition in accordance with this regulation. This was implemented effective April 21, 2025. The Director of Health & Wellness (DHW), selected to be the Alternate Administrator, will attend the Certified Assisted Living Administrator course through Longtree & Associates scheduled May 3<sup>rd</sup> through 11<sup>th</sup>. Spring Oak will seek conditional certification in accordance with N.J.A.C 8:43I-4.5 for 120 days upon

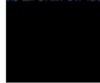
completion. Should the DHW be providing support as the ALP Administrator, the Toms River Community has specified another Nurse as designee for the DHW.

**4) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:**

CALA or their designee will review the daily Census (Licensed Beds) of the ALP with the Executive Director of the Spring Oak Community as well as the COO of Spring Oak Living on a weekly basis to ensure that the ALP Administrator or her designee is scheduled appropriately for building coverage per this regulation. ALP Administrator will work collaboratively with her designee once certified to ensure compliance with all regulations

**Completion Date: 04/21/25**

NJ Ex Order 26. 4B1



approved  
5/15/25

**A310 8:36-3.4(a)(1) Administration**

**1) How the corrective action will be accomplished for those found to have been affected by the deficient practice:**

Resident #2 no longer resides in the community.

**2) How the facility will identify other residents having the potential to be affected by the same practice:**

All residents have the potential to be affected by the deficient practice.

**3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:**

Existing policy covering smoking was reviewed and revised on April 17<sup>th</sup>, 2025 to include the NJ Ex Order 26. 4B1 Spring Oak of Toms River Administrator will immediately begin in servicing all staff on the placement and monitoring of these devices. In servicing is projected to be completed by May 31<sup>st</sup>, 2025 with any additional in servicing completed within a week of any inactive employees return to work.

**4) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:**

Facility will continue to document the placement of a **NJ Ex Order 26. 4B1** on the Resident Care Plan as is the current practice; when documenting this placement, the facility will add an auto generated daily check to our electronic record system which will assign the responsibility of monitoring the placement and functionality of the device to the Certified Medication Aide or Nurse assigned to the specific unit.

The DHW will be responsible for reviewing these checks are occurring during her weekly audits.

**Completion Date: May 31, 2025**

**NJ Ex Order 26. 4B1**

approved  
5/15/25

**A1073 8:36-15.6 (b) Resident Records**

- 1) How the corrective action will be accomplished for those found to have been affected by the deficient practice:**

Resident #2 no longer resides in the community.

- 2) How the facility will identify other residents having the potential to be affected by the same practice:**

All residents have the potential to be affected by the deficient practice.

- 3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:**

The Director of Health & Wellness began in-servicing all Licensed Wellness Staff on April 18<sup>th</sup>, 2025 on the documentation that belongs in the residents Wellness Medical Record (not just on the "24 Hour Resident Report ALP) – this is to include all assessments and treatments by health care & service providers according to the standards of professional practice; in-servicing will be completed by May 18<sup>th</sup>, 2025.

- 4) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:**

DHW or her designee will review 24 Hour Reports and cross check that appropriate items are documented in the residents wellness file also on a weekly basis.

Completion Date: May 18, 2025



*approved  
5/15/25*

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15A101	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/15/2025
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NAME OF FACILITY SPRING OAK OF TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 2145 WHITESVILLE ROAD TOMS RIVER, NJ 08755
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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 A0269	Correction	ID Prefix A0310	Correction	ID Prefix A1073	Correction
Reg. # 8:36-3.1(a)	Completed	Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-15.6(b)	Completed
LSC	04/21/2025	LSC	05/31/2025	LSC	05/18/2025
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	

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 4/16/2025		<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		