

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2025
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NAME OF PROVIDER OR SUPPLIER IVYSTONE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110
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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 00181234, 185187, 188206 and 188998</p> <p>Date of Survey: 10/21/2025</p> <p>Census: 95</p> <p>Sample Size: 5</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.</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 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

11/26/25

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 00188998</p> <p>Based on observation, interview and record review, it was determined that the facility Executive Director (ED) failed to ensure the implementation and enforcement of the facility policy titled, "Elopement Policy" for 1 of 1 resident reviewed (Resident #1). This deficient practice was evidenced by the following:</p> <p>On 10/21/25 at 9:00 AM, the surveyor reviewed a Facility Reported Event, a document used by healthcare facilities to report incidents to the NJDOH, dated [redacted] revealing that Resident #1 [redacted] Assisted Living Facility on [redacted] and did not sign in the logbook that they had [redacted]. The resident's [redacted] went unnoticed until another resident [redacted] of Resident #1 or [redacted] Resident #1 [redacted] the facility on [redacted]</p> <p>Review of the Admission Record (a form with the resident's demographics) revealed Resident #1 was admitted to the facility on [redacted] Medical diagnoses included, but were not limited to; [redacted] [redacted] [redacted] and [redacted]</p> <p>Review of the Standard Level of Care and</p>	A 310		

New Jersey Department of Health

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A 310	<p>Continued From page 2</p> <p>Service Plan revealed that the resident's medication was administered by facility staff three times a day, and the resident required [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Resident #1 was capable of [redacted] NJ Ex Order 26.4(b)(1).</p> <p>The surveyor reviewed the undated [redacted] NJ Exec Order 26.4b1 Policy. Under the procedure section it revealed that the ED would notify the New Jersey Department of Health (NJDOH) immediately by telephone and follow up within 72 hours by written confirmation related to all residents who were determined to be missing. The policy did not include how the facility would monitor residents to determine if a resident was missing.</p> <p>The policy also included that the ED shall complete a thorough investigation of the [redacted] NJ Ex Order 26.4(b)(1) and implement necessary interventions in collaboration with the Director of Nursing. Interventions shall include education of staff and residents, policy and procedure review, and implementation or updates to the resident's Service Plan (SP). [redacted] NJ Ex Order 26.4(b)(1) drills will be conducted quarterly, and [redacted] NJ Ex Order 26.4(b)(1) education will take place annually.</p> <p>On 10/21/25 at 1:15 PM, the surveyor interviewed the ED regarding the incident. The ED told the surveyor she was unaware that the resident was [redacted] NJ Ex Order 26.4(b)(1) when another resident mentioned Resident #1 had [redacted] NJ Ex Order 26.4(b)(1). The ED stated that before they could [redacted] NJ Ex Order 26.4(b)(1) the resident the facility received a phone call from the [redacted] NJ Ex Order 26.4(b)(1) who stated the resident was [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) with a [redacted] NJ Ex Order 26.4(b)(1) the facility.</p> <p>The surveyor asked the ED if she should have been aware of the resident's [redacted] NJ Ex Order 26.4(b)(1) prior to</p>	A 310		

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A 310	Continued From page 3 [redacted] and she stated, "Yes". The surveyor asked what the process was for checking on residents in the building to ensure their safety and she responded, "There isn't a process in place." The ED said there was a sign out book for residents but no other process or procedure or policy. When the surveyor questioned the ED about policy changes or new processes to prevent this issue again the ED stated, "We did in-service the staff but no process for checking on residents at the end of the day."	A 310		
A 389	8:36-4.1(a)(16) Resident Rights (a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 16. The right to be free from physical and mental abuse and/or neglect; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188206 Based on interview, medical record review and review of facility provided documents, it was determined that the facility failed to ensure that residents rights from [redacted] was enforced. This	A 389		

New Jersey Department of Health

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A 389	<p>Continued From page 4</p> <p>deficient practice was identified for one of two residents (Resident #4) reviewed for [redacted]. The deficient practice was evidenced by the following:</p> <p>On 7/9/25 at 3:55 PM, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event, a document used by healthcare facilities to report incidents to the NJDOH. The document reported that Resident #5 was attempting to [redacted] Resident #4, but Resident #4 [redacted] Resident #5 [redacted]. Resident #4 then [redacted] Resident #5's [redacted] Resident #4 then [redacted] to [redacted] Resident #5 because h/she was [redacted] Resident #4 [redacted].</p> <p>On 10/21/25 the surveyor reviewed the closed record of Resident #4. Resident #4 moved into the facility on [redacted] with diagnoses that included, but were not limited to [redacted] [redacted] and [redacted].</p> <p>The resident's Service Plan Report (written guide that focuses on medical, nursing, and specialized care needs) initiated [redacted], had a focus for [redacted] and included the following:</p> <p>On [redacted] Resident #4 had [redacted] with another resident, and [redacted] the other resident. Interventions included: education on [redacted] with the resident; report any incident to the nurse; use appropriate responses to [redacted]; and referred to a Nurse Practitioner, [redacted] and a [redacted] day service.</p> <p>On 3/7/25, Resident #4 was [redacted] another resident. Interventions included: education on [redacted] with the resident; report any</p>	A 389		
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A 389	<p>Continued From page 5</p> <p>incident to the nurse; use appropriate responses to NJ Ex Order 26.4(b)(1); and referred to a Nurse Practitioner and NJ Ex Order 26.4(b)(1)</p> <p>On NJ Ex Order 26.4(b)(1), Resident # 4 had NJ Ex Order 26.4(b)(1) with another resident. Resident #4 then NJ Ex Order 26.4(b)(1) the other resident NJ Ex Order 26.4(b)(1). Interventions included: education on NJ Ex Order 26.4(b)(1) with the resident; report any incident to the nurse; use appropriate responses to NJ Ex Order 26.4(b)(1); and referred to a Nurse Practitioner and NJ Ex Order 26.4(b)(1)</p> <p>On NJ Ex Order 26.4(b)(1), Resident 4 had NJ Ex Order 26.4(b)(1) that NJ Ex Order 26.4(b)(1) when Resident #4 would NJ Ex Order 26.4(b)(1) another resident NJ Ex Order 26.4(b)(1). When the resident went to NJ Ex Order 26.4(b)(1), Resident #4 NJ Ex Order 26.4(b)(1) the other resident's NJ Ex Order 26.4(b)(1). The resident stated NJ Ex Order 26.4(b)(1) and Resident #4 NJ Ex Order 26.4(b)(1) holding NJ Ex Order 26.4(b)(1). The other resident thought Resident #4 was NJ Ex Order 26.4(b)(1) and h/she NJ Ex Order 26.4(b)(1) the resident. Interventions included: education on NJ Ex Order 26.4(b)(1) with the resident; NJ Ex Order 26.4(b)(1) the resident's NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) the resident; use appropriate responses to NJ Ex Order 26.4(b)(1) and always get staff; and referred to a Nurse Practitioner and NJ Ex Order 26.4(b)(1)</p> <p>On 10/21/25 at 1:15 PM, the surveyor interviewed the Director of Nursing (DON) regarding Resident #4. The DON confirmed that Resident #4 had a history of NJ Ex Order 26.4(b)(1). The surveyor then asked for all the investigations regarding Resident #4. The facility provided only three investigations dated NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)</p> <p>On 10/21/25 at 1:30 PM, the surveyor interviewed the Executive Director (ED) and requested the</p>	A 389		
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A 389	<p>Continued From page 6</p> <p>investigations, grievances and any documents regarding Resident #4. The ED stated that she could not locate the investigation for the [redacted] incident and any grievances.</p> <p>On 10/21/25 at 1:45 PM, the surveyor reviewed the Progress Notes which revealed that Resident #4 was provided with a [redacted] NJ Ex Order 26.4(b)(1) [redacted]. There was no documentation regarding measures implemented by the facility after the incident of [redacted] NJ Ex Order 26.4(b)(1) to [redacted] other residents from Resident #4, and any follow-up regarding the [redacted] NJ Ex Order 26.4(b)(1) dated [redacted] NJ Ex Order 26.4(b)(1).</p> <p>A review of the Resident Agreement provided to all residents upon admission, included the following under House Rules:</p> <p>Rule #8. Residents should always behave in a proper and respectful manner toward each other and staff. No verbal or physical abuse shall be tolerated by the resident, resident's family member(s) and/or guest(s). If at any time the resident becomes violent, abusive or destructive, for whatever reason, immediate action shall be taken to ensure the health and safety of the other residents and staff.</p>	A 389		
A1179	<p>8:36-17.1(a) Provision of Services</p> <p>(a) The facility shall provide and maintain a sanitary and safe environment for residents.</p>	A1179		

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A1179	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188998</p> <p>Based on interview, record review and review of other facility documentation, it was determined that the facility failed to provide a safe environment for a resident ^{NJ Ex Order 26.4(b)} the facility for ^{NJ Ex Order 26.4(b)(1)} without ^{NJ Ex Order 26.4(b)(1)} or providing the resident with their physician ordered medications. This deficient practice put Resident #1 in imminent danger for their health and safety. This deficient practice was identified for 1 of 1 resident reviewed (Resident #1) ^{NJ Ex Order 26.4(b)(1)}</p> <p>The imminent danger was removed after the resident ^{NJ Exec Order 26.4b1} with ^{NJ Ex Order 26.4(b)(1)}, educated ^{NJ Ex Order 26.4(b)(1)} the facility unannounced, and that staff were educated regarding ^{NJ Ex Order 26.4(b)(1)}</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/21/25 at 9:00 AM, the surveyor reviewed a Facility Reported Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH, dated ^{NJ Ex Order 26.4(b)(1)}. On ^{NJ Ex Order 26.4(b)}, the facility received a call from ^{NJ Ex Order 26.4(b)(1)} that Resident #1 was ^{NJ Ex Order 26.4(b)(1)} and needed ^{NJ Ex Order 26.4(b)(1)} the facility. Resident #1 ^{NJ Ex Order 26.4(b)(1)} the facility at 2:45 PM. The facility's investigation determined that Resident #1 ^{NJ Ex Order 26.4(b)(1)} the facility on ^{NJ Ex Order 26.4(b)(1)} and took ^{NJ Ex Order 26.4(b)(1)} approximately ^{NJ Ex Order 26.4(b)(1)}.</p> <p>A review of the facility's investigation conducted by the Executive Director (ED) and the Director of Nursing (DON), revealed that on ^{NJ Ex Order 26.4(b)} an</p>	A1179		
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A1179	<p>Continued From page 8</p> <p>unsampled resident asked about Resident #1's ^{NJ Ex Order 26.4(b)(1)} Prior to starting ^{NJ Ex Order 26.4(b)(1)}, the facility received a phone call from the ^{NJ Ex Order 26.4(b)(1)} and required ^{NJ Ex Order 26.4(b)(1)} the facility. The resident was ^{NJ Ex Order 26.4(b)(1)} the facility later that day.</p> <p>Review of the Admission Record (a form with the resident's demographics) revealed Resident #1 was admitted to the facility with medical diagnoses included, but were not limited to; ^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)}.</p> <p>Review of the Standard Level of Care and Service Plan revealed that Resident #1's medication was to be administered by facility staff three times a day and that the resident ^{NJ Ex Order 26.4(b)(1)} with ^{NJ Ex Order 26.4(b)(1)}. Resident #1 was capable of ^{NJ Ex Order 26.4(b)(1)}.</p> <p>On 10/21/25 at 10:40 AM, the surveyor interviewed Resident #1 regarding the incident. The resident told the surveyor they ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)}. "The resident said they never ^{NJ Ex Order 26.4(b)(1)} that they ^{NJ Ex Order 26.4(b)(1)}.</p> <p>On 10/21/25 at 11:40 AM, the surveyor interviewed the Assistant Director of Nursing (ADON) who said she had just started at the facility ^{NJ Ex Order 26.4(b)(1)} prior. The surveyor asked what the process was for residents who ^{NJ Ex Order 26.4(b)(1)} the building. The ADON said she wasn't sure of the process at the facility, but she would check for</p>	A1179		
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A1179	<p>Continued From page 9</p> <p>a physician order to be sure the resident was NJ Ex Order 26.4(b)(1) the facility.</p> <p>On 10/21/25 at 12:15 PM, the surveyor interviewed the DON regarding residents that NJ Ex Order 26.4(b)(1). The DON said that there is no documentation in the record or a physician order that was required for residents to NJ Ex Order 26.4(b)(1). She stated residents who were NJ Ex Order 26.4(b)(1) could NJ Ex Order 26.4. The surveyor asked about medications being administered to residents and she said the facility had a "Wellness Center" where the resident would go to receive their ordered medications.</p> <p>On 10/21/25 at 1:10 PM, the surveyor interviewed the Certified Medication Assistant (CMA #1) in the Wellness Center. She told the surveyor that residents were educated on admission on how to receive their medications and at what time. The surveyor asked what would happen if a resident NJ Ex Order 26.4(b)(1) for their medications and she stated they would go check on the resident. The surveyor asked about Resident #1, and CMA #1 stated that the resident was documented in the Medication Administration Record (MAR) as a "no show." CMA #1 had no explanation as to why Resident #1 was not checked on after NJ Ex C to get their medications.</p> <p>The surveyor reviewed the MAR for the month of NJ Ex Order 26.4 which showed that the resident missed the following medications from NJ Ex Order 26.4 to NJ Ex Order 26.4(b)(1).</p> <p>On NJ Ex Order 26.4(b) and 10/9/25 at 6:00 AM: NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1)) and NJ Ex Order 26.4(b)(1)</p> <p>On NJ Ex Order 26.4(b) at 5:00 PM: NJ Ex Order 26.4</p>	A1179		
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A1179	<p>Continued From page 10</p> <p>On ^{NJ Ex Order 26.4(b)} and ^{NJ Ex Order 26.4(b)} at 9:00 PM: ^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 26.4(b)(1)}</p> <p>On 10/21/25 at 1:15 PM, the surveyor interviewed the ED regarding the incident. The ED told the surveyor she was unaware that Resident #1 was ^{NJ Ex Order 26.4(b)(1)}. The ED stated that before they could start looking for the resident the facility received a phone call from ^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 26.4(b)(1)} who stated the resident was ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)} ^{NJ Ex Order 26.4(b)(1)} with a ^{NJ Ex Order 26.4(b)(1)} the facility.</p> <p>The surveyor asked the ED if she or the other facility staff should have been aware of the resident's ^{NJ Ex Order 26.4(b)} prior to ^{NJ Ex Order 26.4(b)} and she stated, "Yes." The surveyor asked what the process was for checking on residents in the building to ensure their safety and she responded, "There isn't a process in place." The ED explained that there was a sign out book for residents, but no other process, procedure, or policy in place. When the surveyor questioned the ED about policy changes or new processes to prevent this issue from happening again, the ED stated, "We did in-service the staff but no process for checking on residents at the end of the day yet".</p> <p>The surveyor reviewed the facility's undated "Elopement Policy." The policy detailed what to do when a resident was noticed to be missing from the facility, but did not include how the facility would monitor residents to determine if a resident was missing.</p>	A1179		
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POC #2 received 12/2/25
Accepted 12/2/25



Ivystone Senior Living
NJ# 15C000
7999 Route 130 North
Pennsauken, New Jersey 08110

Complaint Survey Dated 10/21/2025

ST- A 310 8:36-3.4(a)(1) Administrator's Responsibilities (a) The administrator or designee shall be responsible for, but not limited to, the following:

1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;

1 Immediate Correction of Deficiency

Resident #1 [redacted] until another resident questioned his/her [redacted] before we could fully implement the [redacted] procedure, we received a call from someone who was [redacted] resident and stated that resident #1 was [redacted]

Resident #1 [redacted] Upon [redacted] resident #1 received an RN assessment on [redacted] On [redacted] the resident's service plan was updated. DON educated the resident on how to use the facility [redacted] not to [redacted] to make sure he/she has a [redacted] The Executive Director (ED) immediately educated all front desk staff that residents, staff, or visitors must not congregate at the front desk because the receptionist must be able to monitor who is [redacted] They were also educated on the policy that all residents must [redacted] when [redacted] and [redacted] upon their [redacted] via text message from the ED on 10/13/25.

2. Residents with the potential to be affected

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

3. Measures put in place to ensure the deficient practice will not re-occur

The facility's elopement policy was revised to include measures to determine if a resident is missing. These measures include meal logs to be completed at mealtimes. The dining staff will report to the Food Service Director (FSD) or administrator on duty if a resident does not report to the dining room for a meal. A second measure is resident rounds to be completed by the nursing department to ensure that the residents are accounted for on a regular and routine basis. ED educated all staff on the revised elopement policy during in-person all staff town hall meeting held on 10/20/2025. Any staff that was unable to attend the town hall was educated on the new policy individually by their department director or designee. An elopement drill was held on 10/20/25.



4. How will the facility monitor that the deficient practice is being corrected and will not reoccur? (Including frequency of monitoring, person responsible, and a completion date)
During daily morning meeting the meal rosters will be collected from Food Service Director or designee to the Administrator or designee. Resident rounds will be given to Administrator or designee weekly. The importance of residents signing out and not leaving the community unannounced will be discussed quarterly at resident council meetings. ED or designee will conduct a weekly audit for three months beginning December 2025 of meal rosters to ensure they are being completed and proper follow up is taking place. ED or designee will conduct a weekly audit for three months of room round logs to ensure they are being completed and proper follow up is taking place.

Completion date: 10/20/2026

NJ Ex Order 26.4(b)

approved
12/2/25

ST- A389 8:36-4.1(a)(16) Resident Rights (a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:

16. The right to be free from physical and mental abuse and/or neglect

1. Immediate Correction of Deficiency

Resident #4 was discharged from the community as of [redacted] Resident #5 currently resides in the community. He/she has not had additional [redacted] since the incident that was reported on [redacted] On 10/23/25 we adopted a zero-tolerance policy regarding illegal drug use, drug sales, and alcohol use in the community. According to this policy the use, sale, or distribution of illegal or unauthorized use of prescription drugs is prohibited. The consumption of alcohol in any manner that compromises the safety or comfort of others (Please note that a doctor's order for the use of alcohol may be required) is prohibited. These activities present serious risks to the safety and well-being of all residents, staff, and visitors, and will not be permitted under any circumstances. To support this policy, the following actions may be taken, room inspections and/or one-on-one observation of residents, as needed, when there is reasonable concern. All enforcement efforts will be handled with care, professionalism, and full respect for your rights and dignity. Executive Director (ED) sent a blast email message to all staff to educate them on this new policy on 10/29/25. The new policy was posted on bulletin boards, hand-delivered to all residents on 10/23/25. The Administrators held a resident town hall meeting on 10/24/25 to review the new policy and address any questions residents may have.

2. Residents with the potential to be affected

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

3. Measures put in place to ensure the deficient practice will not re-occur



Contracted with Ironrock security company to provide 24-hr armed security support. Concierge staff was educated on the presence of armed security on 11/5/25 via text message. On 10/20/25 Owner in-serviced Administrators, Business Office Director, Assistant Director of Nursing, and Director of Nursing were in-serviced on admissions process, substance abuse eradication plan, background checks, and discharge plans. On 10/29/25 we began conducting criminal background checks for perspective residents. On 10/30/25 began recruiting for one-on-one staff to monitor specific residents.

4. How will the facility monitor that the deficient practice is being corrected and will not reoccur? (Including frequency of monitoring, person responsible, and a completion date
During morning meeting departments directors review any incidents from the previous day. ED will review all physical abuse incidents during quarterly QAPI meetings.

Completion date: 11/30/2025

 approved 12/2/25

ST- A1179 8:36-17.1(a)Provision of Services (a) The facility shall provide and maintain a sanitary and safe environment for residents.

1. Immediate Correction of Deficiency

Upon return Director of Nursing (DON) educated resident #1 on how to use the facility book, not to leave unannounced, to make sure he/she has a ^{NJ Ex Order 26.4(b)(1)} and educated on ^{NJ Ex Order 26.4(b)(1)} his/her medication when he/she will be ^{NJ Ex Order 26.4(b)(1)}
On 10/24/25 DON educated all nursing staff on the medication administration policy.

2. Residents with the potential to be affected

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

3. Measures put in place to ensure the deficient practice will not re-occur

The facility’s elopement policy was revised to include measures to determine if a resident is missing. These measures include meal logs to be completed at mealtimes. The dining staff will report to the Food Service Director (FSD) or administrator on duty if a resident does not report to the dining room for a meal. A second measure is resident rounds to be completed by the nursing department to ensure that the residents are accounted for on a regular and routine basis. ED educated all staff on the revised elopement policy during in-person all staff town hall meeting held on 10/20/2025. Any staff that was unable to attend the town hall was educated on the new policy individually by their department director or designee. An elopement drill was held on 10/20/25.

4. How will the facility monitor that the deficient practice is being corrected and will not reoccur? (Including frequency of monitoring, person responsible, and a completion date
During daily morning meeting the meal rosters will be collected from Food Service Director or designee to the Administrator or designee. Resident rounds will be given to Administrator or

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designee weekly. The importance of residents signing out and not leaving the community unannounced will be discussed quarterly at resident council meetings. ED or designee will conduct a weekly audit for three months beginning December 2025 of meal rosters to ensure they are being completed and proper follow up is taking place. ED or designee will conduct a weekly audit for three months of room round logs to ensure they are being completed and proper follow up is taking place. The Director of Nursing will monitor the MAR for completion weekly for three month beginning November 2025.

Completion date: 10/20/2026

NJ Ex Order 26.48



*approved
12/2/25*

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/2/2025	Y3
NAME OF FACILITY IVYSTONE SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110		

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 A0389	Correction	ID Prefix A1179	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(16)	Completed	Reg. # 8:36-17.1(a)	Completed
LSC	10/20/2025	LSC	11/30/2025	LSC	10/20/2025
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 10/21/2025		<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		