

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 10/02/2025
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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:</p> <p>Complaint #: NJ187037</p> <p>Census: 96</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 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

11/13/25

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 #: NJ00187037</p> <p>Based on interview, and record review it was determined that the facility Executive Director (ED) failed to implement and enforce the facility policy and procedure titled, "Bed Bug Prevention and Treatment" to prevent the further spread of NJ Exec Order 26.4b1. This deficient practice was identified for 1 of 3 residents, Resident #1, reviewed for NJ Ex Order 26.4(b)(1) and was evidenced by the following:</p> <p>On 10/2/25 at 9:10 AM, in the presence of the Executive Director (ED) the Infection Preventionist (IP) stated that the facility presently had no current instances of NJ Ex Order 26.4(b)(1). The IP further stated that all staff were always informed verbally of any new cases of NJ Ex Order 26.4(b)(1). The IP stated that no in-services were done to educate staff on the necessary precautions to prevent the potential spread of NJ Ex Order 26.4(b)(1). The IP further stated that the Director of Nursing (DON) was responsible to inform nursing and the aides when NJ Ex Order 26.4(b)(1) were identified.</p> <p>On 10/2/25 at 10:14 AM, the surveyor interviewed the NJ Ex Order 26.4(b)(1) who stated that in NJ Ex Order 26.4(b)(1) Resident #1's room did have NJ Ex Order 26.4(b)(1). The NJ Ex Order 26.4(b)(1) further stated that one of the nurses found NJ Ex Order 26.4(b)(1) there and documented the occurrence on the NJ Exec Order 26.4b1 Report Log." The NJ Exec Order 26.4b1 then furnished the surveyor with the logs for review.</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>The surveyor reviewed the "NJ Ex Order 26.4(b)(1) Report" which indicated that on [redacted] were noted to be on Resident #1's sheet.</p> <p>On 10/2/25 at 10:49 AM, the surveyor interviewed Certified Medication Aide (CMA) #1 who stated that she confirmed the presence of [redacted] on Resident #1's sheet after an aide brought it to her attention. CMA #1 further stated that she documented it on the "NJ Ex Order 26.4(b)(1) Report" log. CMA #1 then confirmed the presence of her initials on the log dated [redacted]</p> <p>On 10/2/25 at 12:00 PM, the surveyor interviewed CMA #2 who state that Resident #1 had [redacted] twice, and most recently, [redacted] ago. CMA #2 stated that she was informed that the resident had [redacted] by housekeeping whom she observed [redacted] the resident's [redacted] CMA #2 stated that she thought that the resident was moving. CMA #2 stated that she was never informed of the presence of [redacted] by the facility administration, and she never received an in-service training about [redacted]</p> <p>A review of Resident #1's Admission Record (an admission summary) revealed that the resident was admitted to the facility with diagnosis which included but were not limited to; [redacted] [redacted], NJ Ex Order 26.4(b)(1), [redacted], and [redacted], NJ Ex Order 26.4(b)(1)</p> <p>A review of Resident #1's Progress Notes (PN) from [redacted] through [redacted], failed to indicate the presence of [redacted] in the resident's room.</p> <p>On 10/2/25 at 12:42 PM, the surveyor interviewed the DON who stated that all staff should have</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>been notified of the presence of [redacted] NJ Ex Order 26.4(b)(1). The DON confirmed that the only staff who were informed were the staff who were present during the identification of [redacted] NJ Ex Order 26.4(b)(1) and those staff were then expected to pass the information along during report to the oncoming shift. The surveyor asked the DON if she provided any educational in-services to the staff regarding the necessary precautions for [redacted] NJ Ex Order 26.4(b) management. The DON stated, no further education was done to her knowledge.</p> <p>On 10/2/25 at 12:24 PM, during an interview with the ED she stated that all nursing staff should have been notified of NJ Ex Order 26.4(b)(1) by the DON, and for the rest of the departments, we left it up to the department heads to inform their staff. The ED further stated that an instance of [redacted] NJ Ex Order [redacted] should also have been reported to the resident's responsible party and the notification was then required to be documented in the PN. At that time, the surveyor informed both the ED and the DON that a review of Resident #1's PN from [redacted] NJ Ex Order 20.4b(1) to present, failed to contain documented evidence to illustrate both the resident's status and the interventions that were implemented upon the identification of [redacted] NJ Ex Order 26.4(b)(1) in the resident's room.</p> <p>A review of the facility's "Bed Bug Prevention and Treatment Policy" revised 10/5/2023, revealed the following:</p> <p>Staff will observe the resident for evidence of bed bug bites and notify the resident's physician as needed.</p> <p>The General Manager will in-service staff on use of PPE (personal protective equipment, clothing worn to protect the body from infection), handling</p>	A 310		

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A 310	Continued From page 4 of linens, and precautions to prevent the spread of infestation ...	A 310		
A 537	<p>8:36-5.7(a)(1) Policy and Procedure Manual</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> <p>1. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration and resident care services of the facility or program;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ187037</p> <p>Based on interview and record review, it was determined that the facility failed to review all facility policies annually. This deficient practice was identified for 1 of 1 policy reviewed for "Bed Bug Prevention and Treatment" and was evidenced by the following:</p>	A 537		

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A 537	<p>Continued From page 5</p> <p>On 10/2/25 at 12:42 PM, the surveyor reviewed the facility policy binder in the presence of the Director of Nursing (DON) who confirmed that the facility policy titled, "Bed Bug Prevention and Treatment" was last reviewed on 3/20/24. The DON further stated that the policy was reviewed by administration.</p> <p>On 10/2/25 at 1:11 PM, the surveyor interviewed the Executive Director (ED) who stated that all facility policies should be reviewed annually. The ED stated that since she was brand new to the facility, she had not yet had an opportunity to review and update all the facility policies yet. The ED acknowledged that the "Bed Bug Prevention and Treatment" policy was last reviewed on 3/20/24, and had not been reviewed on an annual basis as required.</p>	A 537		



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

Complaint Survey Dated 10/02/2025

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

According to [redacted] treatment log, [redacted] were reported [redacted] NJ Ex Order 26.4(b)(1) inspected the room. Resident #1 still resides in the community. Treatment for [redacted] in resident's #1 room was completed on [redacted] NJ Ex Order 26.4(b)(1) were reported in that room again on [redacted]. The room was monitored and treated for a second time. The last treatment took place on [redacted]. There have been no additional reports of [redacted] activity since last treatment. Executive Director (ED) requested the room re-inspected on [redacted]. Inspection was completed on that day. No [redacted] found.

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

- ED in serviced all staff regarding the facility's policy pertaining to Bed Bug Prevention and Treatment, including proper notification if bed bugs are suspected by way of in person meeting. The facility's bed bug policy was updated and the staff was educated via blast email to all staff on 11/11/25. Any staff member who observes or suspects bed bug activity must record it in the Bed Bug Log (include date, time, location, and brief description). They must also immediately report the sighting to one of the following:

- Department Director
- Maintenance Director
- Administrator
- Manager on Duty

The receptionist at the front desk will enter it into [redacted] (the Environmental and Life Safety System) after reviewing log to ensure proper tracking and timely maintenance response. On 10/9/25 ED in-serviced staff on the facility's bed bug policy and procedure and best practices to prevent the spread of bed bugs. ED in-serviced department directors on proper notification of Director of Nursing (DON) or Registered Nurse (RN) designee, physician, resident's responsible party, (if applicable) and staff on 11/11/25. ED in-service DON and Infection Preventionist (IP) regarding notation in resident's progress notes of resident's status and interventions that are



implemented upon the identification of bed bugs on 11/11/25. ED or designee will in service housekeeping, laundry, and care staff on proper Personal Protective Equipment (PPE) and best practices to prevent the spread of bed bugs by 11/13/25. There is a blast email system in place to immediately notify all staff the presence of bed bug in the community.

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 all department directors will review any current bed bug activity that is reported in the bed bug log to ensure proper notification, documentation, and containment and treatment measures are done. In the quarterly quality assurance meeting department directors will review all bed bug cases to track trends. The importance of reporting any suspicion of bed bugs will be discussed quarterly at resident council meetings to include any updates in best practices if needed. ED or designee will conduct a monthly audit for three months beginning November 2025 of all bed bug instances. Audit to include: date reported and date treated; notification to physician, resident responsible party (if applicable), and staff; and notation in resident's progress notes' RN assessment if indicated, and interventions.

Completion date: 11/13/2025

NJ Ex Order 26

approved 11/17/25

ST- A537 8:36-5.7(a)(1) Policy and Procedure Manual (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:

- 1. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration and resident care services of the facility or program;**

1 Immediate Correction of Deficiency

Executive Director and designees will review and update facility's policy and procedure manual by 11/30/25. The facility's bed bug policy was updated, reviewed and all staff was educated on the new policy through email communication on 11/11/25. ED or designee will update current organizational chart by 11/15/25.

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 policy and procedure manual will be reviewed by the ED during QAPI or whenever there are modifications or additions to the current policy and procedure manual.

Organizational chart will be reviewed for accuracy annually or whenever there are personnel changes.



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
ED will conduct monthly audit of the facility's policy and procedure manual to ensure all policies have a creation date, an implementation date, review date and administrator's signature for six months beginning November 2025 and annually thereafter.

Completion date: 11/30/2025

NJ Ex Order 26.4



*approved
11/17/25*

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/17/2025
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NAME OF FACILITY IVYSTONE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110
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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 A0537	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.7(a)(1)	Completed	Reg. #	Completed
LSC	11/13/2025	LSC	11/30/2025	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
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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 10/2/2025		<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		