

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01A002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/13/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ADDISON OF SOMERS PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 STEELMANVILLE ROAD EGG HARBOR TOWNSHIP, NJ 08234</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
H 000	<p>Initials Comments</p> <p>TYPE OF SURVEY: Standard Survey of 47 beds</p> <p>CENSUS: 40</p> <p>SAMPLE SIZE: 5</p> <p>The facility is not in substantial compliance with all 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>	H 000		
A 891	<p>8:36-10.5(a) Dining Services</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:</p>	A 891		

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

TITLE

(X6) DATE

12/21/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01A002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/13/2025</b>
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A 891	<p>Continued From page 1</p> <p>Based on observation, interview, and a facility policy review, the facility failed to ensure staff entering the dietary department wore required hair and/or beard restraints when two staff were observed without hair/beard restraints. Additionally, the facility failed to ensure 1 of 1 ice machines were kept clean and failed to prevent cross-contamination of food products when 1 of 1 staff measured food temperatures without sanitizing utensils between food items. These deficient practices had the potential to affect all residents who received meals in the dietary department.</p> <p>Findings included:</p> <p>1. A facility policy titled, "Personal Hygiene - Personal Hygiene Policy," last reviewed by the facility on 08/20/2018, revealed, "1a. Wear a clean hat or other hair restraint in all kitchen production/food service areas. Hair must be appropriately restrained per state regulations." The policy revealed, "c. Beards or any body hair that may be exposed must be covered."</p> <p>During an observation of the meal prep area of the kitchen on 11/10/2025 at 9:30 AM, Cook #1 with noticeable facial hair, less than an inch long, was preparing soup that contained egg noodles.</p> <p>During an interview on 11/10/2025 at 9:42 AM, Cook #1 stated that he did not wear beard nets while in food preparation areas, and he was unsure if the facility had beard guards (nets) available for use.</p> <p>During an observation and concurrent interview on 11/10/2025 at 9:38 AM, the Activities Director (AD) entered the kitchen and obtained ice. She was observed in the food preparation areas by</p>	A 891		

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A 891	<p>Continued From page 2</p> <p>the food preparation tables and pouring water into a bucket of ice. The AD had long hair that reached her back, and she had no hair restraint in place. The AD stated she did not apply a hairnet when she came into the kitchen to obtain ice.</p> <p>During an observation on 11/10/2025 at 11:50 AM, Cook #1, with visible facial hair, measured the temperature of food items on the meal service line. Cook #1 was not wearing a beard guard while measuring the food temperatures.</p> <p>During an observation on 11/11/2025 at 8:10 AM, Cook #1, with visible facial hair, cut vegetables in the meal preparation area. Cook #1 was not wearing a beard guard while measuring the food temperatures.</p> <p>During a telephone interview on 11/11/2025 at 8:27 AM, the Director of Dining Services (DDS) stated beard guards are located across from the dishwasher on a rack; however, staff were not required to wear beard nets in the dietary department if staff beards were less than an inch long; however, hairnets were required to be worn in the kitchen.</p> <p>During an interview on 11/11/2025 at 9:37 AM, the Director of Nursing (DON) stated she expected staff to wear hair nets or beard nets if they were in the kitchen. She stated that she did not know why that had not happened.</p> <p>During an interview on 11/11/2025 at 9:04 AM, the Executive Director (ED) stated she expected staff to wear beard nets and hair nets in the kitchen. The ED stated they had ordered beard nets but at present they were not available. She stated that the AD was a new employee who had not been educated to wear a hairnet in the kitchen. She</p>	A 891		

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A 891	<p>Continued From page 3</p> <p>stated Cook #1 should have worn a beard guard, and both Cook #1 and the AD needed to be re-educated.</p> <p>2. During a concurrent observation and interview with Cook #1 on 11/10/2025 at 9:35 AM, the ice machine contained greyish/black spots or patches in the back of the machine where the ice was made. Cook #1 observed and confirmed the greyish/black spotty patches located in the ice machine and stated, "It's probably just dirty, to be honest." Cook #1 indicated the kitchen did not keep logs to verify when the ice machine was cleaned and confirmed the ice machine had not been cleaned for a few weeks.</p> <p>During an interview on 11/11/2025 at 8:27 AM, the Director of Dietary Services (DDS) stated the ice machine should be cleaned weekly on Saturdays; but the facility did not keep a log to verify when the ice machine was last cleaned.</p> <p>During an interview on 11/11/2025 at 9:37 AM, the Director of Nursing (DON) stated she expected the ice machine to be cleaned regularly, and a log kept verifying when the machine was cleaned.</p> <p>During an interview on 11/11/2025 at 9:04 AM, the Executive Director (ED) stated the facility kept no logs for cleaning the ice machine. She indicated the ice machine was wiped down by staff and the ice machine vendor representative was last in the facility two months ago but was not sure how often the ice machine should be cleaned.</p> <p>3. During an observation and concurrent interview on 11/10/2025 at 11:50 AM, Cook #1 measured the temperature of food items including chicken soup, mixed vegetables, hot dogs, and chicken. Cook #1 wiped the food thermometer with an</p>	A 891		

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A 891	<p>Continued From page 4</p> <p>off-white/greyish washcloth between each food item but was not observed to sanitize the food thermometer between each food item. Cook #1 stated he was taught to use clean washcloths to clean the thermometer between each food item, and the facility did not use alcohol wipes for sanitation.</p> <p>During an interview on 11/11/2025 at 8:27 AM, the Director of Dietary Services (DDS) stated he expected an alcohol wipe to be used to clean the thermometer between food items. He stated Cook #1 should not have used a washcloth to clean the food thermometer between food items.</p> <p>During an interview on 11/11/2025 at 9:37 AM, the Director of Nursing (DON) stated she expected staff to use alcohol wipes to clean the thermometer.</p> <p>During an interview on 11/11/2025 at 9:04 AM, the Executive Director (ED) stated she expected kitchen staff to sanitize the food thermometer using an alcohol wipe between food items and Cook #1 should not have used a washcloth to clean the food thermometer between food items.</p>	A 891		
A1095	<p>8:36-16.5(b) Automatic Fire Detection System</p> <p>(b) All fire detection systems shall be installed in accordance with the Uniform Construction Code, N.J.A.C. 5:23, N.J.A.C. 5:70 and the National Fire Alarm Code, National Fire Protection Association (NFPA) 72, 1999 Edition, incorporated herein by reference, as amended and supplemented. National Fire Protection Association publications are available from: NFPA, One</p>	A1095		

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A1095	<p>Continued From page 5</p> <p>Batterymarch Park, Quincy, MA, 02269-9101..</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure that the Inspection, Testing and Maintenance (ITM) of the Fire Alarm System (FAS) was in accordance with NFPA 72. This deficient practice and was evidenced by the following:</p> <p>On 11/13/25 in the presence of the Executive Director (ED) and Maintenance Technician (MT) the surveyor reviewed the semi-annual FAS inspection report. The FAS inspection report revealed that 69 smoke detectors failed the sensitivity test that was conducted on 07/15/25.</p> <p>During surveyor interview with the MT and ED regarding the FAS inspection, the MT confirmed that 69 smoke detectors failed the sensitivity test and stated that he was unsure if the smoke detectors were replaced. The ED stated that they would contact their vendor and request documentation of the replacement of the failed devices.</p> <p>Surveyor reviewed documentation provided by the ED which revealed a quote for the replacement of the defective devices. However, documentation that the defective devices were replaced was not provided.</p>	A1095		

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A1169	Continued From page 6	A1169		
A1169	<p>8:36-16.15(a) Fire Extinguisher Specifications</p> <p>(a) Fire extinguishers shall comply with National Fire Protection Association (NFPA) 10, Standards For Portable Fire Extinguishers, 2002 edition, incorporated herein by reference, as amended and supplemented, available from: NFPA, One Batterymarch Park, Quincy, MA, 02169-7471, <a href="http://www.nfpa.org">http://www.nfpa.org</a>, 1-800-344-3555.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that fire extinguishers were Inspected, Tested and Maintained (ITM) in accordance with NFPA 10. This deficient practice was evidenced by the following:</p> <p>On 11/13/25 at 11:02 a.m., in the presence of the Maintenance Technician (MT), the surveyor observed that the fire extinguisher near the generator did not have any signatures on the monthly inspection tag.</p> <p>During surveyor interview with the MT regarding the fire extinguishers, the MT confirmed that the fire extinguisher inspection tag was not signed.</p>	A1169		
A1249	<p>8:36-17.7 Building and Grounds Maintenance</p> <p>The building and grounds shall be well maintained at all times. The interior and exterior of the</p>	A1249		

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A1249	<p>Continued From page 7</p> <p>building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.</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 ensure that the building and grounds were kept free from fire hazards and other hazards to resident's health and safety. This deficient practice was evidenced by the following:</p> <p>On 11/13/25 in the presence of the Maintenance Technician (MT), the surveyor reviewed the generator logs provided by the MT which revealed that load testing of the generator for at least 30 minutes at 30% of the nameplate rating was not conducted every month.</p> <p>At 10:42 a.m., in the presence of the MT, the surveyor observed that battery-powered emergency lighting was not provided at the generators automatic transfer switch (ATS).</p> <p>At 10:50 a.m., in the presence of the MT, the surveyor observed that an illuminated exit sign was not provided over the exit door from the kitchen to the exterior of the facility.</p>	A1249		

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A1249	<p>Continued From page 8</p> <p>During surveyor interview with the MT regarding the above concerns, the MT confirmed that load testing of the generator for 30 minutes at 30% of the name plate rating was not conducted monthly.</p> <p>Additionally, the MT confirmed that battery powered emergency lighting was not provided at the ATS and that an exit sign was not provided over the exit door in the kitchen.</p>	A1249		

# SENIOR LIFESTYLE

POC #2 received 1/2/26  
Accepted 1/12/26

you r *life*, you r *style*

## A891-8:36-10.5 (a) Dining Services

1) The Executive Director (ED) placed hair/beard restraints located in the kitchen before the food preparation area on 11/17/25. The ED will monitor the supply of the hair/beard restraints on an ongoing basis.

The ED posted Food Preparation—Food Temperatures Policy in the kitchen on 11/17/25. The ice machine was cleaned by the ED on 11/14/25. ED posted the ice machine cleaning schedule in the kitchen on 11/17/25.

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

3) The ED in-serviced the Director of Dining, cook, housekeeper, Maintenance, care staff, Activity Director, and Sales Director on the personal hygiene policy on the following dates, 11/18/25 and 11/19/25. The in—service is to be done at hire and yearly afterwards. The Director of Dining Services in-serviced the cook on the Food Preparation-Food Temperature Policy & procedure for sanitizing the thermometer with alcohol wipe on 11/18/25. The Regional Director of dining reviewed the policy for cleaning and sanitation procedures and the Dining Policy Handbook on 11/15/25 with the ED. The ED then in-serviced the Dining Director, cook and maintenance technician on 11/18/25, on the policy for cleaning and sanitation procedures for the ice machine.

4) The ED and/or designee will audit hair/beard restraint compliance 3 times per week x 4 weeks, then 2 times per week x 4 weeks then 1 time per week x 4 weeks to ensure the use of hair/beard restraints.

The ED and/or designee will audit the procedure for sanitizing the thermometer with alcohol wipe 3 times per week x 4 weeks, then 2 times per week x 4 weeks, then 1 time per week x 4 weeks to ensure the proper procedure is followed. The Dining Director and/or designee will audit the cleanliness of the ice machine weekly x 4 weeks, then monthly x 3 months to ensure cleanliness and cleaning schedule is followed. Results will be discussed by the Executive Director at the Quality Assurance meeting with current Directors in attendance.

Completion Date: 11/19/25

*KJ approved 1/12/26*

## A1095—8:36-16.5(b) Automatic Fire Detection System

1) Cintas Corporation-Fire Prevention Division updated the Fire Panel and replaced 84 smoke detectors. The work was completed 9/2/2025 through 9/9/2025. Received a letter from **NJ Exec Order 26.4b1** office stating the work for replacing the smoke detectors was completed, work order and paid invoice on hand.

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

3) The maintenance technician reviewed the in—service video training in **NJ Exec Order** on 12/24/25 **NJ Exec Order 26.4b1** In-House Inspections — Fire Alarms and Detectors

4) The Executive Director (ED) and/or designee will audit the completion of the monthly Fire Alarm system confirming proper operation monthly x 3 months. Results will be discussed by the Executive Director at the Quality Assurance meeting with current Directors in attendance.

Completion Date 12/24/25

*KJ approved 1/12/26*

## A1169—8:36—16.15(a) Fire Extinguisher Specifications

1) Fire extinguisher inspection by Maintenance technician (MT) was performed and signed on 12/2/25. 2) All

residents have the potential to be affected by deficient practice.

3) MT reviewed in—service video training in **NJ Exec Order** on 12/22/25 **NJ Exec Order 26.4b1** In—House Inspections - Fire Extinguishers

4) The Executive Director (ED) and/or designee will audit the community's fire extinguishers and logs weekly x 4 weeks, then monthly x 3 months to ensure inspection tag signature compliance. Results will be discussed by the Executive Director at the Quality Assurance meeting with current Directors in attendance.

Completion Date: 12/22/25

*KJ approved 1/12/26*

## THE ADDISON OF SOMERS PLACE

199 STEELMANVILLE ROAD / EGG HARBOR TOWNSHIP, NJ 08234 PHONE:  
609.962.5891 | FAX: 609.926.5893

# SENIOR LIFESTYLE

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A1249—8:36—17.7 Building and Grounds Maintenance

- 1) Generator load testing and log maintenance for at least 30 minutes at 30% of nameplate rating completed on 12/2/205 by the Maintenance technician (MT).

A service request to the Electric contractor was submitted to install the Battery powered emergency lighting for the generators automatic transfer switch (ATS) Confirmation from [redacted] building services for install (Your technician will arrive between Dec 29 9:00AM and Dec 29 10:00AM. [redacted] NJ Exec Order 26.4b1 The battery powered emergency lighting was installed by [redacted] NJ Exec Order 26.4b1 on 12/29/25, work order completed.

A service request to the Electric contractor was submitted for Emergency Exit sign to be placed at the kitchen exit door. Confirmation from [redacted] NJ Exec Order building services for install (Your technician will arrive between Dec 29 7:30AM and Dec 29 8:30AM. [redacted] NJ Exec Order 26.4b1 The Emergency Exit sign was installed on 12/29/2025 by [redacted] NJ Exec Order 26.4b1 work order was completed.

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

3) The MT reviewed in-service video in [redacted] NJ Exec Order 26.4b1 In—House Inspections —on Emergency Power Generators. The National Director of Plant Operations reviewed the emergency lighting policy with the Executive Director (ED) on 12/22/25 the ED in turn in—serviced the MT 12/23/25 on the Emergency lighting policy. The Regional Director of Plant Operations reviewed the emergency lighting policy with the ED on 12/23/25 the ED in turn in - serviced the MT on 12/23/25 on the Emergency lighting policy.

4) ED and /or designee will audit the community's generator logs monthly x 3 months to verify testing is completed and logged.

The MT and/or designee will audit the Battery powered emergency Light for the ATS weekly x 4 weeks, then monthly x 2, to verify it's proper function.

The MT and/or designee will audit the emergency exit sign weekly x 4 weeks, then monthly x 2, to verify it's proper function.

Results will be discussed by the Executive Director with current directors in attendance at the Quality

Assurance meeting

Completion Date: 12/29/2025

*KG approved  
12/29/25*

## THE ADDISON OF SOMERS PLACE

199 STEELMANVILLE ROAD / EGG HARBOR TOWNSHIP, NJ 08234 PHONE:  
609.962.5891 / FAX: 609.926.5893

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## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 01A002 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/12/2026 <span style="float: right;">Y3</span>
NAME OF FACILITY THE ADDISON OF SOMERS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 199 STEELMANVILLE ROAD EGG HARBOR TOWNSHIP, NJ 08234

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 A0891	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-10.5(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/19/2025	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	
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 11/13/2025		<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		

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PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 01A002 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/12/2026 <span style="float: right;">Y3</span>
NAME OF FACILITY THE ADDISON OF SOMERS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 199 STEELMANVILLE ROAD EGG HARBOR TOWNSHIP, NJ 08234

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 A1095	Correction	ID Prefix A1169	Correction	ID Prefix A1249	Correction
Reg. # 8:36-16.5(b)	Completed	Reg. # 8:36-16.15(a)	Completed	Reg. # 8:36-17.7	Completed
LSC	12/24/2025	LSC	12/22/2025	LSC	12/29/2025
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 11/13/2025		<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		