

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25240	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/31/2025
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NAME OF PROVIDER OR SUPPLIER MIRA VIE AT CLIFTON	STREET ADDRESS, CITY, STATE, ZIP CODE 782 VALLEY ROAD CLIFTON, NJ 07013
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A 000	<p>Initial Comments</p> <p>Initial Comments: COMPLAINT #: NJ 00174179</p> <p>CENSUS: 71</p> <p>SAMPLE SIZE: 10</p> <p>TYPE OF SURVEY: Standard Survey of 100 residential units</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>	A 000		
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, 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

02/09/26

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00174179</p> <p>Based on record review, interview, and document and policy review, the facility failed to ensure a general service plan was reviewed and updated, as necessary for 1 (Resident #1) of 6 resident service plans reviewed and failed to complete a thorough investigation regarding an <small>NJ Exec Order 2025</small> involving 1 (Resident #1) of 3 residents reviewed.</p> <p>Findings included:</p> <p>A facility policy titled, "Elder Abuse/Neglect New Jersey," last revised in 07/2024, indicated, "If any Community staff member or volunteer has observed, suspects, has knowledge of, or is told by a resident or other staff member, of an incident which appears to be any form of abuse or neglect, the incident will be immediately reported to the Director of Health and Wellness [DOW]. If the Director of Health and Wellness is not available, the incident will be reported to the Executive Director [ED]. In all cases the Executive Director is also to be notified." The policy also noted staff was encouraged to "take serious" any unusual physical or mental signs/conditions that may indicate possible abuse and, upon noticing any observed or suspected abuse, take particular actions, including to ensure the resident was protected from potential future abuse and neglect, notify the ED and local law enforcement, assess the resident and arrange for</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>medical care, notify the attending physician and family/responsible party, complete an incident report, place the resident on alert charting, and update resident service plans as appropriate. The policy identified that a thorough investigation would be conducted by the DOW and ED.</p> <p>A facility policy titled, "Service Plans and Assessments New Jersey," issued 04/2021, revealed a resident's general service plan "shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. The policy also noted that the "resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status."</p> <p>A "Face Sheet" revealed the facility admitted Resident #1 on [redacted] NJ Exec Order 26.4b1. According to the Face Sheet, the resident had diagnoses including [redacted] NJ Exec Order 26.4b1 due to known [redacted] NJ Exec Order 26.4b1.</p> <p>A "Plan of Care," dated [redacted] NJ Exec Order 26.4b1, revealed Resident #1 was [redacted] NJ Exec Order 26.4b1 and required [redacted] NJ Exec Order 26.4b1 with preparation and performance of [redacted] NJ Exec Order 26.4b1 tasks, including [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 by staff. A Plan of Care, dated [redacted] NJ Exec Order 26.4b1, revealed Resident #1 was [redacted] NJ Exec Order 26.4b1 during care [redacted] NJ Exec Order 26.4b1 such as [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 for which staff were directed to manage the resident's [redacted] NJ Exec Order 26.4b1 in a [redacted] NJ Exec Order 26.4b1. There was no information found in the Plan of Care regarding Resident #1's [redacted] NJ Exec Order 26.4b1 or [redacted] NJ Exec Order 26.4b1, or [redacted] NJ Exec Order 26.4b1.</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>requirements for NJ Exec Order 26.4b1, if any.</p> <p>A facility investigation contained a "Reportable Event Record/Report." The report identified that, on NJ Exec Order 26.4b1 at 9:00 AM, staff reported NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to Resident #1's NJ Exec Order 26.4b1. The report indicated the NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 was called in as a NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 at 11:30 AM. The report identified Resident #1 resided in the facility's NJ Exec Order 26.4b1 and received NJ Exec Order 26.4b1 services. Per the report, Resident #1 required a NJ Exec Order 26.4b1 wheelchair and NJ Exec Order 26.4b1 during care services, noting the resident NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1, but often NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The report identified that the Executive Director (ED) was "currently obtaining statements from all staff members," that the NJ Exec Order 26.4b1 agency was obtaining statements from all NJ Exec Order 26.4b1 employees who had worked with Resident #1, and that NJ Exec Order 26.4b1 and resident rights training was conducted immediately after the finding in question was reported. An email within the facility investigation, dated NJ Exec Order 26.4b1 revealed the investigation to rule out NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 was still pending and that employees that rendered care to Resident #1 during the 11:00 PM to 7:00 AM shift had been NJ Exec Order 26.4b1 pending the investigation results. The email described that video surveillance revealed Resident #1 was in a common area until 9:12 PM (no date identified) and was then NJ Exec Order 26.4b1 by (unidentified) care staff for evening care, who neither noted nor reported any NJ Exec Order 26.4b1. The email described that Resident #1 was observed sleeping in bed at 11:12 PM (no date identified) with NJ Exec Order 26.4b1 and, when NJ Exec Order 26.4b1 with (unidentified) care at 1:02 AM, the resident was observed to have NJ Exec Order 26.4b1 to</p>	A 310		
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A 310	<p>Continued From page 4</p> <p>the [redacted] NJ Exec Ord. The email noted that Resident #1 was [redacted] NJ Exec Order 26.4b1 what caused the [redacted] NJ Exec Ord. due to the resident's [redacted] NJ Exec Order 26.4b1. An email within the facility investigation revealed a staff member checked on Resident #1, [redacted] NJ Exec Order. the resident, and noted they "[redacted] [Resident #1's] [redacted] NJ Exec Order 26.4b1," after which the staff member summoned Certified Home Health Aide (CHHA) #1. Per the email, they speculated that Resident #1 may have [redacted] NJ Exec Ord. during the 3:00 PM to 11:00 PM shift and was possibly already sent out, with a plan to ask "the morning people" if they knew anything about it. A written statement from CHHA #1 within the facility investigation revealed someone conducted rounding at "1: AM" on an unidentified date for Resident #1 and summoned CHHA #1 to come to the resident's room. The note revealed that CHHA #1 arrived and saw that "It's [redacted] NJ Exec Order 26.4b1 [redacted] already [redacted] NJ Exec Order 26.4b1 which CHHA #1 noted was why they were not worried about the finding, thinking that Resident #1 had [redacted] NJ Exec Order 26.4b1. CHHA #1 wrote that they did not call anyone because they thought others already knew about the finding, which was also why CHHA #1 did not "send [Resident #1] out" because the resident did not [redacted] NJ Exec Ord. "on my shift." The facility investigation contained no evidence of [redacted] NJ Exec Ord. [redacted] for other residents or interviews of other residents. Staff statements contained in the facility investigation lacked questions regarding potential [redacted] NJ Exec Order of the resident and staff responses to such questions. Though knowledge of Resident #1's [redacted] NJ Exec Order 26.4b1 [redacted] was identified on [redacted] NJ Exec Order 26.4b1 around 1:00 AM, it was not reported by staff until 05/28/2024 at 9:00 AM.</p> <p>A "[Resident Name] - [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec Order 26.4b1" summary document revealed Resident</p>	A 310		
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A 310	<p>Continued From page 5</p> <p>#1 was [redacted] by staff at 11:12 PM (no date identified) with [redacted] and was then [redacted] by staff at 1:02 PM (presumably intended to denote AM, with no date identified), who observed [redacted] to Resident #1's [redacted]. Per the document, during a morning care encounter on [redacted], the care team reported [redacted] and [redacted] to Resident #1's [redacted]. Per the document, the facility concluded that Resident #1 had [redacted].</p> <p>[redacted]. The facility noted under a conclusion section that Resident #1's [redacted]. It was unknown how the facility ruled out [redacted] as a source of the resident's [redacted].</p> <p>A "[Facility name] Service Plan," with an effective date of [redacted], revealed [redacted] were to [redacted] Resident #1 with [redacted] and, for [redacted] to provide [redacted]. [redacted] plan noted that staff were to ensure [redacted], as applicable, was set up for Resident #1 prior to a [redacted]. The plan revealed Resident #1 was at risk for [redacted] and staff were to maintain the resident's [redacted] in its [redacted]. The plan also directed staff to [redacted] and report [redacted] immediately to a supervisor and/or nurse.</p> <p>During an interview on 10/30/2025 at 3:05 PM, the Executive Director (ED) stated she had provided the facility's full investigation regarding Resident #1's [redacted]. The ED stated the facility conducted no resident</p>	A 310		
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A 310	<p>Continued From page 6</p> <p>interviews or resident NJ Exec Order 26.4b1 noting the care plan provided for Resident #1 that was in place during the event in question had not been updated until NJ Exec Order 26.4b1, which she noted did not appear to meet the requirement to update a care/service plan every six months.</p> <p>During a follow-up interview on 10/31/2025 at 2:45 PM, the ED stated she expected staff to report any NJ Exec Order 26.4b1 immediately to her or another director for timely reporting and investigation. The ED stated she was ultimately responsible for investigations to be thorough to ensure residents were safe and to determine the reason something occurred to prevent it from recurring, noting she expected better from herself and the administrative staff.</p>	A 310		
A 517	<p>8:36-5.6(b)(1-7) General Requirements</p> <p>(b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:</p> <ol style="list-style-type: none"> 1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment; 2. Emergency plans and procedures; 3. The infection prevention and control program; 	A 517		

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A 517	<p>Continued From page 7</p> <p>4. Resident rights;</p> <p>5. Abuse and neglect;</p> <p>6. Pain management;</p> <p>7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy review, facility employee file review, and interview, the facility failed to ensure employee files included evidence of mandatory training course topics for 5 (Certified Home Health Aide [CHHA] #1, Certified Medication Aide [CMA] #2, CHHA #4, Home Health Aide [HHA] #5, and Licensed Practical Nurse [LPN] #3) of 6 employee files reviewed.</p> <p>Findings included: A facility policy titled, "Training and Development,"</p>	A 517		

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A 517	<p>Continued From page 8</p> <p>revised 06/2025, revealed, "Purpose," "Effective employee training and development is not only vital to the success and compliance of our organization, but it is also important to our team members as they grow professionally." The policy revealed, "It is the responsibility of the Executive Director to plan and implement programs that will enhance the development and professional growth of all staff members. This responsibility may be met through Inservice meetings, staff meetings, out-of-house seminars, workshops, and/or conventions."</p> <p>1. CHHA #1's employee file revealed the facility hired CHHA #1 on [NJ Exec Order 26.4b1]. The file revealed no documentation of training in the areas of assisted living concepts, infection control, abuse and neglect, emergency plans and procedures, Alzheimer's disease and related dementia conditions, or pain management.</p> <p>2. CMA #2's employee file revealed the facility hired CMA #2 on [NJ Ex Order 26.4(b)(1)]. The file revealed no documentation of training in the areas of resident rights or emergency plans and procedures.</p> <p>3. CHHA #4's employee file revealed the facility hired CHHA #4 on [NJ Exec Order 26.4b1]. The file revealed no documentation of training in the areas of assisted living concepts, infection control, abuse and neglect, emergency plans and procedures, Alzheimer's disease and related dementia conditions, or pain management.</p> <p>4. HHA #5's employee file revealed the facility hired HHA #5 on [NJ Exec Order 26.4b1]. The file revealed no documentation of training in the areas of assisted living concepts or abuse and neglect.</p> <p>5. LPN #3's employee file revealed the facility</p>	A 517		

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A 517	Continued From page 9 hired LPN #3 on NJ Exec Order 26.4b1 The file revealed no documentation of training in the areas of assisted living concepts, resident rights, emergency plans and procedures, or Alzheimer's disease and related dementia conditions. During an interview on 10/31/2025 at 2:45 PM, the Executive Director stated that it was her expectation that mandatory courses and continuing education be current and completed in a timely manner.	A 517		
A 749	8:36-7.3(a) Resident Assessments and Care Plans (a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00174179 Based on record review, interview, and policy review, the facility failed to provide evidence it reviewed and updated, if necessary, the care/service plan at least every six months for 1 (Resident #1) of 6 resident care/service plans reviewed. Findings included:	A 749		

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A 749	<p>Continued From page 10</p> <p>A facility policy titled, "Service Plans and Assessments New Jersey," issued 04/2021, revealed a resident's general service plan "shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p> <p>A "Face Sheet" revealed the facility admitted Resident #1 on NJ Exec Order 26.4b1. According to the Face Sheet, the resident had diagnoses including NJ Exec Order 26.4b1.</p> <p>Resident #1's "Plan of Care" indicated it was last modified on NJ Exec Order 26.4b1, when a "[Facility name] Service Plan" was created for Resident #1.</p> <p>During an interview on 10/31/2025 at 12:05 PM, the ED stated the care plan she provided was the only one the facility had for Resident #1 prior to an incident reported on NJ Exec Order 26.4b1 for the resident (after which a service plan was created). The ED stated they expected care plans to be updated per regulations and facility policy.</p>	A 749		
A1097	<p>8:36-16.6 Fire Suppression Systems</p> <p>All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23.</p>	A1097		

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A1097	<p>Continued From page 11</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 provide a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23. This deficient practice was evidenced by the following:</p> <p>On 10/31/25, at 12:19 p.m., the surveyor reviewed the fire suppression inspections report which revealed that (4) sprinkler gauges in stairwell 2 needed to be replaced. The surveyor also observed in the inspection report that the fire hose in stairwell 2 on the first floor was leaking due to a malfunctioning valve.</p> <p>Additionally, the inspection report indicated that a sprinkler pipe needed to be replaced and that the Emergency Strobe light located at the front of the building needed to be raised two feet as per local fire code.</p> <p>At 12:30 p.m., the surveyor toured the facility with the Director of Maintenance (DOM) and observed the above concerns in stairwell 2. The surveyor interviewed the DOM who stated that he was aware of the concerns and that the fire suppression company was in the process of setting up a service appointment.</p>	A1097		

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A1225 A1225	<p>Continued From page 12</p> <p>8:36-17.3(b)(8)(i-ii) Resident Environment</p> <p>(b) The following safety conditions shall be met:</p> <p>8. An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition;</p> <p>i. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved; and</p> <p>ii. The written statement shall be available for review by the Department during survey.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide an annual electrical inspection. This deficient practice was evidenced by the following:</p> <p>On 10/31/25, at 12:19 p.m., during surveyor record review, the surveyor did not observe an annual electrical inspection for the year 2025, as required in the N.J.A.C. 13:31.</p> <p>At 12:25 p.m., the surveyor interviewed the</p>	A1225 A1225		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25240	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/31/2025
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NAME OF PROVIDER OR SUPPLIER MIRA VIE AT CLIFTON	STREET ADDRESS, CITY, STATE, ZIP CODE 782 VALLEY ROAD CLIFTON, NJ 07013
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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
A1225	Continued From page 13 Director of Maintenance (DOM) regarding the annual electrical inspection. The DOM stated that he was late at scheduling the electrical inspection and that the electrician was scheduled for 11/6/25.	A1225		

POC #3 received 2/3/26
acceptable



MIRA VIE

AT CLIFTON

782 Valley Rd.

Clifton, NJ 07013

February 3, 2026

I am writing in response to the Survey report for Mira Vie at Clifton. This letter details our updated Plan of Correction for Citation.

Sincerely,

NJ Exec Order 26.4b1

NJ Exec Order 26.4b1

Executive Director
Mira Vie at Clifton

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

Tag (A310)

How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- Resident #1 service plans were reviewed and updated NJ Exec Order 26.4b1 [redacted] by Director of Health and Wellness. Service Plan was updated on NJ Exec Order 26.4b1 [redacted] with resident's NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.

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.

What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- The Director of Health and Wellness will conduct monthly audit of all service plans to ensure they are up to date i.e. reviewed and updated within 6 months or as needed. This was completed on 11/5/25 and ongoing.
- The Executive Director and Director of Health and Wellness will review the process for incident reports up to and including the elements of data collection for investigation with all staff members. Completed on 7/16/2025 and completed quarterly in 2026 during all staff meetings.



MIRAVIE

AT CLIFTON

782 Valley Rd.

Clifton, NJ 07013

- The Executive Director will review resident rights and abuse and neglect policy with all staff members. Completed on 6/30/25, 7/16/25 and quarterly in 2026 during all staff meetings.
- The Executive Director will review how to conduct thorough investigations with adherence to policy with all administrative staff members on 1/22/26.

How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur; i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Monthly audits of all service plans to ensure they are reviewed and up to date by DHW. Completed by Regional Vice President on a monthly basis and reviewed with Director of Health and Wellness and Executive Director. Completed on 1/12/26 and Ongoing Monthly.
- Monthly staff education of incident reports, resident rights, and abuse and neglect policy with all staff members during monthly staff meetings completed by Executive Director and Director of Health and Wellness. 2/5/26 and Ongoing.
- Monthly review of investigation reporting with administrative staff during Manager's Meeting to be completed by Executive Director on 1/22/26 and ongoing monthly.
- Service Plan Audits and Incident Report Audits reviewed during quarterly QAPI for totality and adherence by Executive Director and Director of Health and Wellness. Next QAPI Meeting to be held: 2/27/26.

Final completion of all items on 1/22/26.

Accepted

8:36-5.6(b)(1-7) General Requirements

Tag (A517)

How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- **No residents were affected;** however, an audit was implemented immediately of all employee files to resolve any outstanding staff training/education. This is completed by Director of Business and People and Executive Director by 1/30/26.
- This will apply to all staff members and new hires. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:
 - Concepts of assisted living
 - Emergency plans and procedures
 - Infection prevention and control
 - Resident rights



MIRAVIE

AT CLIFTON

782 Valley Rd.

Clifton, NJ 07013

- Abuse and neglect
- Pain management
- Care of residents with Alzheimer's and related dementia conditions

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.

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

- For existing staff members, an audit will occur to ensure all courses have been completed on an annual basis. This will be completed by Director of Business and People by 1/30/26 and then annually.
- For new staff members, they will complete these courses within first week of orientation. This process will be managed by the Director of Business and People. Any employee that does not have their education completed will be taken off the schedule until education is completed. This is effective 1/12/26 and Ongoing.
- Employee #1 (CHHA): No longer an employee as of [redacted] NJ Exec Order 26.4b1.
- Employee #2 (CMA): Resident Rights completed on [redacted] NJ Exec Order 26.4b1. Emergency Plans and Procedures completed on [redacted] NJ Exec Order 26.4b1.
- Employee #4 (CHHA): No longer an employee as of [redacted] NJ Exec Order 26.4b1.
- Employee #5 (HHA): Assisted Living Concepts completed [redacted] NJ Exec Order 26.4b1. Abuse and Neglect completed on [redacted] NJ Exec Order 26.4b1.
- Employee #3 (LPN): Assisted Living Concepts completed on [redacted] NJ Exec Order 26.4b1. Resident rights completed on [redacted] NJ Exec Order 26.4b1. Emergency Plans and Procedures completed on [redacted] NJ Exec Order 26.4b1. Alzheimer's Disease and related dementia conditions completed on [redacted] NJ Exec Order 26.4b1.

How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur; i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Every month the Director of Business and People will review the personnel file with the Executive Director to ensure annual training courses have been completed by all employees. To be completed by 1/30/26 and Ongoing.
- Audit results of Employee Training and New Hire Orientation will be reviewed during quarterly QAPI meetings.

Final completion date of all items 1/27/26.

Accepted



782 Valley Rd.
Clifton, NJ 07013
Tag (A749)

How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- Resident #1 service plans were reviewed and updated: **NJ Exec Order 26.4b1** by Director of Health and Wellness. Service Plan was updated on **NJ Exec Order 26.4b1** resident's **NJ Exec Order 26.4b1** and **NJ Exec Order 26.4b1**. Resident #1 is still a current resident in our community.

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.

What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- The Director of Health and Wellness will conduct monthly audit of all service plans to ensure they are up to date i.e. reviewed and updated within 6 months or as needed. This was completed on 11/5/25 and ongoing.

How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur; i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Monthly audits of all service plans to ensure they are reviewed and up to date by DHW. Completed by Regional Vice President on a monthly basis and reviewed with Director of Health and Wellness and Executive Director. Completed on 1/12/26 and Ongoing Monthly.
- Review of Service Plan Audits at Quarterly QAPI Meetings to verify completion and accuracy completed by Director of Health and Wellness and Executive Director.

Final completion date of all items 11/5/25.

Accepted

8:36-16.6 Fire Suppression Systems
Tag (A1097)

How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- **No residents were affected;** however, inspection and service of fire suppression system completed on 12/11/25 to immediately to mitigate risk with no negative findings.



782 Valley Rd.

Clifton, NJ 07013

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.

What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- Quarterly inspection of fire suppression system. Completed on 12/11/25 by Director of Plant Operations and Quarterly.

How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Inspection and service of fire suppression system completed on 12/11/25 and will continue to occur quarterly. This process will be managed by Director of Plant Operations and entered into [redacted] system when completed.
- Director of Plant Operations will present completion and verification of all needed inspections during Quarterly QAPI Meetings. Director of Plant Operations will provide [redacted] Documentation at time of meeting. This will be verified by Executive Director.

Final completion date of all items 12/11/25.

Reviewed by LS + accepted

[redacted]

8:36-16.6 8:36-17.3(b)(8)(i-ii) Resident Environment

Tag (A1225)

How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- **No residents were affected;** however, Annual Electrical Inspection was completed on 11/6/25 to mitigate risk.

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.

What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- Every September, Director of Plant Operations will schedule the next annual electrical inspection for October. This will be entered into [redacted] This was completed on 11/6/25 and Ongoing.



MIRA VIE

AT CLIFTON

782 Valley Rd.

Clifton, NJ 07013

How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Every September, Director of Plant Operations will schedule the next annual electrical inspection for October. This will be entered into [redacted] Completed 11/6/25 and Ongoing.
- Director of Plant Operations will present completion and verification of all needed inspections during Quarterly QAPI Meetings. Director of Plant Operations will provide [redacted] Documentation at time of meeting. This will be verified by Executive Director.

Final completion date of all items 11/6/25.

[redacted] NJ Exec Order 26.4b1

Executive Director

Mira Vie at Clifton

Reviewed by LS + accepted

[redacted] NJ Exec Order 26

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 25240 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/10/2026 Y2
NAME OF FACILITY MIRA VIE AT CLIFTON		STREET ADDRESS, CITY, STATE, ZIP CODE 782 VALLEY ROAD CLIFTON, NJ 07013

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	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/22/2026	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 10/31/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 25240 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/10/2026 Y3
NAME OF FACILITY MIRA VIE AT CLIFTON	STREET ADDRESS, CITY, STATE, ZIP CODE 782 VALLEY ROAD CLIFTON, NJ 07013	

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 A0517	Correction	ID Prefix A0749	Correction	ID Prefix	Correction
Reg. # 8:36-5.6(b)(1-7)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. #	Completed
LSC	01/27/2026	LSC	11/05/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/31/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 25240	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/10/2026
NAME OF FACILITY MIRA VIE AT CLIFTON	STREET ADDRESS, CITY, STATE, ZIP CODE 782 VALLEY ROAD CLIFTON, NJ 07013	

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 A1097	Correction	ID Prefix A1225	Correction	ID Prefix	Correction
Reg. # 8:36-16.6	Completed	Reg. # 8:36-17.3(b)(8)(i-ii)	Completed	Reg. #	Completed
LSC	12/11/2025	LSC	11/06/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/31/2025		<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		