

New Jersey Department of Health

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|--------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>031446</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>09/18/2025</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MIRA VIE AT MONTVILLE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>165 CHANGEBRIDGE ROAD</b><br><b>MONTVILLE, NJ 07045</b> |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------|--------------------|
| A 000              | <p>Initial Comments</p> <p>Initial Comments:<br/>TYPE OF SURVEY: Complaint<br/>COMPLAINT #: NJ00188682<br/>CENSUS: 112<br/>SAMPLE SIZE: 3<br/>SURVEY DATE: 09/18/2025 - 09/18/2025</p> <p>A Life Safety Code Complaint Survey was conducted by the State Agency on 09/18/2025 - 09/18/2025. The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on this Complaint survey.</p> | A 000         |                                                                                                                 |                    |

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

TITLE

(X6) DATE