New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35a000	A. BUILDING: ______ B. WING ______	C 08/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TYLERS MILL SENIOR LIVING	**1674 DELSEA DRIVE DEPTFORD, NJ 08096**

(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	Initial Comments Initial Comments: Type of Survey: Complaint Complaint #: NJ00188436 Census: 40 Sample Size: 7 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.	A 000		
A 310	8:36-3.4(a)(1) Administration (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;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00188436

Based on observation, interview, and record review, it was determined that the facility's Executive Director failed to develop and implement a policy and procedure regarding resident visitation for all residents. This deficient practice was evidenced by the following:

On 8/18/25 at 8:05 a.m., the DOH conducted a survey at the facility. Upon entry into the foyer, the surveyor observed that a visitor sign in book was present with multiple names documented. After signing in the book, the surveyor pushed the button for the bell to alert facility staff that someone wanted to enter. Shortly aftewards, a staff member arrived and opened the door for the surveyor to enter on 8/18/25.

At 1:22 p.m., the surveyor interviewed the Executive Director (ED) regarding a visitation policy. The ED stated that visitors are permitted to see residents 24 hours each day. When inquired as to the policy, the ED stated that the visitors are to sign their names in the sign in book located in the foyer of the building and then ring the bell so that staff can let them into the facility. The surveyor further asked if there was a written policy and procedure for visitation, but the ED was unable to provide any documentation.

At 2:16 p.m., the surveyor conducted a review of the facility's policies and procedures. The surveyor did not observe any written policy and

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A 310	Continued From page 2 procedure for visitation within the facility. After the survey, the surveyor reviewed a facility document titled, "Residency Agreement & Financial Paperwork... E. Guest Visits and Communications", which revealed "Your guests are welcome to viist ... and abide by our visitor and guest policies, including reasonable limitations on the length of stay and frequency of visits...All visitors must register at the front desk when entering ... We reserve the right to remove or deny entry to ... any visitor whom we determine is distruptive or dangerous".	A 310		
A 369	8:36-4.1(a)(8) Resident Rights (a) Each assisted living provider will 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: 8. The right to receive pain management as needed, in accordance with N.J.A.C. 8:43E-6; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188436 Based on interview and record review, it was determined that the facility failed to ensure that a resident received [NJ Exec O] medication as prescribed by the physician to [NJ Exec Order 26.4] and [NJ Exec Order 26.4] symptoms of [NJ Exec O] for 1 of 7 residents, Resident #2. This deficient practice was evidenced by the following:	A 369		

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A 369	Continued From page 3	A 369		

On 8/18/25 at 10:50 a.m., the surveyor reviewed Resident #2's closed medical record (MR) which revealed that the resident moved into the facility NJ Ex Order 26. 4B1 . In addition, the surveyor reviewed an Advanced Practitioner Nurse's (APN) prescription order dated NJ Exec Order 2, for NJ Ex Order 26. 4B1 , take 1 tablet by mouth every NJ Ex Order 26. 4B1.

The surveyor reviewed Resident #2's APN follow up visit note dated NJ Exec Order 26., which revealed that the resident had NJ Ex Order 26. 4B1 . The APN documented that the NJ Exec O medication could not NJ Exec Order 26.4b1 at that time due to the resident's NJ Exec Order 26.4b1.

At 2:18 p.m., the surveyor reviewed Resident #2's MAR dated NJ Exec Order 26., which revealed that on NJ Exec Order 26. the resident was prescribed NJ Ex Order 26. 4B1 take 1 tablet by mouth NJ Ex Order 26. 4B1 . The surveyor also observed that the documented times for the NJ Ex Order 26. 4B1 to be administered to the resident were 7:00 a.m., 3:00 p.m., and 11:00 p.m., which was NJ Ex Order 26. 4B1 instead of the ordered NJ Ex Order 26. 4B1.

Continued surveyor review of the NJ Exec Order 26. and NJ Exec Order 26 MAR, revealed that the resident did not receive the ordered dose of NJ Ex Order 26. 4B1 from NJ Exec Order 26. through NJ Exec Order 26., which was a total of NJ Ex missed doses of NJ Ex Order 26. 4B1 that were not administered to the resident for NJ Ex Ord.

At 2:24 p.m., the surveyor interviewed the Director of Health and Wellness (DHW) and the Executive Director regarding the missed NJ Ex Order 26. 4B1 doses and the discrepancies in

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A 369	Continued From page 4 administration times. The DHW and the ED both stated that they were not aware of the discrepancies during medication review and approval. The surveyor reviewed the facility policy and procedure titled, "GP02-Personal Rights" which revealed that the resident has "The right to receive pain management as needed ..." Reference: A-0935, 8:36-11.4(b)	A 369		
A 745	8:36-7.2(f) Resident Assessments and Care Plans (f) The initial health care assessment shall be documented by the registered nurse and shall be updated as required, in accordance with the rules of this chapter and professional standards of practice. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188436 Based on interview, medical record (MR) review, and facility documents review, it was determined that the Health and Wellness Director (HWD) failed to ensure a NJ Exec O NJ Ex Order 26. 4 assessment was completed for 1 of 7 residents, Resident # 2. This deficient practice was evidenced by the following: On 8/18/25 at 10:50 a.m., the surveyor reviewed Resident # 2's closed MR, which revealed that the resident moved into the facilit NJ Ex Order 26. 4B1	A 745		

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A 745	Continued From page 5 NJ Ex Order 26. 4B1 [redacted]. In addition, the surveyor reviewed the HWD assessment dated NJ Exec Order 26.4b which revealed that the resident required NJ Ex Order 26. 4B1 [redacted] in familiar surroundings. During closed MR review, the surveyor reviewed documentation written by a Licensed Practical Nurse (LPN), dated NJ Exec Order 2 at 10:25 p.m., that indicated the resident was NJ Ex Order 26. 4B1 [redacted] next to a wheelchair in his/her bedroom. The surveyor also reviewed documentation written by the HWD, dated NJ Exec Order 26.4b at 10:24 a.m., which revealed that the resident was status post NJ Ex O and had NJ Exec Order 26.4b1 of NJ Exec Ord At 2:11 p.m., the surveyor interviewed the HWD regarding the procedure for resident assessments. The HWD stated that assessments were completed every 6 months and as needed. In addition, the HWD stated that she completed a NJ Exec O NJ Ex Order 26. 4B1 assessment that was documented in the medical record. During continued surveyor review, the surveyor observed that the date of the NJ Exec O NJ Ex Order 26. 4B1 assessment was documented as being completed on NJ Exec Order 26.4 at 4:02 p.m. In addition, the surveyor, while reviewing the resident's assessment dated NJ Exec Order 26.4b, observed that the HWD signed the assessment on NJ Exec Order 26.4b which was different than the assessment date of NJ Exec Order 26.4. The surveyor conducted a review of the facility's policy and procedure titled, "Assessment and Service Plan Policies ... Procedure: ... g. Post - Fall Evaluation. Completed after any witnessed, reported or suspected fall. ... 4. The resident Assessment is completed/updated: ... d.	A 745		

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A 745	Continued From page 6 Whenever there is significant change in resident status."	A 745		
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 00188436 Based on interview and record review, it was determined that the facility failed to develop and implement a General Service Plan (GSP) with intervention(s) that addressed residents that were at NJ Ex Order 26. 4B1 of 7 residents, Resident #'s 1, 2, and 4. This deficient practice was evidenced by the following: 1. On 8/18/24 at 11:30 a.m., the surveyor reviewed Resident #1's medical record (MR), which revealed that the resident moved NJ Ex Order 26. 4B [redacted] . In addition, the surveyor reviewed a progress note dated NJ Exec Order at 12:17 p.m., written by a Registered Nurse (RN), which revealed that on NJ Exec Order at 10:00 p.m., Resident #1 was observed	A 749		

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A 749	Continued From page 7 NJ Ex Order 26. 4B1 . Surveyor review of Resident #1's MR, did not reveal a GSP with intervention(s) that addressed the resident's NJ Ex Order 26. 4B1 . 2. At 12:00 p.m., the surveyor reviewed Resident #2's closed MR, which revealed that the resident moved NJ Ex Order 26. 4B1 . Additionally, the surveyor reviewed the Progress Note dated NJ Exec Order at 10:25 p.m., written by a Licensed Practical Nurse (LPN), which revealed that the LPN was notified by the Director of Health and Wellness (DHW) that Resident #2 was observed NJ Ex Order 26. 4B1 next to his/her wheelchair. The LPN documented that Resident #2 verbalized that he/she was NJ Ex Order 26 . The LPN also documented that NJ Exec and NJ Exec Order 26.4b1 were maintained. The surveyor requested Resident #2's GSP for review from the DHW. The DHW stated that Resident #2 had a GSP, but she was unable to locate the GSP. 3. At 12:30 p.m., the surveyor reviewed Resident #4's closed MR which revealed that the resident moved into NJ Ex Order 26. 4B1 In addition, the surveyor reviewed a "Note" written by a RN dated NJ Exec Order at 3:47 p.m., which revealed that Resident #4 was NJ Exec Order 26.4b1 and could NJ Ex Order 26. 4B1	A 749		

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A 749	Continued From page 8 NJ Ex Order 26. 4B1. The RN also documented on NJ Exec Order that Resident #4 was NJ Exec Order 26 in wheelchair and NJ Ex Order 26. 4B1 During surveyor review of Resident #4's GSP, the surveyor did not observe a GSP with intervention(s) that addressed the resident's NJ Ex O. At 12:40 p.m., the surveyor interviewed the Executive Director (ED) regarding the residents' GSPs. The ED stated that the facility implemented a new electronic medical record system in NJ Exec Order 26.4b1 and a new form for GSP was also generated. At 2:18 p.m., the surveyor interviewed the DHW regarding GSPs and NJ Exec Order 26.4b1. The DHW stated that the NJ Exec Order 26.4b1 were documented on the facility incident report. In addition, the DHW stated that she did not document the NJ Ex O interventions on the new electronic GSP. During interview with the DHW, the surveyor inquired how often was the GSPs completed. The DHW stated that GSPs were completed on admission and updated every 6 months. The surveyor reviewed the facility policy and procedure titled, "AS04-Service Plans ..." which revealed that "... Service Plans ... will be developed and updated as frequently as necessary to ensure they reflect current resident care needs and preferences ... The Resident Care Director is responsible for completing the Service Plan at the time of admission ...the Executive Director will ensure that each resident has a written service plan compliant with state regulations ..."	A 749		

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A 935	8:36-11.4(b) Pharmaceutical Services (b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188436 Based on observation, interview, and record review, it was determined that the facility failed to ensure that medication orders were accurately transcribed and administered in accordance with prescribers' orders for 1 of 7 residents, Resident #2. This deficient practice was evidenced by the following: On 8/18/25 at 10:41 a.m., the surveyor interviewed the Director of Health and Wellness (DHW) regarding receipt of medication orders. The DHW stated that when a new medication order was received either electronic or paper it would be sent to pharmacy. The DHW also stated that the order would then be placed in the electronic medication administration record (eMAR) as pending review. The DHW explained that once the pharmacy delivered the medication to the facility, the DHW would then approve and activate the medication order in the eMAR.	A 935		

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A 935	Continued From page 10 At 10:50 a.m., the surveyor reviewed Resident #2's closed medical record (MR), which revealed that the resident moved NJ Ex Order 26. 4B1 . In addition, the surveyor reviewed an Advanced Practitioner Nurse's (APN) prescription order dated NJ Exec Order 2, for NJ Ex Order 26. 4B1 , take 1 tablet by mouth every NJ Ex Order 26. 4B1. During review of Resident #2's closed MR, the surveyor was unable to retrieve the resident's medication administration record (MAR) and then requested a copy from the DHW. At 2:18 p.m., the surveyor reviewed Resident #2's MAR dated NJ Exec Order 26, which revealed that on NJ Exec Order 26. the resident was prescribed NJ Ex Order 26. 4B1 take 1 tablet by mouth NJ Ex Order 26. 4B1 . During review, the surveyor observed that the documented times for the NJ Ex Order 26. 4B1 to be administered to the resident were 7:00 a.m., 3:00 p.m., and 11:00 p.m., which was NJ Ex Order 26. 4B1 and not the ordered NJ Ex Order 26. 4B1. Continued surveyor review of the resident's MAR dated from NJ Exec Order 26.4b1, revealed that the resident did not receive the ordered dose of NJ Ex Order 26. 4B1 from NJ Exec Order 26.4b1 which was a total of NJ Ex missed doses of NJ Ex Order 26. 4B1 that were not administered to Resident #2. At 2:24 p.m., the surveyor interviewed the DHW regarding the resident's missed NJ Ex Order 26. 4B1 doses and discrepancies in administration times. The DHW stated that she was not aware and did not see the discrepancies during order review and approval.	A 935		

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A 935	Continued From page 11 At 2:30 p.m., the surveyor interviewed the Executive Director regarding the discrepancies in Resident #2's MAR and the missed medication. The ED stated that she was unaware and was just notified today 8/18/25, survey date. The surveyor reviewed the facility policy and procedure titled, "Changes to Medication Orders" which revealed that "This policy outlines the medication workflow for processing orders for changes to medication orders that will be followed by all medication staff. ...Confirm the MAR is updated and matches the order. ..." In addition, the surveyor reviewed the facility policy and procedure titled, "MP02-Medication Services" which referenced State Regulations that "The administration of medications ...remains the responsibility of the Registered Professional Nurse ...The Registered Professional Nurse shall report medication errors ...immediately to the prescriber, to the provider pharmacist ...Medication shall be accurately administered and documented ...in accordance with prescribed orders ..."	A 935		
A1011	8:36-11.7(k) Pharmaceutical Services (k) Controlled dangerous substances shall be stored, and records shall be maintained, in accordance with the Controlled Dangerous Substances Acts, N.J.S.A. 24:21-1 et seq. and all other Federal and State laws and regulations concerning the procurement, storage, dispensation, administration, and disposition of same.	A1011		

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A1011	Continued From page 12 This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188436 Based on observation, interview and record review, it was determined that the facility failed to ensure that the Controlled Substances shift-to-shift signature log used to ensure accountability of controlled substances was consistently conducted and signed by staff for 1 of 2 medication carts (MC), MC #1. This deficient practice was evidenced by the following: On 8/18/25 at 9:36 a.m., following a medication observation with a Licensed Practical Nurse (LPN), the surveyor reviewed the "Controlled Substance/MAR Change of Shift Audit" maintenance record for MC #1. Upon review, the surveyor observed that there was no "off-going staff signature" for 8/6/25. Continued surveyor review of the controlled substance record revealed that there were 25 missing on-coming and off-going signature blanks from 7/4/25 through to 8/13/25. Following review of the narcotics maintenance record, the surveyor asked the LPN what the procedure was for shift-to-shift controlled substance counts. The LPN explained that the oncoming staff member completed counts for each controlled substance with the off going staff member each shift, and then both wrote their signature to confirm that the count was correct. At 9:51 a.m., the surveyor interviewed the Director of Health and Wellness (DHW) regarding the missing staff signatures on the Controlled Substance maintenance record. The DHW stated that she was unaware of the missing signatures	A1011		

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A1011	Continued From page 13 and then provided the surveyor with copies of the 7/2025 and 8/2025, "Controlled Substance/MAR Change of Shift Audit" maintenance record. At 2:30 p.m., the Executive Director also acknowledged that she was not aware of the missing signatures on the "Controlled Substance/MAR Change of Shift Audit" maintenance record. The surveyor reviewed the facility policy and procedure titled, "MP32-Controlled Substance Management" which revealed that "...Shift counts are performed at the end of each shift ...If the quantity is verified both the on-coming and off-going [staff member] will sign the Controlled Substance Shift Count Form ..."	A1011		

POC# 2
Rcd 10/14/25
accepted 10/15/25
NJ Ex Order 26. 4B1

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A Willow Ridge Senior Living Community

1674 Delsea Drive, Deptford, NJ 08096 - 856.384.7750 - TylersMillSeniorliving.com

A310 8:36-3.4(a)(1) Administration
Complaint: NJ00188436

How the plan of correction will be accomplished

- Executive Director (ED) will enforce and ensure that all employees follow and implement the policy for Resident Rights and the policy for visitation to prevent the recurrence of deficient practices associated with the visitation policy and Resident Rights. Resident Rights will continue to be posted in a conspicuous area at the entrance of both the NJ Ex Order 26. 4B1 Building number NJ Exec Ord as well as in the NJ Ex Order 26. 4B1 Building number NJ Exec Orde and all employees will be educated on all Resident Rights and on the policy for visitation which was provided to the surveyor at the time of survey. All families of residents will also be emailed a copy of the visitation policy.

How the Community will identify other residents having the potential to be affected by the same deficient practice

All residents have the potential to be affected by the deficient practice:

- Executive Director (ED)/Health and Wellness Director (HWD)/ Registered Nurse (RN) and/or designee will enforce and train all employees on all resident rights and on the policy pertaining to visitation. Resident Rights training completed on 8/19/25. Ongoing for new employees and annually thereafter.
- ED/HWD and/or Designee will ensure that all residents' families are educated on Resident Rights and on the policy on visitation upon admission. Email sent to families on 8/19/25.

What systemic measures have been put in place to ensure that the deficient practice will not recur

- ED/HWD and/or Designee will continue to review visitation logs and sign each entry and exit log page.
- ED/HWD and/or Designee will ensure that all visitation logs are properly maintained and kept on hand for review.
- ED/HWD and/or designee will ensure that training on visitation and resident rights is provided upon hire, during new hire orientation and annually. Training was completed on

8/19/2025 and with every new hire thereafter. The training is conducted to prepare and educate employees on the policy, communication and documentation requirements. Upon completion, the ED/HWD and/or Designee will review, discuss and document corrective actions and opportunities for improvement at quarterly quality committee meetings.

- ED/HWD and/or designee will ensure that all staff are trained in the visitation policies and instructed to communicate with all visitors to ensure that the visitation logbook has been signed prior to entry and after exiting. Completed on 8/27/2025.
- ED/Director of Plant Operations (DPO) will ensure that all door security codes are changed as needed if the door code is compromised.
- ED/Associate Executive Director (AED)/HWD and/or designee will ensure that proper documentation is available and provided to the Department of Health upon request.

How the plan of corrective measures will be monitored

- ED/HWD and/or Designee will review in quarterly compliance meetings, any deviations from or non-compliant behaviors associated with Resident Rights and the policy on visitation.
- ED/HWD and/or Designee will audit monthly, all monthly admission documentation from the prior month to ensure compliance. Audits on visitation logbooks will be performed daily.

Date of Compliance: 10/15/2025

A369 8:36-4.1(a)(8) Resident Rights
Complaint: NJ00188436

How the plan of correction will be accomplished

- ED/HWD and/or designee will ensure that all staff follow and comply with all Resident Rights. Resident Right's will continue to be posted in a conspicuous area at the entrance of both the [NJ Ex Order 26. 4B1] Building number [NJ Exec Order] as well as in the [NJ Ex Order 26. 4B1] Building number [NJ Exec Order] All Resident Rights will continue to be distributed to each resident at time of move-in where it is explained and signed. All employees including Licensed Practical Nurses (LPNs) and Certified Medication Aides (CMAs) will receive training and education on, all Resident Right's. HWD will ensure that all LPNs and CMAs follow and implement the policy on personal rights i.e., "The right to receive pain management as needed, in accordance with N.J.A.C 8:43E-6".

How the Community will identify other residents having the potential to be affected by the same deficient practice

With respect to the specific residents cited
Resident # 2 is no longer currently a resident in the community and has been discharged

Resident #2 was affected by the deficient practice, and all residents have the potential to be affected by the deficient practice:

- HWD/RN will review the Medication Administration Record (MAR) daily for the next 30 days to monitor compliance.
- HWD/RN will audit records weekly thereafter and discuss during weekly department meetings with ED and clinical supervisory staff.
- HWD/RN and/or designee will audit monthly all residents' charts and enforce interventions related to resident specific diagnoses including medication orders and/or changes to medication orders and administration, for all residents with General Service Plans, who receive medication administration. Ongoing for new residents or residents with changes in condition.
- HWD/RN to continue quarterly medication pass observations of all staff certified to administer medication i.e. LPNs and/or CMAs

What systemic measures have been put in place to ensure that the deficient practice will not recur

- ED/HWD/RN and/or designee will train staff in efficient documentation and communication practices when discrepancies are identified on the MAR and/or provider orders are inaccurately entered and missed doses of medication have been identified due to refusal by the resident or otherwise. Completed on 8/27/25.
- ED will implement training for HWD/RN on compliance practices as well as company policies. Completed on 10/14/25.
- ED/HWD and/or Designee will ensure that all employees, specifically LPNs and CMAs are educated on Resident Rights, "The right to receive pain management as needed, in accordance with N.J.A.C 8:43E-6", policy. Resident Rights training completed on 8/19/25. Ongoing for new employees and annually thereafter.
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How the plan of corrective measures will be monitored

- ED/HWD/RN and/or designee will have access to review medication orders and counts electronically.
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- ED/HWD/RN and/or designee will review MAR daily to monitor compliance with state regulations and company policies.
- ED/HWD/RN and/or designee will audit records on a weekly basis and discuss them during quarterly quality assurance meetings.

accepted 10/15/25 NJ Ex Order 26.

Date of Compliance: 10/15/2025

A745 8:36-7.2(f) Resident Assessments and Care Plans
Complaint: NJ00188436

How the plan of correction will be accomplished

Executive Director (ED), Health and Wellness Director (HWD) and/or Designee, will ensure that all residents undergo a thorough assessment in compliance with state regulations including NJ Exec Orde NJ Exec Order 26.4b1 and focus on efficient documentation.

How the Community will identify other residents having the potential to be affected by the same deficient practice

With respect to the specific residents cited
Resident # 2 is no longer currently a resident of the community and has been discharged

Resident #2 was affected by the deficient practice, and all residents have the potential to be affected by the deficient practice:

- ED/HWD/RN will ensure that NJ Exec Order 26.4b1 ssessments are completed for observed and NJ Exec Order 26.4b1 n compliance with the company's policy on NJ Exec Order 26.4b1 ssessments and with NJ State regulations.
- HWD/RN will ensure that Service Plans are implemented and accurately outline the residents' needs as indicated in the residents' current assessment by performing monthly audits and/or when residents have NJ Exec Order 26.4b1
- ED/HWD/RN and/or designee will audit all residents' charts and enforce residents' specific interventions, for residents identified at risk for NJ Exec Orde and documented on the resident's Service Plan. Ongoing for new residents or residents with changes in condition.
- ED/HWD/RN will assess each resident prior to admission, semi-annually for General Service Plans (GSP), quarterly for Health Service Plans (HSP) and / or change in resident condition to include NJ Exec Order 26.4b1 events.

What systemic measures have been put in place to ensure that the deficient practice will not recur

- ED/HWD and/or Designee will ensure that all employees are educated on Resident Rights and the policy on NJ Exec Order 26.4b1 assessments, the policy on incident reporting protocol. Resident Rights training completed on 8/19/25. Ongoing for new employees and annually thereafter.

- ED will implement training for HWD/RN on policies and procedures pertaining to resident assessments and Service Plans and are in compliance with state regulations
- Resident #2 in addition to other residents were reassessed on NJ Exec Order 26.4b1 after management transition which resulted in modification to electronic medical records. Re-assessments were made due to software challenges and discrepancies. ED/HWD/RN will ensure that assessments are completed, documented and in compliance with company policies.
- HWD/RN will complete NJ Exec Order 26.4b1 ssessments as it aligns with company policies i.e. after any NJ Exec Order 26.4b1 ED to ensure completion and accurate documentation.
- ED/HWD/RN will assess each resident prior to admission, semi-annually for General Service Plans (GSP), quarterly for Health Service Plans (HSP) and / or change in resident condition to include NJ Exec Order 26.4b1 events.

How the plan of corrective measures will be monitored

- ED/HWD/RN will monitor incident reports and NJ Exec Order 26.4b1 ncident assessments to ensure compliance with company policies and state regulations.
- ED will audit resident charts monthly to ensure that all GSP, HSP and post incident assessments are completed timely and record the residents' current condition and required interventions.

Date of Compliance: 10/01/2025

accepted 10/15/25

A749 8:36-7.3(a) Resident Assessments and Care Plans
Complaint: NJ00188436

How the plan of correction will be accomplished

Executive Director (ED), Director of Health and Wellness (DHW) and/or Designee, will ensure that all residents undergo a thorough assessment in compliance with NJ State regulars and all GSPs are implemented to include interventions. 24-hour reports will be reviewed daily during standup meetings and during quarterly quality assurance meetings to ensure that GSP are updated when residents undergo change of condition.

How the Community will identify other residents having the potential to be affected by the same deficient practice

With respect to the specific residents cited
Residents # 2 and #4 are no longer currently residents in the community and have been discharged

Residents #1, #2 and #4 were affected by the deficient practice, and all residents have the potential to be affected by the deficient practice:

- ED/HWD will audit General Service Plans (GSPs) for Resident #1 as well as all residents with a GSP and ensure that they are completed, documented and include all interventions. Software challenges and GSP formatting have since been resolved.
- ED/HWD/RN will ensure that NJ Exec Order 26.4b1 assessments are completed for observed and NJ Exec Order 26.4b1 NJ Exec Order in compliance with the policy on NJ Exec Order 26.4b1 assessments.
- HWD/RN will ensure that Service Plans are implemented and accurately outline the residents' needs as indicated in the residents' current assessment by performing monthly audits or when residents have a NJ Exec Order 26.4b1
- ED/HWD/RN and/or designee will ensure that 24-hour reports are reviewed daily, during standup meetings and during quarterly quality assurance meetings to ensure that GSPs are updated when residents undergo NJ Exec Order 26.4b1.

What systemic measures have been put in place to ensure that the deficient practice will not recur

- ED/HWD will ensure that assessments, interventions, GSPs and HSPs are up-to-date and compliant and are accurately documented in the residents' chart.
- ED/HWD will train all staff on incident reporting protocol as it aligns with company policies. Completed on 10/06/25.
- ED to implement training and education for HWD/RN on compliance regulations and company policies and procedures. Completed on 10/14/25.
- ED/HWD will audit General Service Plans (GSPs) for Resident #1 as well as all residents with a GSP and ensure that they are completed and documented and include all interventions. Software challenges and GSP formatting have since been resolved.

How the plan of corrective measures will be monitored

- ED/HWD will audit GSPs and HSPs monthly
- ED/HWD will monitor 24-hour reports and ensure that GSPs are up-to-date and correlate to residents' current needs and conditions
- ED/HWD will audit assessments monthly

accepted 10/15/25 NJ Exec Order

Date of Compliance: 10/01/2025

A935 8:36-11.4(b) Pharmaceutical Services
Complaint: NJ00188436

How the plan of correction will be accomplished

Executive Director (ED), Health and Wellness Director (HWD) and/or Designee, will ensure that all staff certified to administer medication are trained on compliance in accordance with nj state regulations, policies and protocol implemented by the company including the medication workflow for processing orders. HWD will audit prescribed orders prior to approving and releasing the orders from, "pending review" status.

How the Community will identify other residents having the potential to be affected by the same deficient practice

With respect to the specific residents cited
Resident # 2 is no longer currently a resident in the community and has been discharged

Resident #2 was affected by the deficient practice, and all residents have the potential to be affected by the deficient practice:

- HWD/RN will review medication orders prior to approval and activating when staff certified to administer medication, i.e. LPN or CMA have transcribed the medication order entered into review status.
- HWD/RN will audit the Medication Administration Record (MAR) daily to ensure compliance and to prevent the recurrence of this deficiency.
- HWD/RN to audit orders provided by the prescriber and match them to the medication delivered by the pharmacy.

What systemic measures have been put in place to ensure that the deficient practice will not recur

- ED to implement training and education for HWD/RN on compliance regulations, company policies and procedures on medication orders, changes to medication orders, holding medication orders and receiving medication. Completed on 10/14/25.
- ED/HWD/RN will train and educate all staff certified to administer medication on compliance regulations and on the workflow process for orders. Completed on 10/06/25.
- ED/HWD/RN to enforce, educate and train all staff certified to administer medication on proper reporting of medication errors which should be communicated immediately to the prescriber of the medication and to the pharmacy. Completed on 10/06/25.
- HWD/RN to train LPNs, CMAs and all staff certified to administer medication on the company's policy on receiving medications. Completed on 10/06/25.
- HWD/RN will train staff certified to administer medication on close monitoring of medication given as PRN as they are not in regular rotation. Completed on 10/06/25.

How the plan of corrective measures will be monitored

- ED/HWD/RN and / or designee will review daily, for 30 days and weekly thereafter, the medication refill-new order roster to ensure that all staff certified to administer medication are accurately documenting and in compliance with company policies.
- HWD/RN to audit eMAR to ensure that there are no discrepancies transcribed during order review.

Date of Compliance: 10/15/2025

A1011 8:36-11.7(k) Pharmaceutical Services
Complaint: NJ00188436

accepted 10/15/25

How the plan of correction will be accomplished

Executive Director (ED), Health and Wellness Director (HWD) and/or Designee, will ensure that all staff certified to administer medication are trained and in compliance with NJ state regulations and on policies and protocol implemented by the company to include the policy on controlled substance management. HWD to conduct MAR change of shift weekly reviews and monitor the controlled substance shift count record daily.

How the Community will identify other residents having the potential to be affected by the same deficient practice

All residents in NJ Ex Order 26. 4B1 Building NJ Exec O nd in NJ Ex Order 26. 4B1 Building NJ Exec have the potential to be affected by the deficient practice:

- HWD/RN will monitor MAR shift count daily for 30 days and weekly thereafter.
- HWD/RN will conduct weekly in-person reviews of the MAR shift change counts.
- HWD/RN will monitor controlled substance shift count records daily.
- HWD/RN will ensure that all employees certified to administer medication sign off on MAR shift counts at the start of the shift i.e. on-coming and at the end of the shift i.e. off-going.

What systemic measures have been put in place to ensure that the deficient practice will not recur

- ED/HWD/RN will ensure that all employees certified to administer medication are trained and educated on the state compliance regulations pertaining to controlled dangerous substances and on the policy on, "Controlled Substance Management". Completed on 10/06/25.
- ED/HWD/RN will educate staff on communication protocol when any employee certified to administer medication has missed a signature either on-coming or off-going. Completed on 10/06/25.

How the plan of corrective measures will be monitored

- ED/HWD/RN will ensure that all employees certified to administer medication are trained and educated on the state compliance regulations pertaining to controlled dangerous substances and on the policy on, "Controlled Substance Management". Completed on 10/06/25.
- ED/HWD/RN will educate staff on communication protocol when any employee certified to administer medication has missed a signature either on-coming or off-going. Completed on 10/06/25.

Date of Compliance: 10/15/2025

accepted 10/15/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35a000	A. BUILDING: ______ B. WING ______	R-C 08/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TYLERS MILL SENIOR LIVING	**1674 DELSEA DRIVE DEPTFORD, NJ 08096**

(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}	Initial Comments Initial Comments: Type of Survey: Complaint Complaint #: NJ00188436 Census: 40 Sample Size: 7 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.	{A 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/29/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
35a000 Y1	A. Building B. Wing Y2	8/18/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
TYLERS MILL SENIOR LIVING	1674 DELSEA DRIVE DEPTFORD, NJ 08096

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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 10/15/2025	ID Prefix A0369 Reg. # 8:36-4.1(a)(8) LSC	Correction Completed 10/15/2025	ID Prefix A0745 Reg. # 8:36-7.2(f) LSC	Correction Completed 10/01/2025
ID Prefix A0749 Reg. # 8:36-7.3(a) LSC	Correction Completed 10/01/2025	ID Prefix A0935 Reg. # 8:36-11.4(b) LSC	Correction Completed 10/15/2025	ID Prefix A1011 Reg. # 8:36-11.7(k) LSC	Correction Completed 10/15/2025
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 8/18/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
35a000 (Y1)	A. Building B. Wing (Y2)	8/18/2025 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
TYLERS MILL SENIOR LIVING	1674 DELSEA DRIVE DEPTFORD, NJ 08096

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
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ID Prefix A0749 Reg. # 8:36-7.3(a) LSC	Correction Completed 10/01/2025	ID Prefix A0935 Reg. # 8:36-11.4(b) LSC	Correction Completed 10/15/2025	ID Prefix A1011 Reg. # 8:36-11.7(k) LSC	Correction Completed 10/15/2025
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
8/18/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO