

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35A001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/30/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARDINAL VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>455 HURFFVILLE-CROSSKEYS ROAD</b> <b>SEWELL, NJ 08080</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: Type of Survey: Complaint</p> <p>Complaint #: NJ 00188282</p> <p>Census: 90</p> <p>Sample Size: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administrator's Responsibilities</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

08/19/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35A001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/30/2025</b>
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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 00188282</p> <p>Based on interviews and record review, it was determined that the facility Executive Director (ED) failed to implement and enforce the policies and procedure titled, "NJ Exec Order 26.4B1 Prevention Plan" for 1 of 3 residents reviewed, NJ Ex Order 26.4B1 This deficient practice was evidenced by the following:</p> <p>On NJ Exec Order 26.4B1 the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report incidents to the DOH), regarding NJ Ex Order 26.4B1 NJ Exec Order 26.4b1 According to the FRE report, Resident #2 NJ Ex Order 26.4B1 Resident #3's NJ Ex Order 26.4B1 as they walked past each other in the hallway.</p> <p>On 7/30/25 at 10:01 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that the resident was admitted to the facility in NJ Ex Order 26.4B1 .</p> <p>At 11:14 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) and inquired about the alleged NJ Ex Order 26.4B1 NJ Exec Order 26.4b1 that occurred on NJ Exec Order 26.4B1 The LPN stated that a Home Health Aid (HHA) notified her of the above incident immediately after it happened. The LPN stated that she then notified the Executive Director (ED) and the Resident Care Director (RCD) of the above</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>incident.</p> <p>At 11:31 a.m., the surveyor interviewed the HHA who witnessed the alleged <b>NJ Ex Order 26.4B1</b> <b>NJ Exec Order 26.4b1</b> During the interview, the HHA stated that she witnessed Resident #2 <b>NJ Ex Order 26.4B1</b> "Resident #3's <b>NJ Ex Order 26.4B1</b>" as he/she walked past resident Resident #2. The HHA stated that she notified the LPN of the above incident immediately.</p> <p>At 12:35 p.m. and at 1:19 p.m., the surveyor interviewed the RCD and the ED and inquired if the <b>NJ Ex Order 26.4B1</b> were notified following the alleged <b>NJ Ex Order 26.4B1</b> <b>NJ Exec Order 26.4b1</b> The RCD stated that there was not a <b>NJ Ex Order 26.4B1</b> report made following the incident. The ED stated that since the incident was witnessed and isolated event, the police were not notified.</p> <p>The surveyor reviewed the policy titled, the surveyor reviewed a facility policy titled "Abuse and Neglect" ..., which revealed " ...Definitions: ... SEXUAL ABUSE is any form of non-consensual contact including but not limited to unwanted or <b>NJ Exec Order 26.4b1</b> ..." Further the surveyor reviewed a facility policy titled "Abuse Prevention Plan" ..., which revealed " ...Mandatory Reporting ... 3 Physical assault, and/or sexual assault are considered crimes and must be reported to the local law enforcement agency ..."</p>	A 310		
A 753	<p>8:36-7.3(c) General and Health Service Plans</p> <p>(c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan.</p>	A 753		

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A 753	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188282</p> <p>Based on interview and record review, it was determined that the facility failed to review and/or update a resident's General Service Plan (GSP) following an alleged <b>NJ Ex Order 26. 4B1</b> <b>NJ Exec Order 26.4b1</b> for 1 of 3 residents reviewed, <b>NJ Ex Order 26. 4B1</b> This deficient practice was evidenced by the following:</p> <p>On <b>NJ Exec Order 26.4</b> the Department of Health (DOH) received a Facility Reportable Event (FRE), regarding alleged <b>NJ Ex Order 26. 4B1</b> <b>NJ Exec Order 26.4b1</b> which occurred at the facility on <b>NJ Exec Order 26.4</b> The FRE revealed that a staff member witnessed another resident <b>NJ Ex Order 26.4</b> Resident #3 on his/her <b>NJ Ex Order 26. 4B1</b> as the residents walked past each other in the hallway.</p> <p>On 7/30/25 at 12:20 p.m., the surveyor reviewed Resident #3's MR, which revealed that the resident was admitted to the facility in <b>NJ Ex Order 26.4</b> <b>NJ Ex Order 26.4</b>. The surveyor reviewed Resident 3's GSP and observed that there was no intervention(s) put in place for the resident regarding the incident that occurred on <b>NJ Exec Order 26.4</b></p> <p>The surveyor reviewed the facility's investigation report, which revealed that a Certified Nursing Assistant (CNA) witnessed the incident where</p>	A 753		
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A 753	<p>Continued From page 4</p> <p>another resident <sup>NJ Ex Order 26.4B1</sup> Resident #3's <sup>NJ Ex Order 26.4B1</sup>. The investigation report did not reveal documented evidence which indicated that Resident #3 had intervention(s) implemented following the incident that occurred on <sup>NJ Ex Order 26.4B1</sup>.</p> <p>At 12:35 p.m. and 1:19 p.m., the surveyor interviewed the Resident Care Director (RCD) and the Executive Director (ED) and inquired about intervention(s) that were implemented for Resident #3 following the incident on <sup>NJ Ex Order 26.4B1</sup>. The RCD stated that there were no updates made to Resident #3's GSP following the <sup>NJ Ex Order 26.4B1</sup> incident. The ED stated that staff members were instructed to <sup>NJ Ex Order 26.4B1</sup> the hallways and Resident #3's interactions with other residents; however, there were no updates made to Resident #3's GSP.</p> <p>The surveyor reviewed an undated facility policy titled, "Resident Events" which revealed, "Policy Any time a resident event occurs, the community must investigate and make every attempt to prevent recurrence and manage the immediate risk ... Procedure ... 5 Update the Resident Service and Care Plan as indicated ..."</p>	A 753		
A1073	<p>8:36-15.6(b) Resident Records</p> <p>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.</p>	A1073		

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A1073	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 00188282</p> <p>Based on interview and record review, it was determined that the facility failed to document a <b>NJ Ex Order 26.4B1</b> <b>NJ Exec Order 26.4b1</b> <b>NJ Ex Order 26.4B1</b> <b>NJ Exec Order 26.4b1</b> including a Registered Nurse (RN) assessment in the medical record (MR) for 1 of 3 residents reviewed, <b>NJ Ex Order 26.4B1</b> This deficient practice was evidenced by the following:</p> <p>On <b>NJ Exec Order 26.4b1</b> the Department of Health (DOH) received a Facility Reportable Event (FRE) regarding an alleged <b>NJ Ex Order 26.4B1</b> <b>NJ Exec Order 26.4b1</b> which occurred on <b>NJ Ex Order 26.4B1</b> at the facility. According to the FRE report, another resident [Resident #2] <b>NJ Ex Order 26.4B1</b> Resident #3's <b>NJ Ex Order 26.4B1</b> as they walked past each other in the hallway.</p> <p>On 7/30/25 at 10:22 a.m., the surveyor reviewed the MR of Resident #3, which revealed that the resident was admitted to the facility in <b>NJ Ex Order 26.4B1</b> <b>NJ Ex Order 26.4B1</b>. The surveyor attempted to interview Resident #3 regarding the <b>NJ Ex Order 26.4B1</b> incident, however, the resident was <b>NJ Exec Order 26.4b1</b> the incident due to the resident's <b>NJ Ex Order 26.4B1</b>.</p> <p>Additionally, the surveyor reviewed Resident #3's MR and observed that there was no documentation of the alleged <b>NJ Ex Order 26.4B1</b> <b>NJ Exec Order 26.4b1</b> and also an RN</p>	A1073		
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A1073	<p>Continued From page 6</p> <p>assessment documented in the resident's MR following the incident that occurred on <span style="background-color: black; color: red; font-size: small;">NJ Exec Order 26.4</span></p> <p>At 12:35 p.m., the surveyor interviewed the Resident Care Director (RCD), a RN and inquired about Resident #3's documentation of the above incident and asked if an RN assessment was also completed for Resident #3 for any <span style="background-color: black; color: red; font-size: small;">NJ Exec Order 26.4</span>. The RCD stated that the above incident and RN assessment for both residents were documented in the other resident's chart [Resident #2]MR only.</p> <p>At 1:09 p.m., the surveyor interviewed a Licensed Practical Nurse (LPN) who stated that she was notified of the above incident and documented the incident in the other resident's MR only. The LPN also stated that she completed Resident #3's evaluation but did not document it in Resident #3's MR.</p> <p>The surveyor reviewed the facility policy titled, "Documenting Abuse and Neglect in the Wellness Record" which revealed, "Any allegations or suspicion of Abuse, neglect, abandonment, or exploitation of a resident will be documented in the Wellness Record ..."</p> <p>The surveyor reviewed a policy titled, "Wellness Notes ... 1. A Wellness note is written for any of the following: ... An unusual event or occurrence ... A significant observation about the resident ... Any other event that should be communicated concerning a resident ..."</p> <p>Additionally, the "Incident Reports" policy revealed, "The individual who discovers event initiates the report. The information includes: Designate the type of injury and the size; mark the location on the diagram."</p>	A1073		

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POC #2 received 8/26/25  
Accepted 8/26/25



**Survey Date: 7/30/25**

**Complaint # NJ 00188282; Regulation 310A (Failure to develop, implement, and enforce a policy titled abuse prevention plan)**

**Immediate Corrective Actions:**

**1. Corrective Actions for Affected Resident(s):**

- a. The Executive Director reviewed the incident and determined the process did not include the step to notify the [redacted] for a witnessed [redacted] NJ Exec Order 26.4b1. The Abuse and Neglect Policy was reviewed with the Regional Director of Operations, and Director of Quality Services on August 13, 2025, no changes were made; however, clarification was given to call non-emergent [redacted] NJ Ex Order 26.4b1 phone number.
- b. Education was given to the RCD/Wellness Nurse to call non-emergent numbers to notify [redacted] NJ Ex Order 26.4b1 if a staff member witnesses an incident of [redacted] NJ Exec Order 26.4b1 for emergent needs call 911 by the ED on August 19, 2025.
- c. Resident #2 still resides in the community. There are no further needs identified nor actions to be taken.

**Additional Corrective Actions:**

**2. Identification of Other Potentially Affected Residents:**

- a. All residents could possibly be impacted by not following this procedure.

**3. Systemic Changes:**

- a. The Policy & Procedures will be reviewed with all employees by each department head, beginning on August 25, 2025, and to be completed by September 25, 2025.
- b. A family meeting will be held on September 16, 2025, for all residents. The Regional Director of Operations will review Resident Rights.




**Ongoing Quality Assurance Actions:**

**4. Ongoing Monitoring and Compliance:**

- a. An audit will be provided of Resident-to-Resident Abuse Records completed by Resident Care Director or their designee, beginning September 2025, to ensure police were notified with any inappropriate touch.
- b. Ongoing compliance, patterns, trends, and findings will be reviewed at Quarterly Quality Assurance Meetings, beginning with a review of Q32025 in October 2025.

**5. Plans submitted have a correction date of:**

- a. September 15, 2025
- b. Responsibility – RCD and ED

Approved  8/20/25



Complaint #: NJ 00188282; Regulation A753 (Failure to review or update the GSP)

**Immediate Corrective Actions:**

**1. Corrective Actions for Affected Resident(s):**

- a. The current GSP was updated <sup>NJ Ex Order 26. 4B1</sup> for resident 3 to include <sup>NJ Exec Order 26.4b1</sup> and <sup>NJ Exec Order 26.4b1</sup> to ensure <sup>NJ Ex Order 26. 4B1</sup> **NJ Ex Order 26. 4B1**. This resident has **NJ Ex Order 26. 4B1** will be addressed any time this resident seems to be <sup>NJ Ex Order 26. 4B1</sup> relating to this event. for resident 3 by the Resident Care Director by **NJ Ex Order 26. 4B1**.

**Additional Corrective Actions:**

**2. Identification of Other Potentially Affected Residents:**

- a. As all residents may be impacted by errors in documentation processes, the Regional Director of Operations will audit all Resident Records to review current GSPs to ensure they are all updated and accurate. This will be completed by September 15, 2025. Any necessary updates or changes will be completed by the Resident Care Director.

**3. Systemic Changes:**

- a. The Resident Care Director will review each GSP for accuracy prior to submission into the electronic Resident Record, beginning August 25, 2025.

**Ongoing Quality Assurance Actions:**

**4. Ongoing Monitoring and Compliance:**

- a. An audit of a 5% sample of Resident Records will be completed by Resident Care Director each month, beginning September 2025, to ensure all GSPs are accurate and updated.
- b. Ongoing compliance, patterns, trends, and findings will be reviewed at Quarterly Quality Assurance Meetings, beginning with a review of Q32025 in October 2025.

**5. Plans submitted have a correction date of:**

- a. September 15, 2025
- b. Responsibility – RCD

Approved  
8/20/25

<sup>NJ Ex Order 26. 4B1</sup>



**Complaint # 00188282; Regulation A1073 (Failure to ensure a comprehensive assessment was completed)**

**Immediate Corrective Actions:**

**1. Corrective Actions for Affected Resident(s):**

- a. An incident report will be submitted for resident 3 prompting all forms and assessments to be completed by the Resident Care Director by **NJ Exec Order 26.4b1**
- b. A review and completion of RN assessments for residents 2 and 3 to be completed by the Resident Care Director by **NJ Exec Order 26.4b1**

**Additional Corrective Actions:**

**2. Identification of Other Potentially Affected Residents:**

- a. As all residents may be impacted by errors in assessment processes, the Regional Director of Operations will audit all Resident Records to review current assessments to ensure they are all dated and signed. This will be completed by September 15, 2025. Any necessary updates or changes will be completed by the Resident Care Director.

**3. Systemic Changes:**

- a. The Resident Care Director will review each assessment for completion prior to submission into the electronic Resident Record, beginning August 29, 2025.

**Ongoing Quality Assurance Actions:**

**4. Ongoing Monitoring and Compliance:**

- a. An audit of a 5% sample of Resident Records will be completed by Resident Care Director or their designee each month, beginning September 2025, to ensure all assessments are up to date post incident.
- b. Ongoing compliance, patterns, trends, and findings will be reviewed at Quarterly Quality Assurance Meetings, beginning with a review of Q32025 in October 2025.

**5. Plans submitted have a correction date of:**

- a. September 15, 2025
- b. Responsibility – RCD

*Approved 8/20/25*



## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35A001	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/26/2025	Y3
NAME OF FACILITY CARDINAL VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 455 HURFFVILLE-CROSSKEYS ROAD SEWELL, NJ 08080		

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 <u>A0310</u>	Correction	ID Prefix <u>A0753</u>	Correction	ID Prefix <u>A1073</u>	Correction
Reg. # <u>8:36-3.4(a)(1)</u>	Completed	Reg. # <u>8:36-7.3(c)</u>	Completed	Reg. # <u>8:36-15.6(b)</u>	Completed
LSC _____	<u>09/15/2025</u>	LSC _____	<u>09/15/2025</u>	LSC _____	<u>09/15/2025</u>
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 7/30/2025		<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

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A0753	Correction	ID Prefix A1073	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.3(c)	Completed	Reg. # 8:36-15.6(b)	Completed
LSC	09/15/2025	LSC	09/15/2025	LSC	09/15/2025
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 7/30/2025		<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		