

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55A000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/01/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIRA VIE AT TINTON FALLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>ONE HARTFORD DRIVE</b> <b>TINTON FALLS, NJ 07701</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: Survey type: Complaint</p> <p>COMPLAINT #: NJ00187094</p> <p>CENSUS: 54</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

08/12/25

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 00187094</p> <p>Based on observation, interview and review of records, it was determined that the Administrator failed to implement and enforce the facility policies titled, "Advanced Directives and Third Party/Private Duty Providers" for 1 of 3 residents reviewed, Resident #2. The deficient practice was evidenced by the following:</p> <p>1. On 7/1/25 at 12:00 p.m., the surveyor reviewed Resident #2's medical record (MR) which revealed that the resident moved into the facility in <b>NJ Ex Order 26. 4B1</b>. Review of the MR indicated that Resident #2 was a "<b>NJ Ex Order 26. 4B1</b>," however, the surveyor did not observe documentation of an <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>The surveyor reviewed Resident #2's progress note (PN) dated <b>NJ Ex Order 26</b>, written by the Director of Nursing (DON), which indicated that on the evening of <b>NJ Ex Order 26</b>, Resident #2's responsible party (RP) requested to have the resident's vital signs taken. According to the PN, the resident's <b>NJ Ex Order 26. 4B1</b>.</p> <p><b>NJ Ex Or</b> The DON advised the staff to call <b>NJ Ex Or</b>, however the RP came to the facility and refused to have Resident #2 transferred to the <b>NJ Ex Order 26. 4B1</b>.</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>The same PN further revealed that on the morning [redacted] Resident #2 was [redacted], and the DON advised that the staff call [redacted]. As Resident #2 was being transferred to the [redacted], the RP met the Emergency Medical Technicians (EMT) in the front lobby and stated that he did not want Resident #2 sent to the [redacted]. The DON documented that she explained to the RP that the resident required medical care, and the RP stated that the resident was going on [redacted]. The PN indicated that the DON explained that a physician's order was required for [redacted], and that, "they [redacted] need to come out and admit (him/her) to [redacted] and it doesn't happen that fast." The PN further revealed that the RP was upset and yelling, and the EMT's transported the resident to the [redacted].</p> <p>Additionally, the surveyor reviewed a PN dated [redacted], written by the DON which revealed that Resident #2 [redacted].</p> <p>At 12:30 p.m., the surveyor interviewed the DON and inquired about Resident #2's Advanced Directive. The DON explained that the family never provided any document and that Resident #2 was a [redacted]. During interview with the DON, the surveyor inquired if [redacted] was discussed with the RP prior to the day the resident was sent out to the [redacted] and the DON stated that she thought she had documented that [redacted] was discussed at some point.</p> <p>Further, the surveyor inquired from the DON about how information on the resident's [redacted] obtained and if it was discussed upon a resident's admission. The DON explained that she was not sure of what was done in the</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>past, but that since she started employment approximately <b>NJ Ex Order 26. 4B1</b>, she asked residents about their <b>NJ Ex Order 26.4(b)(1)</b> on admission.</p> <p>At 2:00 p.m. the facility provided the surveyor with copies of the MR which included Resident #2's <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>The surveyor reviewed a document titled, "Living Will" for Resident #2 which revealed the following: "<b>NJ Ex Order 26. 4B1</b> [REDACTED] [REDACTED] [REDACTED] ..."</p> <p>The surveyor did not observe documentation of a <b>NJ Ex Order 26. 4B1</b>, or a <b>NJ Ex Order 26. 4B1</b> to reflect Resident #2's goals of treatment. Additionally, the surveyor did not observe documentation to reflect that Resident #2's wishes were discussed with the resident or RP or that written information was provided regarding <b>NJ Ex Order 26.4(b)(1)</b> on admission.</p> <p>The surveyor reviewed a facility policy dated April of 2021, titled, "Working With Advanced Directives", which revealed the following: ..."Policy and Procedure ... 4) A resident requesting a Do-Not-Resuscitate order be implemented will be directed to obtain the directive from their visiting home health nurse or Health Care Provider... 5.) A Copy of the Do-Not-Resuscitate order will be placed in the resident's file and in his/her room...8)...a) Upon move-in, the Community Relations Director will provide the resident with written information about their rights under state law regarding health care</p>	A 310		

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A 310	<p>Continued From page 4</p> <p>decision making, including advanced directives will be provided. 9) The family is notified of the Community's policies concerning the implementation of advanced directives..."</p> <p>2. Further surveyor review of the MR revealed a PN dated [redacted], written by the DON which indicated the following: "Resident has a [redacted] and) is capable of administering medications. Will start administering medications on Thursday [redacted] ...." The PN further indicated Resident #2's [redacted], wanted the medications to be administered by the [redacted] and that the DON would complete a "self med" assessment with the [redacted].</p> <p>The surveyor reviewed the facility "Residence and Care Agreement" Page 29 through 38, Appendix C titled, "Private Duty Aide Personnel Policies" which included the following: " I. Requirements for private duty attendants and home health agency personnel providing services at the facility ... II. Rules of Conduct for Attendants ... III. Attendant Registration and Information Form ... IV. Guidelines for residents for the employment of attendants or engagement of home health agency personnel providing services in resident's units."</p> <p>At 2:00 p.m. during interview with the DON in the presence of a Senior Executive (SE) from a sister facility, the surveyor inquired about guidelines and policies for private Home Health Aides and how the medication management was monitored for Resident #2. The DON stated that she completed a medication assessment before the [redacted] began administering medications to the resident. Additionally the surveyor inquired if there was documentation of an agreement for the Private Duty Provider in place for Resident #2's [redacted].</p>	A 310		

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A 310	<p>Continued From page 5</p> <p><b>NJ Ex Order</b> The SE stated that he was unable to locate the agreement or paper work regarding the <b>NJ Ex Order 26.4(b)(1)</b> for Resident #2.</p> <p>At 2:30 p.m., the facility provided the surveyor with policy titled, "Third Party/Private Duty Providers," dated April of 2021, which revealed the following: "Policy and Procedure ...Policy Third Party or private duty providers will complete and provide the necessary documentation to meet safety and conduct requirements while providing services or care in our community to residents ... Procedure 1) Resident or responsible party who request a Third Party/Private Duty Provider will review and sign the Third Party/Private Duty Resident Agreement for Private Duty Conduct Form ...3) An outside provider will not be allowed to work in the community until the following is completed and signed by the private duty provider, Resident or Responsible party, and the Executive Director or Director of Health and Wellness as designated on the forms below: 1. Third Party/Private Duty: Identification and Service Form b. Third Party/Private Duty: Employee Rules of Conduct Agreement ...."</p> <p>The facility was unable to provide the required documentation for the <b>NJ Ex Order 26.4(b)(1)</b> in accordance with the the Residence and Care Agreement and facility policy.</p>	A 310		
A 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted</p>	A 401		

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A 401	<p>Continued From page 6</p> <p>living programs. Each resident is entitled to the following rights:</p> <p>22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ 00187094</p> <p>Based on observation and interview, it was determined that the facility failed to provide a safe living environment for 12 of 12 residents that resided in the <b>NJ Ex Order 26, 4B1</b> unit (<b>NJ Ex Or</b>). This deficient practice was evidenced by the following:</p> <p>1. On 7/1/2025 at 10:39 a.m., during a tour of the <b>NJ Ex Or</b> unit located on the third floor of the Assisted Living facility, the surveyor observed that the access door to the kitchenette was unlocked. The kitchenette door was equipped with a keypad door handle on the outside of the door, and a small hook latch on the inside of the door. The surveyor observed that the handle was also partially detached and loose. Upon entering the kitchenette, the surveyor observed several electric kitchen appliances on the countertop which included:</p> <p>1. A two-compartment coffee dispensing machine which was plugged in 2. A four-compartment juice dispensing machine 3. A microwave which was plugged into the wall socket, and</p>	A 401		

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A 401	<p>Continued From page 7</p> <p>4. A four-compartment toaster plugged in</p> <p>The surveyor also observed a refrigerator in the kitchenette, which was unlocked, and there was a sign on the front of the door that indicated the following: "PLEASE PLEASE PLEASE KEEP THE FREEZER AND REFIGERATOR LOCKED AT ALL TIMES ALSO CLOSE AND LOCK THE KITCHEN RESIDENTS ARE GETTING INTO EVERYTHING ALL NIGHT THANK YOU".</p> <p>The surveyor also observed an unlocked cabinet beneath the kitchenette sink. Upon opening the unlocked cabinet, the surveyor observed a bottle of hand dispensing soap, and a clear spray bottle labeled "floor cleaner" which contained approximately two ounces of a clear liquid.</p> <p>At 10:48 a.m., the surveyor interviewed a Certified Medication Assistant (CMA) who stated that the kitchenette door keypad was not working. The CMA explained that she would usually pull the door to close it. The surveyor asked the CMA how long the door had been broken, and she stated for about 2 to 3 weeks.</p> <p>At 10:51 a.m., the surveyor interviewed the Director of Dining (DD), who stated that the kitchenette door handle had been broken for about 2 weeks. The DD also stated that the Maintenance Director (MD) usually fixed things when they were broken, but he was no longer working at the facility and a new MD was starting on <span style="background-color: black; color: black;">NJ Ex Order 26.4B</span>.</p>	A 401		
A 963	<p>8:36-11.5(f) Certified Medication Aide Program</p> <p>(f) Medications shall be accurately administered and documented by properly authorized</p>	A 963		

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A 963	<p>Continued From page 8</p> <p>individuals, in accordance with prescribed orders.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00187094</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that all medications were administered and documented in accordance with prescriber orders for 1 of 3 residents reviewed, Resident # 2. This deficient practice was evidenced by the following:</p> <p>On 7/1/25 at 12:00 p.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 was admitted in [REDACTED] NJ Ex Order 26. [REDACTED].</p> <p>The surveyor reviewed Resident #2's Medication Administration Record (MAR) for the months of [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1), and observed that there were multiple missing signatures for the the medication [REDACTED] NJ Ex Order 26. 4B1 that were due to be administered at 4:00 a.m. [REDACTED] NJ Ex Order 26. 4B1 is a medication used to treat [REDACTED] NJ Ex Order 26. 4B1.</p> <p>The surveyor observed that the [REDACTED] NJ Ex Order 26. 4B1 was prescribed as follows: Take [REDACTED] NJ Ex Order 26. 4B1 tablet by mouth [REDACTED] NJ Ex Order 26. 4B1 a day before breakfast at 8:00 a.m. and before lunch at</p>	A 963		

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A 963	<p>Continued From page 9</p> <p>12:30 p.m. along with <b>NJ Ex Order 26</b> tablet. Take 1 tablet by mouth <b>NJ Ex Or</b> times a day before breakfast at 8:00 a.m., before lunch at 12:30 p.m., before dinner at 4:30 p.m., at 9:00 p.m. and at 4:00 a.m., only when awake.</p> <p>Further surveyor review of the resident's MAR revealed that on <b>NJ Ex Order 26. 4B1</b> <b>[REDACTED]</b>, there was no documentation to reflect that the 4:00 a.m. dose of <b>NJ Ex Order 26. 4B1</b> was administered or held because the resident was asleep for a total of <b>NJ Ex</b> days and <b>NJ Ex</b> doses.</p> <p>The surveyor review of the MR additionally revealed a progress note (PN) dated 12/9/24, written by the Director of Nursing (DON), which revealed, "Resident has <b>NJ Ex Order 26.4(b)(1)</b> (and) is capable of administering medications. Will start administering medications on Thursday <b>NJ Ex Order 2</b> ..." The PN further indicated that Resident #2's son wanted the medications to be administered by the Private Aide (PA) and that the DON would complete a "self med" assessment with the PA.</p> <p>At 12:30 p.m., during interview with the DON, the surveyor inquired if there were residents who received medications on the 11:00 p.m. - 7:00 a.m. shift, and who administered the medications to the residents. The DON stated that there were residents who received medications on the night shift and that there was a Certified Medication Aide (CMA) who worked at night and administered the medication.</p> <p>The surveyor reviewed a policy dated August of 2016, titled, "Medication Administration by the Assisted Living Community," which revealed, "... N. Medication administration is documented on</p>	A 963		

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A 963	Continued From page 10  the resident's MR, at the time the medication is given, by the person who administered the medication .... Q. The person administering the medications reviews the MR to ascertain that all necessary doses were administered and that all administered doses were documented."	A 963		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A000 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/26/2025 <span style="float: right;">Y3</span>
NAME OF FACILITY MIRA VIE AT TINTON FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE ONE HARTFORD DRIVE TINTON FALLS, NJ 07701	

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>	<u>Correction</u>	ID Prefix <u>A0401</u>	<u>Correction</u>	ID Prefix <u>A0963</u>	<u>Correction</u>
Reg. # <u>8:36-3.4(a)(1)</u>	<u>Completed</u>	Reg. # <u>8:36-4.1(a)(22)</u>	<u>Completed</u>	Reg. # <u>8:36-11.5(f)</u>	<u>Completed</u>
LSC <u></u>	<u>08/12/2025</u>	LSC <u></u>	<u>08/01/2025</u>	LSC <u></u>	<u>08/28/2025</u>
ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>
Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>
LSC <u></u>	<u></u>	LSC <u></u>	<u></u>	LSC <u></u>	<u></u>
ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>
Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>
LSC <u></u>	<u></u>	LSC <u></u>	<u></u>	LSC <u></u>	<u></u>
ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>
Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>
LSC <u></u>	<u></u>	LSC <u></u>	<u></u>	LSC <u></u>	<u></u>
ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>
Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>
LSC <u></u>	<u></u>	LSC <u></u>	<u></u>	LSC <u></u>	<u></u>

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 7/1/2025		<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 55A000 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/26/2025 <span style="float: right;">Y3</span>
NAME OF FACILITY MIRA VIE AT TINTON FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE ONE HARTFORD DRIVE TINTON FALLS, NJ 07701	

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 A0401	Correction	ID Prefix A0963	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-11.5(f)	Completed
LSC	08/12/2025	LSC	08/01/2025	LSC	08/28/2025
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 7/1/2025		<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		