

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55A009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/29/2025
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NAME OF PROVIDER OR SUPPLIER MATTISON CROSSING AT MANALAPAN AVENI	STREET ADDRESS, CITY, STATE, ZIP CODE 93 MANALAPAN AVENUE FREEHOLD, NJ 07728
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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 00188780</p> <p>Census: 117</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

12/16/25

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188780</p> <p>Based on observation, interview and record review, it was determined that the administrator failed to ensure the development, implementation and enforcement of the policies on building safety, security and resident rights, for 1 of 3 resident's reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 9/15/25, the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report incidents to the DOH), regarding an incident that occurred on [redacted] at 4:30 a.m. According to the FRE, on [redacted] "a little after 4:00 a.m.," a Care Manager was conducting room checks on her residents and observed that an [redacted] was [redacted] on Resident #2's bed.</p> <p>On 9/29/25 at 10:00 a.m., the surveyor interviewed the Executive Director (ED) about the [redacted] who was [redacted] in Resident #2's [redacted] and the ED stated that review of the camera footage revealed that at approximately 4:00 a.m. on [redacted] the [redacted] the [redacted] NJ Exec Order 26.4b1 [redacted]. The ED stated that the [redacted] was [redacted] and looked [redacted] and, after standing in the hallway for a while, the [redacted] then [redacted] Resident #2's [redacted] which was in the same hallway.</p> <p>Further, the ED stated that a Certified Home</p>	A 310		

New Jersey Department of Health

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A 310	<p>Continued From page 2</p> <p>Health Aide (CHHA) was making her rounds and found the NJ Exec Order 26.4b1 of Resident #2's NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1. The ED stated that Resident #2 was NJ Exec Order 26.4b1 and the staff immediately removed the resident from the room NJ Exec Order 26.4(b). The ED stated that a Licensed Practice Nurse (LPN), who was on duty that night, called the NJ Exec Order and the NJ Exec was NJ Exec Order 26.4b1. Resident #2 was assessed for any injuries and all parties were notified. The ED additionally stated that the family did not want Resident #2 sent to the hospital for evaluation.</p> <p>At 10:15 a.m., during a tour of the incident location with the ED, the surveyor observed the double doors where the NJ Exec entered, which the ED identified as the NJ Exec Order 26.4b1 on the first floor. The surveyor observed that the doors lead to an outside fenced courtyard with a gate that lead to a driveway. The ED stated that there was no lock on the courtyard gate prior to the incident on NJ Exec Order 26.4b1; and, that the gate now had a padlock in place.</p> <p>During continued interview, the ED stated that all doors which lead to the outside had a keypad and required a code for entry. The ED explained that the investigation revealed that the inner door latch lock was broken and the keypad of the door where the NJ Exec entered the building must have malfunctioned. The ED further explained that the NJ Exec Order 26.4b1 and forth until it opened.</p> <p>Additionally, the surveyor inquired about the Safety Committee (SC) and asked when the SC last met and the ED stated, "It should have been in June."</p> <p>The surveyor requested documentation of the</p>	A 310		
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New Jersey Department of Health

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A 310	<p>Continued From page 3</p> <p>environmental safety checks which included door checks. The ED provided documentation of door checks that were put in place for the [redacted] doors after the incident on [redacted]. However, there was no other documentation provided to the surveyor of environmental or door safety checks prior to the incident on [redacted].</p> <p>At 3:10 p.m., during a follow up interview with the ED, the surveyor inquired about who was responsible for checking that the doors were locked at night. The ED stated that the Concierge was scheduled to be at the front desk until 9:00 p.m., and it was her responsibility to ensure that the front door was locked before going home. The ED added that she implemented a "thirty-day door check" to confirm that the door located in the [redacted] was locked.</p> <p>Additionally, the surveyor inquired who was responsible for checking to ensure that the door locks and key pads were functioning and she stated that the Maintenance Director (MD) was responsible and that the MD made rounds twice a day. The surveyor then requested documentation of the routine door checks by the MD. The ED was unable to provide the surveyor with documentation to reflect that the MD performed the routine door checks.</p> <p>1. The surveyor reviewed a facility policy titled, "Preventative Maintenance (PM)", which revealed, ..."A preventative maintenance file will be kept to insure proper maintenance of all community equipment, including...electrical systems and other critical systems ... PM will be done according to a predetermined protocol that should be on file...PM and Maintenance Schedule ...Quarterly ... condition of ... hardware (door closers, hinges on doors), and general</p>	A 310		

New Jersey Department of Health

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A 310	Continued From page 4 inspection..." 2. The surveyor also reviewed a policy titled, "Environment of Care and Safety", which revealed, ...a. (facility) strives to assure a safe and secure environment...2. Executive Director a. Assumes responsibility for the... communities' Environmental Safety Committee (ESC). 3. a. At least four times a year the ESC will meet with review...environment and safety activities and education and training programs. The committee should be multidiscipline and maintain written minutes..." 3. Additionally, the surveyor reviewed a policy dated 6/7/24, titled, "Person Rights", which revealed, ..." 5. Residents have the following rights: ...v. The right to live in safe...conditions..." Refer to: 8:36-4.1 (a), A0401	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (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 living programs. Each resident is entitled to the following rights: 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;	A 401		

New Jersey Department of Health

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A 401	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188780</p> <p>Based on interview and record review, it was determined that the facility failed to ensure the resident right to a safe environment, for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 9/15/25, the Department of Health (DOH) received a Facility Reportable Event (FRE), regarding an incident that occurred on [redacted] at 4:30 a.m. According to the FRE, on [redacted] "a little after 4:00 a.m.," a Care Manager was conducting room checks on her residents and observed that an NJ Exec Order 26.4b1 was [redacted] on Resident #2's [redacted].</p> <p>On 9/29/25 at 10:00 a.m., the surveyor interviewed the Executive Director (ED) about the NJ Exec Order 26.4b1 in Resident #2's [redacted] and the ED stated that review of the camera footage revealed that at approximately 4:00 a.m. on [redacted], the NJ Exec Order 26.4b1 [redacted]. The ED stated that the [redacted] was [redacted] and NJ Exec Order 26.4b1; and, after NJ Exec Order 26.4b1 for a while, the NJ Exec Order 26.4b1 into Resident #2's [redacted] which was in the same hallway.</p> <p>Further, the ED stated that a Certified Home Health Aide (CHHA) was making her rounds and found the NJ Exec Order 26.4b1 of Resident #2's [redacted] with NJ Exec Order 26.4b1. The ED stated that Resident #2 was [redacted] and the staff immediately removed the resident from the room to safety. The ED stated that a Licensed Practice Nurse (LPN) who was on duty that night,</p>	A 401		

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A 401	<p>Continued From page 6</p> <p>called the [NJ Exec Order] and the [NJ Exec] was [NJ Exec Order 26.4b1] Resident #2 was assessed for any injuries and all parties were notified. The ED additionally stated that the family did not want Resident #2 sent out to the hospital for evaluation.</p> <p>At 10:15 a.m., during a tour of the incident location with the ED, the surveyor observed the double doors where the [NJ Ex] entered, which the ED identified as the [NJ Exec Order 26.4b1] located on the first floor. The surveyor observed that the doors lead to an outside fenced courtyard with a gate that lead to a driveway. The ED stated that there was no lock on the courtyard gate prior to the incident on [NJ Exec Order 26]; and, that the gate now had a padlock in place.</p> <p>During continued interview, the ED stated that all doors which lead to the outside had a keypad and required a code for entry. The ED explained that the investigation revealed that the inner door latch lock was broken and the keypad of the door where the [NJ Exec Order 26.4b1] must have malfunctioned. The ED further explained that the intruder must have pushed the door back and forth until it opened.</p> <p>At 11:00 a.m., the surveyor interviewed the LPN who was worked the 11:00 p.m. to 7:00 a.m. shift, the night of [NJ Exec Order 26]. The LPN stated that after the [NJ Exec Order 26.4b1] in Resident #2's [NJ Exec Order] the LPN went to the side door in the [NJ Exec Order 26.4b] and observed that the key pad located on the outside door was "red" which the LPN explained usually meant that the keypad was functioning. Additionally, the LPN stated that she was able to open the door without entering the code and also observed that the gate to the courtyard fence was wide open.</p>	A 401		

New Jersey Department of Health

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A 401	<p>Continued From page 7</p> <p>At 2:40 p.m., in the presence of the ED, the surveyor viewed the cameral footage from [redacted] which revealed the following:</p> <p>On 9/14/25 at 2:43 a.m., the [redacted] located to the right side of the [redacted]. The [redacted] continued to stand in the hallway.</p> <p>At 2:51 a.m., the [redacted] closed the right fire door that was located in the same hallway near the entry door.</p> <p>At 2:53 a.m., the [redacted] closed the left fire door and began walking in the direction of [redacted].</p> <p>At 4:14 p.m., the CHHA entered the [redacted] hallway and opened the fire doors. During continued surveyor interview with the ED, she confirmed that 4:14 a.m. was the time the CHHA entered Resident #2's room and found the [redacted].</p> <p>The [redacted] was in the building from the hours of 2:43 a.m., to 4:14 a.m., and was found during resident rounds by the CHHA.</p> <p>At 3:10 p.m., during a follow up interview with the ED, the surveyor inquired about who was responsible for checking that the doors were locked at night. The ED stated that the Concierge was scheduled to be at the front desk until 9:00 p.m., and that it was her responsibility to ensure that the front door was locked before going home. The ED added that she implemented a "thirty-day door check" to confirm that the door located in the [redacted] wing was locked.</p> <p>Additionally, the surveyor inquired who was</p>	A 401		

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A 401	Continued From page 8 responsible for checking to ensure that the door locks and key pads were functioning and she stated that the Maintenance Director (MD) was responsible and that the MD made rounds twice a day. The surveyor then requested documentation of the routine door checks by the MD. The ED was unable to provide the surveyor with documentation to reflect that the MD performed the routine door checks. The surveyor reviewed a policy dated 6/7/24, titled, "Person Rights", which revealed, ..." 5. Residents have the following rights: ...v. The right to live in safe...conditions ..."	A 401		
A1051	8:36-15.2 Record Availability The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department. This REQUIREMENT is not met as evidenced by: Complaint # NJ 00188780 Based on observation and interview, it was determined that the facility failed to ensure that all records were available for review for 3 of 3 residents, Resident #s 1, 2 and 3. This deficient practice was evidenced by the following: On 9/29/25 at 9:50 a.m., during interview with the Executive Director (ED), the surveyor inquired about access to the resident medical records	A1051		

New Jersey Department of Health

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A1051	<p>Continued From page 9</p> <p>(MR) and the ED stated that the facility utilized Electronic Medical Records (EMR). The surveyor requested access to the EMR and the ED stated that she would provide a laptop for surveyor access.</p> <p>At 11:00 a.m., the surveyor requested access to the EMR again and the ED stated that she was working on it.</p> <p>At 12:18 p.m., during a follow up interview with the ED, the surveyor inquired about the EMR access. The ED stated that the Director of Nursing was not available that day and that she [ED] had some difficulty getting surveyor access to the EMR. Additionally, the ED stated that the nurses were using the laptops.</p> <p>At 3:50 p.m., during exit conference, the surveyor explained to the ED that not providing access to the EMR for resident record review, impeded the surveyor process. The surveyor then requested copies of specific MR for Resident #s 1, 2 and 3 which the ED provided the surveyor.</p>	A1051		

POC # 3 Received
12/18/25 accepted

New Jersey Department of Health

November 20, 2025

Re: Mattison Crossing 55A009

POC for 9/29/25 visit

MATTISONSM CROSSING

A Discovery Management Group Community

New Jersey Department of Health

November 20, 2025

Re: Mattison Crossing 55A009

POC for 9/29/25 visit

A310:

1. Resident #2 is doing well after **NJ Exec Order 26.4b1** incident. Resident was examined by the Licensed Practical Nurse and found to be in **NJ Exec Order 26.4b1** after being taken to the nurse station after **NJ Exec Order 26.4b1** incident. Residents' family was notified of incident and the status of the resident after the **NJ Exec Order 26.4b1** incident and the family did not want the resident sent to hospital for evaluation. After the removal of the **NJ Exec Order 26.4b1** of resident #2, resident #2 was later returned to the apartment. Room checks continued for Resident #2 for 48 hours following **NJ Exec Order 26.4b1** incident.
2. No other resident was affected by this.

New Jersey Department of Health

November 20, 2025

Re: Mattison Crossing 55A009

POC for 9/29/25 visit

3. The measures that were taken to correct and prevent this from happening again include the following:

The double doors the unidentified person entered through were repaired and are secured on 9/15.

At that time the latch on the doors had been secured and will not allow an entry without keycode.

Also, at this time the gate leading to the double doors the unidentified person entered through had a new padlock installed for additional safety to ensure no entry.

All exterior leading doors are checked every evening by the concierge and documented and all exit doors and keypads are checked at least monthly by a member of the facilities team with documentation made in the TELs system (maintenance data base system).

4. A quarterly Quality Assurance meeting will be established to review the door safety measures. All the preventative measures and corrective actions will be completed by 12/30/25.

A401:

1. Resident #2 is doing well after ^{NJ Exec Order 26.4b1} incident. Resident was examined by the Licensed Practical Nurse (LPN) and found to be in ^{NJ Ex Order 26.4(b)(1)} after being taken to the nurse station after ^{NJ Exec Order 26.4b1} incident. Residents' family was notified of incident and the status of the resident after the ^{NJ Exec Order 26.4b1} incident and the family did not want the resident sent to hospital for evaluation. After the removal of the ^{NJ Exec Order 26.4b1} of resident #2, resident #2 was later returned to the apartment. Room checks continued for Resident #2 for 48 hours following ^{NJ Exec Order 26.4b1} incident.
2. All residents could have been affected by this situation.
3. The measures taken to address the deficiency area as follows:

New Jersey Department of Health

November 20, 2025

Re: Mattison Crossing 55A009

POC for 9/29/25 visit

- Resident Rights are posted in the community in view for all employees and residents.
 - All newly hired staff receive resident rights training during their onboarding and sign an acknowledgement for Resident Rights.
 - All staff complete a resident rights training annually.
 - An audit of the resident rights training will be completed by 12/30 with any staff who have not completed the training required to have this completed by 1/10/26.
4. A quarterly Quality Assurance meeting will be held to review resident rights in-service training compliance for all team members. All the preventative measures and corrective actions will be completed by 1/10/25.

A1051:

1. Residents 1,2 and 3 were not affected by the deficiency.
2. No residents were directly affected by the deficiency.
3. The Extended Care Professionals (ECP) Electronic Medical Records system is the Medical Records system used by the community and access will be made available for a surveyor during a community survey. The Executive Director will be trained during onboarding on the process to provide the state with access. The current Executive Director shall be informed of the process to give access to the state by 12/16/25. A tablet or laptop will be made available for the surveyor to use while at the community.
4. This will be monitored by the Regional Nurse on community visits and by the Regional Director of Operations on monthly calls with the region. All the preventative measures and corrective actions will be completed by 12/20/25.
5. As the new Interim Executive Director, I have notified and trained on 12/16/26 of who to call, when surveyor enters our building.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A009 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/22/2025 Y3
NAME OF FACILITY MATTISON CROSSING AT MANALAPAN AVENUE	STREET ADDRESS, CITY, STATE, ZIP CODE 93 MANALAPAN AVENUE FREEHOLD, NJ 07728	

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>A1051</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>8:36-15.2</u>	<u>Completed</u>
LSC <u></u>	<u>12/30/2025</u>	LSC <u></u>	<u>01/10/2026</u>	LSC <u></u>	<u>12/20/2025</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 9/29/2025		<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 55A009 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/22/2025 Y3
NAME OF FACILITY MATTISON CROSSING AT MANALAPAN AVENUE	STREET ADDRESS, CITY, STATE, ZIP CODE 93 MANALAPAN AVENUE FREEHOLD, NJ 07728	

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>A0401</u>	Correction	ID Prefix <u>A1051</u>	Correction
Reg. # <u>8:36-3.4(a)(1)</u>	Completed	Reg. # <u>8:36-4.1(a)(22)</u>	Completed	Reg. # <u>8:36-15.2</u>	Completed
LSC _____	<u>12/30/2025</u>	LSC _____	<u>01/10/2026</u>	LSC _____	<u>12/20/2025</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 9/29/2025		<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		