

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55A009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>06/13/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MATTISON CROSSING AT MANALAPAN AVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>93 MANALAPAN AVENUE FREEHOLD, NJ 07728</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
H 000	<p>Initials Comments</p> <p>TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ0017425</p> <p>CENSUS: 149</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedures and Standards Applicable To All Licensed Facilities.</p>	H 000		
H5790	<p>8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM</p> <p>A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ0017425</p> <p>Based on interview, and record review it was determined that the facility failed to retain a copy of the Universal Transfer Form (UTF) in the medical record for 1 of 3 residents reviewed who were <b>NJ Exec Order 26.4b1</b>,</p>	H5790		

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

TITLE

(X6) DATE

07/29/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55A009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>06/13/2024</b>
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H5790	<p>Continued From page 1</p> <p>Resident #2. The deficient practice was evidenced by the following:</p> <p>On <sup>NJ ex order 26.4b1</sup> the surveyor reviewed Resident #2's medical record (MR) and observed a move in date of <sup>NJ ex order 26.4b1</sup> and diagnoses which included <b>NJ ex order 26.4b1</b></p> <p>The surveyor also observed in the MR that on <sup>NJ ex order 26.4b1</sup>, Resident #2 was <sup>NJ Exec Order 26.4b1</sup> after he/she was <sup>NJ Exec Order 26.4b1</sup> in his/her room by the Licensed Practical Nurse (LPN) <sup>NJ ex order 26.4b1</sup></p> <p>At 1:48 p.m., the surveyor conducted a telephone interview with the LPN who was on duty the evening of <sup>NJ ex order 26.4b1</sup>. The LPN stated that she entered Resident #2's room with the equipment needed to take vital signs and observed that Resident #2 <sup>NJ ex order 26.4b1</sup>. The LPN further stated that the decision <sup>NJ ex order 26.4b1</sup></p> <p>Resident #2 <sup>NJ ex order 26.4b1</sup>. The LPN stated that she gave the UTF to <sup>NJ Exec Order 26.4b1</sup> and did not retain a copy in the resident's file.</p> <p>At 3 p.m., the surveyor interviewed the facility's Executive Director who stated that the UTF policy was under the policy titled, "Emergency Medical Plan". The surveyor reviewed the policy, without an effective date, which indicated: "...e. Resident confidential medical files include (copy of Admission Data Sheet, copy of insurance cards, copy of the living will and/or durable medical power of attorney and transfer sheet) along with a photocopy of the resident's MAR should be entrusted to EMS."</p>	H5790		
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A 000	Continued From page 2	A 000		
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ0017425</p> <p>CENSUS: 149</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) Administration</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		

New Jersey Department of Health

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A 310	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ0017425</p> <p>Based on interview, and review of pertinent facility documents, it was determined that the facility's Executive Director (ED) failed to implement and enforce the facility's policy and procedure titled, "Meal Checks" and failed to develop, implement, and enforce a Health Service Plan (HSP) policy and procedure to ensure goals, interventions, and effects of treatments were evaluated and reassessed for efficacy for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>1. On [redacted], The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH. The report included a state form titled, "Reportable Event Record/Report" which indicated on [redacted], Resident #2 [redacted] after he/she [redacted] at 7:40 p.m., in his/her room by the Licensed Practical Nurse (LPN) [redacted]. The report further indicated that Resident #2 was seen for [redacted] and put his/her [redacted] his/her room at approximately 11:00 a.m. and [redacted].</p> <p>On 6/13/2024 at 9:20 a.m., the surveyor</p>	A 310		
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A 310	<p>Continued From page 4</p> <p>interviewed the ED who stated that the "Meal Checks" policy took effect 5/1/2024. The surveyor reviewed the educational in-service sheets for the meal check policy and observed that staff members were educated on 5/30/2024; 30 days after the policy was in effect.</p> <p>The surveyor reviewed the facility policy titled, "Meal Checks", without an effective date, which indicated: "Procedure At breakfast, lunch, and supper at approximately 10 am-2 pm and 6 pm, the server/resident care aide will come to the dining room to determine if the resident is present. If they are present, she/he will check off by their name. If they are not present, do not assume the resident is okay. The following will occur:</p> <ol style="list-style-type: none"> <li>1. A call will be placed to reception to determine if the resident is out of the building.</li> <li>2. If the resident is not signed out of the building, the Receptionist will first call the resident in their apartment on the telephone. If there is no answer, she/he will notify care associate to knock on the resident's door.</li> <li>3. If there is no answer ...will use key to enter the apartment to determine if the resident's need assistance..."</li> </ol> <p>At 9:50 a.m., the surveyor interviewed the Kitchen Supervisor (KS) who stated that Resident #2 [redacted] and there was no process to follow up on the resident. The KS stated she was in-serviced on the meal check-in policy on 5/30/2024.</p> <p>On 6/13/2024 at 10:15 a.m., the surveyor reviewed Resident #2's medical record (MR) which revealed a move-in date of [redacted] with diagnoses that included [redacted]</p>	A 310		
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A 310	<p>Continued From page 5</p> <p><b>NJ ex order 26.4b1</b>. Upon further review of Resident #2's MR, the surveyor reviewed <b>NJ ex order 26.4b1</b> which revealed that Resident #2 was seen by an <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> services. Resident #2 was seen by a Nurse Practitioner for treatment of his/ her <b>NJ Exec Order 26.4b1</b> to his/ her <b>NJ Exec Order 26.4b1</b>.</p> <p>At 12:21 p.m., the surveyor interviewed the ED who indicated that Resident #2 did not have a current HSP, nor was there a policy to ensure goals, interventions, and effects of treatments were evaluated and reassessed for efficacy developed for Resident #2.</p>	A 310		
A 563	<p>8:36-5.10(a)(2) General Requirements</p> <p>(a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following:</p> <p>2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, any elopements; and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages;</p>	A 563		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**MATTISON CROSSING AT MANALAPAN AVE** **93 MANALAPAN AVENUE**  
**FREEHOLD, NJ 07728**

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A 563	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ0017425</p> <p>Based on interview, and record review it was determined that the Executive Director (ED) failed to report to the New Jersey Department of Health (NJDOH) within the required timeframe that a resident had a [redacted] with [redacted] and was [redacted] NJ Exec Order 26.4b1 [redacted], for 1 of 3 residents reviewed, Resident #2. This deficient practice is evidenced by the following:</p> <p>The surveyor reviewed the Facility Reportable Event Record (FRE) which indicated that the facility did not report on [redacted] NJ ex order 26.4b1 that Resident #2 was [redacted] NJ Exec Order 26.4b1 in his/her apartment and was [redacted] NJ Exec Order 26.4b1. The facility reported the incident to NJDOH on [redacted] NJ ex order 26.4b1</p> <p>On 6/13/2024, the surveyor reviewed Resident #2's medical record (MR) and observed a move in date of [redacted] NJ ex order 26.4b1 with diagnoses which [redacted] NJ ex order 26.4b1</p> <p>Upon continued surveyor review of Resident #2's MR it was revealed that on [redacted] NJ ex order 26.4b1, Resident #2 was [redacted] NJ Exec Order 26.4b1 after he/she was [redacted] NJ Exec Order 26.4b1 in his/her room by the Licensed Practical Nurse (LPN) [redacted] NJ ex order 26.4b1</p> <p>At 12:58 p.m., the surveyor interviewed the Director of Nursing (DON) who stated that on [redacted] NJ ex order 26.4b1 she was informed by the LPN that she</p>	A 563		
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A 563	<p>Continued From page 7</p> <p>found Resident #2 [redacted] in front of his/her recliner and [redacted] NJ ex order 26.4b1. The DON further stated she did not report the event to the ED.</p> <p>At 1:20 p.m., the surveyor interviewed the ED who stated that she was not notified Resident #2 [redacted] NJ ex order 26.4b1 which occurred on [redacted] NJ ex order 26.4b1 until [redacted] NJ ex order 26.4b1 when Resident # 2's [redacted] NJ Ex came into the facility to speak with her.</p> <p>At 1:36 p.m., the surveyor interviewed the Regional Nurse who indicated that there was not a policy on events that need to be reported to the NJDOH.</p>	A 563		
A 735	<p>8:36-7.2(e)(1-5) Resident Assessments and Care Plans</p> <p>(e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Orders for treatment or services, medications, and diet, if needed;</li> <li>2. The resident's needs and preferences for himself or herself;</li> <li>3. The specific goals of treatment or services, if appropriate;</li> <li>4. The time intervals at which the resident's response to treatment will be reviewed; and</li> <li>5. The measures to be used to assess the</li> </ol>	A 735		

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A 735	<p>Continued From page 8</p> <p>effects of treatment.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ0017425</p> <p>Based on interview and record review it was determined that the facility's Registered Nurse (RN) failed to develop a Health Service Plan (HSP) for [redacted] for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 6/13/2024 at 10:15 a.m., the surveyor reviewed Resident #2's medical record (MR) which revealed a move-in date of [redacted] with diagnoses [redacted], [redacted]. Upon further review of Resident #2's MR, the surveyor reviewed [redacted] documentation which revealed that Resident #2 was seen by [redacted] services for [redacted]. Resident #2 was seen on [redacted] by a Nurse Practitioner (NP) for treatment of his/ her [redacted] to his/her [redacted].</p> <p>At 12:21 p.m., the surveyor interviewed the Executive Director (ED) who indicated that Resident #2 had received [redacted] services with a [redacted] NP who came into the facility to [redacted]. The ED stated that the NP sent a post visit note, however there was not a HSP developed by the facility's Registered Nurse.</p> <p>At 12:58 p.m., the surveyor interviewed the Director of Nursing (DON) who stated that she</p>	A 735		

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A 735	Continued From page 9  was unaware that Resident #2 required a HSP for his/her <span style="background-color: black; color: black;">[REDACTED]</span>  The facility's RN failed to ensure there was a health service plan to ensure goals, interventions, and effects of treatments were evaluated and reassessed for efficacy developed for Resident #2.	A 735		

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H 000	Initials Comments  TYPE OF SURVEY: Complaint  COMPLAINT #: NJ0017425  CENSUS: 149  SAMPLE SIZE: 3  The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedures and Standards Applicable To All Licensed Facilities.	H 000		
H5790	8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM  A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record.  This REQUIREMENT is not met as evidenced by: Complaint #: NJ0017425  Based on interview, and record review it was determined that the facility failed to retain a copy of the Universal Transfer Form (UTF) in the medical record for 1 of 3 residents reviewed who were transferred to the hospital for <small>NJ Exec Order 26.4b1</small>	H5790		

LABORATO  
STATE FO

**NJ Exec Order 26.4b1**

TITLE *EXECUTIVE DIRECTOR* (X6) DATE *7/29/21*  
GOWX11 If continuation sheet 1 of 10

LICENSING



93 Manalapan Avenue  
Freehold, NJ 07728  
T 732-303-8800  
F 732-303-7244

Date of Survey 6/13/2024  
A310

**1. With respect to the specific resident/situation cited:**

Resident #2 returned to the Community from **NJ Exec Order 26.4b1**

Upon return to the community **NJ Exec Order 26.4b1** were begun for Resident #2, and an HSP was developed for Resident #2.

A specific policy relating to Health Service Plans and NJ requirements was developed on 6/14/2024

**2. With respect to how the facility will identify residents/situations with the potential for the identified concerns:**

All residents have the potential to be affected by non-adherence to the Meal Check policy and by the community not having a specific Health Service Plan policy.

**3. With respect to what systemic measures have been put into place to address the stated concern:**

Attendance logs for all residents will be completed for each meal. The Policy will be followed for all residents.

When it is discovered that a resident did not attend a meal, the Dining Room Supervisor will notify the Concierge who will call the resident. If they do not receive a response, the care team will check on the resident

Dining Staff, Care Staff, and Front Desk Staff have been educated by the Director of Nursing and Culinary Director on the new Meal Check policy on 6/14/24

The Regional Resident Care Director educated the Resident Care Director on the HSP policy on 7/16/24

**4. With respect to how the plan of correction will be monitored:**

To confirm that the processes outlined above are sustained, the Executive Director and Culinary Director will meet quarterly, for 12 months, to review the observations from audits regarding adherence to policy for meal checks.

The Resident Care Director/Designee will perform a monthly audit for 12 months of outside services provided to residents to assure that they have corresponding HSPs.

During and at the conclusion of the 12-month period, the Executive Director will reevaluate and initiate any necessary action or extend the above review periods.

The Executive Director is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur.

**DATE OF COMPLETION 6/14/2024**



93 Manalapan Avenue  
Freehold, NJ 07728  
T 732-303-8800  
F 732-303-7244

Date of Survey 6/13/2024  
A563

**1. With respect to the specific resident/situation cited:**

Resident #2 was admitted to the [NJ Exec Order 26.4b1]. Following that [NJ Exec Order 26.4b1] Res #2 was transferred to a [NJ Exec Order 26.4b1] and returned to our community on [NJ Exec Order 26.4b1]. The late reporting of the incident did not [NJ Exec Order 26.4b1] resident #2.

The Executive Director is aware of the late reporting and understands the concern. Moving forward, The Division of Health Facility Survey and Field Operations will be notified immediately by telephone followed within 72 hours of a Reportable Event.

**2. With respect to how the facility will identify residents/situations with the potential for the identified concerns:**

All residents have the potential to be affected by the facility not notifying The Division of Health Facility Survey and Field Operations immediately by telephone followed within 72 hours of a Reportable Event.

**3 With respect to what systemic measures have been put into place to address the stated concern:**

The Acting Resident Carer Director, current Resident Care Director, and Executive Director were re-educated by the Regional Director of Operations on NJ reporting requirements and reviewed the state regulation on 6/14/24.

**4. With respect to how the plan of correction will be monitored:**

The Resident Care Director and/or Executive Director/designee will review Incident Reports and progress notes daily to check for reportable events. If a reportable event is discovered, it will be reported in a timely manner.

The Resident Care Director/Executive Director/Designee will audit incident reports monthly for 3 months to assure that all reportable events have been reported in a timely manner.

**DATE OF COMPLETION:** 6/14/24



93 Manalapan Avenue  
Freehold, NJ 07728  
T 732-303-8800  
F 732-303-7244

Date of Survey 6/13/2024  
H5790

**1. With respect to the specific resident/situation cited:**

Resident #2 returned to the Community from **NJ Exec Order 26.4b1**

The community attempted to obtain a copy of Resident #2's Universal Transfer Form from the **NJ Exec Order 26.4b1** without success.

**2 With respect to how the facility will identify residents/situations with the potential for the identified concerns:**

All Residents have the potential to be affected by the identified concern of the Community not retaining a copy of the Universal Transfer Forms when residents are sent to the hospital.

**3. With respect to what systemic measures have been put into place to address the stated concern:**

The LPN who sent resident #2 to the **NJ Exec Order 26.4b1** was educated on retaining copies of Universal Transfer Forms by the Executive Director on 6/14/24.

LPNs and CMAs will be educated by the Resident Care Director /Designee on regulations regarding Universal Transfer Forms and the requirement of keeping a copy of it for the resident's medical record.

**D. With respect to how the plan of correction will be monitored:**

The Resident Care Director/Designee will perform a weekly audit for 3 months of all hospital discharges to assure that copies of the Universal Transfer Forms are retained for the residents' records. Following the 3-month period, Quarterly random audits for 12 months of 5 discharges will be completed to assure that the Universal Transfer Form requirements are being met.

The Resident Care Director will notify the Executive Director immediately if she becomes aware of an instance of the Universal Transfer Form requirement not being followed.

If an instance of policy non-compliance occurs, Associates will be immediately re-educated, and Corrective Actions will be issued as appropriate.

During and at the conclusion of the 3-month period, the Executive Director will reevaluate and initiate any necessary action or extend the review period.

The Executive Director is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur.

**DATE OF COMPLETION:** 6/14/24



93 Manalapan Avenue  
Freehold, NJ 07728  
T 732-303-8800  
F 732-303-7244

Date of Survey 6/13/2024  
F tag A735

**1. With respect to the specific resident/situation cited:**

Resident #2 returned to the Community from **NJ Exec Order 26.4b1** with an order for **NJ Exec Order 26.4b1**. An HSP was immediately initiated for Res #2.

The Regional Resident Care Director began reviewing all resident records on 6/17/24 to assure all necessary HSPs were in place.

**2. With respect to how the facility will identify residents/situations with the potential for the identified concerns:**

All Residents have the potential to be affected by the identified concern of not having HSPs in place for outside services.

**3. With respect to what systemic measures have been put into place to address the stated concern:**

The new Resident Care Director employment started on 7/15/24. She was educated by the Regional Care Director on the HSP policy and requirements on 7/15/24.

**4. With respect to how the plan of correction will be monitored**

The Resident Care Director/ Designee will perform a monthly audit of medical records/outside services to assure that all required HSPs are in place.

To confirm that the processes outlined above are sustained, the Executive Director and Resident Care Director will meet monthly, for 3 months, to review adherence to the requirement for HSPs.

During and at the conclusion of the 12-month period, the Executive Director will reevaluate and initiate any necessary action or extend the review period.

The Executive Director is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur

**DATE OF COMPLETION:6/30/2024**

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A009	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/22/2024
Y1	Y2	Y3
NAME OF FACILITY MATTISON CROSSING AT MANALAPAN AVE		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	DATE	ITEM	DATE
Y4	Y5	Y4	Y5
ID Prefix H5790	Correction	ID Prefix _____	Correction
Reg. # 8:43E-13.4(d)	Completed	Reg. # _____	Completed
LSC _____	06/14/2024	LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
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 6/13/2024	<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
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**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A009	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/22/2024
Y1	Y2	Y3
NAME OF FACILITY MATTISON CROSSING AT MANALAPAN AVE		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 A0310	Correction	ID Prefix A0563	Correction	ID Prefix A0735	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.10(a)(2)	Completed	Reg. # 8:36-7.2(e)(1-5)	Completed
LSC	06/14/2024	LSC	06/14/2024	LSC	06/30/2024
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 6/13/2024		<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		