

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2025
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NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING AT PINES VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 507 ROUTE 530 WHITING, NJ 08759
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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: COMPLAINT #: NJ166134 CENSUS: 70 SAMPLE SIZE: 7</p> <p>TYPE OF SURVEY: Standard Survey of 96 residential units</p> <p>The facility is not in substantial compliance with all 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.</p> <p>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> <p>A Life Safety Code Survey was conducted by the State Agency on 11/19/2025. The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.</p>	A 000		
A1289	<p>8:36-18.2(d) Infection Prevention and Control Services</p> <p>(d) The facility shall document evidence of vaccination against pneumococcal disease for all residents who are 65 years of age or older, in accordance with the General Recommendations on Immunization of the Advisory Committee on Immunization Practices of the Centers for</p>	A1289		

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

TITLE

(X6) DATE

01/06/26

New Jersey Department of Health

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A1289	<p>Continued From page 1</p> <p>Disease Control, February 8, 2002, incorporated herein by reference, as amended and supplemented, unless such vaccination is medically contraindicated or the resident has refused offer of the vaccine in accordance with N.J.A.C. 8:36-4.1(a). The General Recommendations on Immunization of the Advisory Committee on Immunization Practices of the Centers for Disease Control, February 8, 2002, which are available on the Internet at http://www.cdc.gov/nip/publications/acip-list.htm. The facility shall provide or arrange for pneumococcal vaccination of residents who have not received this immunization, prior to or on admission unless the resident refuses offer of the vaccine.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure staff administered the NJ Exec Order 26.4b1 once the resident requested the NJ Exec Order 26.4b1 be administered for 1 (Resident #3) of 7 sampled residents.</p> <p>Findings included:</p> <p>A facility policy titled, "AL [assisted living] -Influenza & Pneumococcal Vaccination," effective 10/01/2024, indicated, "Purpose To ensure all residents are offered, provided/arranged, and documented the influenza and pneumococcal vaccinations in accordance with N.J.A.C. [New Jersey Administrative Code] 8:36-18.2(c)-(d) and CDC/ACIP [Centers for Disease Control and Prevention / Advisory Committee on Immunization Practices] immunization guidelines."</p>	A1289		

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A1289	<p>Continued From page 2</p> <p>An "Admission Record" indicated the facility admitted Resident #3 on [redacted] NJ Exec Order 26.4b1. According to the Admission Record, the resident had a medical history that included diagnoses of [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 of [redacted] NJ Exec Order 26.4b1 of other parts of [redacted] NJ Exec Order 26.4b1.</p> <p>Resident #3's [redacted] NJ Exec Order 26.4b1 Intake Consent Form: [redacted] NJ Exec Order 26.4b1 dated [redacted] NJ Exec Order 26.4b1, indicated the resident requested to be administered the [redacted] NJ Exec Order 26.4b1.</p> <p>Resident #3's "Medication Administration Record" for the timeframe [redacted] NJ Exec Order 26.4b1 [redacted] [redacted] revealed no evidence the resident had been administered the [redacted] NJ Exec Order 26.4b1.</p> <p>During an interview on 11/18/2025 at 2:58 PM, the Wellness Director (WD) stated Resident #3 did not have a record of being administered the [redacted] NJ Exec Order 26.4b1. The WD stated Resident #3 consented to be given the [redacted] NJ Exec Order 26.4b1 [redacted] but had not received it yet.</p>	A1289		

POC #2 received 1/13/26
Accepted 1/13/26

Assisted Living at Pines Village Provider# 65A001

Updated Plan of Correction

Date of Survey: 11/20/2025

Submitted: 1/13/26

A 1289 8:36-18.2(d) Infection Prevention and Control Services

The facility shall document evidence of vaccination against pneumococcal disease for all residents who are 65 years of age or older, in accordance with the General Recommendations on Immunization of the Advisory Committee on Immunization Practices of the Centers for Disease Control.

1. Corrective Action

Resident # 3 received the NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 based upon his/her written consent. The NJ Exec Order 26.4b1 was documented accordingly in the resident's NJ Exec Order 26.4b1 record.

2. Identify

All unvaccinated residents have the potential to be affected by this deficient practice.

An audit was completed on 11/20/25 to identify residents that previously received the Pneumococcal vaccination. Unvaccinated residents who were medically eligible for the pneumococcal vaccine per CDC guidelines, were identified and offered the vaccine during the upcoming vaccination clinic. Our pharmacy was contacted to schedule a pneumococcal vaccine clinic and a date was set. Communication was sent out to residents and their responsible parties to inform them of the upcoming pneumococcal vaccine clinic. The communication included a pneumococcal vaccine fact sheet for education of residents and families and a consent form. This information was also posted at the concierge desk.

The pneumococcal vaccine was offered to any resident that has not received the vaccine and was medically eligible per CDC guidelines. The pneumococcal vaccine clinic was held on 12/18/25. Thirty-three residents were vaccinated during the clinic. Five residents previously received the vaccine prior to admission to the facility. Thirty-one residents declined receiving the vaccine.

3. Systemic Changes

The facility will review and update the Assisted Living Influenza and Pneumococcal Vaccination Policy annually to ensure it aligns with New Jersey Administrative Code 8:36-18-2 (d) and CDC/ACIP Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices guidelines and to include the measures below.

The Assisted Living Administrator and Wellness Director will review and update the AL Influenza and Pneumococcal Vaccination Policy annually based upon per CDC guidelines and any new NJ State Department of Health directives.

The current history and physical form used for new admissions was modified on 12/18/25 to highlight the pneumococcal vaccine prior to admission. It is not mandatory but helpful that newly admitted residents discuss the benefits of the pneumococcal vaccine with their primary physician. The admitting nurse will also inquire about and enter the new resident's pneumococcal immunization information in the medical record upon admission.

If the resident has previously received the pneumococcal vaccine, documentation along with the immunization record is requested by the nurse.

Residents who are unvaccinated and eligible per CDC guidelines, will be offered the pneumococcal vaccine after they are educated about the benefits and side effects. If the resident consents to receipt of the pneumococcal vaccine and they use or prefer the facility pharmacy, the pneumococcal vaccine will be ordered by the physician, administered, and documented accordingly.

If preferred, the resident is free to have the pneumococcal vaccination administered by an outside physician or pharmacy. The facility does request a copy of the immunization documentation for the resident chart.

Annually, the Infection Preventionist/designee will provide education to residents and/or their representatives if the pneumococcal vaccine has been previously refused and it is indicated per CDC guidelines. The Infection Preventionist will also coordinate an annual pneumococcal vaccine clinic that will be offered to and implemented annually for those residents who are unvaccinated if they choose to receive the vaccine.

The Wellness Director will also review each resident's immunization status documented in the medical record during the bi-annual resident assessment. Any unvaccinated, medically eligible residents and/or their representatives will be educated about the benefits and side effects of the pneumococcal vaccine and encouraged to receive the vaccine. Arrangements will be made for the resident to receive the pneumococcal vaccine following the same process for new admissions. The Infection Preventionist, who is responsible for the overall coordination of pneumococcal vaccination arrangements, will maintain an updated log of the vaccination status of each resident.

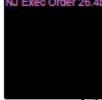
4. Monitoring

The Infection Preventionist/designee will complete a quarterly audit of pneumococcal immunization compliance as documented in each resident's medical record to identify opportunities for improvement. Results will be reported to the Administrator and Wellness Director upon completion.

If it is identified that a resident has not received the pneumococcal vaccine and it is medically indicated per CDC guidelines, the Wellness Director/designee will take this opportunity to educate the resident and their family and offer the vaccination.

Quarterly immunization audit results will be reviewed at the quarterly Assisted Living QAPI meetings facilitated by the Administrator. Completion of the immunization audit will be decreased to every six months when 100% compliance is achieved for four consecutive quarters.

Plan of Correction Completion Date: 12/18/25.

 approved 1/13/26

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65A001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/13/2026
NAME OF FACILITY ASSISTED LIVING AT PINES VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 507 ROUTE 530 WHITING, NJ 08759	

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 A1289	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-18.2(d)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/18/2025	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	
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 11/20/2025		<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		