STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65A114	A. BUILDING: _____ B. WING _____	C 04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRA VIE AT TOMS RIVER	1657 SILVERTON ROAD TOMS RIVER, NJ 08753

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ 00185194, NJ 00185195 CENSUS: 111 SAMPLE SIZE: 3 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.	A 000		
A 310	8:36-3.4(a)(1) Administrator's Responsibilities (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint # NJ 00185195, NJ 00185194 Based on interview and record review, it was determined that the facility Executive Director (ED) failed to implement and enforce the policies and procedure titled, "Missing Resident-Elopement Prevention Program" and "Resident Emergency Call Response" and failed to include timeframe in which staff should respond to emergency exit doors for 2 of 3 residents reviewed, Resident #1 and Resident #2. This deficient practice was evidenced by the following: 1. On 4/15/25 at 11:35 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 with a diagnosis of NJ Ex Order 26. 4B1. Additionally the MR revealed that the resident took NJ Ex Order 26. 4B1 [redacted]. Resident #2 resided on the NJ Ex Order 26. 4B1 of the Assisted Living unit. The surveyor reviewed the progress notes and observed one dated 12/4/24 at 11:34 a.m., written by the former Director of Health/Wellness (DHW), who documented that the RN, was made aware of Resident #2's NJ Ex Order 26. 4B1, and 'NJ Ex Order 26.4(b)(1) was re-added to the service plan (SP) every shift. In addition, the RN documented that staff reported NJ Ex Order 26.4(b)(1)	A 310		

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A 310	Continued From page 2	A 310		

NJ Ex Order 26. 4B1, and that staff were aware to NJ Ex Order 26.4(as needed.

The progress note dated NJ Ex Order 26.4 at 9:25 p.m., written by the ED, indicated that Resident #2 was returned to the NJ Ex Order 26. 4B1 The ED documented that the resident stated that he/she was NJ Ex Order 26. 4B1 .

The surveyor reviewed the SP dated NJ Ex Order 26, which was initiated on NJ Ex Order 26.4(b)(1, and documented Resident #2 NJ Ex Order 26. 4B1 . The SP also indicated to NJ Ex Order 26.4(the resident as needed to keep the resident from NJ Ex Order 26. 4B1 . Additionally, the SP indicated that the unlicensed assistive personnel were to provide NJ Ex Order 26.4(b)(1) as needed to manage NJ Ex Order 26. 4B1 .

At 11:40 a.m., the surveyor interviewed the front desk Concierge regarding identifying residents that were at risk for NJ Ex Order 26.4(b)(1) The Concierge informed the surveyor that the residents that were at risk for NJ Ex Order 26.4(b)(1) were all on the secured unit on the NJ Ex Order 26. 4B1. The surveyor then requested a list of residents at NJ Ex Order 26. 4B1, and the NJ Ex Order 26. 4B1, which is kept at the front desk. The Concierge left and returned to the desk with a list of residents, which included Resident #1 and Resident #2, highlighted in yellow. The Concierge informed the surveyor that there was no NJ Ex Order 26. at the front desk at the time and that the Assistant Executive Director was in the process of putting one together.

At 11:55 a.m., the surveyor interviewed the ED regarding the NJ Ex Order 26. 4B1, who acknowledged that there was no binder kept at

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A 310	Continued From page 3	A 310		

the front desk at the time of interview and would be available by the survey date.

The surveyor reviewed the policy titled, "Elopement-Missing Person", dated 5/2020, which revealed on Page 3 of 22, number 3. "A resident color photograph with a copy of the resident's emergency face sheet and completed advance directive documents, are maintained in the Elopement binder located at the concierge desk(s)... Photographs are updated annually ..."

At 9:34 a.m., the surveyor interviewed the ED regarding Resident #1's NJ Ex Order 26. 4B1. The ED stated that Resident #1 was not at NJ Ex Order 26. 4 and that the resident walked around the building every day and went out through the front door and back.

At 9:45 a.m., the surveyor reviewed Resident #1's MR which revealed that Resident #1 was admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses of NJ Ex Order 26. 4B1. The "DL Master Assessment", dated NJ Ex Order 26.4(b)(1, revealed that Resident #1 was identified at NJ Ex Order 26. 4B1, but did not require NJ Ex Order 26.4(b)(1) on admission. There was no documented evidence that a care plan was initiated for the resident's NJ Ex Order 26. 4B1 on admission.

At 10:46 a.m., the surveyors, in the presence of the ED and Associate Executive Director (AED), viewed the camera footage dated NJ Ex Order 26.4 and timed at 12:40 p.m. The camera footage was only visual and did not contain audio, and revealed that on NJ Ex Order 26., Resident #1 NJ Ex Order 26.4(b)(1) through the NJ Ex Order 26.4(b)(1) at 12:50 p.m. and was NJ Ex Order 26. 4B1. by NJ identified by facility staff as a NJ Ex Order

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A 310	Continued From page 4 NJ Ex Order 26. 4B1 . At 11:06 a.m., the surveyor inspected the NJ Ex Orde that Resident #1 NJ Ex Order 26. 4B1 . The surveyors held the NJ Ex Order 26.4(b)(1) for three minutes without facility staff responding. At 11:40 a.m., the surveyor notified the ED that the surveyors held the NJ Ex Order 26.4(b)(1) for three minutes and facility staff never responded. At 12:46 p.m., the surveyor interviewed the ED regarding the NJ Ex Order 26.4(b) that staff members carried. The ED explained that all NJ Ex Order 26.4(b)(1), except the NJ Ex Order 26.4(b)(1) and the NJ Ex Order 26.4(b)(1), showed on the NJ Ex Order 26.4(b) when NJ Ex Order 2 were NJ Ex Order 26.4(b) The ED informed the surveyor that the policy titled, "Resident Emergency Call Response" was also used for the NJ Ex Order 26.4(b)(1) when the surveyor requested the NJ Ex Order 26.4(b)(policy. At 1:22 p.m., the surveyor interviewed a Medication Aide (MA), who was on duty the day Resident #1 NJ Ex Order 26. 4 , regarding the NJ Ex Order 26.4(b)(1) response. The MA stated that when a NJ Ex Order 26.4(b)(1) is opened, it NJ Ex Order 26.4(b)(1) and the care partners respond to the NJ Ex Order 26 The MA explained that MAs only checked the NJ Ex Order 2 when they were not administering medications to the residents. Staff also check to ensure that no resident has NJ Ex Order 26 the NJ Ex Order 26.4(b)(1). The MA informed the surveyor that she was administering medication to the residents when Resident #1 NJ Ex Order 26. 4 . At 1:29 p.m., the surveyor interviewed a Care Partner (CP), who worked the day Resident #1 NJ Ex Order 26. 4 , regarding responding to NJ Ex Order 26.4(b)(1). The CP stated that when a NJ Ex Order 26.4(b)(1), it NJ Ex Order 26.4 on the NJ Ex Order 26.4 and the staff are supposed to check the NJ Ex Orde to see if a resident has NJ Ex Order 26	A 310		

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A 310	Continued From page 5	A 310		

the NJ Ex Order The CP stated that she did not recall if the 'NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4 after Resident #1 NJ Ex Order 26.4, or if she had responded/checked the NJ Ex Order

At 1:43 p.m. the surveyor and the CP went to the 'NJ Ex Order 26.4(b)(1) to test the NJ Ex Order 26.4 , in the presence of the Maintenance Director (MD). The surveyor opened the NJ Ex Order and the NJ Ex Order 26.4 that the CP and the MD carried did not alert that the 'NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)

At 1:44 p.m., the surveyor interviewed the MD regarding the NJ Ex Order 26.4(b)(1). The MD stated that he tested and changed the batteries and noted that the NJ Ex Order 26.4(b)(1) were not NJ Ex Order 26.4(on the NJ Ex Order 26.4 system. The MD added that he tested the NJ Ex Order 2 weekly and monthly.

At 1:51 p.m., the surveyor interviewed a Licensed Practical Nurse (LPN) who worked the day Resident #1 NJ Ex Order 26. 4 regarding responding to NJ Ex Orde . The LPN stated that she does not carry a NJ Ex Order 26.4(b The LPN stated that there is one NJ Ex Order 26.4 assigned to each medication cart of the facility and the CP gets that NJ Ex Order 26.4(b The LPN stated that the Concierge calls out NJ Ex Order 26.4 that are not responded to in 15 minutes or more. However, the LPN stated that she was not sure of the time frame to respond to the NJ Ex Order 26.4(b)(1) The LPN explained that whoever carried the NJ Ex Order 26.4(b was supposed to go and check outside to see if someone NJ Ex Order 26.4 when the NJ Ex Order 26.4 alert that a NJ Ex Order 26.4(b)(1) .

At 2:25 p.m., the surveyor interviewed the MD and ED regarding the same above NJ Ex Order 26.4(b)(1) testing. The surveyor was provided documentation dated NJ Ex Order 26.4(b , the date of the

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A 310	Continued From page 6 survey, which indicated that the NJ Ex Order 26.4(b)(1) [redacted] passed the "Operational test." In addition, the ED provided the surveyor with the "Device Activity Report" dated [redacted], the date Resident #1 [redacted]. During the interview, the MD confirmed that the NJ Ex Order 26.4(b)(1) did not pass the test as indicated on the "Logbook Documentation" provided to the surveyor. The ED stated that the AED was responsible for reviewing the "Device Activity Report", a report that details [redacted] response times, weekly and sometimes more frequently. The surveyor reviewed the "Device Activity Report" dated [redacted], date of Resident #1's NJ Ex Order 26. 4B1 and 4/15/25, date of survey and the report did not indicate that the NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) was functioning. At 2:43 p.m. the surveyor interviewed the AED regarding Resident #1 NJ Ex Order 26. 4B1 and the Device Activity Report. The AED stated that she reviewed the "Device Activity Report" weekly and more frequently as needed. The AED confirmed that anything over a 10-minute time frame "sticks out." Additionally, the AED stated that she did not review the NJ Ex Order 26.4(b)(1) response times, but only reviewed the residents' NJ Ex Order 26.4(b)(1) response times. At 2:56 p.m. the surveyor interviewed the ED and AED who acknowledged that the NJ Ex Order 26.4(b)(1) [redacted], the [redacted] Resident #1 NJ Ex Order 26. 4B1 [redacted], malfunctioned. The facility failed to follow it policy's which resulted in Resident #1 being able to NJ Ex Order 26. 4B1 [redacted].	A 310		

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A 310	Continued From page 7 The surveyor reviewed the following policies and procedures titled, "Missing Resident-Elopement Prevention Program" which indicated, " ... Resident Assessment and Interventions for Managing Elopement Risk A licensed nurse completes Elopement risk assessment per regulatory requirements ... Resident care and services including additional supervision needs will be documented on the service plan ... Preventive Checks 1. The Maintenance Director/Designee is responsible managing and maintaining functionality of community doors, windows and community physical plant operations ..." "Resident Emergency Call Response," which revealed, "Staff will respond to resident call for assistance in a timely manner. Call response times are reviewed daily during stand up and evaluated as part of the community Quality Assurance program. Review of the emergency call system and response practices shall occur a minimum of annually, with staff ... Procedure 1) Upon hire, emergency call response training is provided for community staff on the use and management of the emergency call system, including timely response expectations. 2) The Executive Director/Designee and the Director of Health and Wellness/Designee are responsible for timely response follow up communication ..." Refer to tag 8:36-4.1(a)(22)	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,	A 401		

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A 401	Continued From page 8 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; This REQUIREMENT is not met as evidenced by: Complaint # NJ 00185195 and NJ 00185194 Based on observation, interview and record review, it was determined that the facility failed to ensure a safe environment was maintained while providing care and services to residents in the community for 2 of 3 residents reviewed, Resident #1 and Resident #2. This deficient practice is evidenced by the following: On 4/15/25 the Department of Health investigated two Facility Reportable Events regarding two NJ Ex Order 26. 4B1 , two residents NJ Ex Order 26. 4B1 at separate times, Resident #1 and Resident #2. 1. On 4/15/25 at 11:35 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 with a diagnosis of NJ Ex Order 26. 4B1. At 11:11 a.m., the surveyor observed the resident on the NJ Ex Order 26. 4B1 for a day trip after the resident	A 401		

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A 401	Continued From page 9 NJ Ex Order 26. 4B1 . The resident resided on the NJ Ex Order 26. 4B1 of the Assisted Living unit. The resident was NJ Ex Order however, the surveyor was not able to interview the resident due to NJ Ex Order 26. 4B1 . The surveyor reviewed the electronic progress notes and observed a progress note dated NJ Ex Order 26.4(b)(at 8:36 a.m., NJ Ex Order 2 of admission, written by a Licensed Practical Nurse (LPN), which documented that the resident was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26. 4B1 . On NJ Ex Order 26.4(b)(1) at 1:58 p.m., day NJ of admission, the former Director of Health/Wellness (DHW), a Registered Nurse, documented that the resident was NJ Ex Orde and NJ Ex Order 26.4(b)(1), NJ Ex Order 26. 4B1 . The progress noted dated 12/4/24 at 11:34 a.m., written by the former DHW documented that the RN was made aware of the resident's NJ Ex Order 26. 4B1 , and that the NJ Ex Order 26. 4B1 was re-added to the SP every shift. In addition, the RN documented that staff reported NJ Ex Order 26. 4B1 and that staff were aware to NJ Ex Order 26.4(b as needed. The progress note dated 4/6/25 at 9:25 p.m., written by the Executive Director (ED), indicated that Resident #2 was NJ Ex Order 26. 4B1 . The ED documented that the resident stated that he/she was NJ Ex Order 26. 4B1 . At 1:10 p.m., the surveyor interviewed the ED, and current DHW regarding the resident's NJ Ex Order 26. 4B1 that	A 401		

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A 401	Continued From page 10 occurred on [redacted]. In addition, the surveyor requested to view the camera footage when the resident [redacted]. During the interview, the ED stated that Resident #2 was not at [redacted], and took walks outside in front of the building. The ED explained that Resident #1 and Resident #2 are friends and that she felt that Resident #2's [redacted] when Resident #2 could not find Resident #1, and stated, "[redacted]." According to the camera footage viewed dated [redacted], Resident #2 was [redacted]. The facility was not aware that Resident #2 had [redacted] until the facility received a call from the [redacted] that Resident #2 was [redacted] from the facility. On 4/22/25, after the survey, the surveyor reviewed the [redacted], and timed 7:46 p.m., provided by the ED via email, which indicated that a "[redacted]" was out with [redacted]. The report indicated that at 8:31 p.m., a male/female with [redacted]. The report also indicated that the male/female [redacted]. The facility failed to ensure that Resident #2 was safe in the community by failing to monitor the [redacted], as documented in the SP on [redacted] The facility was not aware of the resident's [redacted]	A 401		

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A 401	Continued From page 11 NJ Ex Order 26. 4B1 [redacted].	A 401		

2. On 4/15/25 at 9:34 a.m., the surveyor interviewed the Executive Director (ED) regarding Resident #1's NJ Ex Order 26. 4B1. The ED stated that Resident #1 was not at NJ Ex Order 26. 4B1, walked around the building every day, went outside through the front door, and staff were aware of the resident taking a walk.

At 9:45 a.m., the surveyor reviewed the resident's MR, which revealed that Resident #1 was admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses of NJ Ex Order 26. 4B1 [redacted]. At 11:11 a.m., the resident was observed on the NJ Ex Order 26. 4B1 [redacted] with Resident #2 ambulating together in the hallway. The surveyor was not able to interview the residents due to NJ Ex Order 26. 4B1.

Additionally, the surveyor reviewed Resident #1's Service Plan (SP) dated 4/1/25, which was initiated on NJ Ex Order 26. [redacted] prior to the resident's admission to the facility. The "DL Master Assessment" (an assessment completed by a Registered Nurse) dated NJ Ex Order 26.4(b)(1) [redacted], completed by the former Director of Health/Wellness, a Registered Nurse (DHW) on admission documented that the resident 'NJ Ex Order 26. 4B1 [redacted]" However, the SP did not address Resident #1's NJ Ex Order 26. 4B1, as identified on the resident's admission assessment.

During continued review of Resident #1's MR the surveyor observed a progress note, written by the Associate Executive Director (AED), dated NJ Ex Order 26. [redacted]

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A 401	Continued From page 12 at 2:19 p.m., which indicated that Resident #1 was returned to the [redacted]. I asked [Resident #1] what he/she was doing down there and he/she responded [redacted]". At 10:04 a.m., the surveyor interviewed the DHW regarding Resident #1's [redacted]. The DHW stated that she noticed that Resident #1 had [redacted] when she started working at the facility at the end of [redacted]. Additionally, the DHW confirmed that the staff did not identify Resident #1 as an [redacted] prior to his/her [redacted]. The DHW continued to state that Resident #1 walked around the building and would normally notify staff prior to taking a walk around the premises. At 10:46 a.m., the surveyors, in the presence of the ED and AED, viewed the video footage dated [redacted]. The video footage was only visual and did not contain audio. The surveyors observed the following footage occurrence on 4/6/24: At 12:40 p.m.-Resident #1 was observed walking around the facility. At 12:42 p.m.-Resident #1 was observed walking with Resident #2 to Resident #2's room. At 12:48 p.m.-Resident #1 was observed leaving Resident #2's room alone. At 12:50 p.m.- Resident #1 was observed [redacted]. At 1:16 p.m.- Resident #1 was observed [redacted]	A 401		

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	65A114	A. BUILDING: _____ B. WING _____	C 04/15/2025

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A 401	Continued From page 13 [redacted] Resident #1 to the Concierge. At 10:53 a.m., during interview, the ED and AED informed the surveyor that when certain [redacted] including the NJ Ex Order 26.4(b)(1) was opened, it would NJ Ex Order 26.4(b)(1) carried by the [redacted] staff and is also seen by the Concierge at the front desk until the [redacted] was closed. The ED and AED stated that when the [redacted] is triggered, staff are supposed to respond to inquire why the [redacted] triggered. At 11:06 a.m., the surveyor inspected the [redacted] in-which Resident #1 [redacted]. The surveyors held the [redacted] for three minutes without facility staff responding. At 11:22 a.m., the surveyor interviewed the Concierge who was on duty when Resident #2 was [redacted]. The Concierge stated that the [redacted] Resident #1 stated that she found the [redacted]. The Concierge added that there is a monitor at the front desk in which the concierge staff can see when a [redacted] is [redacted] and when the [redacted] is reset. When the surveyor exited the facility, the surveyor noted that the Church Road intersection was approximately 0.7 miles away from the facility. From the facility to route 9 via Church Road was approximately 2.4 miles. The path to Church Road from the facility was noted to have many trees on one side of the road, and a major highway on the other side without a sidewalk. At 11:40 a.m., the surveyor notified the ED that the surveyors [redacted] the [redacted] for three	A 401		

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A 401	Continued From page 14 minutes and no facility staff responded. At 1:22 p.m., the surveyor interviewed a Medication Aide (MA) who was on duty the date Resident #1 [redacted], regarding responding to [redacted] The MA stated that when a NJ Ex Order 26.4(b)(1) was [redacted] it [redacted] on the [redacted] and the Care Partners (CP) are supposed to respond to check the [redacted] to see if a resident [redacted] The MA stated that she was administering medications to residents during the time Resident #1 [redacted]. At 1:29 p.m., the surveyor interviewed a CP who worked the day Resident #1 [redacted] regarding responding to NJ Ex Order 26.4(b)(1). The CP stated that when a NJ Ex Order 26.4(b)(1) is [redacted] it [redacted] on the [redacted] and the staff is supposed to check the [redacted] to see if a resident [redacted] The CP stated that she did not recall if the 'NJ Ex Order 26.4(b)(1)" NJ Ex Order 26.4(b)(1) on [redacted] and if she had responded/checked the [redacted] At 1:43 p.m. the surveyors and the CP, mentioned above, went to the NJ Ex Order 26.4(b)(1) [redacted] to test the NJ Ex Order 26.4(b)(1). In the presence of the CP and the Maintenance Director (MD) the surveyors NJ Ex Order 26.4(b)(1), and the [redacted] that the CP had nor the [redacted] the MD had did not alert that the NJ Ex Order 26.4(b)(1) had been [redacted] At 1:44 p.m., the surveyor interviewed the MD regarding the [redacted] The MD stated that he was testing the 'NJ Ex Order 26.4(b)(1) and had changed the batteries and noted the NJ Ex Order 26.4(b)(1) was not [redacted] the NJ Ex Order 26.4(b)(1). The MD stated that he tests the [redacted] monthly and weekly. At 1:51 p.m., the surveyor interviewed a Licensed	A 401		

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A 401	Continued From page 15 Practical Nurse (LPN) who worked the day Resident #1 [redacted] regarding responding to [redacted]. The LPN stated that she does not carry a [redacted] The LPN stated that there is one [redacted] assigned to each medication cart of the facility and the CP gets that [redacted] The LPN stated that the Concierge calls out alarms that are not responded in 15 minutes or more, yet she is not sure of the time frame. The LPN confirmed that if you have the [redacted] you are supposed to go and check outside to see if someone [redacted] when the [redacted] that a [redacted] was [redacted] At 2:25 p.m., the surveyor interviewed the MD and ED regarding the [redacted] test. The surveyor was provided documentation dated 4/15/25, date of the survey, which indicated the NJ Ex Order 26.4(b)(1) passed the Operational test. In addition, the ED provided the surveyor a "Device Activity Report" dated [redacted] and 4/15/25, date of [redacted] and survey date. The MD confirmed the NJ Ex Order 26.4(b)(1) did not pass the test as indicated on the "Logbook Documentation" as observed by the surveyors at 1:43 p.m. The ED stated that the AED reviewed the daily activity report which detailed the [redacted] response times, weekly and sometimes more frequently. At 2:43 p.m. the surveyor interviewed the AED regarding Resident #1 [redacted] and the Device Activity Report. The AED stated that she reviewed the report weekly and more frequently as needed. The AED continued to state that anything over a 10 minutes timeframe "Sticks out." Additionally, the AED stated that she did not review the [redacted] response times but only the residents' [redacted] response times. The facility failed to ensure Resident #1's right to a safe environment when Resident #1 [redacted]	A 401		

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A 401	Continued From page 16 *NJ Ex Order 26. 4B1* [redacted]. The facility was unaware that Resident #1 [redacted] until the resident was brought back to the facility by *NJ Ex Order 26. 4B1* [redacted]. On 4/15/2 at 3:30 p.m., the surveyor requested a Removal Plan (RP) from the ED regarding the above concerns. On 4/22/25 the department received an acceptable RP.	A 401		
A 753	8:36-7.3(c) General and Health Service Plans (c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan. This REQUIREMENT is not met as evidenced by: Complaint # NJ 00185195, Based on observation, interview and record review, it was determined that the facility failed to develop and/or revise a resident's Service Plan (SP) who was identified as an [redacted] risk for 1 of 3 residents, Resident #1. This deficient practice was evidenced by the following:	A 753		

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A 753	Continued From page 17 On 4/15/25, the Department of Health (DOH) investigated two Facility Reportable Events (FRE) regarding NJ Ex Order 26. 4B1 from the facility at separate times, Resident #1 and Resident #2. At 9:34 a.m., the surveyor interviewed the Executive Director (ED) regarding the resident's NJ Ex Order 26. 4B1. The ED stated Resident #1 did not have NJ Ex Order 26. 4B1 and that the resident took walks around the building every day. At 9:45 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that Resident #1 was admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses of NJ Ex Order 26. 4B1. At 11:11 a.m., the resident was observed on the NJ Ex Order 26. 4B1 with Resident #2, they were ambulating together in the hallway. The surveyor was not able to interview either resident due to their NJ Ex Order 26. 4B1. The surveyor reviewed Resident #1's MR which revealed that the resident was assessed by a Registered Nurse (RN) three times prior to the resident's NJ Ex Order 26. 4B1. The "DL Master Assessment" dated NJ Ex Order 26 prior to admission, identified the resident as not being a NJ Ex Order 26. 4B1. The "DL Master Assessment" (an assessment completed by a Registered Nurse)dated NJ Ex Order 26. 4B1, date of admission, identified that Resident #1 NJ Ex Order 26. 4B1. The "DL Master Assessment" dated NJ Ex Order 26.4(b)(, also identified Resident #1 as one that NJ Ex Order 26. 4B1. At 10:04 a.m., the surveyor interviewed the	A 753		

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A 753	Continued From page 18 Director of Health and Wellness (DHW), a Registered Nurse, regarding Resident #1's [redacted]. The DHW stated that she was new to the facility and noticed that Resident #1 had [redacted] when she started employment at the facility at the end of [redacted]. The DHW confirmed that the staff did not identify Resident #1 as an [redacted] prior to the [redacted]. The surveyor reviewed Resident #1's SP dated [redacted] and observed that there was no documented evidence that the SP was updated with intervention(s) to address the resident's [redacted], which was identified upon admission on [redacted]. Refer to tag 8:36-4.1(a)(22)	A 753		
A1073	8:36-15.6(b) Resident Records (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. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00185194	A1073		

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A1073	Continued From page 19 Based on interview and record review, it was determined that the facility failed to ensure that documentation of resident's NJ Ex Order 26. 4B1 was maintained in the record for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 4/15/25 at 11:35 a.m., the surveyor reviewed Resident #2's medical record which indicated that the resident was admitted to the facility in NJ Ex Order 26. 4B1 with a diagnosis of NJ Ex Order 26. 4B1. At 11:11 a.m., the resident was observed on the NJ Ex Order 26. 4B1, day NJ Ex Order 26.4(after an NJ Ex Order 26. 4B1. The resident resided on the NJ Ex Order 26. 4B1 of the assisted living unit. Resident #2 was NJ Ex Order however, the surveyor was not able to interview the resident due to their NJ Ex Order 26. 4B1. During surveyor review of the electronic progress notes dated 10/26/24 at 8:36 a.m., day 2 of admission, written by a Licensed Practical Nurse (LPN), which documented that the resident was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26. 4B1 On 11/12/24 at 1:58 p.m., day 3 of admission, the former Director of Health/Wellness (DHW), who was a Registered Nurse, documented that the resident was NJ Ex Orde and NJ Ex Order 26.4(b)(1) and NJ Ex Order 26. 4B1 . The progress note dated 12/4/24 at 11:34 a.m., written by the former DHW, documented that the RN was made aware of the resident's NJ Ex Order 26. 4B1 and that the 'NJ Ex Order 26. 4B1	A1073		

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A1073	Continued From page 20	A1073		

NJ Ex Order 26. 4B1, and that staff were aware to NJ Ex Order 26.4(as needed.

The progress note dated NJ Ex Order 26 at 9:25 p.m., written by the ED indicated that Resident #2 was NJ Ex Order 26. 4B1 The ED documented that the resident stated that he/she was NJ Ex Order 26. 4B1 .

The surveyor reviewed the SP dated NJ Ex Order 26.4 which was initiated on NJ Ex Order 26.4(b)(1) and indicated that Resident #2 NJ Ex Order 26. 4B1 . The SP also documented, "NJ Ex Order 26. 4B1 ."

Further surveyor review of Resident #2's record revealed that there was no documented evidence that the resident was monitored and/or NJ Ex Order 26.4(b)(1) by staff from NJ Ex Order 26.4(b)(1) through NJ Ex Order 26. , when the resident NJ Ex Order 26. 4B1 .

At 1:10 p.m., the surveyor interviewed the current DHW regarding the resident's NJ Ex Order 26. 4B1 prior to the NJ Ex Order 26. 4B1 that occurred on NJ Ex Order 26. . In addition, the surveyor inquired about the documentation to show that Resident #2 was monitored and NJ Ex Order 26.4(b)(1) prior to the NJ Ex Order 26. 4B1 to "NJ Ex Order 26. 4B1 " as indicated in the SP on NJ Ex Order 26.4(b)(. The current DHW stated that she acknowledged Resident #2's NJ Ex Order 26.4 in NJ Ex Order 26. 4B1 and confirmed that there was no documentation regarding the resident's NJ Ex Order 26.4(b)(1) prior to the NJ Ex Order 26. 4B1 .

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A1073	Continued From page 21 The facility failed to provide the surveyor with documented evidence that Resident #2 was monitored and [redacted] every shift, and as needed, to keep the resident from [redacted] and prevent the resident from [redacted] as indicated in the resident's SP. Refer to tag 8:36-4.1(a)(22)	A1073		
A1399	8:36-21.1(b)(3) Quality Improvement Program (b) Quality improvement activities shall include, but not be limited to, the following: 3. Establishment of objective criteria for evaluation of the resident care provided by each service area; This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to collect and analyze available data in order to determine the timeliness of their emergency response times through the facility's quality improvement program. This deficient practice was evidenced by the following: On 4/15/25 at 12:55 p.m., the surveyor interviewed the Executive Director (ED) and inquired about the Emergency exit alarmed doors and how long it took staff to respond to the emergency exit doors when the alarm was triggered. The ED stated that when the	A1399		

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A1399	Continued From page 22 emergency locked doors are triggered, an alarm sounds on individual beepers and staff should respond to the exit door within 5 minutes. In addition, the surveyor asked the ED if the facility had a system in place to monitor the staff's response time when the emergency exit door is triggered, and if the report that is generated was reviewed by Administration. The ED stated that there was a monitor at the front receptionist area that alerts staff when the door is opened. The ED informed the surveyor that the Assistant Executive Director (AED) reviewed the "Device Activity Report" (DAR), which showed the duration of the alarm response time. The surveyor then requested print out of the daily DAR for [redacted] and 4/15/25 for review. The surveyor received copies of the daily DAR provided by the ED which revealed that on [redacted] at 11:59:44 a.m., the back door South alarm triggered for 3,050 minutes, 25 seconds. At 11:57:53 a.m., the side door North triggered for 3,052 minutes, 18 seconds. The report also included multiple incidents where the alarm triggered from a range of 38 minutes to 767 minutes, 52 seconds. Further surveyor review of the DAR revealed that the report included both the emergency locked exit doors and residents' pendant alert. At 2:43 p.m. the surveyor interviewed the AED regarding the DARs and she stated that she reviewed the reports weekly, and more frequently as needed. The AED confirmed that she only reviewed the residents' pendant alarm portion, and not the emergency exit door alarm portion for response times.	A1399		

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A1399	Continued From page 23 At 3:10 p.m., the surveyor informed the ED of the above concern and the ED acknowledged that the DARs were not reviewed by the AED. The facility had the capability to print out of the emergency exit door response times and monitor the timeliness of the response times; however, there was no documented evidence that this information was evaluated as part of the facility's quality improvement program to evaluate the implementation and effectiveness of the facility policy provided to the surveyor. Continued review of the policy did not include a timeframe in which the staff should respond to the emergency exit door. The surveyor reviewed the facility policy titled, "Resident Emergency Call Response" provided by the ED, which revealed, "Staff will respond to resident calls for assistance in a timely manner. Call response times are reviewed daily during stand-up and evaluated as part of the community Quality Assurance program." 2. "The Executive Director/Designee and the Director of Health and Wellness/Designee are responsible for timely response follow up communication ..." 4. "Emergency call response time, average response times, and exceptions are reviewed and discussed during daily stand-up meetings." Refer to 8:36-3.4(a)(1)	A1399		

Accepted 5/21/25

MIRA VIE
AT TOMS RIVER
ASSISTED LIVING | MEMORY CARE

5/21/2025

Please find the Plan of Correction related to the complaint survey conducted on 4/15/2025.

A310 8:365: 3.4(a)(1) Administration

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
    - Resident#1 relocated on NJ Ex Order 26. 4B1 and #2 relocated on NJ Ex Order 26. 4B1 to our NJ Ex Order 26.4(b)(1)
    - Community will follow policies and procedures as it relates to NJ Ex Order 26. 4B1, resident rights, NJ Ex Order 26 checks, and emergency call response.
    - Care plans reviewed and updated for Resident #1 on 4/8/2025 and resident #2 on 4/16/2025.
    - NJ Ex Order 26. 4B1 implemented and staff in-service conducted 4/15/2025.
2. How the facility will identify other residents having the potential to be affected by the same deficient practice.
    - All residents have the potential to be affected.
3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.
    - Executive Director(ED) or designee to ensure all staff are trained on elopement, resident rights, door checks, and emergency call response.
    - All staff educated on policies. Maintenance will complete weekly door checks as per policy and will be documented. ED and/or designee will spot check to ensure compliance.
    - The following policies were reviewed on 4/15/2025 and no revisions were made. Elopements, resident rights, door checks, and resident emergency call response.
    - Staff education conducted on elopements, resident rights, door checks, and resident emergency call response started on 4/15/2025 and completed on

4/18/2025. These trainings will be conducted upon hire, annually, and as needed.

- Community will follow policies and procedures as it relates to elopements, resident rights, door checks, and emergency call response.
- Elopement binder placed at front desk, updated to include all residents with any cognitive impairment and all staff in-serviced starting 4/15/2025 and completed on 4/20/2025.
- Elopement binder will be updated as needed based on change in resident cognition, upon move-in or move-out, or based on new diagnosis related to cognitive impairment.
- Community will follow policy on Missing Person-Elopement Prevention Program.
- All staff educated on emergency call response protocols beginning 4/15/2025 and completed 4/20/2025.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
    - ED and/or designee to spot check door alarms and resident emergency call response for compliance a minimum of weekly.
    - ED and/or designee to ensure elopement drills completed and Elopement binder updated and reviewed monthly.
    - Monthly elopement drills/education will be continued per policy and logged into online facilities maintenance tracking platform for review by Regional Vice President(RVP).
    - Monitored on Quarterly Quality Assurance by Executive Director.
    - Executive Director and/or Designee will ensure policies related to monthly emergency drills, updated Elopement Binder, weekly door checks being adhered to. ED and/or Designee will review to ensure all processes are in place with RVP Clinical as part of quarterly Quality Assurance.
    - Completion date 4/20/2025 and ongoing.

A401 8:36-4 1(a)(22) Resident Rights

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- Resident#1 relocated on [redacted] and #2 relocated on [redacted] to our NJ Ex Order 26.4(b)(1)
- Care plans reviewed and updated for Resident #1 on 4/8/2025 and resident #2 on 4/16/2025.
- Staff education on resident rights and [redacted] alarm response conducted 4/15/2025.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.
   - All residents have the potential to be affected by this practice.
3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.
   - Door alarm response times reviewed weekly at stand-up meeting with Executive Director and/or Designee with follow up as needed.
   - Door alarm checks in place weekly by Maintenance Director as part of online maintenance tracking system with report to Executive Director for any equipment failure.
   - All residents with cognitive impairment diagnosis have been put in Elopement Risk binder 4/16/2025.
   - Any resident with cognitive impairment diagnosis has had care plan and service plan updated to reflect intervention on 4/16/2025.
   - Staff educated to report any residents displaying change in cognition to the Registered Nurse beginning 4/16/2025 and completed on 4/20/2025.
   - Staff education on resident rights and door alarm response conducted 4/15/2025 and completed 4/20/2025.
   - Residents who were determined to have dementia or related diagnosis are in facility elopement binder as potential elopement risk on 4/16/2025.
   - Audible alarm added to exterior exit doors on North East/North West and South East on 4/28/2025. Key pad entry lock times extended to 24 hours a day at South East employee entrance door effective 4/25/2025.
   - Residents in community educated on signing in and out when leaving facility via letter sent on 4/16/2025, posting at front desk, and reviewed at Resident Council meeting on 4/29/2025.

- Door alarms are checked weekly and documented in online maintenance platform and equipment failure will be reported to Executive Director immediately.
- Signage posted on doors stating for emergency use only.
- Mini-mental State Exam and Elopement Risk assessments completed on all assisted living residents with cognitive impairment diagnosis on 4/16/2025 to identify additional interventions as necessary for resident safety.

4. How the facility will monitor is corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
   - Review of residents at risk on weekly interdisciplinary call with Regional Vice President of Clinical and Operations.
   - Executive Director or Designee monitoring weekly times 6 weeks, then monthly effective 6/1/2025.
   - Effective 4/15/2025 and completed 4/20/2025.

A753 8:36-7.3 © General Service Plans

1.How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- Residents #1 relocated to reside in secure memory unit on NJ Ex Order 26. 4B1. Service plans updated to reflect interventions regarding NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) risk.

2.How the facility will identify other residents having the potential to be affected by the same deficient practice.

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

3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.
   - Resident care plans and service plans for residents with diagnosis of cognitive impairment will reflect interventions upon admission and with change in condition.

- Service plans updated to reflect interventions for all residents with cognitive impairment diagnosis completed on 4/16/2025.
- Mini Mental State Exam and Elopement Risk assessments completed on all assisted living residents with cognitive impairment diagnosis on 4/16/2025 to identify additional interventions as necessary for resident safety.
- Executive Director and Director of Health and Wellness audit of all resident services plans. All resident service plans updated to reflect any changed needed by 4/16/2025.
- Staff education regarding reporting resident changes in condition to Registered Nurse on 4/16/2025 and completed 4/20/2025.

4. How the facility will monitor is corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
   - Monitoring that assessments and care plans are up to date as part of monthly QA review with Director of Health and Wellness and Executive Director.
   - Audit 10% of resident assessments and care plans monthly to determine accuracy in documentation by Executive Director or designee.
   - Executive Director and Director of Health and Wellness audit of all resident services plans.
   - Weekly review of assessments due/completed and Service Plans on interdisciplinary call with RVP of Clinical and Operations.
   - Effective 4/15/2025 and completion date of 4/20/2025.

A1073 8:36-15.6(b) Resident Records

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
   - Resident #2's documentation updated on 4/15/2025 to reflect accurate information in both the care plan and service plan.
   - Service plans for resident #2 updated on 4/15/2025 to reflect interventions regarding [redacted]

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.
   - All residents have the potential to be affected by this practice.

3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.
   - Patient Care Staff educated on 4/16/2025 to report any changes in resident condition to Registered Nurse.
   - Mini Mental State Exam and Elopement Risk assessments will be completed on admission, every 6 months and/or change in condition for all residents per community policy.
   - Registered Nurse to address Service Plan with updated interventions and implementation of alert charting when resident has change in condition.
   - Mini Mental State Exam and Elopement Risk assessments updated based on cognitive impairment diagnosis for all residents who had cognitive impairment diagnosis completed on 4/16/2025.
   - Care plans and service plans for all residents with a diagnosis of cognitive impairment updated to reflect interventions on 4/16/2025.
   - Staff education/review to ensure effective communication of changes to Director of Health & Wellness4/16/2025 and completed 4/20/2025.
   - Staff education/review regarding documentation in resident chart on 4/16/2025 and completed 4/20/2025.

4. How the facility will monitor is corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
   - Executive Director and Director of Health and Wellness to utilize 24-hour book for review on change of shift and daily to identify changes in condition. Executive Director and Director of Health and Wellness will initial that daily report has been reviewed daily upon completion.
   - Weekly interdisciplinary call to review resident records are up to date.
   - Review at part of quarterly quality assurance meeting by Executive Director.

- Effective 4/15/2025 and completion date of 4/20/2025.

A1399 8:36-2.1.1(b)(3) Quality Improvement Program

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
    - Associate Executive Director made aware 4/15/2025 to complete random audits of response times as part of stand-up meetings a minimum of one time per week effective 4/21/2025.
    - Executive Director to conduct Quality Improvement meeting quarterly to review metrics, including door alarm response times and Service Plans.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.
    - All residents have the potential to be affected by this practice.

3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.
    - Implementation of more frequent Quality Improvement reviews to include weekly interdisciplinary review of assessments/service plans/resident change in condition, monthly review of Nursing Metrics with Director of Health and Wellness, weekly review of Door Alarms report with Director of Plant Operations.
    - Review of information with staff regarding responding timely to door alarms 4/15/2025.
    - All exit door sensors replaced 4/25/2025 to ensure effectiveness of door alarm system.
    - Additional audible alarm installed on 4/25/2025 to ensure staff respond effectively and timely.
    - Weekly review of Door Alarm response times with Associate Executive Director effective 4/21/2025.
    - Quarterly Quality Improvement meeting to evaluate effectiveness of the of the policies and procedures.
    - Completed 4/16/2025.

4. How the facility will monitor is corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
    - Monthly Quality Improvement review with Executive Director, Director of Health & Wellness, Regional Vice President of Operations and Regional Vice President of Clinical Operations effective 5/6/2025.
    - Quarterly Quality Improvement meeting to evaluate effectiveness of the of the policies and procedures effective 6/1/2025.
    - ED and/or Designee will review meeting minutes of Quarterly Quality Improvement Meetings with Regional Vice President Clinical and Operations.
    - Effective 4/20/2025.