

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 75A000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2025
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NAME OF PROVIDER OR SUPPLIER THE ADDISON OF LINDSAY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 39 SUPAWNA ROAD PENNSVILLE, NJ 08070
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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 00173473, NJ 00187956, NJ 00188422</p> <p>Date of Survey: 10/9/2025</p> <p>Census: 26</p> <p>Sample Size: 4</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.</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>	A 000		
A 357	<p>8:36-4.1(a)(2) Resident Rights</p> <p>(a) Each assisted living provider will 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:</p> <p>2. The right to receive a level of care and services that addresses the resident's changing physical and</p>	A 357		

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

TITLE

(X6) DATE

12/09/25

New Jersey Department of Health

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A 357	<p>Continued From page 1</p> <p>psychosocial status;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: 187956 and 188422</p> <p>Based on record review, interview and review of pertinent facility documentation, it was determined that the facility failed to ensure residents received a level of care and services that addressed their NJ Exec Order 26.4b1 by not providing timely response to call bells. This deficient practice was noted for 4 of 8 (Resident #3, Resident #4, Unsampld Resident A, Unsampld Resident B, Unsampld C and Unsampld D) residents for call bell response.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/09/2025 at 12:45 PM, the surveyor reviewed the facility call bell logs for all shifts dated NJ Exec Order 26.4b1. The review revealed that on NJ Exec Order 26.4b1, Unsampld Resident A waited 24:52 minutes for their call bell to be answered at 9:35 AM and Unsampld Resident B waited 46:28 minutes at 5:56 PM and 18:50 minutes at 7:22 PM.</p> <p>On 10/09/2025, at 9:26 AM, the surveyor interviewed Resident #3 regarding call bell response times. The resident stated that call bell responses could be long depending on the shift, particularly during the second and third shifts.</p> <p>On 10/09/2025, at 9:28 AM, the surveyor interviewed Unsampld Resident C regarding call</p>	A 357		

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A 357	<p>Continued From page 2</p> <p>bell response times. The resident stated that call bell responses could be long depending on the shift, particularly during the second and third shifts.</p> <p>On 10/09/2025, at 9:32 AM, the surveyor interviewed Resident #4 regarding call bell response times. The resident stated that call bell responses could be long depending on the shift, particularly during the second and third shifts.</p> <p>On 10/09/2025, at 9:35 AM, the surveyor interviewed Unsampled Resident D regarding call bell response times. The resident stated that call bell responses could be lengthy depending on the shift, particularly during the second and third shifts.</p> <p>On 10/09/2025 at 12:20 PM, the surveyor interviewed the former Executive Director (ED), who was assisting the current ED, regarding the reasonable amount of time to respond to a call bell. The former ED stated that call bells should be answered within 15 minutes.</p> <p>A review of an undated facility policy titled "Emergency Pendants/Pull Cords - E-Call System Policy" revealed that "When the emergency pull cord/pendant is activated, the pager signal or audible alarm will be responded to by the nearest staff member."</p>	A 357		
A 749	<p>8:36-7.3(a) Resident Assessments and Care Plans</p> <p>(a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care</p>	A 749		

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A 749	<p>Continued From page 3</p> <p>provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: 187956 and 188422</p> <p>Based on record review, interviews and review of pertinent facility documentation, it was determined that the facility failed to ensure that the resident's general service plan (GSP), a plan to direct staff on how to provide care to a resident) was reviewed and revised as needed based on the resident's response to care and any changes in the resident's <small>NJ Exec Order 26.4b</small> or <small>NJ Exec Order 26.4b1</small> status. This deficiency was identified in 1 of 4 residents (Resident #2) reviewed for GSPs.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/9/2025 at 9:42 AM, the surveyor reviewed Resident #2's Resident Emergency/Transfer Information form which indicated that the resident was admitted to the facility with diagnoses including, but not limited to; <small>NJ Exec Order 26.4b1</small></p> <p>[REDACTED]</p> <p>On 10/9/2025 at 9:45 AM, the surveyor reviewed Resident #2's Brief Interview for Mental Status</p>	A 749		

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A 749	<p>Continued From page 4</p> <p>(BIMS) which showed a score of ^{NJ Exe} out of 15, indicating NJ Exec Order 26.4b1.</p> <p>On 10/09/2025 at 9:58 AM, the surveyor reviewed Resident #2's nursing Progress Notes (PN) documented by the Director of Wellness (DOW). A PN dated NJ Exec Order 26.4b1 indicated that the resident complained of NJ Exec Order 26.4b1 and was subsequently transported to the hospital from the facility.</p> <p>A PN dated NJ Exec Order 26.4b1 documented that the resident was discharged from the hospital and transferred to a NJ Exec Order 26.4b1 facility.</p> <p>A PN dated NJ Exec Order 26.4b1 documented that the DOW spoke with the resident's family member on NJ Exec Order 26.4b1 regarding a NJ Exec Order 26.4b1 in the resident's NJ Exec Order 26.4b1. The PN indicated that the resident was now NJ Exec Order 26.4b1, required NJ Exec Order 26.4b1 of one staff member for NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 and needed NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The resident's family member was made aware of the NJ Exec Order 26.4b1 and agreed with the updated NJ Exec Order 26.4b1. The resident was educated on the importance of using the call bell when NJ Exec Order 26.4b1 is needed and staff were educated on the resident's NJ Exec Order 26.4b1.</p> <p>A PN dated NJ Exec Order 26.4b1 documented that NJ Exec Order 26.4b1 services were initiated that day and both the resident and family were informed.</p> <p>On 10/9/2025 at 9:30 AM, the surveyor reviewed Resident #2's GSP which revealed the last assessment and update occurred on NJ Exec Order 26.4b1 by the DOW. The GSP noted that the resident NJ Exe with activities of daily living and did not mention any therapy services. Additionally, the GSP was not updated following</p>	A 749		
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A 749	<p>Continued From page 5</p> <p>the resident's NJ Exec Order 26.4b1.</p> <p>On 10/9/2025 at 11:24 AM, the surveyor interviewed the former Executive Director (ED), who was assisting the current ED, regarding Resident #2's GSP. The ED stated that GSPs are updated upon admission and twice a year thereafter.</p> <p>On 10/9/2025 at 11:30 AM, the surveyor interviewed the DOW regarding Resident #2's GSP. She stated that the GSP should have been updated due to the resident's NJ Exec Order 26.4b1</p> <p>A review of the facility's policy dated 3/28/2025, titled "Individualized Service Plan Policy," revealed that "Review of the ISP [Individualized Service Plan] will be completed within thirty (30) days after move-in, or if a change in condition occurs (e.g. following hospitalization), but no less than every six months. If changes are indicated at any time, the ISP will be updated to reflect current resident needs, preferences, and interventions."</p> <p>A review of a facility policy, undated, titled, "Resident Rights" revealed that "The right to receive a level of care and services that addresses the resident's changing physical and psychosocial status."</p>	A 749		
H 000	<p>Initials Comments</p> <p>Type of Survey: Complaint</p> <p>Complaint #: 173473</p> <p>Date of Survey: 10/9/2025</p>	H 000		

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H 000	Continued From page 6 Census: 26 Sample Size: 4 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:43E, General Licensure Procedures and Standards Applicable to All Licensed Facilities. 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.	H 000		
H5770	8:43E-13.4(c) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM A licensed healthcare facility or program shall send a completed, paper copy of the Universal Transfer Form with a patient when a patient is transferred. This REQUIREMENT is not met as evidenced by: Complaint # 173473 Based on closed record review and interview, it was determined that the facility failed to send and retain a completed copy of the Universal Transfer	H5770		

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H5770	<p>Continued From page 7</p> <p>Form (a mandatory form used by New Jersey's licensed healthcare facilities to communicate essential patient care information during a transfer to another facility, ensuring continuity of care) for a resident transferred to another facility. This deficient practice was identified for 1 of 4 residents reviewed, Resident #1, and was evidenced by the following:</p> <p>A review of the Resident #1's Face Sheet (admission record) indicated that Resident #1 was admitted to the facility with the diagnoses that included, but was not limited to; NJ Exec Order 26.4b1 [REDACTED]</p> <p>On 10/9/25 at 9:30 AM, the surveyor reviewed Resident #1's closed records and progress notes. The surveyor could not located documentation that the resident was discharged from the facility. The surveyor also could not locate a Universal Transfer Form (UTF) in the resident's medical record.</p> <p>The Executive Director (ED) provided the surveyor with an email dated NJ Exec Order 26.4b1 from the resident's family revealing that they gave the facility a 30-day discharge notice and that Resident #1 would be moving out to another facility on NJ Exec Order 26.4b1</p> <p>On 10/9/25 at 10:30 AM, the surveyor interviewed the Director of Health and Wellness (DOHW) who stated that Resident #1 was transferred to another facility and that when the resident was transferred a UTF would have been completed and a copy would have been retained for the resident records. The DOHW, in the presence of the surveyor, reviewed the resident's closed</p>	H5770		

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H5770	<p>Continued From page 8</p> <p>records and confirmed that she could not find any documented evidence to indicate that the UTF was completed and the receiving facility was informed of the resident condition prior to transfer.</p> <p>On 10/9/25 at 11:00 AM, the surveyor interviewed the former Executive Director (FED) who stated that he was assisting the current ED and still worked for the company. He stated that Resident #1 was transferred to another facility on NJ Exco Order and the family provided the facility with a 30-day discharge notification. He stated that when the resident was transferred to the other facility, a UTF should have been completed and sent with the resident. The ED stated that a UTF should be retained in the resident's records, and he admitted that he could not locate the UTF at this time.</p> <p>The facility provided the surveyor with a policy dated 5/10/2024 and titled, "Community Emergency Procedures Standard." This policy made no mention of the UTF.</p> <p>The facility did not provide the surveyor with any additional information.</p>	H5770		

THE ADDISON OF LINDSAY PLACE

39 SUPAWNA RD PENNSVILLE NJ. 08070

856-339-0100

The Addison of Lindsay Place POC

NJ Exec Order 26.4b1

H577 8:43E-13.4(c) UNIVERSAL TRANSFER
FORM:MANDATORY USE OF FORM

1. **How the corrective action will be accomplished for those residents found to be have been affected by the deficient practice;**
 - a. Resident #1 is no longer at this community as of NJ Exec Order 26.4b
2. **How the facility will identify other residents having the potential to be affected by the same deficient practice:**
 - a. All other residents that could have been transferred had the potential to be affected by this deficiency
3. **The following measures have been put into effect to ensure this deficient practice will not recur.**
 - The Community Emergency Procedure Standard was updated to include the use of the NJ Universal transfer form. Updated 11/20/2025
 - Clinical staff & current Directors will be provided education by the Health & Wellness Director or Designee on the use of the Universal transfer form & location of the form for transfers and a copy is to be placed in the resident's clinical chart. Date of Completion 12/15/25
 - The Health & Wellness Director will audit current residents' chart weekly for 1 month then Bi-weekly for two months to verify that the Universal transfer form was completed at the time of a transfer of a resident as applicable. Date of Completion 12/15/25
 - Any missing Universal transfer forms will result in immediate retraining of staff, if needed corrective action and reported to the Executive Director.
Ongoing
4. **How the facility will monitor the corrective actions to ensure the defective practice is being corrected and will not reoccur:**
 - The results of the audit will be discussed by the Executive Director at the next quarterly Quality Assurance review with current Directors in attendance. Date of completion 12/15/25

THE ADDISON OF LINDSAY PLACE

39 SUPAWNA RD PENNSVILLE NJ. 08070

A357 8:36-4.1(a)(2) Resident Rights 856-339-0100

NJ Exec Order 26.4b1

Call Bell Response Time

12/10/25

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

a. Resident #1 is no longer residing at this community

b. The ED met with Resident #3 and Resident #4 to discuss the call bell procedure improvements as of 12/9/25

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

a. All the other residents at the facility have the potential to be affected by this deficiency

3. The following measures have been put into effect to ensure this deficient practice will not recur.

- o In response to this violation, the Executive Director and Director of Plant Operations checked the community's pendant system pc for proper operation and that all pagers had working batteries. Date of completion 12/15/25
- o Executive Director and the Plant Operations Director completed a personal pendant audit to verify all residents have working pendants Date of completion 12/15/25
- o All current residents were surveyed by the Executive Director or designee to ascertain their sense of safety in receiving appropriate and timely care from care staff at community by Date of completion 12/15/25
- o Health and Wellness Director or designee will provide training to current staff on regulation 8:36-4.1(a)(2) and community pendant policy by Date of completion 12/15/25
- o Executive Director and/or designee will review previous day's pendant call reports by the following business day during morning Stand-up Meeting to verify that current residents are receiving responses for calls for care in a timely manner. This review will be daily for 1 month then weekly for two months or until compliance is established. Date of completion 12/15/25
- o The Executive Director will meet with Residents #3 and #4 to discuss the improvements to the procedures and give his personal cell phone number if there are future issues. The ED will discuss the updated procedures at the December Resident Council Meeting. The names of Sample residents A, B, C, and D were not provided to administration. Completion 12/15/25

4. How the facility will monitor the corrective actions to ensure the defective practice is being corrected and will not reoccur:

- o The pendant audit will be discussed by the Executive Director with current Directors in attendance at the next quarterly Quality Assurance review 1/15/26

THE ADDISON OF LINDSAY PLACE

30 SUPAWNA RD PENNSVILLE NJ. 08070

A 749 Violation 8:36-7.3(a)

856-339-0100

NJ Exec Order 26.4b1

8:36-7.3(a) Resident Assessments and Care
Plans:

12/10/25

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

- Resident #2 has moved out of the community as of NJ Exec Order 26.4b1

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

- a. All the other residents at the facility have the potential to be affected by this deficiency

3. The following measures have been put into effect to ensure this deficient practice will not recur.

- Health & Wellness Director (RN) or designee will complete an audit of current resident's service plan to verify accuracy & reflect the needs and required services for each resident. Any service plan found to be incomplete or outdated will be immediately corrected by the Health & Wellness Director, the results of the audit will be reviewed by the Executive Director. Date of completion 12/15/25
- The Health & Wellness Director and clinical staff will receive training from the Executive Director or designee on Regulation 8:36-7.3(a) and also the company's Individual service plan policy. Date of completion 12/15/25
- The Health & Wellness Director or designee will audit monthly current, newly admitted or readmitted resident's service plans for 60 days to verify compliance and accuracy and then 6 random service plans for 1 month or until compliance is established. The results of the audit will be reviewed by the Executive Director. Date of completion 12/15/25.

4. How the facility will monitor the corrective actions to ensure the defective practice is being corrected and will not reoccur:

- The Results of the audit will be discussed during the quarterly quality assurance review by the Executive Director with current Directors in attendance.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 75A000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/10/2025
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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 A0357	Correction	ID Prefix A0749	Correction	ID Prefix	Correction
Reg. # 8:36-4.1(a)(2)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. #	Completed
LSC	12/15/2025	LSC	12/15/2025	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 10/9/2025		<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

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix H5770	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-13.4(c)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/15/2025	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 10/9/2025		<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		