

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>80A110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/15/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARTIN AND EDITH STEIN ASSISTED LIVING I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>350 DEMOTT LANE</b> <b>SOMERSET, NJ 08873</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
A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ 00184729</p> <p>Census: 67</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 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>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;</p>	A 401		

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

TITLE

(X6) DATE

07/02/25

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A 401	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00184729</p> <p>Based on interview and record review, it was determined that the facility failed to ensure the resident's right to a safe environment, by failing to provide the <b>NJ Ex Order 26. 4B1</b>, and by failing to ensure prompt treatment for a resident who was <b>NJ Ex Order 26. 4B1</b>, for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 3/24/25 at 11:00 a.m., the Department of Health (DOH), received a Facility Reportable Event (FRE) (a document used by health care facilities to report events), which revealed that on <b>NJ Ex Order 26. 4B1</b> at 5:30 p.m., Resident #2, was observed <b>NJ Ex Order 26. 4B1</b> while eating in the dining room. According to the report, Resident #2's Private Aide (PA) was with the resident at the time, and a Licensed Practical Nurse (LPN) arrived next and initiated the <b>NJ Ex Order 26. 4B1</b>.</p> <p>The FRE further revealed that the Assistant Director of Nursing (ADON), then arrived and took over performing the <b>NJ Ex Order 26. 4B1</b>; and, after a few moments the resident became <b>NJ Ex Order 26. 4B1</b>. The resident was relocated via wheelchair to a private area, <b>NJ Ex Order 26.4(b)(1)</b>, the ADON yelled for <b>NJ Ex Or</b> to be called, and <b>NJ Ex Order 26. 4B1</b> was initiated. The FRE additionally revealed that the resident was <b>NJ Ex Order 26. 4B1</b> by the Emergency Medical Technician (EMT) at 5:58 p.m.</p>	A 401		

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A 401	<p>Continued From page 2</p> <p>On 4/14/24 at 10:30 a.m., the surveyor reviewed Resident #2's closed medical record (MR), which revealed that Resident #2 moved into [REDACTED]. The MR also revealed that Resident #2 had a New Jersey [REDACTED] in place which indicated, <b>NJ Ex Order 26. 4B1</b>.</p> <p>Surveyor review of Resident #2's MR revealed a written physician's order dated [REDACTED], to change Resident #2's diet to "<b>NJ Ex Order 26. 4B1</b>." There were no further diet orders for the resident observed after the date of [REDACTED].</p> <p>On 4/14/25 at 10:42 a.m., the surveyor interviewed the ADON and inquired what Resident #2 was eating at the time of the [REDACTED]. The ADON stated that Resident #2 was eating [REDACTED], but that it was [REDACTED] than [REDACTED] and more like [REDACTED]. The ADON further stated that as far as she knew, the kitchen [REDACTED] the [REDACTED]. The surveyor inquired as to whether or not [REDACTED] was considered part of a <b>NJ Ex Order 26. 4B1</b>, and the ADON confirmed that Resident #2 was on a <b>NJ Ex Order 26. 4B1</b>. However, there was no documented evidence to indicate that the resident's diet was changed to a "<b>NJ Ex Order 26. 4B1</b>."</p> <p>The surveyor reviewed a "Progress Note" (PN) dated [REDACTED] at 11:57 a.m., written by the Registered Dietician (RD), which revealed that Resident #2's PA reported that the resident was receiving a <b>NJ Ex Order 26. 4B1</b>; however, the meal served to the resident on [REDACTED], consisted of a whole tuna burger with lettuce and tomato, whole</p>	A 401		
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A 401	<p>Continued From page 3</p> <p>manicotti, coleslaw and vegetables. Additionally, the PN revealed that the RD spoke with the <b>NJ Ex Order 26. 4B1</b> and the PA, and that the <b>NJ Ex Ord</b> recommended <b>NJ Ex Order 26. 4B1</b></p> <p>_____ and that the "line cook" would <b>NJ Ex Order 26</b> the meal.</p> <p>An additional PN dated <b>NJ Ex Order 26.4b</b> at 10:29 a.m., written by the RD, revealed that the RD had a discussion with resident's PA regarding whether the resident was receiving the recommended diet level of <b>NJ Ex Order 26. 4B1</b>. The PA reported that the diet had "been initiated." The PN further revealed that the RD instructed the PA that she should return the food to the kitchen if Resident #2 did not receive the proper diet.</p> <p>At 1:00 p.m., the Executive Director (ED) provided the surveyor with the investigation of the <b>NJ Ex Order 26. 4B1</b> regarding Resident #2. The surveyor reviewed fourteen written staff statements and multiple documented interviews with staff members who were present and witnessed the event, or were involved in the incident. Surveyor review of the investigation revealed that there were multiple discrepancies and inconsistencies in the details and time line of the events.</p> <p>On 4/15/25 at 10:15 a.m., the surveyor interviewed the ED and inquired about her conclusion of the investigation regarding Resident #2's <b>NJ Ex Order 26. 4B1</b>. The ED stated that she was aware of the discrepancies in the staff</p>	A 401		
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A 401	<p>Continued From page 4</p> <p>interviews and statements. She further stated that at approximately 5:48 p.m., the Cook came to alert the ED that Resident #2 was <b>NJ Ex Order 26.4B1</b>. The ED stated that she responded immediately and the staff directed the ED to the library where she observed Resident #2 <b>NJ Ex Order 26.4B1</b> <b>NJ Ex Order 26.4B1</b> and she observed that the ADON was performing <b>NJ Ex Order 26.4B1</b>. The ED stated that she observed that Resident #2 was <b>NJ Ex Order 26.4B1</b> <b>NJ Ex Order 26.4B1</b> from his/her mouth, and that there was <b>NJ Ex Order 26.4B1</b>.</p> <p>Further, the ED explained that she directed the staff to call <b>NJ Ex Or</b>, verify the resident's <b>NJ Ex Order 26.4(b)(1)</b>, and call the family. The ED stated that at the time, she did not know that the Resident Engagement Coordinator (REC) had already called <b>NJ Ex Or</b> because the REC observed that nothing was happening in the dining room with any urgency to <b>NJ Ex Order 26.4B1</b> the resident when the resident was <b>NJ Ex Order 26.4B1</b>. The ED also stated that she verified that Resident #2 had a <b>NJ Ex Order</b> order in place.</p> <p>During continued interview with the ED, the surveyor inquired as to whether or not there was <b>NJ Ex Order 26.4B1</b> in treatment for Resident #2 when the resident began <b>NJ Ex Order 26.4B1</b>, and the ED confirmed that there was a delay. The ED stated that no one initially did anything when the resident was <b>NJ Ex Order 26.4B1</b>, and that the staff in the dining room watched. The ED also stated that there were multiple staff members on duty at the time who were <b>NJ Ex Order</b> certified.</p> <p>At 10:30 a.m., the surveyor informed the ED that an ID was identified related to the failure to provide the proper <b>NJ Ex Order 26.4B1</b> to Resident #2; and, the failure to initiate prompt emergency treatment when Resident #2 was <b>NJ Ex Order 26.4B1</b>. A</p>	A 401		
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A 401	Continued From page 5  Removal Plan was requested by 9:00 a.m., on 4/16/25, and an acceptable Removal Plan was provided on 4/29/25.	A 401		
A 749	<p>8:36-7.3(a) General and Health Service 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 provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00184729</p> <p>Based on observation, interview and record review, it was determined that the facility failed to ensure that a resident's General Service Plan (GSP) was updated to reflect the proper prescribed <b>NJ Ex Order 26. 4B1</b>, for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 3/24/25 at 11:00 a.m., the Department of Health (DOH), received a Facility Reportable Event (FRE), which revealed that on <b>NJ Ex Order 26.4(b)</b> at 5:30 p.m., a facility resident, Resident #2, was observed <b>NJ Ex Order 26. 4B1</b> while eating in the dining room. Resident #2's Private Aide (PA) was with the resident at the time, and a Licensed</p>	A 749		

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A 749	<p>Continued From page 6</p> <p>Practical Nurse (LPN), was the second to arrive and initiated the <b>NJ Ex Order 26. 4B1</b>. The FRE further revealed that the Assistant Director of Nursing (ADON), arrived and took over performing the <b>NJ Ex Order 26. 4B1</b>; and, after a few moments the resident became <b>NJ Ex Order 26. 4B1</b>. The resident was relocated via wheelchair to a private area, <b>NJ Ex Order 26.4(b)(1)</b>, the ADON yelled for <b>NJ Ex Or</b> to be called, and CPR (<b>NJ Ex Order 26. 4B1</b>) was initiated. The FRE additionally revealed that the resident was <b>NJ Ex Order 26. 4B1</b> by the Emergency Medical Technician (EMT) at 5:58 p.m.</p> <p>On 4/14/24 at 10:30 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 moved into <b>NJ Ex Order 26. 4B1</b></p> <p>Surveyor review of the MR revealed a physician's order dated 11/28/24, for a <b>NJ Ex Order 26. 4B1</b></p> <p>The MR additionally revealed a document titled, "Registered Dietician Recommendation" (RDR) dated <b>NJ Ex Order 26.4B1</b>, which documented that Resident #2's diet be changed from <b>NJ Ex Order 26. 4B1</b>, to <b>NJ Ex Order 26. 4B1</b>, per the <b>NJ Ex Order 26. 4B1</b>. The RDR also revealed that the <b>NJ Ex Order 26. 4B1</b></p> <p>At 10:42 a.m., the surveyor interviewed a Registered Nurse (RN), who identified herself as the Assistant Director of Nursing (ADON), and</p>	A 749		
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A 749	<p>Continued From page 7</p> <p>inquired what Resident #2 was eating at the time of the <b>NJ Ex Order 26. 4B1</b>. The ADON stated that Resident #2 was eating <b>NJ Ex Order 26.4(b)(1)</b> but that it was bigger than <b>NJ Ex Order 26.4(b)(1)</b>, and more like <b>NJ Ex Order 26.4(b)(1)</b>. The ADON further stated that as far as she knew, the kitchen <b>NJ Ex Order 26.4(b)(1)</b> the <b>NJ Ex Order 26.4(b)(1)</b>. The surveyor inquired as to whether or not <b>NJ Ex Order 26.4(b)(1)</b> was considered part of a <b>NJ Ex Order 26. 4B1</b>, and the ADON stated that Resident #2 was on a <b>NJ Ex Order 26. 4B1</b>."</p> <p>Surveyor review of the MR revealed a written physician's order dated <b>NJ Ex Order 26.4(b)(1)</b> to change Resident #2's diet to <b>NJ Ex Order 26. 4B1</b>." There were no further diet orders observed after the date of <b>NJ Ex Order 26.4(b)(1)</b> to indicate that Resident #2 was on a <b>NJ Ex Order 26. 4B1</b>."</p> <p>The surveyor reviewed a "Progress Note: (PN) dated 1/15/25 at 11:57 a.m., written by the Registered Dietician (RD), which indicated that Resident #2's PA reported that the resident was receiving the <b>NJ Ex Order 26. 4B1</b>; however, the meal served to the resident that day, consisted of a whole tuna burger with lettuce and tomato, whole manicotti, coleslaw and vegetables. The PN additionally revealed the following: "Discussed with <b>NJ Ex Order 26.4(b)(1)</b> and aide. <b>NJ Ex Order 26.4(b)(1)</b> recommends <b>NJ Ex Order 26. 4B1</b> _____ _____ _____ _____. "Line cook to <b>NJ Ex Order 26.4(b)(1)</b> meal. Plan: Notified the kitchen - Advised aide to return plate if it is not <b>NJ Ex Order 26. 4B1</b> rather than <b>NJ Ex Order 26.4(b)(1)</b> herself, so the kitchen staff will more quickly habituate to new diet order."</p>	A 749		
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A 749	<p>Continued From page 8</p> <p>An additional PN dated [redacted] at 10:29 a.m., written by the RD, revealed that the RD had educated Resident #2 on <b>NJ Ex Order 26.4(b)(1)</b> strategies, and that the resident needed [redacted]."</p> <p>At 12:00 p.m., the surveyor reviewed Resident #2's GSP which revealed documentation on the date of [redacted], that the resident was on a [redacted]. There were no further updates to include changes in the prescribed <b>NJ Ex Order 26. 4B1</b>.</p> <p>On 4/15/25 the surveyor was provided with a copy of a GSP for Resident #2 which revealed that a revision had been made on the date of [redacted], which documented that the resident's diet was <b>"NJ Ex Order 26. 4B1"</b> This revision was dated [redacted] however the resident [redacted]</p> <p>On 4/15/25 at 10:30 a.m., the surveyor informed the ED that an Imminent Danger was identified and a Removal Plan (RP) was requested by 9:00 a.m. An acceptable RP was provided and accepted on 4/29/25.</p>	A 749		
A 903	<p>8:36-10.5(c)(5) Dining Services</p> <p>(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:</p> <p>5. Diets served shall be consistent with the diet manual, the dietitian's instructions, and, if applicable for special diets, shall be served in accordance with physicians' orders;</p>	A 903		

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A 903	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00184729</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the proper <b>NJ Ex Order 26.4B1</b> was served in accordance with physician orders for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 3/24/25 at 11:00 a.m., the Department of Health (DOH), received a Facility Reportable Event (FRE), which revealed that on <b>NJ Ex Order 26.4b</b> at 5:30 p.m., a facility resident, Resident #2, was observed <b>NJ Ex Order 26.4B1</b> while eating in the dining room. Resident #2's Private Aide (PA) was with the resident at the time, and a Licensed Practical Nurse (LPN), was the second to arrive and initiated the <b>NJ Ex Order 26.4B1</b>. The FRE further revealed that the Assistant Director of Nursing (ADON), arrived and took over performing the <b>NJ Ex Order 26.4B1</b>; and, after a few moments the resident became <b>NJ Ex Order 26.4B1</b>. The resident was relocated via wheelchair to a private area, <b>NJ Ex Order 26.4(b)(1)</b>, the ADON yelled for <b>NJ Ex Or</b> to be called, and <b>NJ Ex Order</b> <b>NJ Ex Order 26.4B1</b> <b>NJ Ex Order 26.4B1</b> ) was initiated. The FRE additionally revealed that the resident was <b>NJ Ex Order 26.4B1</b> by the Emergency Medical Technician (EMT) at 5:58 p.m.</p> <p>On 4/14/24 at 10:30 a.m., the surveyor reviewed Resident #2's medical record (MR) which revealed that Resident #2 moved into <b>NJ Ex Order 26.4B1</b> <b>NJ Ex Order 26.4B1</b>.</p>	A 903		

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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
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A 903	<p>Continued From page 10</p> <p>Further surveyor review of the MR revealed a physician's order dated [redacted], for a [redacted] evaluation with a written [redacted]. The MR additionally revealed a document titled, "Registered Dietician Recommendation" dated [redacted], which documented a recommendation that Resident #2's diet be changed from "[redacted]" to "[redacted]", per the [redacted] and, that the [redacted], categories when possible.</p> <p>At 10:42 a.m., the surveyor interviewed a Registered Nurse (RN) who identified herself as the Assistant Director of Nursing (ADON), and inquired what Resident #2 was eating at the time of the [redacted]. The ADON stated that Resident #2 was eating [redacted], but that it was [redacted] than [redacted] and more like [redacted]. The ADON further stated that as far as she knew, the kitchen [redacted] the [redacted]. The surveyor inquired as to whether or not [redacted] was considered part of a [redacted] and the ADON stated that Resident #2 was on a [redacted].</p> <p>The MR revealed a written physician's order dated [redacted], to change Resident #2's diet to "[redacted]." There were no further diet orders observed after the date of [redacted] to indicate that Resident #2 was on a [redacted].</p> <p>The surveyor reviewed a Progress Note (PN) dated [redacted] at 11:57 a.m., written by the Registered Dietician (RD) which indicated that Resident #2's PA reported that the resident was</p>	A 903		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>80A110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/15/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARTIN AND EDITH STEIN ASSISTED LIVING I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>350 DEMOTT LANE SOMERSET, NJ 08873</b>
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A 903	<p>Continued From page 11</p> <p>receiving the <b>NJ Ex Order 26.4B1</b>; however, the meal served to the resident that day, consisted of a whole tuna burger with lettuce and tomato, whole manicotti, coleslaw and vegetables. The PN additionally revealed the following: "Discussed with <b>NJ Ex Ord</b> and aide. <b>NJ Ex Ord</b> recommends <b>NJ Ex Order 26.4B1</b></p> <p><b>NJ Ex Order 26.4(b)(1)</b>. Line cook to <b>NJ Ex Order 26.4B1</b> meal. Plan: Notified the kitchen - Advised aide to return plate if it is not <b>NJ Ex Order 26.4B1</b> rather than <b>NJ Ex Order 26.4(b)(1)</b> herself, so the kitchen staff will more quickly habituate to new diet order."</p> <p>An additional PN dated <b>NJ Ex Order 26.4(b)</b> at 10:29 a.m., written by the RD, revealed that the RD had a discussion with resident's PA regarding whether the resident was receiving the recommended diet level of <b>NJ Ex Order 26.4B1</b> <b>NJ Ex Order 26.4B1</b>." The PA reported that the diet had "been initiated." The RD further documented that she educated Resident #2 on <b>NJ Ex Ord</b> strategies, and that the resident needed <b>NJ Ex Order 26.4B1</b>."</p> <p>At 2:30 p.m., the surveyor interviewed the Food Service Director (FSD) who stated that when there was a change in a resident's diet, that nursing provided a "change in order slip" to the kitchen. The FSD additionally explained that the dietician discussed diet changes with the FSD and also update the kitchen diet list which was posted in the kitchen. During continued interview, the surveyor inquired about the diet served to Resident #2 on the day the resident <b>NJ Ex Order 26.4B1</b>. The FSD stated that Resident #2 was served <b>NJ Ex Order</b> the day the resident <b>NJ Ex Order 26.4B1</b>; and that she was "pretty sure" it was <b>NJ Ex Order 26.4(b)</b> because the</p>	A 903		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>80A110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/15/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARTIN AND EDITH STEIN ASSISTED LIVING I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>350 DEMOTT LANE</b> <b>SOMERSET, NJ 08873</b>
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A 903	<p>Continued From page 12</p> <p>cook said the [redacted] was [redacted] when asked.</p> <p>On 4/15/25 at 11:00 a.m., the surveyor interviewed the facility Executive Director (ED), and inquired how the RD communicated with the kitchen staff and nursing. The ED stated that the incident regarding Resident #2 revealed a break down in communication between the dietician and other departments. The surveyor also inquired if the Food Service Director (FSD) and Cook were educated on specialized diets and the requirements of a <b>NJ Ex Order 26. 4B1</b> [redacted]. The ED stated that the education should be done by the dietician.</p> <p>The surveyor reviewed a list of resident diets that was dated [redacted], and the ED stated that the list was posted in the kitchen when Resident #2 was at the facility. The surveyor reviewed the list which documented that Resident #2 was on a <b>'NJ Ex Order 26. 4B1</b> [redacted]" There was an additional column on the list of resident diets titled, <b>"NJ Ex Order 26. 4B1"</b>, and for Resident #2, the column documented <b>"NJ Ex Order 26. 4B1."</b></p> <p>During continued surveyor interview, the ED stated that she learned from her investigation that the [redacted] was served [redacted] and not properly prepared according to Resident #2's diet order.</p> <p>The surveyor reviewed the investigation completed by the ED which included an interview with the PA who was with Resident #2 when he/she [redacted]. The interview revealed that the PA stated that Resident #2 was served [redacted] with the [redacted] and although the [redacted] was [redacted] it was in [redacted] than it should have been.</p>	A 903		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>80A110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/15/2025</b>
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A 903	<p>Continued From page 13</p> <p>The surveyor reviewed a facility policy dated 6/7/2022, titled, "Dietician" which revealed the following: "Policy Statement A qualified Dietician will help oversee clinical nutrition Dietary Services in the facility. Policy interpretation and Implementation 1. A qualified Dietician will help oversee clinical nutritional services to the residents ... 3. The Dietician will work closely with the Food Services Manager and clinical staff ...5. Our facility's Dietician is responsible for, but not necessarily limited to: a. Assessing nutritional needs of residents; b. Developing and planning regular and therapeutic diets; c. Developing and implementing continuing education programs for Dietary Services and nursing personnel; d. Collaborating effectively with other direct care staff and practitioners to assess and address nutritional issues ..."</p> <p>The surveyor reviewed an additional policy dated 6/7/2022, titled, "Therapeutic Diets" which revealed the following: "...Policy Interpretation and Implementation 1. Mechanically altered diets, as well as diets modified for medical or nutritional needs, will be considered "therapeutic diets." 3. The Clinical Dietician, nursing staff, and Attending Physician will review, along with other orders, the need for, and resident acceptance of, prescribed therapeutic diets.</p> <p>On 4/15/25 at 10:30 a.m. the surveyor informed the ED that an ID was identified and a Removal Plan was requested by 9:00 a.m. on 4/16 25. An acceptable RP was provided on 4/29/25.</p>	A 903		



POC # 1 Rec'd 7/12/25  
Acceptable

# STEIN ASSISTED LIVING

at the Wilf Campus for Senior Living

June 30, 2025

**MARTIN & EDITH STEIN ASSISTED LIVING RESIDENCE**  
**NJ DOH REPORTABLE EVENT SURVEY 4/15/2025**  
**PLAN OF CORRECTIONS**

**A 401: RESIDENTS RIGHTS**

1. Resident # 2 no longer **NJ Ex Order 26. 4B1**.
2. All residents had the potential to be affected.
3. The Stein Assisted Living Executive Director/Administrator completed investigative measures related to identified inconsistencies, communication problems, and education needs with Resident Dietary Orders, Order Types, Food Preparation Standards and Feeding Protocols. She collected and reviewed all Active Order Summaries Reports and Dietician Progress notes for each resident. Executive Director/Administrator conducted a meeting with the Director of Dining, Dining Captain, ADON, Dietician, and Director of Resident Services to review:
  - a. Diet Orders
  - b. Diet Order Types
  - c. Specialized Diet Orders
  - d. Dietician recommendations and documentation
  - e. Communication process and information reconciliation between Nursing, Dietician, Dining Services

The ADON, RN Clinical Consultant and RN Supervisor reviewed, confirmed, and/or updated all resident dietary orders, RD recommendations and General Service Plans. Additionally, the Resident Diet List was updated and distributed to Dining Services. A new Dietary Dining Consultant was employed to provide:

- Ongoing education & training to Dining Staff
- Remediate Policy & Procedure and best practice standards.
- Oversight of Dining Services
- Ensure process compliance and service accuracy.

The Stein Assisted Living Executive Director/Administrator met with the dietician, ADON, Director of Dining, and Dining Captain to inform them that FOX Rehab will be enlisted to provide



# STEIN ASSISTED LIVING

at the Wilf Campus for Senior Living

a Speech Language Pathologist to provide education & training sessions. The training will be mandatory for the following departments:

- Nursing Department- RN, LPN, CHHA CNA, CMA
- Dining Department- All staff including managers, servers, cooks, prep cooks, utility workers
- Resident Engagement/Activity Department- all staff including volunteers & interns

The Education & Training program will include:

- Proper Feeding Techniques
- Types of Diets - Explanation chopped, pureed, minced, thin/thick, etc.
- Correct and safe body mechanics (positioning)
- Amount to feed at one time
- Explanation of "Consistencies" thin, thick, etc.
- Signs/Symptoms of airway distress (choking)

The training sessions commenced on 6/4/2025 and 6/18/2025 and remain ongoing.

The Stein Assisted Living Executive Director/Administrator mandated effective 3/24/2025, that scheduling be initiated for all dining staff, aides, nursing staff and resident engagement staff, who were not actively CPR Certified, to receive required training. Additionally, any existing staff with active certification, were required to attend CPR refresher courses.

On 3/24/25 Stein Assisted Living Executive Director/Administrator conducted **Mandatory Education & Procedural Response Expectation-Choking Victim Responsibilities** sessions for all Nursing staff, Dining Services staff, all CHHA/CNA/CMA staff, and Resident Engagement staff. Education materials and subject matter included:

- Choking Wheelchair Bound Person First Aide Procedure
- Choking First Aid Step by Step Procedure
- 5 & 5 Procedure
- CPR & Heimlich/ Back Blows & Abdominal Thrust Protocol

4. The ADON, RN Clinical Consultant and RN Supervisor monitor physician orders, RD progress notes, general & medical service plans daily/weekly on the PointClickCare system to ensure completeness and accuracy.

EXPECTED COMPLETION DATE: JUNE 30, 2025 & ONGOING

*accepted*

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# STEIN ASSISTED LIVING

at the Wilf Campus for Senior Living

## A 749: GENERAL SERVICE PLANS

1. Resident # 2 no longer **NJ Ex Order 26. 4B1**.
2. All residents had the potential to be affected.
3. The ADON, RN Clinical Consultant and RN Supervisor completed a 100% medical record review of all resident charts. The medical record review included the confirmation and updating of all resident dietary orders and RD recommendations and General Service Plans. Additionally, all General Service Plans & Medical Service Plans were audited for timeliness, changes and reconciliation to physician orders and resident status.
4. The ADON, RN Clinical Consultant and RN Supervisor monitor physician orders, RD progress notes, general & medical service plans daily/weekly on the PointClickCare system to ensure completeness and accuracy.

EXPECTED COMPLETION DATE: JUNE 30, 2025 & ONGOING

Accepted

## A903: DINING SERVICES

1. Resident # 2 no longer **NJ Ex Order 26. 4B1**.
2. All residents had the potential to be affected.
3. The Stein Assisted Living Executive Director/Administrator met with the Dining Staff to review policy & procedure regarding confirmation of ordered diet type, consistency & allergies. The Dining staff, including cooks, expeditors and servers were instructed and remediated on the process that requires resident menu choices to be checked against the Diet List per resident, prior to the serving of meals. This triple check process must be adhered to at all mealtimes. The Nursing department updated the Diet List and reviewed/distributed it to Dining Services.

A new Dietary Dining Consultant was employed to provide:

- Ongoing education & training to Dining Staff
- Remediate Policy & Procedure and best practice standards.
- Oversight of Dining Services
- Ensure process compliance and service accuracy.

The Stein Assisted Living Executive Director/Administrator met with the dietician, ADON, Director of Dining, and Dining Captain to inform them that FOX Rehab will be enlisted to provide

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# STEIN ASSISTED LIVING

at the Wilf Campus for Senior Living

a Speech Language Pathologist to provide education & training sessions. The training will be mandatory for the following departments:

- Nursing Department- RN, LPN, CHHA CNA, CMA
  - Dining Department- All staff including managers, servers, cooks, prep cooks, utility workers
  - Resident Engagement/Activity Department- all staff including volunteers & interns
- The Education & Training program will include:

- Proper Feeding Techniques
- Types of Diets - Explanation chopped, pureed, minced, thin/thick, etc.
- Correct and safe body mechanics (positioning)
- Amount to feed at one time
- Explanation of "Consistencies" thin, thick, etc.
- Signs/Symptoms of airway distress (choking)

The training sessions commenced on 6/4/2025 and 6/18/2025 and remain ongoing.

4. A new Dietary Dining Consultant was employed to provide:

- Oversight of Dining Services including random auditing of P&P adherence
- Ongoing education & training to Dining Staff
- Remediate Policy & Procedure and best practice standards.
- Ensure process compliance and service accuracy.

EXPECTED COMPLETION DATE: JUNE 30, 2025 & ONGOING

*Accepted*

Submitted by:

**NJ Ex Order 26.4B1** **NJ Ex Order 26.4(b)(1)**

Executive Director — Administrator

**NJ Ex Order 26.4B1**

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## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 80A110	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/21/2025
NAME OF FACILITY MARTIN AND EDITH STEIN ASSISTED LIVING RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 350 DEMOTT LANE SOMERSET, NJ 08873

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 A0401	Correction	ID Prefix A0749	Correction	ID Prefix A0903	Correction
Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. # 8:36-10.5(c)(5)	Completed
LSC	06/30/2025	LSC	06/30/2025	LSC	06/30/2025
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 4/15/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 80A110	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/21/2025	Y3
NAME OF FACILITY MARTIN AND EDITH STEIN ASSISTED LIVING RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 350 DEMOTT LANE SOMERSET, NJ 08873		

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LSC	06/30/2025	LSC	06/30/2025	LSC	06/30/2025
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 4/15/2025		<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		