STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	082462	A. BUILDING: _____ B. WING _____	C 10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRA VIE AT FORSGATE	319 FORSGATE DRIVE JAMESBURG, NJ 08831

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A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00182929, NJ00186087, NJ00186298 CENSUS: 108 SAMPLE SIZE: 5 SURVEY DATE: 10/15/2025 & 10/16/2025 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 11/21/25

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint # NJ00182929

Refer to A 1073

Based on interview and record review, it was determined that the Administrator failed to ensure the implementation and enforcement of the facility policy titled, "Hospice" for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On 10/15/2025 at 12:44 PM, the surveyors interviewed the Director of Health and Wellness (DHW #1) and the Assistant DHW (ADHW), who stated when a [NJ Ex Order 26.4(b)] resident [NJ ex order 26.4b1] the certified medical assistant (CMA) would call the [NJ Ex Order 26.4(b)] agency.

On 10/15/2025 at 12:58 PM, the surveyor reviewed Resident #2's closed record which revealed the resident had a diagnosis that included but was not limited to: [NJ ex order 26.4b1] [redacted]

On 10/16/2025 at 11:14 AM, the surveyors interviewed CMA#2 over the phone, who confirmed she was working the [NJ ex order 26.4b1] [redacted] She stated the [NJ Ex Order 26.4(b)] aide reported to her that Resident #2 had [NJ ex order 26.4b1] and

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A 310	Continued From page 2 the aide had already called the [NJ Ex Order 26.4(b)] agency. On 10/16/2025 at 12:01 PM, the surveyors interviewed CMA #3 over the phone, who confirmed she worked the NJ ex order 26.4b1 on [NJ ex order 26.4b1] She stated when she had come in, CMA #2 had told her that Resident #2 had [NJ ex order 26.4b], and NJ ex order 26.4b1. CMA #3 stated around 2 am she called her boss (DHW # 1) because the NJ ex order 26.4b1. CMA #3 stated she then called CMA #2 to inquire when NJ ex order 26.4b1, she said CMA #2 stated that the [NJ Ex Order 26.4(b)] aide had called [NJ ex order 26.4b1] but [NJ ex order 26.4b1] She stated CMA #2 confirmed that Resident #2 NJ ex order 26.4b1. CMA #3 could not speak to who called [NJ ex order 26.4b1], she only knew that the [NJ Exec Order 26.4] nurse came around NJ ex order 26.4b1. CMA # 3 stated that the Director of [NJ Ex Order 26.4(b)] [NJ Exec Order 26.4] had come in for work that morning and told her that she was told the [NJ Ex Order 26.4(b)] aide had called the [NJ Ex Order 26.4(b)] nurse. On 10/16/2025 at 11:45 AM, the surveyors made the Executive Director aware of the above-mentioned event. The ED stated he would expect the staff to call the [NJ Exec Order 26.4] nurse, the on-call nurse, the ED and the family to let them know what was going on. A review of the on-call communication logs provided by the [NJ Ex Order 26.4(b)] agency for the dates of NJ ex order 26.4b1 revealed a call from the facility, message NJ ex order 26.4b1 Call taken at [NJ ex order 26.4b1] and a call with a message: "PT (patient) NJ ex order 26.4b1 the PT's [NJ ex order 26.4b1]. Further review	A 310		

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A 310	Continued From page 3 did not reveal any entries from [NJ ex order 26.4b1] for Resident #2. A review of the facility's policy "Hospice" issued 4/2021, revealed Policy: Residents with a terminal illness may receive care coordinated with a hospice agency. Procedure: 8. Staff will notify Hospice of the following: a) A change in a patient's physical, mental, social or emotional status ...d) Resident's passed away.	A 310		
A1051	8:36-15.2 Record Availability The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department. This REQUIREMENT is not met as evidenced by: Complaint # NJ00182929, NJ00186087, NJ00186298 Based on observation and interview, it was determined that the facility failed to ensure that all records were available for surveyor review for 3 of 5 residents, Resident #'s 2, 4 and 5. This deficient practice was evidenced by the following: On 10/15/2025 at 10:40 AM, the surveyor reviewed Resident #4's medical record which revealed the resident was admitted with diagnosis that included but were not limited to [NJ ex order 26.4b] [redacted] A review of notes in the electronic medical record (EMR) revealed a note dated	A1051		

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A1051	Continued From page 4	A1051		

NJ ex order 26.4b1 "Resident approached ED and accused staff NJ ex order 26.4b1 Cameras viewed and no one seen entering room."

On 10/15/2025 at 10:45 AM, the surveyors met with the Area Clinical Director (ACD) and requested all investigations and grievances for the facility for NJ ex order 26.4b1 .

On 10/15/2025 at 12:43 PM, the Executive Director (ED) met with the surveyors and stated he NJ ex order 26.4b1 , but he "NJ ex order 26.4b1." The ED stated he was not at the facility at the time. The surveyor asked if the investigations and grievances should be available, the ED stated "yes, they all should be in a binder." The surveyor asked if a resident had a concern about a staff member, would a grievance form be done, the ED stated, "Yes, and the follow up should be documented."

On 10/15/2025 at 2:05 PM the surveyor interviewed Certified Medical Assistant (CMA #1), who stated if a resident who was on NJ Ex Order 26.4(b) was NJ Ex Order 26.4(b)(1), she would call the NJ Ex Order 26.4(b) nurse, the facility's nurse on call, and put it on the 24-hour report.

On 10/15/2025 at 2:12 PM, the surveyor requested the 24-hour report for the NJ Ex Order 26.4(b) care unit of NJ ex order 26.4b1 from the ED. The ED confirmed the 24-hour reports are kept in a book and should be readily available. A review of the NJ ex order 26.4b1 did not reveal Resident #2's NJ ex order 26.4b1.

On 10/15/2025 at 3:01 PM, the ED informed the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1051	Continued From page 5	A1051		

surveyors that he was unable to locate the above requested investigations/grievances for the requested time period.

On 10/15/2025 at 3:15 PM, the surveyor interviewed the ED, who stated the purpose of the 24-hour report was to record anything that happened with a resident. He verified that a resident [redacted] should be on the report. The ED provided the 24-hour report for [redacted] not the requested [redacted]. At 3:30 PM, the ED stated the 24-hour report for [redacted] could not be located.

On 10/16/2025 at 11:25 AM, the surveyors interviewed the Business Office Manager (BOM) regarding Resident # 5's [redacted]. The BOM stated the facility was paying for the transportation due to [redacted]. The surveyors requested documentation be provided for transportation for [redacted]. She stated she would have to call the transportation company to obtain the dates the resident was picked up.

On 10/16/2025 at 12:55 PM, the surveyors interviewed the Assistant Director of Health and Wellness (ASHW) and requested the [redacted] from [redacted] for Resident #5.

On 10/16/25 at 2:45 PM, the surveyor requested the [redacted] communication sheets for Resident #5 for [redacted] from the ED. He stated, "I believe they (facility staff) had to call the [redacted] for the records." The surveyor asked if they should be readily available, the ED sated "Yes."

On 10/16/2025 at 3:10 PM, the surveyors met

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A1051	Continued From page 6 with the ED, the Director of Health and Wellness, the ADHW, the Area Clinical Director (ACD), and the Vice President of Clinical Operations and presented the above concerns of the documents not being able to be provided. No additional information was presented. A review of the facility's policy "Grievance Policy" issued 4/2021, revealed Policy: Each Resident, family member, responsible party, or interested party has the right to have grievances addressed in a courteous and timely fashion. Procedure: 4. Document a record of the grievance as discussed with the resident...6. The Executive Director and /or designee will respond to the resident....as soon as possible and document the response. A review of the facility's policy "Resident Medical Record" issued 4/2021, revealed Policy: An accurate and properly updated Resident Record will assist us in managing the health care of our residents ...Procedure: 1. Each Resident Record contains at minimum: f) chronological resident care or progress notes...i. Reports of consultation by ancillry service providers within or outside of the residence.	A1051		
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.	A1073		

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A1073	Continued From page 7 This REQUIREMENT is not met as evidenced by: Complaint #: NJ00182929 Based on interview and record review, it was determined that the facility failed to ensure that the resident's condition, the notification of the physician and family was documented in a resident's Medical Record (MR) for 1 of 5 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 10/15/2025 at 12:44 PM, the surveyors interviewed the Director of Health and Wellness (DHW #1) and the Assistant DHW (ADHW), who stated when a NJ ex order 26.4b1 , the certified medical assistant (CMA) would call the NJ Ex Order 26.4(b agency, which would send out the on call nurse NJ Ex Order 26.4(b)(1) the resident. In addition, the CMA would notify the facility's on call nurse. They stated that NJ Ex Order 26.4(b aides were in the building Monday through Friday from 7AM to 7 PM to NJ Exec Order 26.4b1 On 10/15/2025 at 12:58 PM, the surveyor reviewed Resident #2's closed record which revealed the resident had a diagnosis that included but was not limited to; NJ ex order 26.4b1 Further review revealed a note in the electronic medical record (EMR) dated NJ ex order 26.4b1	A1073		

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A1073	Continued From page 8	A1073		

'NJ ex order 26.4b1 . POA (power of attorney) was called. Primary doctor was notified at NJ ex order 26.4b1 NJ Ex Order 26.4(b)(1 release from signed at 6:16 AM." This was the only entry in the EMR on that day. A review of the resident's face sheet (an admission record) revealed Date of NJ ex order 26.4b1 NJ ex order 26.4b1 Further review of the medical record and the EMR, did not reveal documentation of the NJ ex order 26.4b1

On 10/15/2025 at 2:05 PM the surveyor interviewed CMA #1, who stated if a resident who NJ ex order 26.4b1 , she would call the NJ Exec Order 26.4 nurse, the facility's nurse on call, and put it on the 24 hour report.

On 10/16/2025 at 9:12 AM, the surveyors interviewed the Director of NJ Exec Order 26.4b1 , who stated she remembered the NJ Ex Order 26.4(b aide had reported that Resident #2 NJ ex order 26.4b1 , which was 5:00 PM. She stated "I remember there was a delay."

On 10/16/2025 at 10:03 AM, the surveyors interviewed the Vice President of Clinical Operations (VPCO), DHW #1, and the ADHW, who stated if a NJ ex order 26.4b1 , staff would call the NJ Ex Order 26.4(b nurse. The ADHW stated if the facility's RN was in the building, they would call the family and let them know what was going on. She added if it was after hours, the facility's on call RN would be called. They all agreed that a NJ ex order 26 should be documented on the facility's 24 hour report and that the RN would make sure that there was a note in the chart. The ADHW stated she remembered receiving a call from the prior DHW (DHW #2), around 4 or 5 in the morning,

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A1073	Continued From page 9	A1073		

who told her she had received a call from the night CMA (CMA #3) NJ ex order 26.4b1 [redacted] Resident #2's [redacted] The surveyors requested to be provided with any additional information regarding the above event.

On 10/16/2025 at 11:03 AM, the surveyor spoke with the Compliance Manager (CM), at the [redacted] facility, requesting the on-call logs for the dates of NJ ex order 26.4b1 [redacted]. The CM stated she would send the information as soon as she could.

On 10/16/2025 at 11:14 AM, the surveyors interviewed CMA#2 over the phone, who confirmed she was working the NJ ex order 26.4b1 [redacted]. She stated the [redacted] aide reported to her that the resident NJ ex order 26.4b1 and the aide NJ ex order 26.4b1 [redacted]. She stated she would "100%" call the facility's nurse but could not remember who was on call. She added she reported to the oncoming CMA(CMA #3) that the resident had [redacted]

On 10/16/2025 at 11:23 AM, the surveyor left a message for the [redacted] nurse that had NJ ex order 26.4b1 [redacted] of Resident #2, requesting her to call the surveyor back. The surveyor did not receive a return phone call.

On 10/16/2025 at 11:30 AM, DHW #1 confirmed there was no additional information that could be provided for the above mentioned event.

On 10/16/2025 at 11:45 AM, the surveyors made the Executive Director (ED) aware of the above mentioned event. The ED stated he would expect the staff to call the [redacted] nurse, the on call nurse, the ED and the family to let them know what was going on. He stated "it (the above

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A1073	Continued From page 10 event) is unacceptable on so many levels." On 10/16/2025 at 12:01 PM, the surveyors interviewed CMA #3 over the phone, who confirmed she worked the 11 PM to 7 AM shift on [NJ Ex Order 26.4(b)(1)] She stated when she had come in CMA #2 had told her that Resident #2 [NJ ex ord] CMA #3 stated CMA #2 had told her that everything was done, all she had to do was to have the [NJ ex order 26.4] "the form" when they get there. CMA #3 stated around 2 am she called her boss (DHW # 2) because the [NJ Ex Order 26.4(b)(1)] had not come. CMA #3 stated also she called Resident #2's family representative to make them aware that NJ ex order 26.4b1. She explained the family representative stated they were unaware that the resident had [NJ ex order 26.4b] and was NJ ex order 26.4b1. CMA #3 called CMA #2 to inquire when [NJ Ex Order 26.4(b)] had come, she said CMA #2 stated that the [NJ Ex Order 26.4(b)] aid had called [NJ Ex Order 26.4(b)] but [NJ Ex Order 26.4(b)] had not come. She stated CMA #2 confirmed that Resident #2 NJ ex order 26.4b1. CMA #3 could not speak to who called [NJ Ex Order 26.4(b)] she only knew that the [NJ Ex Order 26.4(b)] nurse came around NJ ex order 26.4b1. CMA # 3 stated that the DMS had come in for work that morning and told her that she was told the [NJ Ex Order 26.4(b)] aide had called the [NJ Ex Order 26.4(b)] nurse. A review of the facility's policy "Resident Medical Record" issued 4/2021, revealed Policy: An accurate and properly updated Resident Record will assist us in managing the health care of our residents ...Procedure: 1. Each Resident Record contains at minimum: f) chronological resident care or progress notes	A1073		

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	082462	A. BUILDING: _____ B. WING _____	C 10/16/2025

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A1075	Continued From page 11	A1075		
A1075	8:36-15.7(a)(1) Record of Death (a) Whenever a resident dies in the assisted living residence, the administrator or the administrator's designee shall: 1. Promptly notify a family member, guardian or other designated person of the death of the resident. Notification shall be made at the time of the occurrence, and the time between the resident's death and notification shall not exceed one hour; and This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00182929 Refer to A 1073 Based on interview and record review, it was determined that the facility failed to notify a family member or guardian when a resident [NJ Ex Order 26.4(] in the facility within 1 hour. This was identified for 1 of 2 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 10/15/2025 at 12:58 PM, the surveyor reviewed Resident #2's closed record, which revealed the resident had a diagnosis that included but was not limited to; [NJ ex order 26.4b1] Further review revealed a note in the electronic medical record (EMR) dated [NJ ex order 26.4b1]	A1075		

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A1075	Continued From page 12 "Resident was reported NJ ex order 26.4b1 . POA (power of attorney) was called. Primary doctor was notified at NJ ex order 26.4b1 NJ ex order 26.4b1 . NJ Ex Order 26.4(b)(1 NJ Exec Order 26. from signed at 6:16 AM." This was the only entry in the EMR on that day. A review of the resident's face sheet (an admission record) revealed NJ ex order 26.4b1 , reason for NJ ex order 26.4b1 . Further review of the medical record and the EMR, did not reveal documentation of the NJ ex order 26.4b1. On 10/15/2025 at 12:44 PM, the surveyors interviewed the Director of Health and Wellness (DHW #1) and the Assistant DHW (ADHW), who stated when a NJ Ex Order 26.4(b resident NJ ex order 26.4b1, the certified medical assistant (CMA) would call the NJ Ex Order 26.4(b agency, which would send out the on-call nurse to NJ Ex Order 26.4(b)(1 the resident. In addition, the CMA would notify the facility's on call nurse. They stated the NJ Ex Order 26.4(b agency would call the family or guardian. On 10/16/2025 at 10:03 AM, the surveyors interviewed the Vice President of Clinical Operations (VPCO), DHW #1, and the ADHW, who stated if a NJ Ex Order 26.4(b patient NJ ex order 26.4b, staff would call the NJ Ex Order 26.4(b nurse. The ADHW stated if the facility's RN was in the building, they would call the family and let them know what was going on. She added if it was after hours, the facilities on call RN would be called. The ADHW stated she remembered receiving a call from the prior DHW (DHW #2), around 4 or 5 in the morning, who told her she had received a call from the night CMA (CMA #3) NJ ex order 26.4b1 NJ Ex Order 26.4(b)(1 Resident #2's NJ ex order 26. On 10/16/2025 at 11:14 AM, the surveyors interviewed CMA#2 over the phone, who	A1075		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	082462	A. BUILDING: _____ B. WING _____	C 10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRA VIE AT FORSGATE	319 FORSGATE DRIVE JAMESBURG, NJ 08831

(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
A1075	Continued From page 13	A1075		

confirmed she was working the NJ ex order 26.4b1 shift on NJ ex order 26.4b1. She stated the NJ Ex Order 26.4(b aide reported to her that the resident had NJ ex order 26.4b1 and the aide had already called the NJ ex order 26.4b1. She stated she would "100%" call the facility's nurse but could not remember who was on call that day. She added she reported to the oncoming CMA (CMA #3) that the resident had NJ ex order 26.4b.

On 10/16/2025 at 11:45 AM, the surveyors made the Executive Director (ED) aware of the above-mentioned event. The ED stated he would expect the staff to call the NJ Ex Order 26.4(b nurse, the on-call nurse, the ED and the family to let them know what was going on.

On 10/16/2025 at 12:01 PM, the surveyors interviewed CMA #3 over the phone, who confirmed she worked the 11 PM to 7 AM shift on NJ ex order 26.4b1. She stated when she had come in, CMA #2 had told her that Resident #2 had NJ ex order 26.4b, and that NJ ex order 26.4b1. CMA #3 stated CMA #2 had told her that everything was done, all she had to do was to have the NJ ex order 26.4b "the form" when they get there. CMA #3 stated around 2 am she called her boss (DHW # 1) because the NJ ex order 26.4b1 had not come. CMA #3 also stated she called Resident #2's family representative to make them aware that the NJ Ex Order 26.4(b)(1) had not come. She explained the family representative stated they were unaware that the resident had NJ ex order 26.4b and was NJ ex order 26.4b1

POC #2 received 11/21/25
Accepted 11/21/25

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A310 – Administrator's Responsibilities (8:36-3.4(a)(1))

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

After learning of the delay in NJ ex order 26.4b1 for Resident #2, immediate steps were taken on NJ Exec Order 26.4b1 to ensure the resident's record accurately reflects the events surrounding NJ Ex Order 26.4(b)(1) A late entry was added by the Director of Health and Wellness documenting the NJ Ex Order 26.4(b)(1) NJ ex order 26.4b1 notifications, and follow-up actions. The family/POA was personally contacted to discuss the event, express NJ Ex Order 26.4(b)(1) and offer support. All staff involved were counseled and re-educated on proper NJ Ex Order 26.4(b)(1) and after-hours protocols.

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 the same deficient practice.

3. **What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur.**

A look-back review of all Hospice and in-facility deaths between January 1 and October 30, 2025 are being conducted to ensure every case reflects timely hospice, physician, and family notifications, and complete documentation in the 24-hour report. Any discrepancies will be corrected with appropriate late entries and follow-up notifications by November 17, 2025.

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Responsible: Director of Health and Wellness & Assistant Director of Health and Wellness

A clear After-Hours Hospice & Death Notification Protocol was developed to eliminate confusion:

a. Call **911** only if not on hospice; if on hospice, call the hospice on-call nurse immediately.

b. Call the facility's DHW or ADHW and the Executive Director.

c. Notify the family or POA upon resident death.

d. Document all actions in the EMR and 24-hour report; initiate release procedures with hospice/funeral home.

A Contact Sheet with all necessary contacts was created on November 6, 2025, for quick reference at all nurses' stations, updated the Hospice Memo of Understanding to clarify roles and timelines, and issued a Role Clarification Memo stating that Certified Medication Aides may not delegate or assume hospice has been called—this must be confirmed by the nurse.
Responsible: ED & DHW

Staff Education & Competency

All Certified Medication Aides, Certified Nursing Aide's Certified Home Health Aides, nurses, and lead staff participated in an in-service covering Hospice protocol, real-life scenarios, and documentation standards on November 6, 2025. Staff demonstrated competency through return-demonstration and verbal testing to confirm understanding of the correct process.
Responsible: DHW/ADHW

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4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.**

Weekly audits of hospice notifications and deaths will be conducted for 12 weeks, followed by monthly QAPI reviews for three months, then quarterly thereafter. Success will be measured by 100% compliance with timely notifications and documentation standards.
Responsible: ADHW/DHW (audits), ED (oversight)
Completion: November 17, 2025 [NJ Ex Order 26] approved 11/21/25

A1051 – Record Availability (8:36-15.2)

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

Missing or incomplete records were promptly reconstructed and filed:

- **Resident #4:** Investigation and grievance records were recreated and placed in the Grievance Binder.
- **Resident #2:** The 24-hour report for [NJ Ex Order 26.4(b)(1)] was reconstructed using verified witness accounts and late entries; now filed and scanned to EMR.
- **Resident #5:** [NJ Ex Order 26.4(b)(1)] communication sheets and transportation confirmations were obtained and filed in the Ancillary/Consults Binder.

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 the same deficient practices.

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3. **What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur.**

- Grievance Log Policy is now followed by Executive Director; where all complaints are documented, reviewed, and follow up provided to resident and responsible party.
- Education provided to Management Team regarding use of Grievance Log and Policy by Executive Director.
- Resident Medical Record Policy was reviewed by Director of Health and Wellness (DHW) with Assistant Director of Health and Wellness (ADHW) and Resident Care Coordinator (RCC). All stated understanding on organization and filing of resident medical records moving forward.
- All resident records are being audited for completion and organization by the DHW, ADHW, and RCC. Overflow filing will be completed and filed into the correct resident record/chart.
- Provider Binders will be managed and monitored by DHW, ADHW, RCC to ensure accuracy and completion on a weekly basis.

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.**

All managers and lead staff were trained on record availability standards and how to immediately retrieve requested documentation when necessary or required.

Weekly spot-checks for eight weeks will be followed by monthly reviews. Audits will randomly pull one grievance file, one 24-hour report, and one ancillary file to verify

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availability and completeness. This will be documented in Quarterly QAPI Meetings.
Responsible: ED & DHW. Next QAPI Meeting December 15, 2025.

Completion: 12/1/25 [redacted] approved 11/21/25

A1073 – Resident Records (8:36-15.6(b))

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

A late entry was completed on [redacted] to record the full sequence of events for Resident #2, including [redacted] and notifications. The 24-hour report has been cross-referenced for accuracy.

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 the same deficient practices.

3. **What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur.**

All incident and death notes from January–October 2025 will be audited by November 13, 2025, to ensure documentation includes condition, findings, and all notifications. All deaths and major incidents must be documented before the end of each shift and verified by the nurse. A standard EMR template is being used to ensure uniform documentation.

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.**

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All death and serious-incident notes will be reviewed for the last 60 days, with immediate feedback for any incomplete documentation. Moving forward, all death and serious-incident notes will be reviewed weekly to ensure complete documentation and notification of all appropriate parties.

Responsible: DHW/ADHW; ED oversight

Completion: November 18, 2025 [redacted] approved 11/21/25

A1075 – Record of Death (8:36-15.7(a)(1))

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

The facility immediately reinforced that family notifications for all resident [redacted] must occur within one hour. Staff were reminded that all notifications—including time, person spoken to, and method must be documented in the EMR and 24-hour report.

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 the same deficient practices.

3. **What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur.**

Alert Charting Notification will be entered by either DHW/ADHW or Designee to ensure all documentation occurs.

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On-Call Nurse (DHW/ADHW) will confirm within the hour that family notification has occurred.

An Escalation Tree is also in place if the family cannot be reached, ensuring the ED and physician are notified until contact is made.

Ongoing Staff education regarding process of resident death and notification of family to occur Quarterly.

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.**

A Death Notification Log will be maintained by the DHW, tracking time of death, time of family and physician notifications, documentation completed in EMAR , and the staff responsible. Weekly QAPI reviews will be conducted for 12 weeks. Next QAPI Meeting 12/15/25.

Responsible: DHW; ED oversight

Completion: November 14, 2025

approved 11/21/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
082462 Y1	A. Building B. Wing Y2	11/21/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRA VIE AT FORSGATE	319 FORSGATE DRIVE JAMESBURG, NJ 08831

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A1051	Correction	ID Prefix A1073	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-15.2	Completed	Reg. # 8:36-15.6(b)	Completed
LSC	11/17/2025	LSC	12/01/2025	LSC	11/18/2025
ID Prefix A1075	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.7(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/14/2025	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	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/16/2025

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO