

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>al0101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/22/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT EGG HAF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234</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 #'s: NJ 00189700, N 00J189069, NJ 00189699</p> <p>Census: 144</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. 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 310	<p>8:36-3.4(a)(1) Administrator's Responsibilities</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to develop and implement a policy and procedure that addressed annual physician certification approval for resident care for 4 of 4 residents, Resident #'s 1, 2, 3, and 4. This deficient practice was evidenced by the following:</p> <ol style="list-style-type: none"> <li>On 1/22/26 at 9:40 a.m., the surveyor reviewed Resident #1's MR, which revealed that the resident was admitted to the facility in [redacted] of [redacted] with diagnosis of NJ Exec Order 26.4b1. Resident #2's MR also revealed an unsigned annual [redacted] physician certification.</li> <li>At 9:40 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that the resident was admitted to the facility in [redacted] with diagnosis of NJ Exec Order 26.4b1. The MR also revealed an unsigned annual physician certification for [redacted] approval of Resident #1's care needs to be met at the facility.</li> <li>On 1/22/26 at 9:53 a.m. the surveyor reviewed Resident #3's MR, which revealed that Resident #3 was admitted to the facility in [redacted] with diagnoses of NJ Exec Order 26.4b1. Resident #3's MR did not reveal any documented evidence of a signed annual [redacted] physician certification for approval of care needs to be met at the facility.</li> </ol>	A 310		

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A 310	<p>Continued From page 2</p> <p>4. At 1:30 p.m., the surveyor reviewed Resident #4's MR, which revealed that Resident #4 was admitted to the facility in NJ Exec Order 26.4b1, with diagnosis of NJ Exec Order 26.4b1. Resident #4's MR did not reveal documented evidence of a NJ Exec Order 26.4b1, annual physician certification.</p> <p>The surveyor reviewed the facility policy and procedure manual (PPM), which did not include any documented evidence of a policy for annual Physician certification.</p> <p>At 2:07 p.m., the surveyor interviewed the Executive Director regarding the policy for annual Physician Certifications. The ED stated that all the facility policy and procedures were in the PPM provided to the surveyor. The ED added that if the policy was not in the PPM, then the facility did not have a policy on resident Physician certifications.</p> <p>Reference: 8:36-7.5(e), 0783</p>	A 310		
A 365	<p>8:36-4.1(a)(6) 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>6. The right to privacy;</p>	A 365		

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A 365	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #'s: NJ 00189699, NJ 00189700</p> <p>Based on interview and record review, it was determined that the facility failed to [redacted] residents' [redacted] during an incident for 2 of 4 residents, Resident #'s 2 and #3. This deficient practice was evidenced by the following:</p> <p>On 1/21/26 and 1/22/26, the Department of Health investigated a Facility Reportable Event (FRE) received on [redacted]. The FRE revealed that on [redacted] Resident #2 became [redacted] and [redacted] staff members, and a [redacted] from the resident's [redacted].</p> <p>On 1/21/26 at 12:21 p.m., the surveyor interviewed Care Giver #1 (CG #1) regarding the incident on [redacted], with Resident #2 and Resident #3. CG #1 stated that on [redacted], she [redacted] NJ Exec Order 26.4b1.</p> <p>Upon arrival, she observed Resident #2 in a [redacted] NJ Exec Order 26.4b1, and Resident #3 was [redacted] NJ Exec Order 26.4b1. CG #1 stated that she called for [redacted] NJ Exec Order 26.4b1 and then tried to record the incident on her personal cell phone for her "boss." Further, CG #1 explained that Resident #2 was [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1.</p> <p>At 1:23 p.m., the surveyor interviewed CG #2 regarding the incident on [redacted] NJ Ex Order 26.4(b) with Resident #2 and Resident #3. CG #2 stated that she heard CG #1 [redacted] NJ Exec Order 26.4b1, that Resident #2 and Resident #3 [redacted] NJ Exec Order 26.4b1. CG #2 stated that when she arrived at the incident scene, CG #1 tried to video the [redacted] NJ Ex O residents [redacted] NJ Ex Order 26.4(b)(1). CG #2 added that Resident</p>	A 365		

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A 365	<p>Continued From page 4</p> <p>#2 then [redacted] CG #1 [redacted].</p> <p>At 3:55 p.m., the surveyor interviewed the Executive Director (ED) regarding CG #1 attempting to video record the incident on [redacted]. The ED stated that she was not notified of CG #1 attempting to video record Resident #2 and Resident #3 during the [redacted] incident. The ED added that use of personal phones to record a resident was not permitted.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Resident Rights" that revealed "...EVERY RESIDENT SHALL HAVE THE RIGHT TO HAVE PRIVACY IN TREATMENT ..."</p>	A 365		
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> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00189699</p>	A 401		

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A 401	<p>Continued From page 5</p> <p>Based on interview and record review it was determined that the facility failed to implement safety measures following and incident to protect and maintain safety for 1 of 4 residents, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 1/14/26, the Department of Health (DOH) received a Facility Reportable Event (FRE- a document health care facilities used to report to the DOH) regarding an incident that occurred on [redacted] when Resident #2 was [redacted].</p> <p>The FRE revealed that Resident #2 [redacted] to [redacted] and wanted to [redacted].</p> <p>On 1/21/26, at 9:52 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 was admitted to the facility in [redacted], with diagnoses of [redacted] and [redacted].</p> <p>The surveyor reviewed Resident #2's "Progress Notes (PN)" dated [redacted], written by a Certified Medication Aide (CMA) at 2:33 a.m., "[CMA] was [redacted] due to [Resident #2] [redacted] and [redacted]. When CMA attempted to assess the resident's [redacted] Resident #2 became [redacted].</p> <p>[redacted] Resident #2 then [redacted] on other residents' doors. During [redacted] [Resident #2] [redacted] an Aide by [redacted] and [redacted] A [redacted] was observed [redacted]. CMA immediately secured [redacted] ... [redacted] responded and assisted in [redacted] ... [Resident #2] returned to his/her room after [redacted]. Shortly thereafter, ...Resident #2 made verbal statements that indicated intent to [redacted], including</p>	A 401		
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A 401	<p>Continued From page 6</p> <p>he/she would NJ Exec Order 26.4b1 and that he/she wanted to NJ Exec Order 26.4b1 was contacted and Resident #2 was transported out for further NJ Exec Order 26.4b1 evaluation."</p> <p>A PN dated NJ Exec Order 26.4b1 written by the Director of Nursing (DON) at 8:50 a.m., which indicated, "This nurse [DON] went to the facility after 2:00 a.m., to address NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 toward staff. Resident #2 was NJ Exec Order 26.4b1 with another resident ... Resident #2 was NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 with this nurse [DON] and staff. Resident #2 made a comment about NJ Exec Order 26.4b1. [The NJ Exec Order 26.4b1 were] called and Resident #2 was taken to [the hospital for a NJ Exec Order 26.4b1 evaluation]."</p> <p>A PN dated NJ Exec Order 26.4b1, written by a Licensed Practical Nurse (LPN) at 1:51 p.m., which indicated that Resident #2 returned to the facility with a discharge diagnosis of NJ Exec Order 26.4b1</p> <p>...</p> <p>The surveyor also reviewed Resident #2's General Service Plan (GSP), last updated on NJ Exec Order 26.4b1. The GSP listed under "Focus" that Resident #2 had NJ Exec Order 26.4b1</p> <p>...</p> <p>"Interventions" initiated on NJ Exec Order 26.4b1 included "Front desk staff will alert nursing staff when Resident #2 NJ Exec Order 26.4b1 so that nursing staff can check for NJ Exec Order 26.4b1. The GSP revealed interventions also updated on NJ Exec Order 26.4b1 that included "MAR (medication administration record) will have every</p>	A 401		

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A 401	<p>Continued From page 7</p> <p>NJ Exec Order 26.4b1</p> <p>The surveyor reviewed Resident #2's MAR for NJ Exec Order 26.4b1. The MAR revealed scheduled NJ Exec Order 26.4b1 every 4 hours initiated on NJ Exec Order 26.4b1 at 4:00 p.m., which was 4 days after the incident which occurred on NJ Exec Order 26.4b1. The MAR also revealed that staff members initialed and documented "Yes" on NJ Exec Order 26.4b1 at 4:00 p.m., and 8:00 p.m., for observed NJ Exec Order 26.4b1.</p> <p>The facility failed to immediately implement safety measures upon Resident #2's return to the facility on NJ Exec Order 26.4b1 following an incident that occurred on NJ Exec Order 26.4b1 when Resident #2 was NJ Exec Order 26.4b1, NJ Exec Order 26.4b1.</p> <p>The facility implemented every NJ Exec Order 26.4b1, which was 4 days post Resident #2's NJ Exec Order 26.4b1.</p> <p>At 11:29 a.m., the surveyor interviewed the DON regarding the NJ Exec Order 26.4b1 incident when Resident #2 was NJ Exec Order 26.4b1 toward staff and others. The DON stated that on NJ Exec Order 26.4b1 at approximately 2:44 a.m., he was notified of the incident by the Assistant DON. The DON explained that he came to the facility to address the incident and to ensure everyone was safe. The DON also stated that Resident #2 was NJ Exec Order 26.4b1 and began to make comments about starting a NJ Exec Order 26.4b1. The DON added that the NJ Exec Order were called, and Resident #2 was transported to the hospital for NJ Exec Order 26.4b1 evaluation.</p> <p>During interview with the DON, he stated that the staff were confused with the documentation. The DON added that Resident #2 did not have any</p>	A 401		

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A 401	<p>Continued From page 8</p> <p>observed [redacted] since the [redacted] incident.</p> <p>At 11:58 p.m., the surveyor interviewed the Executive Director (ED) regarding Resident #2's [redacted] and [redacted] on [redacted]. The ED stated that Resident #2 [redacted]. The ED explained that on [redacted] Resident #2 was placed on every [redacted]. The ED added that the front concierge staff were alerted to [redacted] Resident #2's [redacted] and [redacted] and notify nursing staff.</p> <p>At 1:54 p.m., the surveyor interviewed the CMA regarding her documentation of the [redacted] incident where Resident #2 was observed with a [redacted]. The CMA stated that on [redacted], [redacted] that she observed Resident #2 [redacted]. The CMA explained that she [redacted] and the [redacted] arrived, assisted with [redacted] and then [redacted] Resident #2 to his/her room. The CMA added that the [redacted] stated that they could not do anything about the incident that Resident #2 was [redacted] and lived at the facility. The CMA also stated that she was not aware if Resident #2 [redacted] following the incident on [redacted].</p> <p>The surveyor reviewed the facility policy and procedure titled, "Safety Policy" last annual review date 3/21/25, which indicated "To provide a safe environment for staff, residents, and visitors to work and visit. ...It is the intention of the [Facility] to provide a safe environment for all ... residents to live in, ...Safety is the responsibility for everyone. ...The safety committee is responsible for the evaluation of the environment ... as well as evaluation of incident reports and</p>	A 401		

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A 401	Continued From page 9 recommendations of procedures to decrease the risk of injury or other safety hazards."	A 401		
A 563	<p>8:36-5.10(a)(2) Reportable Events</p> <p>(a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 or (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following:</p> <p>2. Any elopements; and</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00189700</p> <p>Based on record review and interview, it was determined that the facility's Executive Director failed to report to the Department of Health, in a timely manner, [NJ Exec Order 26] related to a [NJ Exec] for 1 of 4 residents reviewed, Resident # 3. This deficient practice is evidenced by the following:</p> <p>On [NJ Exec Order 25 4] at 12:14 p.m., the Department of Health (DOH) received a Facility Reportable</p>	A 563		

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A 563	<p>Continued From page 10</p> <p>Event (FRE) that pertained to an incident in which Resident # 3 [redacted] and was transported to the hospital with a [redacted] NJ Exec Order 26.4b1. According to the FRE, the incident happened on [redacted] NJ Exec Order 26.4b1 at 2:30 a.m.</p> <p>At 11:45 a.m., the surveyor reviewed Resident # 3's medical record (MR) which revealed a document titled, "Progress Notes *NEW*" with an entry dated [redacted] NJ Exec Order 26.4b1 at 2:20 a.m., by a Certified Medication Technician (CMT). The progress note (PN) revealed that Resident # 3 was [redacted] NJ Exec Order 26.4b1. Resident # 3 did not [redacted] NJ Exec Order 26.4b1, but the CMT "observed" [redacted] NJ Exec Order 26.4b1 noted from the resident's [redacted] NJ Exec Order 26.4b1 was called and Resident # 3 was transported to the hospital. Review of Resident # 3's MR, "Discharge Instructions", dated [redacted] NJ Exec Order 26.4b1, revealed "Diagnosis: [redacted] NJ Exec Order 26.4b1".</p> <p>At 2:01 p.m., the surveyor interviewed the ED regarding Resident # 3's [redacted] NJ Exec Order 26.4b1. The ED stated that Resident # 3 [redacted] NJ Exec Order 26.4b1. [redacted] NJ Exec Order 26.4b1 showed Resident # 3 was [redacted] NJ Exec Order 26.4b1. The ED denied any history of Resident # 3 being [redacted] NJ Exec Order 26.4b1 or having frequent [redacted] NJ Exec Order 26.4b1. The ED also stated that the DON spoke with Resident # 3 regarding the incident and that Resident # 3 signed a [redacted] NJ Exec Order 26.4b1 for [redacted] NJ Exec Order 26.4b1. The ED stated that Resident # 3 [redacted] NJ Exec Order 26.4b1.</p> <p>The ED stated that she did not know about Resident # 3's [redacted] NJ Exec Order 26.4b1 until he/she returned from the [redacted] NJ Exec Order 26.4b1 and that she did not feel the [redacted] NJ Exec Order 26.4b1 required DOH notification until she knew how [redacted] NJ Exec Order 26.4b1 were.</p>	A 563		
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A 749 A 749	<p>Continued From page 11</p> <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 #: NJ 00189069</p> <p>Based on interview and record review, it was determined that the facility failed to update residents' General Service Plan (GSP) to address a resident's <b>NJ Exec Order 26.4b1</b> and medication for 1 of 4 residents, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 1/22/26 at 10:00 a.m., the surveyor reviewed Resident #1's medical record (MR), which revealed that Resident #1 was admitted in <b>NJ Exec Order 26.4b1</b> of <b>NJ Exec Order 26.4b1</b> with a diagnosis of <b>NJ Exec Order 26.4b1</b>.</p> <p>Surveyor review of the MR revealed a "Progress Note (PN)" dated <b>NJ Exec Order 26.4b1</b>, written by a Licensed Practical Nurse (LPN) which indicated, "The LPN <b>NJ Exec Order 26.4b1</b>; upon entering [another resident stated that Resident #1] was having a <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b> for evaluation; DON (Director</p>	A 749 A 749		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  al0101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/22/2026
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NAME OF PROVIDER OR SUPPLIER  NEW STANDARD SENIOR LIVING AT EGG HAR	STREET ADDRESS, CITY, STATE, ZIP CODE 6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234
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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 749	<p>Continued From page 12 of Nursing) made aware."</p> <p>A PN dated [redacted], written by a Certified Medication Aide (CMA), which revealed [Resident #1] "returned from the [redacted] with a diagnosis of [redacted]. No new orders."</p> <p>A PN dated [redacted], written by a LPN which revealed, "Resident #1 had [redacted] in the dining room that lasted approximately a [redacted]. ...Resident #1 presents with [redacted] and [redacted]. Resident #1 was transported to [hospital]."</p> <p>A PN dated [redacted], written by a LPN which indicated that Resident #1, "Returned from the hospital [with a diagnosis] of [redacted]. ...New medication [redacted] oral tablet twice daily initiated ..."</p> <p>At 10:30 a.m., the surveyor reviewed Resident #1's GSP, last updated on [redacted], which did not reveal any documented intervention(s) that addressed Resident #1's need to be monitored for changes in [redacted] related to [redacted] and start of new medication post [redacted] or [redacted] or [redacted].</p> <p>At 3:30 p.m., the surveyor interviewed the DON regarding Resident #1's [redacted] and GSP intervention(s). The DON stated that Resident #1 had a [redacted] and that there were no intervention(s) listed on the GSP for staff [redacted].</p>	A 749		
A 783	8:36-7.5(e) Provision of Health Care Services  (e) Each resident shall have an annual physical	A 783		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  al0101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/22/2026
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NAME OF PROVIDER OR SUPPLIER  NEW STANDARD SENIOR LIVING AT EGG HAR	STREET ADDRESS, CITY, STATE, ZIP CODE 6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234
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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 783	<p>Continued From page 13</p> <p>examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #'s: NJ 00189069, NJ 00189700, NJ 00189699</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the physician signed the annual certification to attest that the resident's <b>NJ Exec Order 26.4b1</b> provided at the facility for 4 of 4 residents, Resident #'s 1, 2, 3, and 4. This deficient practice was evidenced by the following:</p> <p>1. On 1/22/26 at 9:40 a.m., the surveyor reviewed Resident #1's MR, which revealed the resident was admitted to the facility in <b>NJ Exec Ord</b> of <b>NJ Exec Ord</b> with diagnosis of <b>NJ Exec Order 26.4b1</b>. The MR also revealed that the last annual physician certification was <b>NJ Exec Order 26.4b1</b>. The surveyor reviewed Resident #2's Physician "Order Summary Report" dated from <b>NJ Exec Ord</b> through <b>NJ Exec Ord</b> which revealed an unsigned annual physician certification statement for the <b>NJ Exec Order 26.4b1</b>.</p> <p>Review of the MR also revealed that the resident's last annual <b>NJ Exec Order 26.4b1</b></p>	A 783		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>al0101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/22/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT EGG HARBOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234</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 783	<p>Continued From page 14</p> <p>was signed by the physician on [redacted]. The [redacted] did not reveal a signed statement of approval to receive care at the facility.</p> <p>2. At 10:00 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that the resident was admitted to the facility in [redacted] of [redacted] with diagnoses of [redacted] and [redacted].</p> <p>The MR revealed that Resident #2's last annual [redacted] was signed by the physician on [redacted]. The [redacted] did not reveal a signed statement of approval to receive care at the facility. The surveyor reviewed Resident #2's "Order Summary Report" dated from [redacted] through [redacted] which revealed an unsigned annual physician certification statement.</p> <p>At 10:35 a.m., the surveyor interviewed the Director of Nursing (DON) regarding Resident #1 and Resident #2's annual Physician CR. The DON stated that he thought the annual physician certification statements were signed and attached to both the residents' [redacted].</p> <p>3. On 1/22/26 at 9:53 a.m. the surveyor reviewed Resident #3's MR, which revealed that Resident #3 was admitted to the facility in [redacted] of [redacted] with diagnoses of [redacted] and [redacted].</p> <p>The MR, the surveyor reviewed Resident #3's annual [redacted] dated and signed by the physician on [redacted]. The [redacted] did not reveal a certification of approval to receive care at the facility.</p> <p>4. At 1:30 p.m., the surveyor reviewed Resident #4's MR, which revealed that Resident #4 was admitted to the facility in [redacted] of [redacted] with diagnoses of [redacted] and [redacted].</p>	A 783		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>al0101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/22/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT EGG HAR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234</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 783	<p>Continued From page 15</p> <p><b>NJ Exec Order 26.4b1</b>).</p> <p>The surveyor reviewed Resident #4's annual <b>NJ Exec Ord</b>, dated and signed by the physician on <b>NJ Exec Order 26.4b</b>. The <b>NJ Exec Ord</b> did not reveal a certification of approval to receive care at the facility type.</p> <p>The surveyor interviewed the Assistant Director of Nursing (ADON) regarding the <b>NJ Exec Ord</b> annual certification for Resident #3 and Resident #4. The ADON stated that the form was provided by the facility's corporation and did not realize that the certification portion was not included as part of the form.</p> <p>The surveyor then requested the policy and procedure for <b>NJ Exec Ord</b> physician certification for residents from the Executive Director (ED). However, the ED was not able to provide the surveyor the policy.</p> <p>Refer to 8:36-3.4(a)(1) [A 0310]</p>	A 783		
A1051	<p>8:36-15.2 Record Availability</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00189069</p> <p>Based on interview and record review, it was</p>	A1051		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  al0101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/22/2026
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NAME OF PROVIDER OR SUPPLIER  NEW STANDARD SENIOR LIVING AT EGG HAR	STREET ADDRESS, CITY, STATE, ZIP CODE 6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234
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A1051	<p>Continued From page 16</p> <p>determined that the facility failed to have available requested sign-in and sign-out of the facility records for 1 of 4 residents, Resident #1. This deficient practice was evidenced by the following:</p> <p>On <u>NJ Exec Order 26.4b1</u>, the Department of Health investigated a Facility Reportable Event (FRE) received <u>NJ Exec Order 26.4b1</u>. The FRE <u>NJ Exec Order 26.4b1</u> on <u>NJ Exec Order 26.4b1</u> Resident #1 was in the <u>NJ Exec Order 26.4b1</u> of a <u>NJ Exec Order 26.4b1</u> and was <u>NJ Exec Order 26.4b1</u> by a <u>NJ Exec Order 26.4b1</u></p> <p>On 1/22/26 at 9:30 a.m. the surveyor requested the resident sign in and sign out of the facility record for <u>NJ Exec Order 26.4b1</u>, from the Executive Director (ED) for review.</p> <p>At 2:00 p.m., the surveyor requested the resident sign in and sign out records from the Concierge for review. The Concierge stated that the records were filed and pulled them out in the presence of the surveyor. The Concierge stated he was unable to locate the resident sign in and sign out record for <u>NJ Exec Order 26.4b1</u></p> <p>At 2:07 p.m., the ED confirmed that the <u>NJ Exec Order 26.4b1</u>, resident sign in and sign out record was not available for surveyor review.</p>	A1051		

Doc #2 - accepted 3/16/26



New Standard Senior Living at Egg Harbor Township

6817 East Black Horse Pike  
Egg Harbor Township, New Jersey 08234  
P (609)541-7701 (711 NJ TTY/TDD)  
F (732)806-5144

January 22, 2026

**A310 8:36-3.4 Administrator's Responsibilities:** Administrator failed to implement a policy and procedure that addressed annual physician certifications.

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

On 01/23/26, an addendum to the health and physical for annual physician certifications was created by the executive director and distributed to the nurse practitioners to sign and complete. These were completed for all four residents by 1/24/2026.

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

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

3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?

On 1/24/2026, the Executive Director created a policy and procedure that was approved by corporate to address annual health and physicals and physician certifications. On 1/23/26, the Executive Director created an addendum to the current health and physicals for signed physician certifications and distributed to the nurse practitioners who completed and returned. On 1/23/26, a new health and physical form was created to include the physicians certification and now in use for upcoming certifications.

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

On 1/24/26 a health and physical spreadsheet was created to track the due dates of all resident annual physicians certifications. This spreadsheet will be updated by the Director of Nursing and Assistant Director of Nursing upon admission and discharge and will be checked each month by the Executive Director and Director of Nursing to notify the nurse practitioners of any certifications due to expire in that upcoming month. This log will also be a part of the weekly nursing report sent to corporate by the Executive Director.

Completion Date: January 31<sup>st</sup>, 2026

Accepted 3/16/26  
NJ Exec Order 26.4b1





**New Standard Senior Living at Egg Harbor Township**

6817 East Black Horse Pike  
Egg Harbor Township, New Jersey 08234  
P (609)541-7701 (711 NJ TTY/TDD)  
F (732)806-5144

**January 22, 2026**

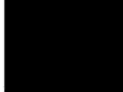
**A 365 8:36-4.1 Resident Rights:** Facility failed to honor residents' right to privacy.

1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice?  
Resident #2 no longer resides in the facility. Nothing can be done retroactively to correct the issue for Resident #3, but the issue will be avoided going forward.
2. How the facility will identify other residents having the potential to be affected by the same practice.  
All residents have the potential to be affected by this deficient practice.
3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?  
On 1/23/2026, the Executive Director and Director of Nursing, began in-servicing all staff members on a refresher to a resident's right to privacy, highlighting that a staff member can not take pictures or record a resident against their will. This in-servicing was complete on 1/31/2026.
4. How will the facility monitor its corrective actions to ensure the deficient practice is being corrected and not recur?  
Executive Director will continue to refresh staff members periodically on resident rights throughout the year at the monthly employee staff meetings. Resident rights is already a part of an employees yearly training program on RELIAS.

Completion Date: January 31<sup>st</sup>, 2026

*Accepted 3/6/26*

NJ Exec Order 20.4b1





**January 22, 2026**

**A 401 8:36-4.1 Resident Rights:** Facility failed to implement safety measures following an incident to protect and maintain safety for the resident.

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

On January 23, 2026, Director of Nursing spoke with Resident #2 and presented a [redacted] agreement in regards to their **NJ Exec Order 26.4b1** and offered the **NJ Exec Order 26.4b1**. Resident #2 [redacted] to sign the [redacted] and [redacted] **NJ Exec Order 26.4b1**. Later that day, Executive Director and Assistant Director [redacted] Resident #2 with a **NJ Exec Order 26.4b1** due to their [redacted] while [redacted] Resident **NJ Exec Order 26.4b1** and was made aware that any further incidents of [redacted] would **NJ Exec Order 26.4b1** and result in **NJ Exec Order 26.4b1** prior to the **NJ Exec Order 26.4b1**. Resident continued to **NJ Exec Order 26.4b1** and on [redacted] was sent to the hospital due to an **NJ Exec Order 26.4b1**. Upon resident's return to the facility on [redacted] resident was made aware that [redacted] would occur before the [redacted] Safe discharge to a **NJ Exec Order 26.4b1** was set up and resident was sent to an **NJ Exec Order 26.4b1** **NJ Exec Order 26.4b1**. Resident was officially discharged from the facility on [redacted].

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

3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?  
On 01/23/2026, Executive Director, Director of Nursing, and Assistant Director of Nursing reviewed the facility's policy on Involuntary discharge and emergency discharge procedures. Facility will continue to follow the Involuntary Discharge process for residents who create an unsafe environment for themselves and others due to intoxication or other reasons. Residents will be offered a safe alternative to seek treatment and refusal will result in a Involuntary 30 Day Discharge.

4. How will the facility monitor its corrective actions to ensure the deficient practice is being corrected and not recur?  
Executive Director and Director of Nursing will monitor the 24 hour communications report to pinpoint any residents that are putting themselves and other in an unsafe environment and discuss the need for involuntary discharge.

Completion Date: February 23, 2026

Accepted  
3/6/26  
[redacted]





**New Standard Senior Living at Egg Harbor Township**

6817 East Black Horse Pike  
Egg Harbor Township, New Jersey 08234  
P (609)541-7701 (711 NJ TTY/TDD)  
F (732)806-5144

**January 22, 2026**

**A563 8:36-5.10 Reportable Events:** Executive Director failed to report to the Department of Health, in a timely manner, injuries related to 

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

Nothing can be done retroactively to correct this issue for resident #3.

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

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

3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?

On 01/23/2026, the Executive Director created a mandatory reportables checklist and in-serviced the Director of Nursing, Assistant Director of Nursing, and Resident Care Coordinator on proper reporting and investigation practices. Going forward, if any reportables occur on the weekend, the reporting process will be completed by the nursing manager on duty to ensure timely reporting.

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

The nursing manager on duty for the weekends will monitor the 24 hour report for any issues that require reporting. Executive Director and Director of Nursing will monitor the 24 hour report during the week.

Completion Date: January 23, 2026

*Accepted & Signed*  




**January 22, 2026**

**A749 8:36 – 7.3 General and Health Service Plans:** Facility failed update residents' General Service Plan to address a resident's **NJ Ex Order 26.4(b)(1)** and medications.

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

Director of Nursing updated Resident #1's care plan to include their diagnosis of a **NJ Exec Order 26.4b1** on **NJ Exec Order 26.4b1**.

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

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

3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?

Director of nursing will check all care plans upon renewal dates and change of condition to ensure that all issues are appropriately addressed.

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

Director of Nursing will continue to update care plans quarterly and during change of condition paying close attention to new diagnoses.

Completion Date: January 23rd, 2026

*Accepted 3/4/26*  
**NJ Exec Order 26.4b1**



**January 22, 2026**

**A783 8:36 – 7.5 Provision of Health Care Services:** Facility failed to ensure the physician signed the annual certification to attest that the resident's needs does not exceed the care provider at the facility.

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

On 01/23/26, an addendum to the health and physical for annual physician certifications was created by the executive director and distributed to the nurse practitioners to sign and complete. These were completed for all four residents by 1/24/2026.

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

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

3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?

On 1/24/2026, the Executive Director created a policy and procedure that was approved by corporate to address annual health and physicals and physician certifications. On 1/23/26, the Executive Director created an addendum to the current health and physicals for signed physician certifications and distributed to the nurse practitioners who completed and returned. On 1/23/26, a new health and physical form was created to include the physicians certification and now in use for upcoming certifications.

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

On 1/24/26 a health and physical spreadsheet was created to track the due dates of all resident annual physicians certifications. This spreadsheet will be updated by the Director of Nursing and Assistant Director of Nursing upon admission and discharge and will be checked each month by the Executive Director and Director of Nursing to notify the nurse practitioners of any certifications due to expire in that upcoming month. This log will also be a part of the weekly nursing report sent to corporate by the Executive Director.

Completion Date: January 31<sup>st</sup>, 2026



*accepted 3/6/26*

**January 22, 2026**

**A1051 8:36 – 15.2 Record Availability:** Facility failed to have available requested sign-in and sign-out of the facility records.

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

Nothing can be done retroactively to fix this issue for Resident #1.

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

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

3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?

On 1/22/2026, the Executive Director created a policy and procedure addressing the record retention procedure for Resident Sign in and Out of Facility Record Retention. This policy and procedure was approved by corporate and implemented. Starting on 01/22/2026, all concierge staff and substitutions were in-serviced on the new policy and procedure by the Executive Director.

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

Each month, the concierge staff will turn over the prior month's records to the Executive Director. These records will be uploaded to the facility database and physical copies will be retained.

Completion Date: January 24<sup>th</sup>, 2026

*accepted 3/1/26*

NJ Exec Order 26.4b1



POC #1 Rcd 3/3/26



NEW STANDARD Senior Living

New Standard Senior Living at Egg Harbor Township

6817 East Black Horse Pike  
Egg Harbor Township, New Jersey 08234  
P (609)541-7701 (711 NJ TTY/TDD)  
F (732)806-5144

Reviewed  
3/6/26  
Called ED - review of P&P.

January 22, 2026

**A310 8:36-3.4 Administrator's Responsibilities:** Administrator failed to implement a policy and procedure that addressed annual physician certifications.

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

On 01/23/26, an addendum to the health and physical for annual physician certifications was created by the executive director and distributed to the nurse practitioners to sign and complete. These were completed for all four residents by 1/24/2026.

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

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

3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?

On 1/24/2026, the Executive Director created a policy and procedure that was approved by corporate to address annual health and physicals and physician certifications. On 1/23/26, the Executive Director created an addendum to the current health and physicals for signed physician certifications and distributed to the nurse practitioners who completed and returned. On 1/23/26, a new health and physical form was created to include the physicians certification and now in use for upcoming certifications.

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

On 1/24/26 a health and physical spreadsheet was created to track the due dates of all resident annual physicians certifications. This spreadsheet will be updated by the Director of Nursing and Assistant Director of Nursing upon admission and discharge and will be checked each month by the Executive Director and Director of Nursing to notify the nurse practitioners of any certifications due to expire in that upcoming month. This log will also be a part of the weekly nursing report sent to corporate by the Executive Director.

Completion Date: January 31st<sup>th</sup>, 2026

accepted  
3/6/26  
NJ Exec Order 25.48





January 22, 2026

**A 365 8:36-4.1 Resident Rights:** Facility failed to honor residents' right to privacy.

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

Resident #2 no longer resides in the facility. Nothing can be done retroactively to correct the issue for Resident #3, but the issue will be avoided going forward.

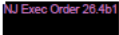
2. How the facility will identify other residents having the potential to be affected by the same practice.

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

3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?

On 1/23/2026, the Executive Director and Director of Nursing, began in-servicing all staff members on a refresher to a resident's right to privacy, highlighting that a staff member can not take pictures or record a resident against their will. This in-servicing was complete on 1/31/2026.

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

Executive Director will continue to refresh staff members periodically on resident rights throughout the year at the monthly employee staff meetings. Resident rights is already a part of an employees yearly training program on 

Completion Date: January 31<sup>st</sup>, 2026

*Accepted  
3/6/26*





January 22, 2026

A 401 8:36-4.1 Resident Rights: Facility failed to implement safety measures following an incident to protect and maintain safety for the resident.

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

On January 23, 2026, Director of Nursing spoke with Resident #2 and presented a [redacted] in regards to their NJ Exec Order 26.4b1 and offered the NJ Exec Order 26.4b1. Resident #2 [redacted] to sign the [redacted] and [redacted] to NJ Exec Order 26.4b1. Later that day, Executive Director and Assistant Director [redacted] Resident #2 with NJ Exec Order 26.4b1 due to their [redacted]. Resident [redacted] NJ Exec Order 26.4b1 and was made aware that any further incidents of [redacted] would NJ Exec Order 26.4b1 and result in NJ Exec Order 26.4b1 prior to the NJ Exec Order 26.4b1. Resident continued to NJ Exec Order 26.4b1 and on [redacted] was sent to the NJ Exec Order 26.4b1. Upon resident's return to the facility [redacted], resident was made aware that [redacted] would occur before the [redacted]. Safe discharge to a [redacted] NJ Exec Order 26.4b1 was set up and resident was sent to an [redacted] NJ Exec Order 26.4b1. Resident was officially discharged from the facility on [redacted].

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

[redacted]

What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?

Facility will continue to follow the Involuntary Discharge process for residents who create an unsafe environment for themselves and others due to intoxication or other reasons. Residents will be offered a safe alternative to seek treatment and refusal will result in a Involuntary 30 Day Discharge.

How will the facility monitor its corrective actions to ensure the deficient practice is being corrected and not recur?

Executive Director and Director of Nursing will monitor the 24 hour communications report to pinpoint any residents that are putting themselves and other in an unsafe environment and discuss the need for involuntary discharge.

Completion Date: February 23, 2026

unaccepted 3/6/26 called [redacted]





NEW STANDARD  
Senior Living

New Standard Senior Living at Egg Harbor Township

6817 East Black Horse Pike  
Egg Harbor Township, New Jersey 08234  
P (609)541-7701 (711 NJ TTY/TDD)  
F (732)806-5144

January 22, 2026

**A563 8:36-5.10 Reportable Events:** Executive Director failed to report to the Department of Health, in a timely manner, injuries related to 

1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice?  
Nothing can be done retroactively to correct this issue for resident #3.
2. How the facility will identify other residents having the potential to be affected by the same practice.  
All residents have the potential to be affected by this deficient practice.
3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?  
On 01/23/2026, the Executive Director created a mandatory reportables checklist and in-serviced the Director of Nursing, Assistant Director of Nursing, and Resident Care Coordinator on proper reporting and investigation practices. Going forward, if any reportables occur on the weekend, the reporting process will be completed by the nursing manager on duty to ensure timely reporting.
4. How will the facility monitor its corrective actions to ensure the deficient practice is being corrected and not recur?  
The nursing manager on duty for the weekends will monitor the 24 hour report for any issues that require reporting. Executive Director and Director of Nursing will monitor the 24 hour report during the week.

Completion Date: January 23, 2026

*accepted  
3/6/26*





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**January 22, 2026**

**A749 8:36 – 7.3 General and Health Service Plans:** Facility failed update residents' General Service Plan to address a resident's **NJ Ex Order 26.4(b)(1)** and medications.

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

Director of Nursing updated Resident #1's care plan to include their diagnosis of a **NJ Ex Order 26.4(b)(1)** on **NJ Ex Order 26.4(b)(1)**

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

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

3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?

Director of nursing will check all care plans upon renewal dates and change of condition to ensure that all issues are appropriately addressed.

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

Director of Nursing will continue to update care plans quarterly and during change of condition paying close attention to new diagnoses.

Completion Date: January 23rd, 2026

*accepted 1/26/26*





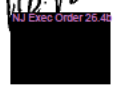
**January 22, 2026**

**A783 8:36 – 7.5 Provision of Health Care Services:** Facility failed to ensure the physician signed the annual certification to attest that the resident’s needs does not exceed the care provider at the facility..

1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice?  
On 01/23/26, an addendum to the health and physical for annual physician certifications was created by the executive director and distributed to the nurse practitioners to sign and complete. These were completed for all four residents by 1/24/2026.
2. How the facility will identify other residents having the potential to be affected by the same practice.  
All residents have the potential to be affected by this deficient practice.
3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?  
On 1/24/2026, the Executive Director created a policy and procedure that was approved by corporate to address annual health and physicals and physician certifications. On 1/23/26, the Executive Director created an addendum to the current health and physicals for signed physician certifications and distributed to the nurse practitioners who completed and returned. On 1/23/26, a new health and physical form was created to include the physicians certification and now in use for upcoming certifications.
4. How will the facility monitor its corrective actions to ensure the deficient practice is being corrected and not recur?  
On 1/24/26 a health and physical spreadsheet was created to track the due dates of all resident annual physicians certifications. This spreadsheet will be updated by the Director of Nursing and Assistant Director of Nursing upon admission and discharge and will be checked each month by the Executive Director and Director of Nursing to notify the nurse practitioners of any certifications due to expire in that upcoming month. This log will also be a part of the weekly nursing report sent to corporate by the Executive Director.

Completion Date: January 31st<sup>th</sup>, 2026

*Accepted 3/1/26*





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Senior Living

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**January 22, 2026**

**A1051 8:36 – 15.2 Record Availability:** Facility failed to have available requested sign-in and sign-out of the facility records.

1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice?  
Nothing can be done retroactively to fix this issue for Resident #1.
2. How the facility will identify other residents having the potential to be affected by the same practice.  
All residents have the potential to be affected by this deficient practice.
3. What measures will be put into place or systematic changes made, to ensure this deficient practice will not recur?  
On 1/22/2026, the Executive Director created a policy and procedure addressing the record retention procedure for Resident Sign in and Out of Facility Record Retention. This policy and procedure was approved by corporate and implemented. Starting on 01/22/2026, all concierge staff and substitutions were in-serviced on the new policy and procedure by the Executive Director.
4. How will the facility monitor its corrective actions to ensure the deficient practice is being corrected and not recur?  
Each month, the concierge staff will turn over the prior month's records to the Executive Director. These records will be uploaded to the facility database and physical copies will be retained.

Completion Date: January 24<sup>th</sup>, 2026

*accepted 3/16/26*



New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>al0101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/22/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT EGG HAR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234</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 #'s: NJ 00189700, N 00J189069, NJ 00189699</p> <p>Census: 144</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. 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}		

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

TITLE

(X6) DATE

03/03/26

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER al0101	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/22/2026
NAME OF FACILITY NEW STANDARD SENIOR LIVING AT EGG HARBOR TOWNSHIP	STREET ADDRESS, CITY, STATE, ZIP CODE 6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234	

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 A0365	Correction	ID Prefix A0401	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(6)	Completed	Reg. # 8:36-4.1(a)(22)	Completed
LSC	01/31/2026	LSC	01/31/2026	LSC	02/23/2026
ID Prefix A0563	Correction	ID Prefix A0749	Correction	ID Prefix A0783	Correction
Reg. # 8:36-5.10(a)(2)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. # 8:36-7.5(e)	Completed
LSC	01/23/2026	LSC	01/23/2026	LSC	01/31/2026
ID Prefix A1051	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.2	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/24/2026	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 1/22/2026		<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 al0101 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/22/2026 <span style="float: right;">Y3</span>
NAME OF FACILITY NEW STANDARD SENIOR LIVING AT EGG HARBOR TOWNSHIP	STREET ADDRESS, CITY, STATE, ZIP CODE 6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234	

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 A0365	Correction	ID Prefix A0401	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(6)	Completed	Reg. # 8:36-4.1(a)(22)	Completed
LSC	01/31/2026	LSC	01/31/2026	LSC	02/23/2026
ID Prefix A0563	Correction	ID Prefix A0749	Correction	ID Prefix A0783	Correction
Reg. # 8:36-5.10(a)(2)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. # 8:36-7.5(e)	Completed
LSC	01/23/2026	LSC	01/23/2026	LSC	01/31/2026
ID Prefix A1051	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.2	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/24/2026	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 1/22/2026		<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		