

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 10/21/2025
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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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A 000	<p>Initial Comments</p> <p>Initial Comments: COMPLAINT #: NJ 00188981, NJ 00188910</p> <p>CENSUS: 144</p> <p>SAMPLE SIZE: 3</p> <p>THE FACILITY IS NOT IN COMPLIANCE WITH THE STANDARDS FOR LICENSURE OF ASSISTED LIVING RESIDENCES, COMPREHENSIVE PERSONAL CARE HOMES AND ASSISTED LIVING PROGRAMS CHAPTER N.J.A.C. 8:36 FOR THIS COMPLAINT VISIT.</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> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188981</p>	A 310		

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

TITLE

(X6) DATE

12/02/25

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A 310	<p>Continued From page 1</p> <p>Based on interview and review of pertinent facility documents, it was determined that the facility's Administrator failed to implement and enforce the facility's policy and procedure titled "Motorized Cart Policy" for 1 of 3 residents reviewed (Resident #2).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/21/2025 at 9:30 AM, the surveyor reviewed the medical record for Resident #2.</p> <p>A review of the Admission Record reflected the resident moved into the community in NJ ex order 26.4b1, with diagnoses which included but not limited to NJ ex order 26.4b1.</p> <p>A review of the resident's most current quarterly Level of Care (LOC) (an assessment that determines a resident's specific needs to ensure they receive the right support) dated NJ ex order 26.4b1, indicated that Resident #2 NJ ex order 26.4b1. The LOC also indicated that the resident exhibited NJ ex order 26.4b1.</p> <p>A review of the active Order Summary Report did not include a physician order stating that the resident is fit to operate NJ Exec Order 26.4b1.</p> <p>A review of the resident's General Service Plan (GSP) revised on NJ Exec Order 26.4b1, NJ ex order 26.4b1.</p>	A 310		

New Jersey Department of Health

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A 310	<p>Continued From page 2</p> <p>A review of the facility incident reports revealed Resident #2 had an NJ ex order 26.4b1 when NJ ex order 26.4b1. The resident was observed by the nurse NJ ex order 26.4b1. The resident was belligerent and resistant with staff and EMT (Emergency Medical Technician) and NJ ex order 26.4b1.</p> <p>A review of the facility incident reports revealed another incident with Resident #2 on NJ ex order 26.4b1, when the resident NJ ex order 26.4b1 and was observed by staff to be NJ ex order 26.4b1.</p> <p>A review of the facility incident reports revealed another incident with Resident #2 on NJ ex order 26.4b1, when the resident NJ ex order 26.4b1 and NJ ex order 26.4b1 with staff while NJ ex order 26.4b1, NJ ex order 26.4b1.</p> <p>A review of Resident #2's paper chart revealed a Managed Risk Agreement (MRA) dated NJ ex order 26.4b1. Consequences for the resident's NJ ex order 26.4b1.</p> <p>On 10/21/2025 at 1:02 PM, during an interview with the surveyor, the Executive Director (ED) confirmed that residents operate their NJ ex order 26.4b1 while NJ ex order 26.4b1 in the community.</p> <p>A review of the undated facility-provided policy</p>	A 310		

New Jersey Department of Health

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A 310	Continued From page 3 titled "Motorized Cart Policy" included the following policy: Motorized carts ... may be operated on the premises of the community only under the following circumstances: ... Resident is determined by the resident's physician to have sufficient visual acuity, depth perception, peripheral vision, hearing and judgement and is otherwise fit to operate the vehicle safely under the circumstances and remains subject to periodic re-evaluation at the discretion of the management.	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188981 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide a safe environment through development,	A 401		

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A 401	<p>Continued From page 4</p> <p>implementation and enforcement of effective community NJ Exec Order 26.4b1 policy that does not result to NJ Exec Order 26.4b1, and other incidents that NJ Exec Order 26.4b1 the community for 1 of 3 residents reviewed (Resident #2). This deficient practice was evidenced by the following:</p> <p>On 10/21/2025 at 9:30 AM, the surveyor reviewed the medical record for Resident #2.</p> <p>A review of the Admission Record reflected the resident moved into the community with diagnoses which included but not limited to NJ Exec Order 26.4b1.</p> <p>A review of the resident's electronic medical record revealed a Brief Interview for Mental Status (BIMS) score of NJ ex over 15 which indicated NJ ex order 26.4b1.</p> <p>A review of the resident's most current quarterly Level of Care (LOC) (an assessment that determines a resident's specific needs to ensure they receive the right support) dated NJ ex order 26.4b1 indicated that Resident #2 NJ ex order 26.4b1.</p> <p>A review of the active Order Summary Report revealed a physician order for staff to provide NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 of NJ Exec and NJ Exec Order 26.4b1. The resident had physician orders that included but not limited to the following medications:</p> <ul style="list-style-type: none"> - NJ ex order 26.4b1 	A 401		

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A 401	<p>Continued From page 5</p> <p>NJ ex order 26.4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>NJ ex order 26.4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>The physician order list did not include orders addressing the resident's alcohol consumption including monitoring for clinical signs of any medication interaction and instructions to contact the physician.</p> <p>A review of the resident's General Service Plan (GSP) revised on NJ ex order 26.4b1 reflected a focus for NJ ex order 26.4b1, and NJ ex order 26.4b1. Another focus in the GSP revised on NJ ex order 26.4b1, stated that the resident NJ ex order 26.4b1.</p> <p>[REDACTED]</p> <p>A focus of "Medications" revised on NJ ex order 26.4b1, included an intervention stating that the resident has a NJ Exec Order 26.4b1.</p> <p>[REDACTED]</p> <p>There was no service plan</p>	A 401		
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A 401	<p>Continued From page 6</p> <p>addressing the resident's NJ ex order 26.4b1</p> <p>[REDACTED]</p> <p>A review of the facility incident reports revealed the following incidents with Resident #2 related to NJ ex order 26.4b1:</p> <ol style="list-style-type: none"> On NJ ex order 26.4b1 the resident was found NJ ex order 26.4b1. The resident was observed by the nurse NJ ex order 26.4b1. The resident was NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 with staff and NJ Exec Order 26.4b1) and NJ Exec Order 26.4b1 until a NJ Exec Order 26.4b1 was called to NJ Exec Order 26.4b1 when resident was NJ Exec Order 26.4b1 back to their apartment. On NJ ex order 26.4b1 the resident NJ ex order 26.4b1 and was observed by staff to be NJ ex order 26.4b1 On NJ ex order 26.4b1, the resident was observed to NJ ex order 26.4b1 On NJ ex order 26.4b1, the resident NJ ex order 26.4b1. On NJ ex order 26.4b1, the resident NJ ex order 26.4b1 On NJ ex order 26.4b1, the resident NJ ex order 26.4b1 the 	A 401		

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A 401	<p>Continued From page 7</p> <p>NJ ex order 26.4b1 .</p> <p>On NJ ex order 26.4b1 the Assistant Director of Nursing (ADON) was asked by the survey team why there were no physician orders for the resident's NJ ex order 26.4b1 . The ADON stated that physician orders are NJ ex order 26.4b1 .</p> <p>On 10/21/2025 at 11:44 AM, during an interview with the survey team, the Director of Nursing (DON) stated that there was no control as to the amount of NJ Exec Order 26.4b1 the residents can NJ Exec Order 26.4b1 . They further stated that the residents NJ Exec Order 26.4b1 their NJ Exec Order 26.4b1 . The DON stated that the facility NJ ex order 26.4b1 and put in place Managed Risk Agreement (MRA) with Resident #2 related to the resident's NJ ex order 26.4b1 . The DON stated that all of these are not working.</p> <p>On 10/21/2025 at 1:02 PM, during an interview with the survey team, the Executive Director (ED) stated that residents NJ ex order 26.4b1 and residents NJ ex order 26.4b1 . The ED stated that the facility NJ ex order 26.4b1 as they were advised by their advisors.</p> <p>A review of the undated facility-provided policy titled "Use of Alcohol Permitted with Limitations" reflected under Purpose: To promote health and to assure safety for all residents. The Policy Statement included the following: Residents are prohibited from excessive drinking of alcoholic beverages. The use of alcohol is discouraged because of the health hazards ... At no time may a resident be inebriated in the public area.</p>	A 401		

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A 625	<p>8:36-5.18(a)(3) Managed Risk Agreements</p> <p>(a) The choice and independence of action of a resident may need to be limited when a resident's individual choice, preference and/or actions are identified as placing the resident or others at risk, lead to adverse outcome and/or violate the norms of the facility or program or the majority of the residents. When the resident assessment process identified in N.J.A.C. 8:36-7 indicates that there is a high probability that a choice or action of the resident has resulted or will result in any of the preceding, the assisted living residence, comprehensive personal care, home or assisted living program shall:</p> <p>3. Seek to negotiate a managed risk agreement with the resident (or legal guardian) that will minimize the possible risk and adverse consequences while still respecting the resident's preferences; and</p> <p>This STANDARD is not met as evidenced by: Complaint #: NJ 00188981</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to seek to negotiate a Managed Risk Agreement (MRA) that will minimize the possible risk and adverse consequences for a resident who was identified to be NJ Exec Order 26.4b1 (Resident #1). This deficient practice was evidenced by the following:</p>	A 625		

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A 625	<p>Continued From page 9</p> <p>On 10/21/2025 at 9:00 AM, the surveyor reviewed the medical record for Resident #1.</p> <p>A review of the Admission Record reflected the resident moved into the community in [redacted] of [redacted] with diagnoses which included but not [redacted] NJ ex order 26.4b1</p> <p>A review of the resident's latest quarterly Level of Care (LOC) (an assessment that determines a resident's specific needs to ensure they receive the right support) dated [redacted] NJ ex order 26.4b1, indicated that Resident #1 NJ ex order 26.4b1</p> <p>A review of the Order Summary Report included an order to provide [redacted] with NJ Exec Order 26.4b1 of [redacted] and [redacted] NJ Exec Order 26.4b1 ordered on [redacted] NJ Exec Order 26.4b1</p> <p>A review of the resident's assessments did not include a screening for NJ Exec Order 26.4b1</p> <p>A review of the Medication Administration Record (MAR) for the months of NJ ex order 26.4b1, and NJ ex order 26.4b1 revealed that the resident [redacted] NJ ex order 26.4b1 on the following dates and shifts:</p> <p>NJ ex order 26.4b1</p>	A 625		

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A 625	<p>Continued From page 10</p> <p>NJ ex order 26.4b1 [REDACTED]</p> <p>NJ ex order 26.4b1 [REDACTED]</p> <p>NJ ex order 26.4b1 [REDACTED]</p> <p>NJ ex order 26.4b1 [REDACTED]</p>	A 625		

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A 625	<p>Continued From page 11</p> <p>NJ ex order 26.4b1 [REDACTED]</p> <p>NJ ex order 26.4b1 [REDACTED]</p> <p>A review of the General Service Plan (GSP) initiated on NJ Exec Order 26.4b1 included a goal to take all medications safely and as ordered with an intervention that stated the resident had NJ Exec Order 26.4b1 [REDACTED]. The GSP did not include a focus for the resident's NJ Exec Order 26.4b1 with taking their medications and interventions addressing this problem.</p> <p>A review of Resident #1's paper chart revealed a NJ ex order 26.4b1 [REDACTED]. There was NJ ex order 26.4b1 [REDACTED].</p> <p>On 10/21/2025 at 9:56 AM, during an interview with the survey team, the Director of Nursing (DON) stated that there are no other MRA for Resident #1.</p> <p>A review of the undated facility-provided policy titled "Executing Negotiated Risk Agreements" included under Procedures: 1.) When there are identified risks, such as falls, dehydration, blood</p>	A 625		
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A 625	Continued From page 12 sugar control, risk for elopement, etc. these risks will be discussed with the resident and responsible person, and the actions and behaviors that increase the risk will be identified. 3.) If it becomes evident that the resident does not choose to comply with the suggested actions, the resident will enter into a shared risk agreement with the resident and responsible party. 4.) The shared risk agreement will clearly identify the possible risks to the resident, what the staff will do to minimize the risk with an understanding that if the risk occurs, there is a shared realization of the responsibilities.	A 625		
A 783	8:36-7.5(e) Provision of Health Care Services (e) Each resident shall have an annual physical 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. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188981 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that an annual  examination was conducted and	A 783		

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A 783	<p>Continued From page 13</p> <p>documented in the resident's record, and failed to ensure that an annual certification was conducted and documented to ensure that the residents do not have needs which exceeded the care that the facility is capable of providing for 2 of 3 residents reviewed (Resident #1 and Resident #2). This deficient practice was evidenced by the following:</p> <p>1.) On 10/21/2025 at 9:00 AM, the surveyor reviewed the medical record for Resident #1.</p> <p>A review of the Admission Record reflected the resident moved into the community in NJ ex order 26.4b1 with NJ ex order 26.4b1</p> <p>A review of the resident's admission NJ Exec Order 26.4b1 by their physician dated NJ ex order 26.4b1, included a physician's certification that Resident #1 NJ ex order 26.4b1 and NJ ex order 26.4b1. There was no further documentation to reflect that an annual NJ Exec Order 26.4b1 examination by a physician, advanced practice nurse or physician assistant was completed after admission.</p> <p>A review of the Order Summary Report (OSR) included an expired physician order dated NJ ex order 26.4b1 for the following: Certification/Recertification NJ ex order 26.4b1. There was no further documentation to reflect that an annual certification by the physician was completed after admission, to ensure that Resident #1 NJ ex order 26.4b1</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: al0101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2025
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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 783	<p>Continued From page 14</p> <p>2.) On 10/21/2025 at 9:30 AM, the surveyor reviewed the medical record for Resident #2.</p> <p>A review of the Admission Record reflected the resident moved into the community in [redacted] of [redacted] with diagnoses which included but not limited to NJ Exec Order 26.4b1.</p> <p>A review of the resident's admission [redacted] by their physician dated NJ ex order 26.4b1, included a physician's certification that Resident #2 NJ ex order 26.4b1 and NJ ex order 26.4b1. There was no further documentation to reflect that an annual NJ Exec Order 26.4b1 by a physician, advanced practice nurse or physician assistant NJ ex order 26.4b1.</p> <p>A review of the Order Summary Report included an expired physician order dated NJ ex order 26.4b1 for the following: Certification/ Recertification - I hereby certify that this resident NJ ex order 26.4b1.</p> <p>There was no further documentation to reflect that an annual certification by the physician was completed after admission, to ensure that Resident #2 NJ ex order 26.4b1.</p> <p>On 10/21/2025 at 11:44 AM, during an interview with the survey team, the Assistant Director of Nursing (ADON) confirmed that there were no other [redacted] with physician certifications for Residents #1 and #2 other than the initial. The ADON stated that they have sent emails and called the nurse practitioners about them, but they were still waiting for the documentations.</p>	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 10/21/2025
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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 783	<p>Continued From page 15</p> <p>On 10/21/2025 at 12:15 PM, the surveyor asked the Executive Director (ED) for the community policy on Annual  and physician certifications.</p> <p>On 10/21/2025 at 12:39 PM, the ADON handed the survey team a copy of the New Jersey Administrative Code Title 8, Chapter 36 subchapter 7.5 (regulations that set the standards for licensure and operation of assisted living in New Jersey) with highlighted portions. The ADON stated, "We follow this." The highlighted portions included the following: (e) Each resident shall have an annual physical 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 exceeds the care that the facility or program is capable of providing.</p>	A 783		



NEW STANDARD
Senior Living

POC #1 received 12/2/25
Accepted 12/2/25
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

October 21st, 2025

A310 8:36-3.4 Administrator's Responsibilities: Administrator failed to implement and enforce the facility's policy and procedure titled "Motorized Cart Policy".

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

Resident #2 **NJ ex order 26.4b1** If resident #2 **NJ ex order 26.4b1**
NJ ex order 26.4b1 in the future, he/she will sign the **NJ Exec Order 26.4b1** policy and will be held to its standards.

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 10/22/2025, Executive Director, Director of Nursing, and Assistant Director of Nursing reviewed the motorized cart policy. Beginning 10/22/2025, all residents with motorized carts began to sign the motorized cart policy and the signed policies have been uploaded into resident's digital charts.

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

All residents who get a motorized cart will be required to sign the motorized cart policy and be evaluated by physical therapy for cart safety. Any residents violating the motorized cart policy will either have their motorized carts taken away temporarily or permanently depending on the situation.

Completion Date: October 29th, 2025

NJ Exec Order approved
12/2/25





October 21st, 2025

A401 8:36-4.1 Resident Rights: Facility failed to provide a safe environment through failure to enforce an effective community alcohol consumption policy.

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

Resident #2 no longer has a [redacted NJ Exec Order 26.4b1] Resident is [redacted NJ Exec Order 26.4b1] to sign the updated [redacted NJ Exec Order 26.4b1] use policy. As a result, management has reached out to Resident 2's Medicaid case manager seeking assistance with facilitating a [redacted NJ ex 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?

On November 24th, 2025, corporate management created an updated policy for drugs and alcohol titled "No Excessive Alcohol Use or Illicit Drug Policy" and the Director of Nursing and Assistant Director of Nursing began having all in house residents sign the revised policy. In addition, nursing staff members were in-serviced on the signs of intoxication and what to do in the event of an emergency.

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

All new residents will sign the "No Excessive Alcohol Use or Illicit Drug Policy". Failure to sign or abide by the policy will result in steps being taken to remove the resident from the facility.

Completion Date: December 1st, 2025 [redacted]

*approved
12/2/25*





October 21st, 2025

A625 8:36-5.18 Managed Risk Agreements: Facility failed to negotiate a managed risk agreement for a resident who was non-compliant with taking medications.

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

On **NJ ex order 26.4b1**, the Director of Nursing signed a managed risk agreement with Resident 1 for **NJ ex 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?

On October 22nd, 2025, the Director of Nursing reviewed the policy titled "Executing Negotiated Risk Agreements". Director of Nursing, Assistant Director of Nursing, and Executive Director, will go over emerging resident issues at morning meeting and try to identify any resident in need of a managed risk agreements.

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

On a monthly basis, Director of Nursing and Assistant Director of Nursing will go over all residents and discuss any new issues requiring a new managed risk agreement.

Completion Date: October 24th, 2025



approved
12/2/25





October 21st, 2025

A 783 8:36-7.5 Provision of Health Care Services: Facility failed to ensure that an annual physical examination was conducted and ensure that an annual certification was conducted to ensure that the residents do not have needs which exceed the care the facility is able to provide.

1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice? Annual physical and certification was completed for resident 1 and uploaded to resident's digital file on NJ ex order 26.4b1 Resident #2 is NJ Exec Order 26.4b1 to see his/her primary doctor and as a result, the primary doctor can not give the facility a current certificate. Assistant Director of Nursing did a managed risk for Resident #2's NJ Exec Order 26.4b1 as his/her primary will 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?
On October 22nd, 2025, the Executive Director, Director of Nursing, and Assistant Director of Nursing have reached out to all physicians and made an emergency request for physicals and certifications for all residents. The physicians are now complying are sending them in batches as they see the residents. All physicals and certifications will be complete and uploaded to the resident digital files by 12/31/2025.

4. How will the facility monitor its corrective actions to ensure the deficient practice is being corrected and not recur?
History and physical expiration dates will be put into point click care and a monthly report will be run by the Assistant Director of Nursing to see which resident has history and physicals expiring. The assistant director of nursing will then request the forms from the physicians.

Completion Date: December 31st, 2025



*approved
12/2/25*



STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER al0101 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/2/2025 Y3
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 A0401	Correction	ID Prefix A0625	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-5.18(a)(3)	Completed
LSC	10/29/2025	LSC	12/01/2025	LSC	10/24/2025
ID Prefix A0783	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-7.5(e)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/31/2025	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/21/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		