

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 10/08/2025
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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 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ 00184253, NJ 00184681, NJ 00185085, NJ 00187448, NJ 00188474, NJ 00188712</p> <p>Date of Survey: 10/7/2025 and 10/8/2025</p> <p>Census: 156</p> <p>Sample Size: 10</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs.</p> <p>The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1621	<p>8:36-23.17(b)(6) Assisted Living Programs</p> <p>(b) The assisted living program shall notify the Department 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>6. Where known all alleged or suspected crimes committed by or against residents, which have also</p>	A1621		

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

TITLE

(X6) DATE

11/25/25

New Jersey Department of Health

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A1621	<p>Continued From page 1</p> <p>been reported at the time of occurrence to the local police department; and</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # 184681 and 187448</p> <p>Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to report: 1) an [redacted] of [redacted]; and 2) [redacted] to the New Jersey Department of Health (NJDOH). This deficient practice was identified for 4 of 8 residents reviewed, (Resident #3, Resident #4, Resident #5 and Resident #10), and was evidenced by the following:</p> <p>1) A review of the Admission Record (an admission summary) for Resident #3 revealed an admission date of [redacted] with the following, but [redacted]</p> <p>A review of a written statement from Resident #3, provided by the facility, dated [redacted], documented that the [redacted] and [redacted]</p> <p>A review of the Admission Record for Resident #4 revealed an admission date of [redacted] with the following, but not limited to, diagnoses: [redacted]</p>	A1621		

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A1621	<p>Continued From page 2</p> <p>A review of a written statement from Resident #4, provided by the facility, dated NJ ex order 26.4b1, documented that the NJ Exec Order 26.4b1 stated that Resident #4's NJ ex order 26.4b1</p> <p>A review of the Admission Record for Resident #10 revealed an admission date of NJ ex order 26.4b1 with the following, but not limited to, diagnoses: NJ ex order 26.4b1</p> <p>A review of a written statement from Resident #10, provided by the facility, dated NJ ex order 26.4b1, documented that the NJ Exec Order 26.4b1 NJ ex order 26.4b1 Resident #10 NJ ex order 26.4b1, and the NJ Exec Order 26.4b1 NJ ex order 26.4b1 and NJ ex order 26.4b1</p> <p>During an interview on 10/08/25 at 11:10 AM with the surveyor, Resident #10 stated they had an NJ ex order 26.4b1</p> <p>They said they were having a conversation in the sitting area near the nurse's station when the NJ Exec Order 26.4b1 said he had to finish a couple things and would like to continue the conversation in the resident's room. Resident #10 said during the conversation in their room the NJ Exec Order 26.4b1 stood up and NJ Exec Order 26.4b1 the resident. Resident #10 NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1 Resident #10 said they NJ ex order 26.4b1 and NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1 Resident #10 said this happened sometime in the NJ ex order 26.4b1 and NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1 Resident #10 said she only reported it to a friend in the building at the time and came forward later after they were asked by another</p>	A1621		
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A1621	<p>Continued From page 3</p> <p>resident to report it.</p> <p>On 10/7/25 at 11:24 PM, the surveyor interviewed the Executive Director (ED) who stated they did not think to report the incident that occurred on [redacted] to the NJDOH. The ED said she had reported the incident to the [redacted] employer and [redacted].</p> <p>The ED further stated that she did not think she had to report it because she sent it to the facility corporate office and asked for guidance. The ED acknowledged that the incident was not reported to the NJDOH and that is should have been.</p> <p>2) A review of the Admission Record for Resident #4 revealed an admission date of [redacted] with the following, but not limited to, diagnoses: [redacted].</p> <p>A review of the Admission Record for Resident #5 revealed an admission date of [redacted] with the following, but not limited to, diagnoses: [redacted].</p> <p>A review of a progress note dated [redacted] from both residents' chart revealed that Resident #4 and Resident #5 [redacted]. Resident #4 came in and informed the nurse that Resident #5 [redacted] and Resident #4 [redacted]. Resident #5. Resident #4 then said that Resident #5 [redacted]. When the nurse went out to investigate, Resident #4 followed and [redacted] with Resident #5. The nurse [redacted] tried to get Resident #4 to [redacted] from Resident #5 who was [redacted]. Resident #4 stepped to</p>	A1621		
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A1621	<p>Continued From page 4</p> <p>the side and NJ Exec Order 26.4b1 of Resident #5 and NJ ex order 26.4b1. Resident #5 then NJ ex order 26.4b1 at Resident #4. The nurse was unsure if Resident #5 NJ ex order 26.4b1 with Resident #4's NJ ex order 26.4b1 because it happened very fast, and the nurse was unable to get NJ Exec Order 26.4b1 the residents. NJ ex order 26.4b1 to both residents.</p> <p>On 10/7/25 at 11:24 AM, the surveyor interviewed the Director of Nursing (DON) who stated they thought they reported the NJ ex order 26.4b1 to the NJDOH but could not find the reportable. The DON acknowledged that the incident should have been reported.</p> <p>On 10/8/25 during a follow up interview, the ED stated that she did not think it was reported to the NJDOH because the state had walked in that morning, and she thought it was just forgotten. The ED acknowledged that the incident should have been reported.</p> <p>A review of facility's policy titled "Elder Abuse Information and Policy" revealed under, "Procedure" that, "The Administrator, Director of Nursing Services and/or designee will report all allegations that a resident has been subjected to abuse, neglect, or financial exploitation with in 24 hours to...: b) appropriate State Department of Health."</p>	A1621		
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NEW STANDARD
Senior Living

POC#1 received 11/25/25
Accepted 11/25/25
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 8th, 2025

A1621 8:36-23.17 Assisted Living Programs: The facility failed to report a mandated event.

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

The Facility cannot retroactively address the identified issue as the events occurred in the past and can not be retroactively reported. Resident #3 and Resident #4 **NJ ex order 26.4b1**
Resident #5 and #10 remain in the facility with **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 10/10/2025, the Executive Director reviewed the up to date New Jersey Department of Health list of mandatory reportable events and in-serviced the Director of Nursing and Assistant Director of Nursing on the proper policy and procedures on reporting. Going forward, the Executive Director will monitor all investigations and ensure that all necessary documents are obtained and kept in a file in the Executive Directors office. The Executive Director will keep an Incident Report Summary and Conclusion Log of all reportable incidents in date order effective and cross reference with completed files.

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

The Executive Director will maintain a log of all reportable events. This log will be discussed at the monthly Quality Assurance and Performance Improvement (QAPI) meeting.

Completion Date: October 10th, 2025



approved
11/25/25



STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER al0101 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/25/2025 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 A1621	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-23.17(b)(6)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/10/2025	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/8/2025		<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		