

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 08/28/2025
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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 00188498, NJ 00186865, & NJ 00186831</p> <p>Census: 144</p> <p>Sample Size: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 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

10/16/25

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #s NJ 00188498, NJ 00186865, NJ 00186831</p> <p>Based on interview and record review, it was determined that the Executive Director (ED) failed to implement and enforce the facility policies titled, "Quality Indicators Policy," "NJ Exec Risk Evaluation," and/or "NJ Ex Order 26. 4B1" of 3 residents reviewed, Residents #1, #2, and #3. This deficient practice was evidenced by the following:</p> <p>1. On NJ Exec Order 26, the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report events to the DOH), regarding an NJ Ex Order 26. 4B1. According to the FRE, Resident #2 reported to the Executive Director (ED), that a NJ Ex Order 26. 4B1</p> <p>On 8/27/25 at 10:43 a.m., the ED provided the surveyor with the investigation report regarding the NJ Ex Order 26. 4B1. The surveyor reviewed the investigation report which indicated that on NJ Ex Order 26. 4B1 around 4:00 p.m., Resident #2 saw the housekeeper outside of his/her room and asked for toilet paper, then the housekeeper NJ Ex Order 26. 4B1 towards Resident #2.</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>At 11:10 a.m., the surveyor reviewed Resident #2's medical record (MR), which indicated that the resident was NJ Ex Order 26. 4B1 [REDACTED]. The surveyor reviewed Resident #2's Progress Notes (PNs) and did not observe documentation regarding the NJ Ex Order 26. 4B1 [REDACTED].</p> <p>On 8/28/25 at 12:38 p.m., the surveyor interviewed the Director of Marketing (DOM), who was the acting Administrator at the time of the NJ Ex Order 26. 4B1 [REDACTED], and inquired about the above incident. The DOM stated that Resident #2 reported the NJ Ex Order 26. 4B1 to her. The DOM stated that she was not sure if the above incident was documented in Resident #2's MR and stated that the NJ Ex Order 26. 4B1 [REDACTED] should have been documented in the resident's PNs.</p> <p>The surveyor reviewed a facility policy titled, "Quality Indicators Policy," dated 10/1/20, which revealed, "The [Facility Name] will document the Resident Quality Indicators identified below: ... Resident Abuse allegations ... Utilizing the electronic medical record report ..."</p> <p>2. On 8/27/25 at 11:36 a.m., the surveyor reviewed Resident #3's MR, which indicated that the resident was admitted NJ Ex Order 26. 4B1 [REDACTED].</p> <p>Surveyor review of Resident #3's MR revealed that a NJ Ex Order 26. 4B1 [REDACTED] Assessment was completed on NJ Ex Order 26. 4B1 [REDACTED], upon the resident's admission to the facility, and on NJ Ex Order 26. 4B1 [REDACTED], after Resident #3's NJ Ex Order 26. 4B1 [REDACTED]. The surveyor did not observe additional NJ Ex Order 26. 4B1 [REDACTED] Assessments documented on Resident</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>#3's list of assessments included in his/her MR.</p> <p>On 8/28/25 at 12:10 p.m., the surveyor interviewed the Director of Nursing (DON) and inquired about the facility's NJ Ex 4 policy. The DON stated that a NJ Ex 4 assessment should be completed quarterly and within 72 hours post-NJ Ex 4.</p> <p>The surveyor reviewed an undated facility policy titled, "Fall Risk Evaluation," which revealed, " ... Fall Risk Evaluation form ... is completed by DON ... Fall Risk Evaluation is completed: On Admission to community. Every 90 days ... Fall risk evaluation is to be kept in chart/ client record under assessment tab ..."</p> <p>3. On 8/27/25 at 10:01 a.m., the surveyor reviewed Resident #1's closed MR, which revealed that the resident was NJ Ex Order 26. 4B1 [REDACTED].</p> <p>The surveyor reviewed Resident #1's PNs and observed a PN, written by the DON on NJ Exec Order 26 at 9:42 p.m., which documented Resident #1's NJ Ex Order 26. 4B1. The surveyor did not observe documentation that the acting ED was notified of Resident #1's NJ Ex Order 26. 4B1.</p> <p>At 10:22 a.m., the surveyor reviewed the copy of the FRE regarding Resident #1's NJ Exec Order 26.4b1 NJ Ex Order 26, which was provided by the ED. Upon surveyor review of the FRE, the surveyor did not observe documentation, which revealed that the DOM, who was the acting ED at the time of the incident, was notified at the time of Resident #1's NJ Ex Order 26.</p> <p>On 8/28/25 at 12:38 p.m., the surveyor interviewed the DOM, who was the acting ED at</p>	A 310		

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A 310	<p>Continued From page 4</p> <p>the time of Resident #1's [redacted], and inquired about when she was made aware of Resident #1's [redacted]. The DOM stated that she found out about Resident #1's [redacted] during her independent review of the facility's 72-hour report upon her return to work on [redacted], two days after Resident #1's [redacted]. The DOM confirmed that the DON did not notify her immediately of Resident #1's [redacted].</p> <p>At 12:56 p.m., the surveyor interviewed the DON and inquired if he notified the acting ED of Resident #1's [redacted]. The DON stated that he attempted to notify the acting ED via phone call but was not sure if he left a voicemail message for the acting ED. During the interview, the DON confirmed that he did not document the notification to the ED either.</p> <p>The surveyor reviewed a facility policy titled, "Resident Found dead in Apartment (Unattended Death)" which indicated, " ... Call the Administrator of the facility ... The Administrator will provide instructions or may tell you he/she will call back ..."</p>	A 310		
A 515	<p>8:36-5.6(a) Staffing Requirements</p> <p>(a) The facility or program shall maintain and implement written staffing schedules. Actual hours worked by each employee shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was</p>	A 515		

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A 515	<p>Continued From page 5</p> <p>determined that the facility failed to ensure that a staffing schedule was accurately documented to include the Director of Nursing's (DON) actual hours worked. This deficient practice was evidenced by the following:</p> <p>On 8/28/25 at 10:49 a.m., the surveyor interviewed the DON and inquired about his work schedule at the facility. The DON stated he worked Monday through Friday and confirmed that he was off on NJ Ex Order 26. 4B1.</p> <p>Additionally, the DON stated that since he was the Manager on Duty (MOD) for the weekend of NJ Exec Order 26.4b1 he did not work the following Tuesday NJ Ex Order 26. 4B.</p> <p>At 10:55 a.m., the Executive Director (ED) provided the surveyor with the staff schedule and the MOD schedule. The surveyor observed that the DON's documented schedule revealed that he worked Monday through Friday, 9:00 a.m.- 5:00 p.m. The surveyor did not observe documented evidence which reflected that the ED was off on NJ Ex Order 26. 4B1.</p> <p>At 1:13 p.m., the surveyor interviewed the ED and inquired about the DON's schedule. The ED confirmed that the facility did not have documented schedules, which included the actual dates and times in which the administrative staff members worked. Additionally, the ED stated that the administrative staff members were considered NJ Ex Order 26. 4B employees, therefore they did not have timecards for clocking in and out of each shift they worked.</p> <p>The surveyor reviewed a facility policy titled, "Staff Scheduling Policy" which indicated, "... Keep schedule from month to month and year to year</p>	A 515		

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A 515	Continued From page 6 ..."	A 515		
A 735	<p>8:36-7.2(e)(1-5) Health Care Assmnt. and Health Service Plan</p> <p>(e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services, if appropriate; 4. The time intervals at which the resident's response to treatment will be reviewed; and 5. The measures to be used to assess the effects of treatment. <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00186865</p> <p>Based on interview and record review, it was determined that the facility failed to develop and implement a Health Service Plan (HSP) for 1 of 3 residents reviewed, Resident #3. This deficient</p>	A 735		

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A 735	<p>Continued From page 7</p> <p>practice was evidenced by the following:</p> <p>On 8/27/25 at 11:36 a.m., the surveyor reviewed Resident #3's medical record (MR), which indicated that the resident was admitted ^{NJ Ex Order 26, 41} [REDACTED].</p> <p>Further surveyor review of Resident #3's MR revealed that the resident was transferred to a Skilled Nursing Facility (SNF) after he/she ^{NJ Ex Order 26, 41} [REDACTED]. The surveyor observed that Resident #3 returned to the facility on ^{NJ Ex Order 26, 41} [REDACTED].</p> <p>The surveyor reviewed Resident #3's "Visit Summary," completed by an Advanced Practice Nurse (APN) at the SNF, dated ^{NJ Ex Order 26, 41} [REDACTED], which included orders for ^{NJ Ex Order 26, 4B1} [REDACTED] and ^{NJ Ex Order 26, 4B1} [REDACTED] services.</p> <p>The surveyor did not observe any documented evidence of a HSP for Resident #3's ordered ^{NJ Ex Order 26, 4B1} [REDACTED] and ^{NJ Ex Order 26, 4B1} [REDACTED] services on ^{NJ Ex Order 26, 4B1} [REDACTED].</p> <p>On 8/28/25 at 11:22 a.m., the surveyor interviewed Resident #3 and inquired about the services he/she received at the facility. Resident #3 stated that he/she received ^{NJ Ex Order 26, 4B1} [REDACTED] services prior to the resident's ^{NJ Ex Order 26, 4B1} [REDACTED]. Additionally, Resident #3 stated that he/she was receiving ^{NJ Ex Order 26, 4B1} [REDACTED] and ^{NJ Ex Order 26, 4B1} [REDACTED] services upon the resident's return to the facility.</p> <p>At 9:47 a.m., the DON provided the surveyor with the HSP list dated ^{NJ Ex Order 26, 4B1} [REDACTED]. The surveyor observed that Resident #3 was not documented on the list.</p> <p>At 11:33 a.m., the surveyor interviewed the DON</p>	A 735		
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A 735	<p>Continued From page 8</p> <p>and inquired about Resident #3's HSP. The DON stated that he kept the General Service Plans (GSPs) and the HSPs in the same document and that Resident #3 just returned to the facility, so the resident was not included on the HSP list dated NJ Exec Order 26.</p> <p>At 1:13 p.m., the surveyor interviewed the ED and inquired about HSPs. The ED stated that HSPs should be implemented when a resident had a NJ Ex Order 26. 4B1.</p> <p>Additionally, the surveyor inquired about the expected timeframe for an HSP to be implemented upon a resident's return to the facility. The ED stated that an HSP should be implemented within 48 hours of the resident's return to the facility.</p> <p>The surveyor reviewed an undated facility policy titled, "SUBCHAPTER 7. RESIDENT ASSESSMENTS AND CARE PLANS," which revealed, " ... Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following: 1. Orders for treatment or services ..."</p> <p>Additionally, the surveyor reviewed a facility policy titled, "Resident Return from Hospital or Other Facility Policy," dated 10/1/20, which revealed, " ... The Wellness Director ... will review the physician orders, transfer record or discharge summary, prescriptions ... rehabilitation orders and follow up with Resident and responsible family appropriately ..."</p>	A 735		
A 745	8:36-7.2(f) Health Care Assmnt. and Health Service Plan	A 745		

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A 745	<p>Continued From page 9</p> <p>(f) The initial health care assessment shall be documented by the registered nurse and shall be updated as required, in accordance with the rules of this chapter and professional standards of practice.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #s: NJ 00186865, NJ 00186831</p> <p>Based on interview and record review, it was determined that the facility failed to ensure a Registered Nurse (RN) readmission assessment and/or a semi-annual assessment were completed for 2 of 3 residents reviewed, Resident <u>NJ Ex Order 26. 4B1</u>. This deficient practice was evidenced by the following:</p> <p>1. On 8/27/25 at 11:10 a.m., the surveyor reviewed Resident #2's medical record (MR), which indicated that the resident was <u>NJ Ex Order 26. 4B1</u> [REDACTED].</p> <p>Surveyor review of Resident #2's MR revealed that the resident's last RN assessment was completed on <u>NJ Ex Order 26</u>. However, there was no further documentation of RN assessment in the resident's MR.</p> <p>2. At 11:36 a.m., the surveyor reviewed Resident #3's MR, which indicated that the resident was admitted <u>NJ Ex Order 26. 4B1</u> [REDACTED].</p>	A 745		
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A 745	<p>Continued From page 10</p> <p>Surveyor review of Resident #3's MR revealed that Resident #3 was transferred to a NJ Ex Order 26. 4B1, after the resident NJ Ex Order 26. 4B1. The surveyor observed a Progress Note (PN), written by a Certified Medication Aide (CMA) on NJ Ex Order 26.4 at 10:57 p.m., which revealed, NJ Ex Order 26. 4B1."</p> <p>The surveyor observed that Resident #3's last RN assessment was completed on NJ Ex Order 26.</p> <p>At 1:04 p.m. the surveyor interviewed the Director of Nursing (DON) and inquired about Resident #3's return from the NJ Ex Order 26. 4B1 and the resident's assessment upon NJ Ex Order 26. 4B1. The DON stated that there was no RN at the facility when Resident #3 returned from the NJ Ex Order 26. 4B1, and that he met with the resident on NJ Ex Order 26.4. During the interview, the DON confirmed that RN assessment should be completed every six (6) months and readmission assessments should be completed immediately upon the resident's return to the facility.</p> <p>The surveyor reviewed a facility policy titled, "Resident Assessment Process Policy," dated 10/1/20, which revealed, " ... The Wellness Director will conduct a complete assessment of Resident needs ... every 6 months at a minimum ..."</p> <p>Additionally, the surveyor reviewed a facility policy titled, "Resident Return from Hospital or Other Facility Policy," dated 10/1/20, which revealed, " ... Upon the Resident's return to the Community, the Wellness Director or nurse designee will complete the Resident Assessment ..."</p>	A 745		

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A1051	Continued From page 11	A1051		
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 00186865</p> <p>Based on interview and record review, it was determined that the facility failed to maintain records for incident/accident investigations, regarding a resident NJ Ex Order 26. 4B1 of 3 residents reviewed, Resident NJ Ex. This deficient practice was evidenced by the following:</p> <p>On 5/28/25, the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report events to the DOH), regarding Resident #3's NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 26.4b which resulted in NJ Ex Order 26.4b. The FRE revealed that Resident #3 NJ Exec Order 26.4b any NJ Exec Order 26.4b or NJ Exec Order 26.4b at the time of the NJ Ex; however, Resident #3 was sent to the NJ Ex Order 26. 4B1 a few days later and was NJ Ex Order 26. 4B1.</p> <p>On 8/27/25 at 9:23 a.m., the surveyor requested the Executive Director (ED) and the Director of Nursing (DON) to provide the surveyor with the facility's copy of the investigation report.</p> <p>At 1:32 p.m., the DON informed the surveyor that he and the ED were unable to locate the facility's</p>	A1051		

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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
A1051	Continued From page 12 copy of the investigation report for Resident #3's NJ Ex Order 26, 4B1 . On 8/28/25 at 1:13 p.m., the surveyor interviewed the ED and inquired about the facility's process for incident and accident investigations. The ED stated that the employee who submitted the FRE should complete the investigation as well. Additionally, the ED stated that all documents which pertained to the incident should have been maintained at the facility. The surveyor reviewed an undated facility policy titled, "Incidents/Accidents," that revealed "Procedure: Whenever an occurrence or event leads to unintentional consequences and an unfortunate happening to a resident, visitor or staff member on the grounds of [Facility], an Incident/Accident Report must be completed. ..."	A1051		
A1073	8:36-15.6(b) Resident Records (b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice. This REQUIREMENT is not met as evidenced	A1073		

New Jersey Department of Health

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A1073	<p>Continued From page 13</p> <p>by: Complaint #s: NJ 00188498, NJ 00186865</p> <p>Based on interview and record review, it was determined that the facility failed to document all services, including NJ Ex Order 26. 4B1 in the resident's medical record (MR) for 2 of 3 residents reviewed, Resident #1 and Resident #3. This deficient practice was evidenced by the following:</p> <p>1. On 8/27/25 at 11:36 a.m., the surveyor reviewed Resident #3's MR, which indicated that the resident was NJ Ex Order 26. 4B1.</p> <p>Surveyor review of Resident #3's MR revealed that Resident #3 was transferred to a NJ Ex Order 26. 4B1, after the resident NJ Ex Order 26. 4B1. The surveyor observed a NJ Exec Order 26.4 assessment dated NJ Exec Order 26., which documented, "NJ Ex Order 26. 4B1".</p> <p>The surveyor reviewed Resident #3's Progress Notes (PNs) and observed four (4) PNs which indicated that a NJ Ex Order 26. 4B1 was completed between Resident #3's NJ Ex Order 26. 4B1 and transfer to the NJ Ex Order 26. 4B1.</p> <p>Further, the surveyor observed a PN, written by the Director of Nursing (DON) on NJ Exec Order 26. at 3:25 p.m., which revealed, " ... NJ Exec Order 26.4b1 ..."</p> <p>The surveyor observed a PN, written by a Licensed Practical Nurse (LPN) #1 on NJ Exec Order 26., which revealed, " ... NJ Ex Order 26. 4B1 ..."</p>	A1073		
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New Jersey Department of Health

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A1073	<p>Continued From page 14</p> <p>NJ Ex Order 26. 4B1 _____ _____ ..."</p> <p>The surveyor observed a PN, written by the same LPN #1 on NJ Ex Order 26. 4B1 at 2:48 p.m., which revealed, " ... NJ Ex Order 26. 4B1 _____ ..."</p> <p>The surveyor observed a PN, written by the DON on NJ Ex Order 26. 4B1 at 6:22 p.m., which revealed, " ... NJ Ex Order 26. 4B1 _____ ..."</p> <p>The surveyor did not observe documentation which indicated that a NJ Ex Order 26. 4B1 was completed for Resident #3 on NJ Ex Order 26. 4B1 _____ for a total of nine (9) days.</p> <p>On 8/28/25 at 12:10 p.m., the surveyor interviewed the DON and inquired about the NJ Ex Order 26. 4B1 _____, which he implemented on NJ Ex Order 26. 4B1 _____ for Resident #3. The DON confirmed that he did not inform all the nursing staff members of Resident #3's NJ Ex Order 26. 4B1 .</p> <p>2. On 8/28/25 at 10:01 a.m., the surveyor reviewed Resident #1's closed MR, which revealed that the resident was NJ Ex Order 26. 4B1 _____ . Surveyor review of the "Tasks" tab in Resident #1's closed MR revealed documentation regarding NJ Ex Order 26. 4B1 for the resident to be completed each shift. The surveyor did not observe documentation of staff completing NJ Ex Order 26. 4B1 for Resident #1.</p> <p>At 11:52 a.m., the surveyor interviewed a LPN #2 and inquired about NJ Ex Order 26. 4B1 for residents.</p>	A1073		

New Jersey Department of Health

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A1073	<p>Continued From page 15</p> <p>LPN #2 stated that she performed NJ Ex Order 26. 4B1 every one to two hours for each resident, and it was documented in a binder. The surveyor requested copies of the documented NJ Ex Order 26. 4B1. The facility was unable to provide the surveyor with the requested documented NJ Ex Order 26. 4B1 during the survey.</p> <p>At 12:10 p.m., the surveyor interviewed the DON and inquired about the NJ Ex Order 26. 4B1 performed at the facility. The DON stated that direct care staff members were instructed to perform NJ Ex Order 26. 4B1 every shift; however, the NJ Ex Order 26. 4B1 were not documented in the MRs.</p> <p>On 8/28/25 at 9:14 a.m., the surveyor interviewed the Executive Director (ED) and inquired about NJ Ex Order 26. 4B1 performed at the facility. The ED stated that NJ Ex Order 26. 4B1 were done every shift; however, the ED confirmed that NJ Ex Order 26. 4B1 were not documented.</p> <p>The surveyor reviewed a facility policy titled, "Wellness Associate Documentation Policy," dated 10/1/25, which revealed, "The Wellness Associate will document all services provided to the individual Resident on the designated form provided daily ... Documentation of services is completed daily, per shift, according to the assignment ..."</p>	A1073		
H 000	<p>Initials Comments</p> <p>TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ 00188498, NJ 00186865, & NJ 00186831</p> <p>CENSUS: 144</p>	H 000		

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 08/28/2025
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H 000	Continued From page 16 SAMPLE SIZE: 3 THE FACILITY IS NOT IN COMPLIANCE WITH THE STANDARDS FOR LICENSURE OF RESIDENTIAL FACILITIES CHAPTER N.J.A.C. 8:43E GENERAL LICENSURE PROCEDURES AND STANDARDS APPLICABLE TO ALL LICENSED FACILITIES	H 000		
H5730	8:43E-13.4(a) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM A licensed healthcare facility or program shall use the Universal Transfer Form, HFEL-7, provided as N.J.A.C. 8:43E-13 Appendix, incorporated herein by reference, and available on the Department's website at http://web.doh.state.nj.us/apps2/forms/ , in either paper or electronic version, whenever a patient is transferred to another licensed healthcare facility or program. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00186865 Based on interview and record review, it was determined that the facility failed to maintain a copy of the Universal Transfer Form (a form which communicates pertinent patient care information at the time of a transfer between health care facilities/programs), when a resident was transferred to the Emergency Room (ER) and transferred to a NJ Ex Order 26. 4B1 of 3 residents reviewed, Resident #3. This deficient	H5730		

New Jersey Department of Health

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H5730	<p>Continued From page 17</p> <p>practice was evidenced by the following:</p> <p>On 8/27/25 at 11:36 a.m., the surveyor reviewed Resident #3's medical record (MR), which revealed that the resident was admitted NJ Ex Order 26. 4B1 [REDACTED].</p> <p>Surveyor review of Resident #3's MR revealed a Progress Note (PN), written by a Certified Medication Aide (CMA) on NJ Ex Order 26. 4B1 at 6:31 p.m., which revealed that Resident #3 was transferred, via NJ Ex Order 26. 4B1, for evaluation related to the resident's NJ Ex Order 26. 4B1.</p> <p>The surveyor reviewed another PN in Resident #3's MR, written by a Licensed Practical Nurse (LPN) on NJ Ex Order 26. 4B1 at 2:13 p.m., which revealed that Resident #3 was transferred to a NJ Ex Order 26. 4B1.</p> <p>At 12:47 p.m., the surveyor requested the Executive Director (ED) to provide the Universal Transfer Forms (UTFs) for Resident #3's transfers to the NJ Ex Order 26. 4B1 and the NJ Ex Order 26. 4B1.</p> <p>The surveyor was not provided with copies of the UTFs from Resident #3's transfers out of the NJ Ex Order 26. 4B1.</p> <p>On 8/28/25 at 12:10 p.m. and 1:13 p.m., the surveyor interviewed the Director of Nursing (DON) and the ED and inquired about UTFs upon a resident's transfer to the hospital or another facility. The DON reported that he did not keep copies of UTFs in the resident's MR after the resident was sent to the hospital or another outside facility. The ED confirmed that copies of</p>	H5730		
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New Jersey Department of Health

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H5730	<p>Continued From page 18</p> <p>the UTFs were not kept at the facility, since the UTFs were provided to the individuals who transported the resident.</p> <p>The surveyor reviewed an undated facility policy titled, "Transfer Out of Community," which indicated, " ... Send all transfer paperwork with the resident upon transfer. Transfer Paperwork to include: a. Transfer Sheet/ Face Sheet ..."</p>	H5730		



NEW STANDARD
Senior Living

POC#2 received 10/27/25
Accepted 10/29/25
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

August 28th, 2025

Deficiency A515 8:36-5.6 (a) Staffing Requirements: Failure to maintain and implement written staffing schedules. Actual hours worked by each employee was not documented. No specific residents was directly harmed by this insufficient practice, but all residents have the potential to be affected.

Corrective Action:

Under the Federal Fair Labor Standards Act (FLSA) exempt employees are not legally required to punch a timeclock or maintain timecards. Our current policy is based on FLSA compliance. A schedule will be done for exempt staff showing their actual days off and days worked.

Staff Education and Corrective Measures

- On August 28th, 2025, a binder was created by the executive director. This binder included a monthly time sheet for each salary employee where they could notate their schedule of days in and out of the building.
- On August 28th, 2025, all salary employees were in-serviced by the executive director on how to use the binder and the binder was put into use on that date by the executive director.

Designated Co-Ordinator

- The executive director will ensure that all salary employees are using the schedule sheet created.

Audit and Monitoring

- Starting on 09/01/2025, the executive director will review the schedule sheets weekly, on Monday, for prior week completeness.

Ongoing Compliance

- At the end of each month, both the executive director and the salary staff member will sign off at the bottom of the sheet indicating that the schedule sheet is complete and accurate.

Completion Date: August 29th, 2025

Responsible Party: The executive director is responsible for completion and ongoing compliance.



approved
10/29/25





August 28th, 2025

Deficiency A735 8:36-7.2 Health Care Assessment and Health Service Plan: Failure to develop and implement a Health Service Plan

Resident #3 was receiving [redacted] services that were not documented in the resident's care plan. Residents care plan was updated on [redacted] to include services. Residents were not observed to have [redacted] from this deficient practice. All residents receiving services from outside health care providers are at risk from this deficient practice.

Corrective Action:

- Staff Education: On September 9th, 2025, the Director of Nursing was re-educated by Executive Director on health service plans, and an improvement plan was reviewed with the Director of Nursing to ensure compliance with regulation A735. The plan stated that the Director of Nursing was to keep all care plans and health service plans up to date. By 10/09/2025, all are in compliance.

Corrective Measures:

- On August 29th, 2025, Director of Nursing began updating all care plans for residents that receive outside services such as ST, OT, Dialysis, Chemotherapy, Wound Care, etc. These care plans were complete by 10/09/2025.
- On August 29th, 2025, Executive Director held a meeting with a representative of [redacted] (third party provider) to discuss timely notification of changes in services. Executive Director and the Director of Nursing has been given access to the [redacted] portal where notes are updated. [redacted] Representative and Executive Director agreed that going forward the executive director would be copied on all communications from [redacted] that are sent to the Director of Nursing. Starting on August 29th, 2025, a [redacted] representative will send a list of new residents who are put on their services to the Executive Director, Director of Nursing, and Assistant Director of Nursing via e-mail.
- On September 15th, 2025, the Executive Director reached out to [redacted] in regard to weekly meetings being resumed as [redacted] was not attending meetings as scheduled. A new timeslot was discussed, and weekly meetings resumed effective September 21st, 2025.

Ongoing Compliance:

- Starting August 29th, 2025, the Director of Nursing will review all care plans quarterly and upon incidents such as change in services, falls and hospitalizations. New health service plan orders will be communicated to the director of nursing and documented in a timely manner by the director of nursing. The Director of Nursing and Assistant Director of Nursing will be in daily communication with third party providers to make the necessary changes.

Completion Date: September 21st, 2025

[redacted] approved 10/29/25





NEW STANDARD
Senior Living

New Standard Senior Living at Egg Harbor Township

6817 East Black Horse Pike

Egg Harbor Township, New Jersey 08234

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Responsible Party: The Executive Director
and Director of Nursing are responsible for completion and ongoing compliance.





August 28th, 2025

A1051 8:36-15.2 Record Availability: The facility failed to maintain records for incident/accident investigations.

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. Resident #3 remains in the facility with **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?

Executive Director reviewed the facilities policy titled "Incidents/Accidents" on August 29th, 2025. Executive Director completed **NJ Exec Order 26.4b1** training titled "Conducting an Abuse Investigation" on September 10th, 2025. 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 September 1st, 2025, 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: September 1st, 2025



approved
10/29/25





August 28th, 2025

A745 8:36-7.2 Health Care Assessment and Health Service Plan: The facility failed to ensure a Registered Nurse (RN) readmission assessment or a semi-annual assessment was completed

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

Director of nursing completed a readmission assessment, ^{NJ Exec Ord} assessment, and updated Resident #3's care plan on ^{NJ Exec Order 26.4b1}. The facility could not retroactively correct the issue for Resident #2 as the resident ^{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 September 9th, 2025, the Director of Nursing was re-educated by the Executive Director on resident care plans and assessments, and an improvement plan was reviewed with the Director of Nursing to ensure compliance with regulation A745. The plan stated that the Director of Nursing was to keep all care plans and health service plans up to date. On August 29th, 2025, Director of Nursing began updating all care plans for residents. By 10/09/2025, all were in compliance.

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 review the clinical dashboard daily to view upcoming care plans due and discuss at morning meeting. They will also review incidents daily to ensure post incident assessments are completed. Director of Nursing will review care plans quarterly and upon incidents such as change in services, falls, and hospitalizations. Care plans completed will be reviewed monthly at the Quality Assurance and Performance Improvement (QAPI) meeting.

Completion Date: 10/09/2025



approved
10/29/25



August 29th, 2025

H5730 8:43E-13.4 Universal Transfer Form: Mandatory Use of Form: The facility failed to retain copies of the Universal Transfer Form when residents were transferred out of facility.

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

Facility could not retroactively create a universal transfer form for Resident #3 as the only copy of the actual universal transfer form was sent with the resident to the NJ Ex Order 26. 4B1 room.

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 August 29th, 2025, the Executive Director reviewed AI Regulation 8:43E-13.4. Beginning on August 29th, 2025, the Director of Nursing and Assistant Director of Nursing began in-servicing all nursing staff on retention of the Universal Transfer Form. Nursing staff was directed to make a copy of the Universal Transfer form and to give it to the Assistant Director of Nursing who is then responsible for maintaining a physical binder and uploading the form into the resident's Point Click Care clinical chart.

4. How will the facility monitor its corrective actions to ensure the deficient practice is being corrected and not recur?
Assistant Director Of Nursing and Director of Nursing will print out Transfer Out Report Weekly and check off that Universal Transfer Form has been received and uploaded. Executive Director and Director of Nursing will go over this log monthly.

Completion Date: September 12th, 2025

NJ Ex Order 26. 4B1

approved
10/29/25





August 28th, 2025

A1073 8:36-15.6 Resident Records: Facility failed to document all services in the resident's medical records.

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

Retroactive corrections could not be made for Resident ^{NJ Ex Order 26} [redacted]. Resident 1 is ^{NJ Ex Order 26. 4B1} [redacted] and Resident 3 no longer requires ^{NJ Ex Order 26. 4B1} [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?

Director of Nursing will ensure that all necessary safety checks are set up to auto-populate in either the Nursing Aides plan of care or Point Click Care or the resident's MAR. On August 29th, 2025, Director of Nursing and Assistant Director of Nursing began re-educating nursing staff on proper documentation.

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

The Director of Nursing will monitor documentation done by nursing staff on a daily basis to ensure proper documentation is being done.

Completion Date: September 12th, 2025

^{NJ Ex Order 26. 4B1} [redacted]

approved
10/29/25





August 28th, 2025

A310: 8:36-3.4 Administrator's Responsibilities: The administrator failed to ensure the development, implementation, and enforcement of all policies and procedures. The facility failed to maintain an FRE from an investigation, failed to do a timely ^{NJ Ex Order 26. 4B1} risk assessment post fall, and failed to notify Executive Director upon resident's ^{NJ Ex Order 26. 4B1}.

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

Retro-corrective action could not be taken for the residents affected as the event occurred too far in the past. Resident 1 ^{NJ Ex Order 26. 4B1}, Resident 2 ^{NJ Ex Order 26. 4B1} ^{NJ Ex Order 26. 4B1}, Resident 3 still resides in the facility.

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?

Executive Director reviewed the facilities policies titled "Incidents/Accidents", "Quality Indicators Policy", "Fall Risk", "Post Fall", and "Resident Found Dead in Apartment" on August 29th, 2025. Executive Director completed RELIAS training titled "Conducting an Abuse Investigation" on September 10th, 2025. 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 September 1st, 2025, and cross reference with completed files:

Starting on August 29th, 2025, Executive Director and Director of Nursing will review the electronic clinical dashboard daily and review any incidents. The Director of Nursing will follow through in a timely manner to any incidents requiring assessment. The Executive Director will send out a daily report log to the Director of Nursing and Regional Director of Clinical Services noting incident to check for follow up.

On August 29th, 2025 the Director of Nursing, Assistant Director of Nursing, and Resident Care Coordinator were in-serviced by the executive director on the facilities policy and procedure in regards to proper notification in the event of a resident's death. Going forward,





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the Executive Director will be notified immediately, and documentation will be made in the resident's clinical chart.

- 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. The Executive Director and Director of Nursing will go over all falls monthly at the Quality Assurance and Performance Improvement. The Director of Nursing will ensure that the Executive Director is made aware of any pertinent information.

Completion Date: September 12th, 2025

NJ Ex Order 26

*approved
10/29/25*

NJ Exec Order 26.4b1

Executive Director

NJ Exec Order 26.4b1



STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER al0101 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/29/2025 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 H5730	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:43E-13.4(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	09/12/2025	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 8/28/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER al0101 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/29/2025 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	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix H5730	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:43E-13.4(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	09/12/2025	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 8/28/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER al0101	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/29/2025	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		

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A0515	Correction	ID Prefix A0735	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.6(a)	Completed	Reg. # 8:36-7.2(e)(1-5)	Completed
LSC	09/12/2025	LSC	08/29/2025	LSC	09/21/2025
ID Prefix A0745	Correction	ID Prefix A1051	Correction	ID Prefix A1073	Correction
Reg. # 8:36-7.2(f)	Completed	Reg. # 8:36-15.2	Completed	Reg. # 8:36-15.6(b)	Completed
LSC	10/09/2025	LSC	09/01/2025	LSC	09/12/2025
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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 8/28/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER al0101	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/29/2025	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		

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A0735	Correction	ID Prefix A0745	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. # 8:36-7.2(f)	Completed
LSC	09/12/2025	LSC	09/21/2025	LSC	10/09/2025
ID Prefix A1051	Correction	ID Prefix A1073	Correction	ID Prefix	Correction
Reg. # 8:36-15.2	Completed	Reg. # 8:36-15.6(b)	Completed	Reg. #	Completed
LSC	09/01/2025	LSC	09/12/2025	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 8/28/2025		<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		