

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/26/2025
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NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT HAMMON	STREET ADDRESS, CITY, STATE, ZIP CODE 308 SOUTH WHITE HORSE PIKE HAMMONTON, NJ 08037
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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: Survey Type: Complaint</p> <p>Complaint #: NJ 00187677</p> <p>Census: 153</p> <p>Sample size: 4</p> <p>The facility is not in compliance with all the standards in the New Jersey Code 8:36 Standards for licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.</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 00187677</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>Based on observation, interview and record review, it was determined that the facility Executive Director (ED) failed to develop and implement a policy to ensure room temperatures did not exceed 82 degrees Fahrenheit (F) during warm weather conditions for 1 of 4 residents, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 6/24/25, the Department of Health (DOH) received a Facility Reportable Event (FRE) (a form utilized by healthcare facilities to report incidents to the DOH) regarding a non functioning Heating Ventilation Air Conditioning (HVAC) system on 6/23/25. The FRE indicated that the system was not functioning properly.</p> <p>On 6/26/25 at 10:30 a.m., the surveyor interviewed and reviewed the maintenance work order provided by the ED in the presence of the ED. Additionally, the surveyor inquired about the system put in place to ensure that the temperatures in the residents apartments and common areas did not exceed 82 degree F during the day and 68 degree F at night.</p> <p>During the interview, the ED stated that the facility did not have a policy and procedure for monitoring temperatures to ensure the temperature did not exceed 82 degree F. The ED explained that the facility had cooling units in common areas, hallways and activity room.</p> <p>At 12:30 p.m., the surveyor interviewed Resident #1 who was NJ Ex Order 26. 4B1. The surveyor interviewed the resident regarding the air conditioner in his/her apartment. The resident informed the surveyor that his/her air conditioner</p>	A 310		

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A 310	Continued From page 2 did not function a couple of weeks ago. The resident stated that the maintenance department already fixed the problem and explained that he/she has been comfortable after the repair.	A 310		
A 561	8:36-5.10(a)(1) Reportable Events (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at NJ Ex Order 26. 4B1 if after business hours, followed within 72 hours by written confirmation, of the following: 1. Termination of employment of the administrator, and the name and qualifications of his or her replacement; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00187677 Based on interview and record review, it was determined that the facility failed to notify the Department of Health (DOH) the loss of air conditioning at the facility in a timely manner. This	A 561		

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A 561	<p>Continued From page 3</p> <p>deficient practice was evidenced by the following.</p> <p>On 6/24/25, the DOH received a Facility Reportable Event (FRE) regarding the Heating Ventilation Air Conditioning (HVAC) system that was not functioning properly.</p> <p>On 6/26/25 at 11:29 a.m., the surveyor interviewed the Executive Director (ED) regarding the non functioning HVAC. The Administrator stated that the HVAC service company inspected the system on 6/20/25, and that the areas affected were the common areas and hallways.</p> <p>During the interview, the ED stated that the above incident started on 6/16/25 and confirmed that the DOH was not notified until 6/23/25, 7 days later.</p>	A 561		