

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 10/06/2025
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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: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ 00170585, NJ 00179240, NJ 00179088</p> <p>DATE OF SURVEY: 10/6/2025</p> <p>CENSUS: 140</p> <p>SAMPLE SIZE: 4</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs.</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		
A 565	<p>8:36-5.10(a)(3) Reportable Events</p> <p>(a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 or (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following:</p> <p>3. Any suspected cases of resident abuse or exploitation, which have been reported to the State Long-Term Care Ombudsman.</p>	A 565		

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

TITLE

(X6) DATE

12/02/25

New Jersey Department of Health

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A 565	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: 179088</p> <p>Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to report an NJ ex order 26.4b1 to the New Jersey Department of Health (NJDOH). This deficient practice was identified for 1 of 4 residents reviewed, (Resident # 3), and was evidenced by the following:</p> <p>Resident #3 reported that Resident #2 NJ ex order 26.4b1 [REDACTED] which made Resident #3 NJ ex order 26.4b1 [REDACTED]. The resident also stated that NJ ex order 26.4b1 [REDACTED]. Resident #3 stated they reported the concern to the Executive Director (ED) but Resident #2 NJ ex order 26.4b1 [REDACTED]. Resident #3 also stated that NJ ex order 26.4b1 [REDACTED] and told Resident #3 that Resident #2 is NJ ex order 26.4b1 [REDACTED]"</p> <p>A review of the Admission Record (an admission summary) revealed Resident #3 was admitted to the facility in NJ ex order 26.4b1 with the following, but NJ ex order 26.4b1 [REDACTED]</p> <p>On 10/6/25 at 11:24 AM, the surveyor interviewed</p>	A 565		
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A 565	<p>Continued From page 2</p> <p>the ED who stated they did not think to report the incident that occurred on NJ ex order 28 to the NJDOH. The ED further stated that she did not think she had to report it because she sent it to the facility Corporate office. The ED acknowledged that the incident was not reported to the NJDOH and that it should have been.</p> <p>A review of facility's policy titled "Resident Abuse Policy," with an effective date of 10/1/2020, included "that procedures are in place to prevent any incidence of abuse, neglect, mistreatment, or misappropriation of resident's property. If any actual or alleged incidents occur there is a process in place for the reporting and investigation; pursuant to the instruction in the Federal and Long Term Care statutes."</p> <p>Under "Reporting," the facility would within 72 hours of the incident submit written notification to the state survey and certification agency.</p> <p>The Policy defined verbal abuse as "Refers to any oral, written, or gestured language that includes disparaging and derogatory terms to residents or within their hearing distance to describe them, regardless of their age ability to comprehend, or disability."</p>	A 565		
A 695	<p>8:36-7.1(b) Initial Assessments and Resident Service Plan</p> <p>(b) If this initial assessment indicates the resident has general service needs, a general service plan shall be developed within 14 days of the resident's admission.</p>	A 695		

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A 695	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: 179088</p> <p>Based on interview and record review, it was determined that the facility failed to develop and implement a General Service Plan (GSP) on admission for 1 of 4 residents reviewed, Resident #3. This deficient practice was evidenced by:</p> <p>A review of the Admission Record (an admission summary) revealed Resident #3 was admitted to the facility in NJ ex order 26.4b1 with the following, but not limited to, NJ ex order 26.4b1</p> <p>A review of the electronic medical record (eMR) revealed that there was no GSP for Resident #3 upon admission in NJ ex order 26.4b1.</p> <p>On 10/6/25 at 12:04 PM, the surveyor interviewed the Director of Nursing (DON) who stated that a resident's GSP should be completed within 30 days of admission, updated quarterly and when there was a change in the resident's condition. The DON stated that the importance of a GSP was so that staff know how to properly care for the resident. The DON acknowledged that Resident #3 did not have a GSP upon admission. She further stated that there should have been a GSP in place upon admission and updated quarterly.</p> <p>At 12:28 PM, the surveyor interviewed the Licensed Practical Nurse (LPN #1) who stated that GSPs were completed upon admission, and were updated when there was a change in the resident's condition. LPN #1 further stated that the GSP informed staff on how to care for that</p>	A 695		

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A 695	<p>Continued From page 4</p> <p>resident. LPN #1, in the presence of the surveyor, viewed Resident #3's eMR and confirmed that the resident did not have a GSP in place.</p> <p>At 12:43 PM, the surveyor interviewed the Assistant Director of Nursing (ADON) who stated that each resident should have a GSP in place and it should be located in their eMR. The ADON then stated that the importance of the GSP was so that staff know the resident's plan of care.</p> <p>A review of the facility's "Service Package Change Policy," dated effective 10/1/2020, included that a review of the personal care services being delivered to each resident was completed before move-in, at the end of the first 30 days, quarterly, or when the resident's health status or family circumstances changed.</p>	A 695		

POC # 2 Received 12/9/25 5:13P Accepted



NEW STANDARD
Senior Living

New Standard Senior Living at Hammonton

308 S White Horse Pike
Hammonton, New Jersey 08037
P (609)541-7718
F (609)666-5856

A 565 – N.J.A.C. 8:36-5.10(a)(3) Reportable Events

Regulatory Requirement

8:36-5.10(a)(3)

The facility shall notify the Division of Health Facility Survey and Field Operations **immediately by telephone at (609) 633-9034 or (609) 392-2020** if after business hours. A **written confirmation must follow within 72 hours.**

This includes:

1. Any suspected cases of resident **NJ Exec Order 26.4b1** which must also be reported to the State Long-Term Care Ombudsman.

1. The facility will report any **NJ ex order 26.4b1** to the New Jersey Department of Health **immediately by telephone**, followed by **written confirmation within 72 hours**, as required. Resident #3 care plan was updated on **NJ ex order 26.4b1**

- The updates to the care plan are to be observed for untoward interactions with others and report to nursing.
- The DON provided education to all staff to ensure they are aware of Resident # 3 updates and interventions.
- Education for all staff was provided on **NJ ex order 26.4b1**
- All nursing and activities staff are responsible for monitoring the hallways.
- Increase monitoring was implemented immediately on 10/6/25

Completion date: 10/16/2025.

2. All residents residing in the facility have the potential to be affected by this deficient practice. Resident #3 was confirmed to be the resident affected in this incident.

Completion date: 10/12/2025.

3. The Executive Director reviewed the facility's **Incident Reporting Policy** with administrative and nursing leadership. The Executive Director will ensure that for every reportable event, the Division of Health Facility Survey and Field Operations is:

- **Notified immediately by telephone**, and
- **Provided written confirmation within 72 hours.**





Policies will continue to be followed and reinforced with all staff to maintain compliance. **Completion 10/12/25**

4. The Executive Director will ensure that Resident #3 is **NJ Exec Order 26.4b1** In the event of any future issues, Resident #2 (the **NJ Exec Order 26.4b1**) will be **NJ Exec Order 26.4b1** **NJ Exec Order 26.4b1** Completion date 10/12/25

Additional steps include:

- Updating Resident #3's **care plan** to include specific interventions addressing potential risk areas.
- Ensuring all staff are aware of these updated interventions.
- Increasing **NJ Exec Order 26.4b1** to minimize the risk of **NJ Exec Order 26.4b1** and ensure resident safety.
- The facility will ensure compliance by mandating review of the regulations by all management and educating the staff on the importance of reporting these incidents in a timely manner.
Completion date: 10/12/25025
- **A 695 – N.J.A.C. 8:36-7.1(b) Initial Assessments and Resident Service Plan**

Regulatory Requirement

8:36-7.1(b)

If the initial assessment indicates the resident has general service needs, a **General Service Plan (GSP)** shall be developed **within 14 days of the resident's admission**.

1. A General Service Plan (GSP) or Health Service Plan (HSP) will be developed and implemented upon admission for all residents.
For example, Resident #3's Health Service Plan was completed immediately on **NJ ex order 26.4b1** upon identification of the issue.

2. All residents residing in the facility have the potential to be affected by this deficient practice. Resident #3 was confirmed to be the resident affected in this incident.
Completion date: 10/12/2025.





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3. The Director of Nursing (DON) created a **tracking spreadsheet** to ensure that a General Service Plan or Health Service Plan is initiated and completed: Completion date 10/9/2025

- Upon each resident's **admission**, and
- Whenever there is a **change in condition**.
Completion: 10/12/2025.

4. The Executive Director and the Director of Nursing (or designee) will **review the tracking spreadsheet twice monthly** at the Quality Assurance (QA) meeting to verify that:

- All residents have an up-to-date and individualized General Service Plan, and
- All required plans are completed within the regulatory timeline. Completion date 10/12/2025



STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL0103	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/15/2025
NAME OF FACILITY NEW STANDARD SENIOR LIVING AT HAMMONTON	STREET ADDRESS, CITY, STATE, ZIP CODE 308 SOUTH WHITE HORSE PIKE HAMMONTON, NJ 08037	

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 A0565	Correction	ID Prefix A0695	Correction	ID Prefix	Correction
Reg. # 8:36-5.10(a)(3)	Completed	Reg. # 8:36-7.1(b)	Completed	Reg. #	Completed
LSC	10/12/2025	LSC	10/12/2025	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	
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 10/6/2025		<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		