

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL0103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT HAMMON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>308 SOUTH WHITE HORSE PIKE HAMMONTON, NJ 08037</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ00188306</p> <p>Census: 149</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 355	<p>8:36-4.1(a)(1) Resident Rights</p> <p>comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences,</p> <p>1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan;</p>	A 355		

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

TITLE

(X6) DATE

08/29/25

New Jersey Department of Health

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A 355	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00188306</p> <p>Based on interview and record review, it was determined that the facility failed to develop and implement a General Service Plan (GSP) and Health Service Plan (HSP) on admission for 1 of 3 residents reviewed, Resident # 2. This deficient practice was evidenced by:</p> <p>On 7/17/25, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) that included a "date of event" of [redacted] and a "time of event" of 10:00 a.m. The report revealed that Resident #2 [redacted] the [redacted] at 10:00 a.m. and was observed [redacted] NJ ex order 26.4b1 [redacted]. Resident stated "NJ ex order 26.4b1 [redacted]". The staff responded and [redacted] NJ ex order 26.4b1 [redacted]. The FRE also revealed that Resident #2 [redacted] NJ ex order 26.4b1 [redacted].</p> <p>On 7/29/25 at 12:19 p.m., the surveyor reviewed Resident #2's Medical Record (MR) which revealed an admission date of [redacted] with [redacted] NJ ex order 26.4b1 [redacted], and [redacted] NJ ex order 26.4b1 [redacted]. Surveyor review of the MR revealed that there was no GSP or HSP for Resident #2's admission in [redacted] NJ ex order 26.4b1 [redacted]. Continued surveyor review revealed a "Service Plan Report (SPR)" initiated on [redacted] NJ ex order 26.4b1 [redacted] for Resident #2's [redacted] NJ ex order 26.4b1 [redacted].</p> <p>Review of [redacted] NJ ex order 26.4b1 [redacted] dated [redacted] NJ ex order 26.4b1 [redacted], written by the Advanced Practice</p>	A 355		
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A 355	<p>Continued From page 2</p> <p>Nurse (APN), revealed Resident #2 [redacted] and had [redacted] NJ ex order 26.4b1</p> <p>[redacted] further review of Resident #2's MR revealed no documented evidence to confirm that the resident had an order to be seen by "[redacted] NJ Exec Order 2" as noted on the FRE dated [redacted] NJ ex order 26.4b1 following the resident's [redacted] NJ Exec incident.</p> <p>At 12:35 p.m., during an interview, the surveyor asked the Director of Nursing (DON) about the Service Plan for Resident #2 that there was only one viewed in the computer system dated [redacted] NJ ex order 26.4b1. The DON stated that there was no service plan in the system prior to the [redacted] NJ ex order 26.4b1 elopement, and that she just created one when she started working at the facility on [redacted] NJ ex order 26.4b1.</p> <p>At 1:53 p.m., during a second interview, regarding Resident #2's GSP and HSP, the DON stated that the facility only provided a health service plan, but she did not know why the resident did not have one done upon admission to the facility.</p> <p>In the same interview, the DON stated that a [redacted] NJ Exec Order 26.4b1 assessment should be performed by a Registered Nurse (RN) upon admission or re-admission to the facility and then the HSP would be initiated or updated at that time or at least quarterly (every 3 months) for the residents who remained at the facility.</p> <p>Resident #2 had no documented evidence to confirm that the resident's needs were assessed upon admission to determine goals, plans, and interventions to initiate to address those needs.</p> <p>Surveyor review of 10/10/2020 facility policy titled, "Resident Rights Policy" revealed, " ...Appendix B</p>	A 355		

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A 355	Continued From page 3  [-] Resident Rights: As a Resident of the Community you have the following rights: 1. The right to received personalized services and care in accordance with the resident's individualized general service and/or health service plan...."	A 355		
A 401	8:36-4.1(a)(22) Resident Rights  (a) Each assisted living provider will 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#: NJ00188306  Based on observation, interview, and record review, it was determined that the facility failed to provide a safe environment for a resident who was identified as an elopement risk on admission, had <b>NJ Exec Order 26.4b1</b> , and <b>NJ Exec Order 26.4b1</b> for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:  On 7/17/25, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) that included a "date of event" of	A 401		

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A 401	<p>Continued From page 4</p> <p>NJ Exec Order 26.4b1 and a "time of event" of NJ ex order 26.4b1 The report revealed that Resident #2 NJ ex order 26.4b1 and was observed NJ ex order 26.4b1 Resident stated NJ ex order 26.4b1 The staff responded and NJ Excec Order 26.4b1 him/her NJ Excec Order 26.4b1 to the NJ Excec Order 26.4b1 The FRE also revealed that Resident #2 NJ ex order 26.4b1</p> <p>On 7/29/2025, during an interview, the surveyor asked how she knew residents who were NJ Excec Order 26.4b1 and NJ Excec Order 26.4b1 risks, the Concierge stated that administrative staff told her this information. In addition, when asked if there was a list or book with photos of residents who were identified as NJ Excec Order 26.4b1 risks, the Concierge confirmed that there was no such list or book. She continued to say that residents don't enter the facility as NJ Excec Order 26.4b1 and this facility was assisted independent living. When the surveyor asked her if she received in-service training on NJ Excec Order 26.4b1 after Resident #2 NJ ex order 26.4b1, she stated that there was no education provided, only a verbal discussion.</p> <p>Surveyor's review of a 2nd FRE revealed a "date of event" NJ ex order 26.4b1 and a "time of event" of NJ ex order 26.4b1 for Resident #2 NJ ex order 26.4b1.</p> <p>On 7/29/25 at 10:56 a.m., during a tour of the facility, the surveyor observed that Resident #2's NJ Exec Order 26.4b1 and there was an NJ Excec Order 26.4b1.</p> <p>At 11:01 a.m., the surveyor interviewed Resident #2 regarding the incident on NJ ex order 26.4b1 and replied NJ ex order 26.4b1 to NJ Exec Order 26.4b1. The resident stated that when he/she NJ Excec Order 26.4b1, he/she NJ ex order 26.4b1</p>	A 401		

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A 401	<p>Continued From page 5</p> <p>At 12:19 p.m., the surveyor reviewed Resident # 2's Medical Record (MR) which revealed an admission date of [redacted] with diagnoses of [redacted]. The resident's MR revealed that there was no GSP nor HSP developed upon admission in [redacted]. Continued surveyor's review of Resident #2's MR revealed a "Service Plan Report (SPR)" dated [redacted] for the resident's [redacted] and [redacted] for interventions initiated after the resident's [redacted]. There was no documented evidence of a previous HSP on admission, and for the [redacted] on [redacted], until the DON created the HSP on [redacted].</p> <p>At 1:45 p.m., when the surveyor asked the Executive Director (ED) regarding the date of Resident #2's [redacted], she stated that it was her mistake, that the [redacted] should have been documented as [redacted] and not [redacted].</p> <p>Surveyor's review of facility policy titled, "Resident Rights Policy" dated 10/10/2020, revealed, "...Appendix B [-] Resident Rights: As a Resident of the Community, you have the following rights: 1. The right to received personalized services and care in accordance with the resident's individualized general service and/or health service plan...."</p> <p>The facility failed to ensure that Resident #2, an [redacted] was safe in the community. The facility failed to monitor the resident's [redacted] after [redacted] including on [redacted] and [redacted], when the resident was [redacted].</p>	A 401		

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A 783	Continued From page 6	A 783		
A 783	<p>8:36-7.5(e) Resident Assessments and Care Plans</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ0188306</p> <p>Based on interview and record review, it was determined that the facility failed to document that a resident was appropriate for the facility and that the care needs of the residents did not exceed what the facility could provide for 3 of 3 residents reviewed, Resident #'s 1, 2 and 3. This deficient practice was evidenced by the following:</p> <p>On 7/29/25, upon surveyor's review of Resident #'s 1, 2, and 3 medical records (MRs), the surveyor noted that there was no confirmation from the residents' physicians of their appropriateness for the Assisted Living facility. There was no documentation of a certification that residents' care needs did not exceed what the facility could provide for the following residents:</p> <p>1. Surveyor review of the MR for Resident #1 revealed an admission date of <a href="#">NJ ex order 26.4b1</a> with diagnoses of <a href="#">NJ ex order 26.4b1</a></p>	A 783		

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A 783	<p>Continued From page 7</p> <p><a href="#">NJ ex order 26.4b1</a></p> <p>2. Surveyor review of the Medical Record (MR) for Resident #2 revealed an admission date of <a href="#">NJ ex order 26.4b1</a> with diagnoses of <a href="#">NJ ex order 26.4b1</a>.</p> <p>3. Surveyor review of the MR for Resident #3 revealed an admission date of <a href="#">NJ ex order 26.4b1</a> with diagnoses of <a href="#">NJ ex order 26.4b1</a>.</p> <p>At 1:54 p.m., when the surveyor asked about the physician certifications for Resident #'s 1, 2, and 3, the Director of Nursing (DON) stated that she had just started with the facility on <a href="#">NJ ex order 26.4b1</a>, and did not know why any of the residents' annual physician certifications were not in the residents' records.</p> <p>At the time of the survey, there was no policy provided on the Physician Certification.</p>	A 783		
A 963	<p>8:36-11.5(f) Pharmaceutical Services</p> <p>(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00188306 Based on observation, interview, and record review, it was determined that the facility failed to</p>	A 963		

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A 963	<p>Continued From page 8</p> <p>ensure medications were administered to residents in accordance with prescriber's orders and the facility failed to document the rationale as to why the prescribed medications were not administered for 3 of 3 residents reviewed, Resident #'s 1, 2 and 3. This deficient practice was evidenced by the following:</p> <p>On 7/29/25, the Department of Health (DOH) investigated a Facility Reportable Event (FRE-a form utilized by health care facilities to report events to the DOH), dated [redacted] with an event date of [redacted]. The FRE involved an [redacted] for 1 of 3 residents reviewed, Resident #2. However, review of three residents' medical records (MRs), Resident #'s 1, 2, and 3, including each resident's "Medication Administration Record (MAR)" revealed the following:</p> <p>1. At 12:19 p.m., the surveyor reviewed Resident #2's Medical Record (MR) which revealed an admission date of [redacted] with diagnoses of [redacted]. The surveyor review of Resident #2's "Medication Administration Record (MAR)" for [redacted] revealed that the following medications were not documented as administered per prescriber's orders, as follows:</p> <p>[redacted]</p> <p>[redacted]</p> <p>[redacted]</p> <p>[redacted]</p> <p>[redacted]</p> <p>[redacted]</p> <p>[redacted]</p>	A 963		



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A 963	<p>Continued From page 10</p> <p><b>NJ ex order 26.4b1</b> [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>2. At 1:02 p.m., the surveyor reviewed Resident #1's MR which revealed an admission date of <b>NJ ex order 26.4b1</b> with diagnoses of <b>NJ ex order 26.4b1</b> [REDACTED]</p> <p>[REDACTED] The surveyor review of Resident #1's MAR from <b>NJ ex order 26.4b1</b> [REDACTED] revealed the following medications were not documented as administered per prescriber's orders, as follows:</p> <p><b>NJ ex order 26.4b1</b> [REDACTED]</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>[REDACTED]</p> <p>3. At 1:15 p.m., the surveyor reviewed the MR for</p>	A 963		
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A 963	<p>Continued From page 11</p> <p>Resident #3 revealed an admission date of [redacted] with diagnoses of <b>NJ ex order 26.4b1</b> [redacted]. The surveyor review of Resident #3's MAR from <b>NJ ex order 26.4b1</b> [redacted] revealed that the following medications were not documented as administered per prescriber's orders, as follows:</p> <p><b>NJ ex order 26.4b1</b> [redacted]</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>[redacted]</p> <p>[redacted]</p> <p>[redacted]</p> <p>On 7/30/25 at 11:31 a.m., when the surveyor asked about the blank spaces noted on the MARs, during a telephone interview, the Director of Nursing (DON) stated that the blank space means that either the medication was not administered, or it [the medication] was held for some reason, but there would be a corresponding note. In the same interview, when the surveyor asked her what the expectation was, the DON stated that she expected staff to document [the medication].</p>	A 963		
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A 963	Continued From page 12  At the time of the survey, there was no documented evidence provided of nurse's notes or doctor's notes to confirm that medications were ordered held in [NJ Exec Order 26.4b1] for Resident #s 1, 2 & 3.	A 963		
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 by: Complaint#: NJ00188306 Based on interview and record review, it was determined that the facility failed to provide documentation in the electronic medical record (EMR) for: 1) a full investigation to include witness statements of staff involved, staff education after an incident, and 2) Registered Nurse Assessments; after a resident [NJ Exec Order 26.4b1] in a [NJ Exec Order 26.4b1] period, for 1 of 3 residents reviewed, Residents #2. This deficient practice is evidenced by the following:  On [NJ Exec Order 26.4b1] the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) that included a "date of event" of [NJ ex order 26.4b1] and a "time of event" of 10:00 a.m. The report revealed that Resident #2 [NJ Exec Order 26.4b1]	A1073		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL0103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT HAMMON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>308 SOUTH WHITE HORSE PIKE HAMMONTON, NJ 08037</b>
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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
A1073	<p>Continued From page 13</p> <p>at 10:00 a.m. and <b>NJ ex order 26.4b1</b>. Resident stated <b>NJ ex order 26.4b1</b>. "The staff responded and <b>NJ Exco Order 26.4b1</b> him/her <b>NJ Exco Or</b> to the <b>NJ Exco Order 26.4b1</b>. The FRE also revealed that Resident #2 had a <b>NJ ex order 26.4b1</b>.</p> <p>At 10:00 a.m., during the entrance conference with the Executive Director (ED) in the presence of the Director of Nursing (DON) and Director of Clinical Education (DCE), the surveyor requested the complete documentation for the FRE on <b>NJ ex order 26.4b1</b> including staff involved, and if not present, their phone numbers and the assignment sheet for <b>NJ ex order 26.4b1</b>.</p> <p>At 10:25 a.m., during an interview with the ED, when asked about witness statements, the ED stated that when Resident #2 <b>NJ ex order 26.4b1</b>, the resident <b>NJ ex order 26.4b1</b> when staff saw him/her, so there were no witness statements done by staff. The ED continued to say that she assumed Resident #2 <b>NJ ex order 26.4b1</b>, but that staff do not know how he/she <b>NJ ex order 26.4b1</b>.</p> <p>At 12:58 p.m., when the surveyor asked if an investigation with witness statements was done for Resident #2's <b>NJ ex order 26.4b1</b>, the ED stated that she did not know and had to ask the nurse.</p> <p>At 1:00 p.m., the surveyor asked the ADON regarding the <b>NJ ex order 26.4b1</b> of Resident #2, she stated that she was unsure if an investigation was done.</p> <p>At 1:33 p.m., the surveyor conducted a phone interview with the Life Enrichment Director (LED), the staff who brought Resident #2 <b>NJ ex order 26.4b1</b>.</p>	A1073		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL0103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT HAMMON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>308 SOUTH WHITE HORSE PIKE HAMMONTON, NJ 08037</b>
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A1073	<p>Continued From page 14</p> <p><b>NJ ex order 26.4b1</b> When the surveyor asked her about Resident #2's <b>NJ ex order 26.4b1</b>, she stated that on that date, she was coming into work, and another resident came running towards her to tell her that Resident #2 <b>NJ ex order 26.4b1</b>. She <b>NJ Exec Order 26.4b1</b> Resident #2 to the nurse and the aide, but that she did not recall the staff names. She continued to say that the DON would know the staff names. When the surveyor asked her if she received an in-service on <b>NJ Exec Order 26.4b1</b> after this incident, she confirmed that there was no in-service provided.</p> <p>In the same interview, when the surveyor asked her if Resident #2 had previous <b>NJ Exec Order 26.4b1</b> incidents, the LED stated that Resident #2 did <b>NJ Exec Order 26.4b1</b> before, but she didn't remember the date. She continued to say that staff, no names known, were <b>NJ Exec Order 26.4b1</b> Resident #2 <b>NJ Exec Order 26.4b1</b>.</p> <p>At 1:53 p.m., during an interview, the surveyor asked about the staff involved in the FRE dated <b>NJ ex order 26.4b1</b> the DON stated that she did not know who the nurse and aide were assigned to him/her on that day, but the ADON should know it. When the surveyor asked, how do staff know a resident <b>NJ Exec Order 26.4b1</b> the DON stated that they know through an alert in the computer, she called staff, and the concierge knew the residents, but there was no documentation. In the same interview when the surveyor asked how often RN Assessments were done, the DON stated they were done on admission, readmission, and after an <b>NJ Exec Order 26.4b1</b></p> <p>When the surveyor asked does staff know how Resident #2 <b>NJ ex order 26.4b1</b> the DON stated that she doesn't know the last time the resident was <b>NJ Exec Ord</b> by staff, but the LED thinks</p>	A1073		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL0103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT HAMMON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>308 SOUTH WHITE HORSE PIKE HAMMONTON, NJ 08037</b>
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A1073	<p>Continued From page 15</p> <p>he/she <b>NJ Exec Order 26.4b1</b> [REDACTED] The DON continued to say that there was no timeline, and no one knew how he/she <b>NJ Exec</b> [REDACTED] When the surveyor asked if education was done after this incident, the DON stated to ask the ADON. The DON was unable to confirm as to why the staff in-service education information was not with the FRE.</p> <p>Surveyor review of an undated facility policy titled, "Resident Assessment Process Policy" revealed, "...To ensure a systematic, comprehensive approach to resident assessments and individualized care plans, an assessment will be performed pre-admission/day of admission and reviewed at 30 days. A complete assessment will be performed every 6 months or per state requirements and/or whenever a change in condition occurs ...Procedure: 1. The Wellness Director will conduct a complete assessment of Resident needs prior to move-in, at 30 days' post move-in and again every 6 months at a minimum ....2. The following documents may be included in an assessment based on the resident's history: ...Elopement Assessment Tool ...."</p> <p>Surveyor review of a 10/1/2020 facility policy titled, "Elopement Risk Assessment &amp; Intervention Policy: Residents at all levels will be assessed for the potential of wandering and elopement. Residents deemed to be at risk will be monitored... In the event a resident is identified as an elopement risk by assessment, the community will promote to minimize the risk of elopement ... Procedure: The Wellness Director is responsible for the: Completion of Assessment and Intervention Tool ... Step 1: Assessment: 1. The first step in preventing elopements is to identify those Residents with identifiable potential to</p>	A1073		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL0103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2025</b>
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A1073	<p>Continued From page 16</p> <p>wander or elope. 2. Assessment tool to be completed: Elopement Risk Assessment... Step 2: Preventative Interventions ... 1. Associate awareness is a basic preventative measure. Associates require ongoing education about wandering and elopement behavior, assessment and interventions ... 2. All staff (including front desk, security, housekeeping, Environmental Services, et al., as well as direct caregivers) will receive training regarding signs of dementia, tendency to wander, hazards of elopement, and the importance of prompt reporting, including reporting of incidents that occur during weekends, nights and evenings ... 6. Doors other than the main entrance should be alarmed or otherwise monitored or secured...</p> <p>Step 3: What to do in the event of an Elopement ...2. The Community has a zero-tolerance policy regarding elopement. A Resident exhibiting signs of exit seeking behavior who repeatedly attempts to or does wander away from the Community will be re-evaluated for their ability to remain living safely in the memory care community ... 4. Any elopement from the community... an Incident Report Form is to be completed.... "</p> <p>Surveyor review of a 10/1/2020 facility policy titled, "Incident Reports Policy: ...The Incident Report is to be completed as soon as possible after an incident occurs and submitted to the appropriate Community Supervisor... Procedure: 1. An internal Community Incident Report must be completed for the following events: ... Elopement or missing Resident ...."</p> <p>At the time of the survey, there was no documented evidence provided that a full investigation was done to include staff statements involved with the incidents as per facility policy, and that education of all staff was done after the</p>	A1073		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL0103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT HAMMON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>308 SOUTH WHITE HORSE PIKE HAMMONTON, NJ 08037</b>
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A1073	<p>Continued From page 17</p> <p><b>NJ ex order 26.4b1</b> of Resident #2, including the incident on <b>NJ ex order 26.4b1</b></p> <p>Additionally, there was no documented evidence of RN assessment done on admission, as required and no assessment after Resident #2's <b>NJ ex order 26.4b1</b> to confirm any changes in resident's condition and determine if initiation of appropriate intervention is needed.</p>	A1073		



POC#3

Acceptable  
10/17/25  
IS

A 355 8:36-4.1(a)(1) Resident Rights comprehensive personal care homes and assisted living programs. Each resident is entitled to the following rights: (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences,

1. The right to receive personalized services and care in accordance with the residents' individualized general service and/or health service plan

1. A General Service Plan (GSP) or Health Service Plan (HSP) will be developed and implemented upon admission for all residents. For example, Resident #2's Health Service Plan was completed immediately on [redacted NJ Exec Order 26.4b1] upon identification of the issue. Resident #2 now resides in a [redacted NJ ex order 26.4b1] as of [redacted NJ ex order 26.4b1] for his/her [redacted NJ Exec Order 26.4b1]
2. All residents residing in the facility have the potential to be affected by this deficient practice. Therefore, the corrective measures outlined in this plan apply facility wide.
3. The Director of Nursing (DON) has created a tracking spreadsheet on 8/7/25 to ensure that a General Service Plan or Health Service Plan is initiated and completed upon each resident's admission and any change in residents' condition. Completion date 8/7/25
4. The Executive Director and the Director of Nursing or designee will review the spreadsheet monthly to verify that all residents have an up-to-date and individualized General Service Plan in place. General service Plan review date began on 8/4/25. Date of completion 9/15/25

A 401 8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider will 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.

1. Resident #2 now [redacted NJ ex order 26.4b1] for his/her [redacted NJ Exec Order 26.4b1]
2. All residents in the facility have the potential to be affected by the deficient practice. As such, the corrective measures outlined in this plan apply to all residents.
3. On 8/12 /2025, staff were re-educated on residents' rights to live in a safe and clean environment. Additionally, staff received education regarding elopement risk, including the potential dangers and consequences associated with such incident to ensure ongoing resident safety, the Director of Nursing (DON) or designee will provide annual elopement training, as required by the State of New Jersey. Training will also occur following any elopement incident. The facility uses the Relias learning platform to deliver and track monthly in-service training.





4. The DON and Executive Director developed an Excel spreadsheet on 8/7/25 to track staff completion of required in-services. This tracking tool ensures that all staff remain in compliance with state-mandated training requirements. Completion date 8/7/25

A 0783 8:36-7.5(e) Resident Assessments and Care Plans (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.

1. The facility will ensure that each resident receives an annual physical examination by a physician or nurse practitioner to confirm that their needs do not exceed the facility's scope of care .  
Currently resident #1 **NJ ex order 26.4b1** Resident # 2 now **NJ ex order 26.4b1**  
**NJ ex order 26.4b1** for his/her **NJ Exec Order 26.4b1** Resident #3 **NJ ex order 26.4b1** and resides in the facility.

2. All residents currently residing in the facility have the potential to be affected by this deficient practice and are therefore included in the corrective action plan.
3. The DON and Executive Director have implemented the use of an Excel tracking spreadsheet on 8/12/24 to monitor the completion of annual physical examinations. This system will ensure timely follow-up and documentation for each resident. Completion date 8/12/25
4. The DON or designee will review the tracking spreadsheet starting on 8/4/25. a regular basis (e.g., weekly or monthly) to ensure all residents receive an annual physical examination from a physician or nurse practitioner. Any overdue examinations will be promptly addressed and scheduled. Completion date 8/4/25

A 963 8:36-11.5(f) Pharmaceutical Services

*Completion date ✓*

(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.

1. This corrective action addresses the deficient practice identified during the complaint survey conducted on July 29,2025. The facility is required to provide accurate administration and proper documentation by authorized individuals in the nursing department in accordance with prescribed orders. The findings from the sample group were reviewed. The dates and times were cross referenced and individual nurses and certified medication technician were counselled, and medication errors were issued. Currently resident #1 **NJ ex order 26.4b1** and is **NJ ex order 26.4b1** Resident # 2 **NJ ex order 26.4b1** for his/her **NJ Exec Order 26.4b1** Resident #3 remains **NJ Exec Order 26.4b1**



2. All residents receiving medication administered by staff nurses and certified medication aids have the potential to be affected by the deficient practice.

3. A list of insulin dependent diabetics requiring acquisition of Capillary Blood Sugar values was compiled on 09/05/25 by staff nurse and reviewed by nursing administration. The list is placed on each unit to provide an alert new, per diem or nurses unfamiliar with a particular unit.

4. All charts were PRN audited on 09/06/25 for PRN orders to assure specific administration frequencies are noted in hours rather than number of times per day (every 6 hours instead of 4 x daily). Ongoing audits will continue to be conducted. Medication confirmation is included in the [redacted] completion 09/15/2025 [redacted]

To ensure this deficient practice will not recur, the nurses and certified medication aids are required to complete and pass 6 hours of formal, mandatory educational modules provided by [redacted] beginning in September 2025. Electronic records of initiation, progress, and successful completion and are maintained and available for administrative review.

1. Managing Diabetes and Hypertension

2. Medication Documentation

3. Avoiding Medication Errors

October 2025

1. Medication Documentation

2. Avoiding Medication Errors

November 2025

PRN medication orders were audited for specific administration times per regulations

Errors initiated in the pharmacy were reported to the pharmacy.

Staff were in-serviced on August 4, 2025, re: medication order confirmation by DON.

DON and ADON, or designee, will review medication reports daily for gaps and administration failures.

Corrective actions and education will be initiated in real-time.

Errors will be reviewed daily and entered on a spreadsheet to outline the type of error. Corrective action will be submitted to the ED and Corporate Compliance Nurse twice weekly for one month, weekly for one month and monthly for 2 months. This remedial training and counseling designed to improve performance and compliance with medication administration protocols for resident safety and wellbeing.

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.

1. The facility will ensure that all elopement events are documented in the electronic medical record (EMR) to include a full investigation including witness statements. Resident #2 Nursing Assessment was completed immediately on <sup>NJ Exec Order 26.4b1</sup> upon identification of the issue. Currently resident #1 **NJ ex order 26.4b1** Resident # 2 now <sup>NJ ex order 26.4b1</sup> **NJ ex order 26.4b1** for his/her <sup>NJ Exec Order 26.4b1</sup>
2. All residents residing in the facility have the potential to be affected by this deficient practice. Therefore, the corrective measures outlined in this plan apply facility wide.
3. The Director of Nursing (DON) has created a tracking spreadsheet on 8/5/25 to ensure that a Registered Nursing Assessment is initiated and completed upon each resident's admission and if there is a change in resident's condition. education for all staff involved after an incident, and the Registered Nurse Assessments after a resident elopement.
4. The Executive Director and the Director of Nursing or designee will begin to review the spreadsheet on 8/5/25 to verify that all residents have an up-to-date Registered Nursing Assessment. Completion date 9/5/25



## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL0103	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/17/2025	Y3
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 A0355	Correction	ID Prefix A0401	Correction	ID Prefix A0783	Correction
Reg. # 8:36-4.1(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-7.5(e)	Completed
LSC	09/15/2025	LSC	08/12/2025	LSC	08/12/2025
ID Prefix A0963	Correction	ID Prefix A1073	Correction	ID Prefix	Correction
Reg. # 8:36-11.5(f)	Completed	Reg. # 8:36-15.6(b)	Completed	Reg. #	Completed
LSC	09/15/2025	LSC	09/05/2025	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	
<b>REVIEWED BY STATE AGENCY</b> <input type="checkbox"/>	<b>REVIEWED BY (INITIALS)</b>	<b>DATE</b>	<b>SIGNATURE OF SURVEYOR</b>		<b>DATE</b>
<b>REVIEWED BY CMS RO</b> <input type="checkbox"/>	<b>REVIEWED BY (INITIALS)</b>	<b>DATE</b>	<b>TITLE</b>		<b>DATE</b>
<b>FOLLOWUP TO SURVEY COMPLETED ON</b> 7/29/2025		<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 AL0103	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/17/2025
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NAME OF FACILITY NEW STANDARD SENIOR LIVING AT HAMMONTON	STREET ADDRESS, CITY, STATE, ZIP CODE 308 SOUTH WHITE HORSE PIKE HAMMONTON, NJ 08037
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Reg. # 8:36-4.1(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-7.5(e)	Completed
LSC	09/15/2025	LSC	08/12/2025	LSC	08/12/2025
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	
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 7/29/2025		<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		