

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2025
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NAME OF PROVIDER OR SUPPLIER MILLENNIUM MEMORY CARE AT FREEHOLD I	STREET ADDRESS, CITY, STATE, ZIP CODE 162 HUNT ROAD FREEHOLD, NJ 07728
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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
R 000	Initial Comments Complaint #: NJ00182187 Census: 16 Sample: 4 THE FACILITY IS NOT IN COMPLIANCE WITH ALL OF THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE N.J.A.C. 8:37 STANDARDS FOR LICENSURE OF DEMENTIA CARE HOMES.	R 000		
R 365	8:37-3.1(a)(12) Resident Rights Every resident of a dementia care home shall have the right to a safe and decent living environment and considerate and respectful care that recognizes the dignity and individuality of the resident. This STANDARD is not met as evidenced by: Complaint #: NJ00182187 Based on observation, interview and record review, it was determined that the facility failed to provide considerate and respectful care that recognized the dignity of the facility's residents, for 2 out of 2 residents reviewed for NJ Exec Order 26.4b1 care. This deficient practice was evidenced by the following: 1. On 1/24/2025 at 8:50 a.m., while conducting a complaint survey, the surveyor toured the facility and noted an NJ Exec Order 26.4b1 . At 9:02 a.m., the surveyor interviewed Resident	R 365		

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

TITLE

(X6) DATE

05/08/25

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R 365	<p>Continued From page 1</p> <p>#1 who appeared to have a [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1]. In addition, Resident #1's [NJ Exec Order 26.4b1] were [NJ Exec Order 26.4b1]. During continued surveyor interview, Resident #2 stated that they were [NJ Exec Order 26.4b1] and that it was [NJ Exec Order 26.4b1]." At that time, the facility's Home Health Aide (HHA), stated that she would provide Resident #1 with [NJ Exec Order 26.4b1] after Resident #1 [NJ Exec Order 26.4b1]. The HHA did not [NJ Exec Order 26.4b1] Resident #1 at that time.</p> <p>At 9:04 a.m., Resident #1 approached the surveyor stated that he/she was [NJ Exec Order 26.4b1]. At that time Resident #2 also approached the surveyor and stated that he/she had a [NJ Exec Order 26.4b1].</p> <p>At 9:06 a.m., the surveyor escorted both Resident #1 and Resident #2 to the facility's HHA and Certified Medication Aide (CMA). During surveyor interview, the facility's CMA stated that Resident #2 did not have a [NJ Exec Order 26.4b1] and that he/she was [NJ Exec Order 26.4b1]. At that time the CMA asked Resident #2 if they had a [NJ Exec Order 26.4b1], Resident #2 replied that he/she had a [NJ Exec Order 26.4b1]. At that time, the facility's Activity Aide took Resident #1 to perform [NJ Exec Order 26.4b1] and the facility's HHA took Resident #2 to perform [NJ Exec Order 26.4b1].</p> <p>At 9:07 a.m., the surveyor interviewed the facility's HHA who stated that Resident #2 did have a [NJ Exec Order 26.4b1] as he/she had previously stated.</p> <p>At 10:47 a.m., the surveyor interviewed the facility's House Manager (HM) who stated that the facility's residents were supposed to receive [NJ Exec Order 26.4b1] in the morning by the overnight staff before breakfast, and after breakfast by the daytime staff. During continued surveyor interview, the HM stated that every facility</p>	R 365		

New Jersey Department of Health

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R 365	<p>Continued From page 2</p> <p>resident should have been [redacted] prior to being served breakfast.</p> <p>Surveyor review of Resident #1's Medical Record (MR) revealed a document titled, "Resident Information (RI)" dated [redacted], which revealed Resident #1 had an Admit Date of [redacted] and a diagnosis of [redacted]. The MR also included a document titled, "Resident Service Plan (RSP)" dated [redacted], which revealed that Resident #2 required standby by [redacted] when [redacted] and that the resident needed to be [redacted]. The RSP did not reveal that the resident [redacted] and required [redacted].</p> <p>Surveyor review of Resident #2's Medical Record (MR) revealed a document titled, "Resident Information (RI)" dated [redacted] which revealed that Resident #2 had an Admit Date of [redacted] and diagnoses which included [redacted] and [redacted]. Resident #2's MR also included a document titled, "Resident Service Plan (RSP)" dated, [redacted], which revealed that Resident #2 was [redacted] is [redacted] and [redacted]. The RSP did not reveal that the resident utilized [redacted] or required [redacted].</p> <p>At 12:45 p.m., the surveyor interviewed the facility's HM and Director of Operations/Nurse (DOO). At that time, the HM stated that the residents' RSPs were utilized to instruct the facility's care givers on how to provide [redacted] care to the facility's residents. The surveyor reviewed Resident #1 and Resident #2's RSPs with the facility's HM and DOO, at that time, the facility's DOO stated that the residents RSPs would be updated.</p>	R 365		

New Jersey Department of Health

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R 365	<p>Continued From page 3</p> <p>2. On 1/24/2024 at 10:01 a.m., the surveyor interviewed the facility's HHA who stated that the facility's residents were showered twice weekly.</p> <p>At 10:25 a.m., the surveyor interviewed the facility's CMA who stated she was not aware how often the facility's residents were showered but she believed the resident received showers three times a week and that the facility had a resident shower log.</p> <p>At 10:47 a.m., the surveyor interviewed the facility's HM who stated that the facility's residents were showered twice a week and as needed. At that time, the surveyor requested the facility's shower logs.</p> <p>The surveyor did not receive the facility's shower log as requested.</p> <p>Surveyor review of the facility's policy titled, "Toileting" with a Revision date of 1/24/2019 revealed, "Policy Residents with dementia will be provided with support regarding toileting ... Purpose To provide a structured toileting program to maintain functional ability of continent Residents and to assist in helping restore normal bladder function in Residents episodically incontinent of bladder. ",,,Process ... 2. A toileting program is a core element within the structured daily program. Schedule toileting times are integrated into the structured daily programs. 3. Residents are toileted according to their personal schedule. 3.1 Nursing staff assesses each Resident on an individual basis to determine normal bowel and bladder patterns. 3.2 Residents are toileted based upon their independent needs as well as scheduled times throughout the day. 3.3 Residents are also assessed for cognitive and physical function to determine if any additional</p>	R 365		

New Jersey Department of Health

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R 365	Continued From page 4 continence support is required..."	R 365		
R 456	<p>8:37-4.1(d) Admission & Retention-Health Care Monitoring</p> <p>Absent an emergency, physical or chemical restraints that are being used for the purpose of restricting a person's mobility within the facility are not permitted. Whenever a physical or chemical restraint is being considered for use in a facility, it must be approved in writing by the resident's attending physician with an accompanying rationale for use of same.</p> <p>This STANDARD is not met as evidenced by: Complaint #: NJ00182187 Based on observation and interview, the facility failed to ensure the facility's residents were granted mobility within the facility and provided a key to access their bedrooms independently. This deficient practice was observed for 15 of 16 facility residents' bedroom doors that were kept locked restricting resident's independent access to their bedrooms. This deficient practice was evidence by the following:</p> <p>On 1/24/2025 at 8:50 a.m., while conducting a complaint survey, the surveyor toured the facility and observed that all the bedrooms in the facility were locked. At that time, the facility's Home Health Aide (HHA) stated that all the bedroom doors were locked and offered to open the doors for the surveyor. During continued surveyor interview, the HHA stated that the residents' doors were locked to keep residents from going into the incorrect bedrooms and taking other residents' items or moving items around in the room. In addition, the HHA stated that only one</p>	R 456		

New Jersey Department of Health

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R 456	<p>Continued From page 5</p> <p>resident was NJ Exec Order 26.4b1</p> <p>At 10:57 a.m., the surveyor interviewed the facility's House Manager (HM), who stated that the facility's residents' bedroom doors were locked to prevent residents from taking other residents belongings that result in the facility's residents' families getting upset. During continued surveyor interview, the HM stated that one resident has a NJ Exec Order 26.4b1 because he/she has the NJ Exec Order 26.4b1. The HM also stated the facility residents' bathroom is also locked at times to prevent residents from NJ Exec Order 26.4b1. In addition, the HM stated the facility's NJ Exec Order 26.4b1 residents ask for assistance to the bathroom or the facility's staff asks the residents.</p> <p>The surveyor was not provided a policy related to this deficient practice.</p>	R 456		
R 896	<p>8:37-5.10(b) Personal Care-Independence/Community Interact</p> <p>A licensee shall provide regularly scheduled recreational activities for residents.</p> <p>This STANDARD is not met as evidenced by: Complaint #: NJ00182187</p> <p>Based on observation, interview, and record review, it was determined the facility failed to ensure the facility's residents participated in the facility's scheduled activities. This deficient practice was evidenced by the following:</p>	R 896		

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R 896	<p>Continued From page 6</p> <p>On 1/24/2025 at 9:57 a.m., while conducting a complaint survey, the surveyor noted the facility's January 2025 activities calendar which revealed the activities for Friday, 1/24/2025. Review of the calendar revealed that for 1/24/2025 from 11:30 a.m. to 12:00 p.m., the facility's residents were scheduled to participate in a game of hangman. In addition, the calendar revealed that for 1/24/2025 from 2:00 p.m. to 2:30 p.m., the facility residents were scheduled to participate in a game of bingo.</p> <p>At 11:35 a.m., the surveyor did not observe the facility's residents participating in a game of a hangman.</p> <p>At 11:51 a.m., the surveyor did not observe the facility's residents participating in a game of hangman.</p> <p>At 12:09 p.m., the surveyor interviewed the facility's Home Health Aide (HHA) and Activity Aide (AA) who stated the facility's residents did participate in a game of hangman. During continued surveyor interview, the HHA stated that the facility's resident did not want to participate in a game of hangman. The surveyor questioned the ability and capability of the facility residents to participate in a game of hangman. At that time, the HM joined the interview and stated that the HHA created the activity calendar and that the HHA just put any activity on the calendar. During continued surveyor interview, the HM educated the HHA to schedule activity that the facility residents were able to participate in. At that time surveyor requested the information on the type of bingo that the resident would participate in. The HHA stated that the bingo is in coloring books and not the traditional bingo. At that time, the HHA went to retrieve the bingo color books.</p>	R 896		

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R 896	Continued From page 7 At 12:11p.m., the HHA provided the surveyor with coloring books that did not contain bingo content. At that time, during surveyor interview with the HHA, the HHA stated that the facility did not have bingo supplies to provide the activity, as listed on the activity calendar. The surveyor was not provided a policy related to this deficient practice.	R 896		
R2008	8:37-9.1(a) Dietary-Diet and Menu Every resident shall be provided with an appetizing, nutritionally adequate diet that is of good quality food, served at the proper temperature, correctly prepared, attractively and properly served in sufficient quantity and in a form and texture that will meet his or her nutritional needs, taking into account his or her food preferences. This STANDARD is not met as evidenced by: Complaint #: NJ00182187 Based on interview and record review, it was determined that the facility failed to ensure that the facility's residents' NJ Exec Order 26.4b1 account when providing the resident with a NJ Exec Order 26.4b1 for 1 out of 4 residents reviewed for NJ Exec C Resident #3. This deficient practice was evidenced by the following: On 1/24/2025 at 11:30 a.m., while conducting a complaint survey, the surveyor reviewed Resident #3 closed Medical Record (MR). Resident #3's	R2008		

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R2008	<p>Continued From page 8</p> <p>MR revealed a document titled, "Resident Information (RI)" sheet dated [redacted], which revealed Resident #3 had an Admission Date of [redacted]; the RI did not reveal the resident's [redacted] information. The MR also revealed a RI sheet dated [redacted] which did not reveal the resident's [redacted] information. In addition, the surveyor requested a copy of the RI sheet at the time of survey which was dated [redacted] did not reveal the resident's previous [redacted] information. Resident #3's MR also revealed a document dated [redacted] which revealed a list of [redacted] that Resident #3 would [redacted] for [redacted], if Resident #3 did not like the [redacted] scheduled on the facility's [redacted] prepared by the facility's staff.</p> <p>At 12:45 p.m., the surveyor interviewed the facility's House Manager (HM) who stated that she completed the facility's grocery shopping and that she purchased food items based on the facility's scheduled menu and residents' families request for specific food items. During continued surveyor interview, the surveyor requested grocery store receipts from the facility's HM, the facility's HM stated that she did not retain grocery store receipts. The HM was unable to provide the surveyor with documented evidence that Resident #3's [redacted] were purchased.</p> <p>On 1/31/2025, post survey, the surveyor conducted a telephone interview with the facility's Director of Operations and Nurse who stated that facility resident's [redacted] are located on the resident's face sheet (Resident Information sheet).</p> <p>The surveyor was not provided a policy related to this deficient practice.</p>	R2008		
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R2040	Continued From page 9	R2040		
R2040	<p>8:37-9.1(d) Dietary-Diet and Menu</p> <p>All menu changes and substitutions shall be recorded.</p> <p>This STANDARD is not met as evidenced by: Complaint #: NJ00182187</p> <p>Based on observation, record review, and interview, it was determined that the facility failed to record all menu changes and substitutions to the facility's scheduled menu. This deficient practice was evidenced by the following:</p> <p>On 1/24/2025 at 8:57 a.m., the surveyor observed the facility's Home Health Aide (HHA) and Activity Aide (AA) preparing and serving the facility's resident breakfast. During the meal observation, the surveyor observed the facility residents being served/given pancakes, sausages, cold cereal, hard boil eggs, orange juice, and oatmeal.</p> <p>At 9:19 a.m., the surveyor reviewed the facility's menu for the date of 1/24/2025 which revealed that the facility residents were scheduled to be served/given, "Eggs and Cheese with Bacon and English Muffin Toasted w/butter and Jelly Tea/Coffee/OJ Milk".</p> <p>At 10:01 a.m., the surveyor interviewed the facility's HHA who stated that the above items listed on the menu such as bacon and English muffins were not served because the facility did not have the items in stock. During continued surveyor interview, the facility's HHA stated that when the facility did not have the items noted on the menu, she would call the facility's House</p>	R2040		

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R2040	<p>Continued From page 10</p> <p>Manger (HM) who would instruct her on what to cook.</p> <p>At 12:45 p.m., the surveyor interviewed the facility's House Manager (HM) who stated she completed all the facility's grocery shopping in which she purchased groceries based on the items on the menu.</p> <p>At 2:15 p.m., during the survey exit conference, the facility's HM stated that she was not aware that menu changes had to be documented.</p> <p>The surveyor was not provided a policy related to this deficient practice.</p>	R2040		



Millennium Memory Care at Freehold

R 365

Rec'd 5/15/25
Accept. 5/15/25

- I. Corrective action(s) accomplished for resident(s) affected:**
- Residents(s) #1 and #2 were immediately [redacted] and [redacted].
- II. Residents identified having the potential to be affected and corrective action taken:**
- All residents have the potential to be affected by this deficient practice.
- III. Measures will be put into place to ensure the deficient practice will not re occur:**
- The "Toileting" policy was reviewed on 02/25/2025.
 - All staff were in-serviced on 02/25/2025 on the "Toileting" policy to ensure timely care as it relates to incontinence.
 - The facility manager or assistant manager will schedule unannounced visits weekly for one month, then monthly for three months to ensure that all employees are following the "Toileting" policy.
- IV. Corrective actions will be monitored to ensure the deficient practice will not re occur:**
- The Director of Operations/designee will schedule unannounced visits bi-weekly for one month and then monthly for three months to ensure that all employees are following the "Toileting" policy.
 - If the policy is not being followed, the Director of Operations/designee will alert the Chief Executive Officer immediately to complete a quality assurance audit.

Completed Date: 02/05/25 and Ongoing



Millennium Memory Care at Freehold

R 456

- I. Corrective action(s) accomplished for resident(s) affected:**
 - All bedroom and bathroom doors were unlocked to allow all residents immediate access.

- II. Residents identified having the potential to be affected and corrective action taken:**
 - All residents have the potential to be affected by this deficient practice.

- III. Measures will be put into place to ensure the deficient practice will not re occur:**
 - All staff were in-serviced on 02/25/2025 on the “Right” for all residents to have access to their bedrooms and bathrooms to ensure that the “Right’s” for all residents are not violated.
 - The facility Registered Nurse (RN) will check that all bedrooms and bathrooms are unlocked weekly for one month then once monthly to ensure that resident’s “Rights” are not being violated.

- IV. Corrective actions will be monitored to ensure the deficient practice will not re occur:**
 - The Director of Operations will check that all bedrooms and bathrooms are unlocked and accessible to all residents weekly for one month then bi-weekly for one month and then once monthly. If a violation is noted, the Director of Operations will notify the Chief Executive Director so that a quality assurance review can be completed.

Completed Date: 02/05/25 and Ongoing



Millennium Memory Care at Freehold

R 896

- I. Corrective action(s) accomplished for resident(s) affected:**
 - The Activities Schedule was changed on 02/25/2025 to reflect each resident's ability to participate in listed activities.

- II. Residents identified having the potential to be affected and corrective action taken:**
 - All residents have the potential to be affected by this deficient practice.

- III. Measures will be put into place to ensure the deficient practice will not re occur:**
 - All staff were in-serviced on 02/25/2025 On the preparation and use of the activities calendar.
 - The facility manager will check the activities calendar weekly for one month then bi-weekly for one month and then once monthly to ensure that all employees are providing the activities scheduled and that the activities listed are suitable for current residents.
 - The Registered Nurse will review the activities calendar bi-weekly for one month and then once monthly to ensure that employees are providing the activities scheduled and that the activities listed are suitable for current residents.

- IV. Corrective actions will be monitored to ensure the deficient practice will not re occur:**
 - The Director of Operations will check the activities calendar bi-weekly for one month and then once monthly to ensure that all employees are providing the activities scheduled and that the activities listed are suitable for current residents. If a violation is noted, the Director of Operations will notify the Chief Executive Officer so that a quality assurance review can be completed.

Completed Date: 02/05/25 and Ongoing



Millennium Memory Care at Freehold

R 2008

- I. Corrective action(s) accomplished for resident(s) affected:**
 - Residents(s) #3 was discharged from the facility on NJ Exec Order 26.4b1.

- II. Residents identified having the potential to be affected and corrective action taken:**
 - All residents have the potential to be affected by this deficient practice.

- III. Measures will be put into place to ensure the deficient practice will not re occur:**
 - The facility medical Doctor was notified and in-serviced on 02/25/2025 on the need to include current diet orders in resident monthly notes.
 - The facility manager will review all monthly Doctor's notes to ensure that current diet orders are listed on a monthly basis for three months.
 - The Registered Nurse will review the current diet orders weekly for one month and then once monthly. If a diet order is not up to date the Registered Nurse will contact the Doctor for a current order.

- IV. Corrective actions will be monitored to ensure the deficient practice will not re occur:**
 - The Director of Operations will review the diet orders bi-weekly for one month and then once monthly. If a diet order is not current the Director of Operations will contact the Doctor for a new diet order.

Completed Date: 02/05/25 and Ongoing



Millennium Memory Care at Freehold

R 2040

- I. Corrective action(s) accomplished for resident(s) affected:**
 - All Resident(s) were affected and any changes made will be documented on the menu and posted so that all residents are made aware.

- II. Residents identified having the potential to be affected and corrective action taken:**
 - All residents have the potential to be affected by this deficient practice.

- III. Measures will be put into place to ensure the deficient practice will not re occur:**
 - All facility employees were in-serviced on 02/25/2025 on documenting all menu changes if a different item is served from what is specified on the menu and the menu will be posted so all residents are aware of changes.
 - The facility manager will check that all items listed on the weekly menu are purchased weekly for one month and then bi-weekly for two months.
 - The facility manager will provide an in-service to all employees annually, upon new hire and as needed related to documenting and posting all alternative items served on the weekly menu.

- IV. Corrective actions will be monitored to ensure the deficient practice will not re occur:**
 - The facility manager will observe at least one meal weekly for one month and one meal bi-weekly for two months to ensure that all employees are following the weekly menu.
 - The Registered Nurse will observe at least one meal weekly for one month and one meal bi-weekly for two months to ensure that all employees are following the weekly menu.
 - All recorded changes on the weekly menus will be submitted to a licensed dietitian each month to ensure changes are appropriate for dietary needs.

Completed Date: 02/25/25 and Ongoing