STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ00183458 Census: 75 Sample: 7 F600 IJ Based on observations, interviews, and review of pertinent facility documents on 02/25/2025 and 02/26/2025, it was determined that the facility failed to ensure that a resident (Resident #1) was free from [NJ Exec Order 26] when it failed to provide the required care and services to meet the need of the Resident and follow its policies titled Abuse Prevention Program, "Elopements and Wandering Residents," and "Tracker for Residents Leaving the Building." On [NJ Exec Order 26.4b1], Resident #1 was picked up from [NJ Exec Order 26.4] by the facility's [NJ Exec Order 26.4b1] and was [NJ Exec Order 26.4b1] after the driver parked the vehicle in the parking lot at 5:00 pm and left Resident #1 [NJ Exec Order 26.4b1] in her/his wheelchair [NJ Exec Order 26.4b1] for 5 hours. The nursing staff knew Resident #1 [NJ Exec Order 26.4b1] from [NJ Exec Order 26.4] at 5:00 pm but did not inquire about the Resident's [NJ Exec Order 26.4b1] The Licensed Practical Nurse (LPN #1) who was assigned to Resident #1 was notified multiple times by the Certified Nursing Assistants (CNAs) that Resident #1 [NJ Exec Order 26.4b1] to the facility from her/his appointment, but LPN #1 did not follow up with the CNAs concerns. LPN #1 failed to notify the [US FOIA (b)(6)] of Resident #1 not returning from her/his [NJ Exec Order 26] appointment until	F 000	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/09/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 000	Continued From page 1 9:48 pm (4 hours and 48 minutes) after the Resident's expected return time. This resulted in Resident #1 missing her/his scheduled mealtime, medications, and treatment services for the shift. After the [redacted] was notified, [redacted] was initiated, and Resident #1 [redacted] at 10:27 pm by the [redacted] Resident #1 was [redacted] with the Resident's wheelchair behind her/him. Resident #1 was assessed by the [redacted] and stated, [redacted] When Resident #1 was found, her/his [redacted] was obtained by staff, and the [redacted] of the Resident's [redacted] was [redacted] degrees [redacted] Resident #1 was then transferred to an acute care hospital Emergency Room (ER) for [redacted] for five hours. This deficient practice created an Immediate Jeopardy (IJ) to the health and well-being of Resident #1 and placed all other residents who had an appointment and were transported by the facility's [redacted] and staff in an IJ situation, placing the residents at risk of [redacted] in the facility's parking lot after she/he was picked up from her/her appointment by the staff. The IJ was determined to have existed on [redacted] at the time of the incident through [redacted] when the facility corrected the noncompliance. The facility provided documented evidence of a Plan of Correction (POC) that was initiated at the time of the incident on [redacted] and completed before the beginning of the survey on 02/25/2025 to the Surveyor, which included education and training to all nursing and non-nursing staff on [redacted], revised policies on transportation and tracker logs, rounding, shift to shift report and	F 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 000	Continued From page 2 documentation. F689 IJ Based on observations, interviews, and review of pertinent facility documents on 02/25/2025 and 02/26/2025, it was determined that the facility failed to ensure that a resident (Resident #1) was safe when it failed to follow its policies titled "Elopements Wandering Residents," "Resident Transportation," and "Tracker for Residents Leaving the Building." On NJ Exec Order 26.4b1 Resident #1 was picked up from NJ Exec Order 26.4 by the facility's NJ Exec Order 26.4b1; the driver NJ Exec Order 26.4b1 return to the facility; instead, the driver parked the vehicle in the parking lot at 1700 [5:00 pm], exited the vehicle and NJ Ex the Resident in NJ Exec Order 26.4b1 approximately 5 hours later. Resident #1 was NJ Exec Order 26.4b1 with the wheelchair behind her/him by the US FOIA (b)(6) When assessed, the Resident stated, "NJ Exec Order 26.4b1." The initial NJ Exec Order 26.4b1 of the Resident obtained by staff showed a NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 The Resident was then transferred to an acute care hospital Emergency Room (ER) for NJ Exec Order 26.4b1 for five hours. This deficient practice created an Immediate Jeopardy (IJ) to the health and safety of Resident #1 and had the likelihood to impact all residents who went out for appointments and were transported by the facility vehicle and driver in an IJ situation of NJ Exec Order 26.4b1 in the facility's NJ Exec Order 26.4b1 The IJ was determined	F 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 000	Continued From page 3 to have existed on [NJ Exec Order 26.4b1] at the time of the incident through [NJ Exec Order 26.4b1] when the facility corrected the noncompliance. There was sufficient evidence that the facility corrected the noncompliance and is substantially compliant at the time of the survey on 02/25/2025 for the specific regulatory requirements for F689. The Immediate Jeopardy Past Noncompliance started on [NJ Exec Order 26.4b1] and ended on [NJ Exec Order 26.4b1] when all nursing and non-nursing staff were educated and trained on [NJ Exec Order 26.4b1 [redacted]), revised policies on transportation and tracker logs. This deficient practice was identified for 1 of 3 residents (Resident #1) who had [NJ Exec Order 26.4] and/or appointments that required transportation by the facility.	F 000		
F 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 600	Continued From page 4 Complaint #: NJ00183458 Based on observations, interviews, and review of pertinent facility documents on 02/25/2025 and 02/26/2025, it was determined that the facility failed to ensure that a resident (Resident #1) was free from [NJ Exec Order 26] when it failed to provide the required care and services to meet the need of the Resident and follow its policies titled Abuse Prevention Program, "Elopements and Wandering Residents," and "Tracker for Residents Leaving the Building." On [NJ Exec Order 26.4b1], Resident #1 was picked up from [NJ Exec Order 26.4] by the facility's [NJ Exec Order 26.4b1] and was [NJ Exec Order 26.4b1] after the driver parked the vehicle in the parking lot at 5:00 pm and [NJ Ex] Resident #1 [NJ Exec Order 26.4b1] in her/his wheelchair [NJ Exec Order 26.4b1] for 5 hours. The nursing staff knew Resident #1 [NJ Exec Order 26.4b1] from [NJ Exec Order 26.4] at 5:00 pm but did not inquire about the Resident's [NJ Exec Order 26.4b1] The Licensed Practical Nurse (LPN #1) who was assigned to Resident #1 was notified multiple times by the Certified Nursing Assistants (CNAs) that Resident #1 [NJ Exec Order 26.4b1] from her/his appointment, but LPN #1 did not follow up with the CNAs concerns. LPN #1 failed to notify the [US FOIA (b)(6)] of Resident #1 not [NJ Exec Order 26.4b1] appointment until 9:48 pm (4 hours and 48 minutes) after the Resident's [NJ Exec Order 26.4b1]. This resulted in Resident #1 missing her/his scheduled mealtime, medications, and treatment services for the shift. After the [US FOIA] was notified, a [NJ Exec Order 26.4b1], and Resident #1 [NJ Exec Order 26.4b1] at 10:27 pm by the [US FOIA] Resident #1 was [NJ Exec Order 26.4b1] with the Resident's wheelchair behind her/him. Resident #1 was assessed by the [US FOIA] and stated,	F 600	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 600	Continued From page 5 NJ Exec Order 26.4b1 When Resident #1 NJ Exec Order 26.4b1, her/his NJ Exec Order 26.4b1 was obtained by staff, and the NJ Exec Order 26.4b1 of the Resident's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1. Resident #1 was then transferred to an acute care hospital Emergency Room (ER) for NJ Exec Order 26.4b1 for five hours. This deficient practice created an Immediate Jeopardy (IJ) to the health and well-being of Resident #1 and placed all other residents who had an appointment and were transported by the facility's NJ Exec and staff in an IJ situation, placing the residents NJ Exec Order 26.4b1 in the facility's parking lot after she/he was picked up from her/her appointment by the staff. The IJ was determined to have existed on NJ Exec Order 26.4b1 at the time of the incident through NJ Exec Order 26.4b1 when the facility corrected the noncompliance. The facility provided documented evidence of a Plan of Correction (POC) that was initiated at the time of the incident on NJ Exec Order 26.4b1 and completed before the beginning of the survey on 02/25/2025 to the Surveyor, which included education and training to all nursing and non-nursing staff on NJ Exec Order 26.4b1, revised policies on transportation and tracker logs, rounding, shift to shift report and documentation. . This deficient practice was identified for 1 of 3 residents (Resident #1) who had appointments that required facility transportation and was evidenced by the following: A review of the Facility Reportable Event (FRE), a document submitted by the facilities to report	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 600	Continued From page 6	F 600		

incidents to the New Jersey Department of Health (NJDOH), with date of event of [redacted], included a timeline as follows:
- 1009 [10:09 am] Transfer log indicates [the] time Resident #1 [redacted].
- 1530 [3:30 pm], Resident [unsampled Resident #1] is transported back to [the] facility (front entrance).
- 1613 [4:13 pm], Resident [unsampled Resident #2] is transported back to [the] facility (front entrance).
- 1624 [4:24 pm], transporter [name] leaves the facility.
- 1700 [5:00 pm], transporter [name] drives the [redacted].
- 1702 [5:02 pm], transporter [name] exits the van and walks to the rear of the building.
- 2148 [9:48 pm], the nurse assigned [name], Licensed Practical Nurse (LPN) #1, reached out to the [redacted] to inquire about the Resident's [redacted]
- 2149 [9:49 pm], [the] [redacted] called the [redacted] center x 3 [three times] and the main center x 3, but there was no answer. A [redacted], and the transfer log was checked.
- 2202 [10:02 pm], the [redacted] called the Resident's [family member]. [redacted]
- 2204 [10:04 pm], the [redacted] called the van driver [name] to confirm the Resident [redacted] continued.
- 2221[10:21 pm], the [redacted] exited the front of the building to check the van.
- 2222 [10:22 pm], the [redacted] checks both sides of the van.
- 2223 [10:23 pm], the [redacted] returns to the building to locate the key for the van.
- 2227 [10:27 pm], the [redacted] exits

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 600	Continued From page 7	F 600		

the rear of the building, returns to [the] van[,] and opens it. Resident [name] was NJ Exec Order 26.4b1 with a wheelchair positioned behind her/him. The US FOIA (b)(6) runs back to the building to request additional assistance.
- 2231 [10:31 pm], the US FOIA (b)(6) starts the van NJ Exec Order 26.4b1
- 2232 [10:32 pm], additional staff members arrived at NJ Ex Order 26.4(to help.
- 2234 [10:34 pm], the NJ Ex Order 26.4(b)(1) opened. The Resident [name] was transferred to the wheelchair.
- 2235 [10:35 pm], staff providing NJ Exec Order 26.4b1
- 2237 [10:37 pm], Resident arrived back in [the] building, transferred to [the] NJ Exec O and assessed; NJ Exec Order 26.4b1 and blankets [were] provided.
- 2243 [10:43 pm], the Ambulance was called.
- 2300 [11:00 pm] (Approximately) [the Resident was] transferred to the [Acute Care Hospital] [name] via Ambulance [name] with 2 [emergency medical technicians] EMTs.
- 2331 [11:31 pm], The Resident's NJ Exec Orde [name] [was] provided an update.

The Plan of Correction (POC) included the following:

- On NJ Exec Order 26.4b1, after the incident, the family and US FOIA (b)(6)) were notified; the driver and the nurse were suspended pending investigation and subsequently were NJ Exec Order 26.4b1 The transport van was taken out of service until safety measures can be put in place.

- Safety measures:
a) Purchase of aNJ Exec Order 26.4b1 TheNJ Exec Order 26.4b1 System is a safety system that reminds drivers to NJ Exec Order 26.4b1 . The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 600	Continued From page 8 alarm system acts as an electronic reminder to drivers. b) Use of Resident Transport Safety Checklist (for all facility van drivers)- Before departing, upon arrival at the destination, and upon returning to the community, Resident tracking sign-off (a second staff member to sign tracker when Resident confirms that all transported residents have returned safely, Accountability and 2 Signatures. This checklist must be followed for every trip to ensure resident safety. - On NJ Exec Order 26.4b1 : In-services and Education provided to all staff on the following: 02/10/2025 - Topic: NJ Exec Order 26.4b1 . 02/11/2025 - Topics: Tracking Logs; Purposeful Rounding; Shift-to-Shift Report (nurse provides clinical information about patient's well-being to the oncoming shift); documentation (report and follow up on resident information). 02/13/2025 - Topics: Resident Transport Safety Checklist; Child Check- Mate in-service; Policy Revision for Tracker for Residents leaving the building -All residents on NJ Exec Order 26.4b1) and with medical appointments that require transportation were identified and verified to have the plan of care in place and being followed. -On 02/11/2025 - Policy on Resident Transportation dated 04/07/2024 and revised/ updated on 02/11/2025. -On 02/11/2025 to 02/13/2025 - Policy on Tracker for Residents Leaving the Building dated 04/03/24, with a revised date of 02/11/2025 and 02/13/2025. -On 02/13/2025 - the facility completed a Root-Cause-Analysis (RCA) Report, which included a conclusion and follow-up with an expected compliance date of 02/14/2025, final review date of 02/20/2025 and follow-up actions:	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 600	Continued From page 9	F 600		

a. conduct [a] post-implementation review in 3 months to ensure continued adherence
b. address[es] any ongoing issues with further policy adjustments if necessary.

A review of the facility's video footage and surveillance [redacted] showed the following:

At 1624 [4:24 pm] - the facility van leaves the facility.
At 1700 [5:00 pm] - the driver drives the van back to the facility and into the parking spot.
At 1702 [5:02 pm] - the driver exits the van and walks to the rear of the building.

According to the facility's New Jersey Universal Transfer Form (NJUTF) dated [redacted] with Time of Transfer: 11:00 pm and Reasons for Transfer: Resident came back from ([redacted] x 5 hours [for 5 hours].

According to the acute care hospital [name] ED [emergency department] document (EDD) with encounter Date/Time [redacted] 11:37 pm under Reason for Visit, the EDD revealed [redacted], the patient [Resident #1] was in [redacted] >5 hours (more than 5 hours); under Vital Diagnoses: [redacted] initial encounter and [redacted] of [redacted]]. The EDD further showed under Review of Systems (ROS) that they were unable to perform ROS: [redacted] vital signs. Under Physical Exam (PE), the EDD showed an ED vitals: [redacted] at 0001 [12:01 AM].

Resident #1 [redacted] during

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 600	Continued From page 10 the survey. Review of Resident #1's Electronic Medical Record (EMR) revealed the following: According to the Admission Record (AR), Resident #1 was admitted to the facility with the following diagnoses, including but not limited to [redacted] According to the Minimum Data Set (MDS), an assessment tool that comprehensively assesses a resident's functional capabilities, dated [redacted], Resident #1's Brief Interview for Mental Status (BIMS) Summary Score was [redacted] revealing [redacted]. The MDS further revealed in Section [redacted] that Resident #1 required [redacted] or [redacted] assistance to [redacted] in her/his completion of Activities of Daily Living (ADLs). A review of Resident #1's Care Plan (CP), a document that reflects and addresses a resident's health focus or problem need area with applicable and appropriate interventions, showed a CP Focus [problem/need area]: [Resident's name] needs [redacted] r/t (related to) [redacted] Mon-Wed-Fri [Monday-Wednesday-Friday] at [name of [redacted] center] pick up time 10:30 am [morning] chair time [redacted] 11:15 am. The CP further revealed Resident #1 had a CP Focus of the following:	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 600	Continued From page 11 -CP Focus: [Resident's name] has an ADL NJ Exec Order 26.4b1 r/t (related to) NJ Exec Order 26.4b1. Under Focus included but was not limited to the following: [Resident's name] has a NJ Exec Order 26.4b1 . [Resident's name] has NJ Exec Order 26.4b1 [Resident's name] is at risk for NJ Exec O r/t NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 - actual NJ Exec NJ Exec Order 2 [Resident's name] is at risk for NJ Exec Order 26.4b1 d/t (due to) NJ Exec Order 2 NJ Exec Order 26.4b1 , NJ Exec Order 26.4b1 - Provide NJ Exec O as ordered NJ Exec Order 2 . At risk for NJ Exec O related to a NJ Exec Order 26.4b1 and recent hospitalization. A review of Resident #1's Order Summary Report (OSR), a document that reflects the physician orders (POs) with active orders as of NJ Exec Order 26.4b1 , showed that the Resident had the following POs: -Resident had ordered NJ Exec O NJ Exec Order 26.4b1 NJ Exec Order 26.4b with an order date of NJ Exec Order 26.4b1 . -Resident receives NJ Exec Order 26. at [name and address of center]. Approximate pickup time: 10:30 am [morning] Approximate chair time: 11:15 am Schedule: Mon [Monday], Wed [Wednesday], Fri [Friday] with an order date of NJ Exec Order 26.4b1 -Evaluate NJ Exec Order 26.4b1 and signs and symptoms of NJ Exec Order 26.4b1 if present, notify US FOIA (b)(6)] every shift with an order date o NJ Exec Order 26.4b1 .	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 600	Continued From page 12 -Vital Signs post NJ Exec Order 26.4b1 in the evening every Monday, Wednesday, and Friday with an order date of NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 . Give 1 tablet by mouth one time a day for NJ Exec Order 26.4b1 . Hold for NJ Exec Order 26.4b1 with an order date of NJ Exec Order 26.4b1 . -NJ Exec Order 26.4b1 every 24 hours as needed for NJ Exec Order 26.4b1 with an order date of NJ Exec Order 26.4b1 . -NJ Exec Order 26.4b1 Give NJ Exec Order 26.4b1 by mouth one time a day for NJ Exec Order 26.4b1 Give with or immediately after a meal. Hold for NJ Exec Order 26.4b1 with an order date of NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 Give 1 tablet by mouth one time a day for NJ Exec Order 26.4b1]. Swallow whole with an order date of NJ Exec Order 26.4b1 -NJ Exec Order 26.4b1] Give 2 tablets by mouth at bedtime for NJ Exec Order 26.4b1 Take plenty of water with an order date of NJ Exec Order 26.4b1 . NJ Exec Order 26.4b1]. Give one tablet by mouth two times a day every Monday, Wednesday, and Friday for NJ Exec Order 26.4b1). Give with meals. Swallow whole. Do not crush or chew. NJ Exec Order 26.4 days with an order date of NJ Exec Order 26.4b1 .	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 600	Continued From page 13 -NJ Exec Order 26.4b1]. Give one tablet by mouth with meals every Tuesday], Thursday, Saturday, and Sunday for NJ Exec Order 26.4b1). Give with meals. Swallow whole. Do not crush or chew. NJ Exec Order 26.4b1 days with an order date of NJ Exec Order 26.4b1 A review of Resident #1's electronic Medication Administration Record (eMAR) dated NJ Exec Order 26.4b1 indicated the Resident was scheduled for the following. The medications and NJ Exec Order 26.4b1 were not administered: -NJ Exec Order 26.4b1 one time a day for being at risk for NJ Exec Order 26.4b1 at 1800 [6:00 pm]. -NJ Exec Order 26.4b1: Two tablets are taken at bedtime with plenty of water at 2100 [9:00 pm]. -NJ Exec Order 26.4b1]. Give one tablet by mouth two times a day every Mon, Wed, and Fri for NJ Exec Order 26.4b1 . Give with meals. Swallow whole. Do not crush or chew. NJ Exec Order 26.4 days at 0830 [8:30 am] and 1730 [5:30 pm]. -Vital signs monitoring every day and evening shift -NJ Exec Order 26.4b1 to NJ Exec Order 26. every shift. A review of Resident #1's Progress Notes (PN) with an effective date of NJ Exec Order 26.4b1 22:27 [10:27 pm] and documented by the US FOIA (b)(6) revealed, "Notified by nursing supervisor... [Resident #1] [was] observed NJ Exec Order 26.4b1 in the NJ Exec Order 26.4b1 The] Resident states, 'NJ Exec O Assistance from additional staff is requested. Staff arrived to assist with the NJ Exec Order 26.4 to [the] wheelchair and NJ Exec O Upon arriving in bed, the Resident was assessed."	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 600	Continued From page 14	F 600		

The PN further revealed that Resident #1 had an '[redacted]). [redacted] assessment revealed [redacted]. [redacted] and [redacted] [were] provided. [The] Resident was transferred to [name of hospital] ER for evaluation. [Doctor's name] and [Resident's family member's name] [were] notified. VS [vital signs}: [redacted] Resident transferred via [redacted] accompanied by 2 EMTs...."

A review of the facility's Summary of Investigation (SOI) under Description: On [redacted] at approximately 2227 [10:27 pm], [Resident #1's name] was [redacted] She/he was picked up by [van driver's name] from [redacted] center name] and was transported back to [facility's name] parking lot at 1700 [5:00 pm]. The SOI provided the following timeline:

- 1009 [10:09 am] Transfer log indicates [the] time Resident #1 [name] left the facility.
- 2148 [9:48 pm], the nurse assigned [name], Licensed Practical Nurse (LPN) #1, reached out to the [redacted] to inquire about the Resident's [redacted]
- 2149 [9:49 pm], [the] [redacted] called the [redacted] center x 3 [three times] and the main center x 3, but there was no answer. A building search was initiated, and the transfer log was checked.
- 2202 [10:02 pm], the [redacted] called the Resident's [family member]. [redacted] continued.
- 2204 [10:04 pm], the [redacted] called

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 600	Continued From page 15	F 600		

the van driver [name] to confirm the Resident [name] NJ Exec Order 26.4b1 . NJ Exec Order 26.4b1 .
- 2221[10:21 pm], the US FOIA (b)(6) exited the front of the building to check the van.
- 2222 [10:22 pm], the US FOIA (b)(6) checks both sides of the van.
- 2223 [10:23 pm], the US FOIA (b)(6) returns to the building to locate the key for the van.
- 2227 [10:27 pm], the US FOIA (b)(6) exits the rear of the building, returns to the van, and opens it. Resident [name] was NJ Exec Order 26.4b1 with a wheelchair positioned behind her/him. The US FOIA (b)(6) runs back to the building to request additional assistance.
- 2231 [10:31 pm], the US FOIA (b)(6) starts the van (NJ Exec Order 26.4b1
- 2232 [10:32 pm], additional staff members arrived at NJ Ex Order 26.4(to help.
- 2234 [10:34 pm], the NJ Ex Order 26.4(b)(1) opened. The Resident [name] was NJ Exec Order 26.4b1 to a wheelchair.
- 2235 [10:35 pm], staff providing NJ Exec Order 26.4b1
- 2237 [10:37 pm], Resident arrived back in [the] building, NJ Exec Order 26.4b1 to [the] NJ Exec O and assessed; NJ Exec Order 26.4b1 and NJ Exec Order 26.4b [were] provided.
- 2243 [10:43 pm], the Ambulance was called.
- 2300 [11:00 pm] (Approximately) [the Resident was] transferred to the [Acute Care Hospital] [name] via Ambulance [name] with 2 [emergency medical technicians] EMTs.
- 2331 [11:31 pm], The Resident's NJ Exec Orde [name] [was] provided an update.

On 02/25/2025, the Surveyor reviewed the statements obtained from staff during the investigation, which included the following:

According to CNA #2's statement, on NJ Exec Order 26.4b1 at around 3 pm [3:00 pm], she did her rounds and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 600	Continued From page 16	F 600		

knew that Resident #1 went to [NJ Exec Order 26.4b]. At around 6 pm [6:00 pm], CNA #2 wrote, "I went back [she/he] [Resident #1] [NJ Exec Order 26.4b1] [.] I notified the nurse, and I said to check with the [US FOIA (b)(6)] I started putting the residents in bed. I checked a few times, [and] [she/he] [NJ Exec Order 26.4b1] it was about 8:40 pm [.]" The CNA statement further revealed that the CNA asked LPN #1 if he/she had told the [US FOIA (b)(6)] that Resident #1 [NJ Exec Order 26.4] [NJ Exec Order 26.4b] and the nurse replied that he/she knew.

According to CNA #3's statement, the CNA wrote: "On [NJ Exec Order 26.4b1] I worked on [the] [NJ Exec Order 26.4] [on the] [NJ Exec Order 26.4b1], but I wasn't assigned to the patient [Resident #1]. I brought [Resident #1's] tray to the [room] because she was out to [NJ Exec Order 26.4] I told the nurse that the patient [NJ Exec Order 26.4] and asked if he could call the place to find out what was going on. He [nurse] said, "Ok[.]". Later on, we were picking up the trays, and the aide who was assigned to [Resident #1] told the [the nurse] to tell the [US FOIA (b)(6)] that [Resident #1] is [was] [NJ Exec Order 26.4b]." The statement further revealed that the nurse had responded that he knew. Later, the nurse called the [US FOIA (b)(6)] to report that Resident #1 [NJ Exec Order 26.4b1] from [NJ Exec Order 26.4]

On 02/25/2025 at 1:35 pm, the Surveyor interviewed the [US FOIA (b)(6)] The [US FOIA (b)] stated that LPN #1 notified the [US FOIA (b)(6)] about Resident #1 at around 9:48 pm, as was noted in his statement. The [US FOIA (b)] explained that the expectation was for the assigned nurse [LPN #1] to follow up on his residents, especially after [NJ Exec Order 26.4b1] or medical appointments. The [US FOIA (b)] stated LPN #1 was [NJ Exec Order 26.4b1] and eventually [NJ Exec Order 26.4b1]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 600	Continued From page 17	F 600		

On 02/26/2025 at 12:47 pm, the Surveyor interviewed the van driver via phone. The van driver stated that, at around 4:30 pm, he had picked up the Resident from the [NJ Exec Order 26] center. The van driver further stated, "She/he [Resident #1] was in her/his wheelchair, [NJ Exec Order 26.4b1] [redacted]. At 5:00 pm, we arrived at the facility parking lot; I parked the van where I normally parked. I exited the van and walked to the rear of the building. [NJ Exec Order 26.4b1] [redacted]. When the [US FOIA (b)(6)] called me that night, it was [NJ Exec Order 26.4b1] to me. [NJ Exec Order 26.4b1]. I drove her/him [the Resident] on [NJ Exec Order 26.4b1] [redacted]

On 02/26/2025 at 1:27 pm, the Surveyor placed a call to LPN #1 for an interview, but the LPN did not return the call.

A review of the facility's policy titled: "Policy: Abuse Prevention Program," with date revised on 5/21/2024, showed the following statement, "This facility prohibits abuse, neglect, involuntary seclusion...from residents and will utilize the abuse prevention program to effectively prevent occurrences...screen and train staff, investigate, report, and respond to any occurrences.". Furthermore, the facility's policy showed under paragraph "Passive Forms of Resident Abuse... 2. Neglect - The failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. Neglect of goods or services may occur when staff are aware of residents' care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 600	Continued From page 18	F 600		

needs, based on assessment and care planning, but are unable to meet the identified needs due to lack of training to perform intervention, lack of supplies, or lack of knowledge of needs of the Resident."

A review of the facility's policy titled: "Policy: Elopements and Wandering Residents" with review date: 5/15/24, under Policy Explanation and Compliance Guidelines:...5. Procedure for locating missing Resident: a.Any staff member becoming aware of a missing resident will alert personnel using facility approved protocol (code grey). b.The designated facility staff will look for the Resident..."

A review of the facility's policy titled: "Policy: Tracker for Residents Leaving the Building," last revised 2/13/25, Under "Procedure: 1. Receptionist will record Resident name, date, room number, name of person/transport company, destination, and time that Resident leaves the building; 2. Receptionist will then send out an email to the [facility name] team informing staff that Resident has left the building; 3. When the Resident returns from the appointment, the receptionist will record the return time on the tracking log. The receptionist will also ask the driver to sign the tracking log to confirm that they brought the Resident back into the building; 4. Receptionist will then send out an email to the LIVIA team informing staff that Resident has returned; 5. If the Resident does not return to the building within the expected duration, the receptionist will alert the nursing supervisor that the Resident has not yet returned; 6. If the Resident does not return to the building prior to reception change of shift, the receptionist will report to oncoming receptionist for continued

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 600	Continued From page 19 follow up."	F 600		
F 656 SS=D	N.J.A.C. 8:39-4.1(a)5 Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for	F 656		4/11/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 656	Continued From page 20 future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00182762 Based on observations, interviews, medical record review, and review of other pertinent facility documentation on 02/25/2025 and 02/26/2025, it was determined that the facility failed to develop comprehensive person-centered care plans (CP) for a resident (Resident #4) who NJ Exec Order 26.4b1 while in the facility, and failed to include a complete focus area for a resident (Resident #6) with NJ Exec Order 26.4b1 difficulty. The facility also failed to follow its policy titled "Care Plans, Comprehensive Person-Centered." This deficient practice was identified for 2 of 2 residents and was evidenced by the following: During a NJ Exec Order 26.4b1 tour on 02/25/2025 at 10:35 A.M. accompanied by the facility's US FOIA (b)(6) the surveyor observed Resident #4 NJ Exec Order 2 and NJ Exec Order 26.4b1 sitting in a wheel chair in their room. The resident stood to show the surveyor and the US FOIA (b)(6) that they were wearing wearing NJ Exec Order 26.4b1	F 656	F656 Date of Completion: April 14, 2025 How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. Resident #4 has been discharged from the facility. Resident #6 has been discharged from the facility. How the facility will identify other residents having the potential to be affected by the same deficient practice All residents that have care plans have the potential to be affected by this deficient practice. All care plans were reviewed by the DON and/or ADON to ensure each care plan is	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 656	Continued From page 21 that was clean, dry and odor free. At 1:30 P.M., the Surveyor interviewed Resident #4, who stated that they were wearing a [redacted] while in the facility and that they had not used [redacted] products at home. Resident #4 stated that they wore the [redacted] while in the facility because they were unable to get assistance to the [redacted] in time to [redacted] During a follow-up interview on 02/26/2025 at 12:37 PM Resident #4 stated that no staff member had explained the need for using the [redacted] to them. Resident #4 stated that they wore a [redacted] in the hospital and the facility staff continued to use them when the resident arrived at the facility. The resident further stated that [redacted] and it would be their preference to wear [redacted]. 1. According to the "Admission Record" (AR), Resident #4 was admitted to the facility with diagnoses which included but were not limited to: [redacted]. A review of Resident #4's "Admission/Readmission," assessment with an effective date of [redacted] at 3:05 P.M., revealed under [redacted] that Resident #4 was [redacted] and [redacted]. The document further revealed that Resident #4 did not wear [redacted]. According to the Minimum Data Set (MDS) an assessment tool dated [redacted], Resident #4 had a Brief Interview for Mental Status (BIMS)	F 656	based on a comprehensive and holistic assessment of the resident's needs, preferences, and overall health status and that each care plan is centered on the individual needs and preferences of each resident, enhancing their quality of life. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. " All nursing staff will be re-educated on the policy and procedure for Care Plans-Comprehensive Person-Centered by the Director of Nursing or designee. " A performance improvement tool has been developed to review 5 residents weekly by the Director of Nursing or designee to ensure care plans have been personalized specific to individual needs and preferences of the resident. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes. A weekly audit will be completed by the Director of Nursing or designee for three weeks; then monthly for three months, then quarterly x three. The results of said audits will be reviewed by the administrator and/or designee at the Quality Assurance Performance and Improvement Committee (QAPI) meeting for recommendations and comments for	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 656	Continued From page 22 score of [redacted] out of 15, indicating that the resident's [redacted] was [redacted] The MDS also identified that the Resident #4 was NJ Exec Order 26.4b1 of [redacted] and [redacted] and required [redacted] or [redacted] staff assistance to [redacted] from [redacted] to [redacted] and to [redacted]. A review of Resident #4's CP initiated [redacted] revealed no Focus, Goals, or Approaches related to Resident #4's [redacted] and [redacted] or the NJ Exec Order 26.4b1 . During an interview on 02/25/2025 at 1:40 P.M., Certified Nursing Assistant (CNA) #1 stated that Resident #4 was [redacted] and received [redacted] to the [redacted] CNA #1 stated that Resident #4 expressed that they wanted to wear the NJ Exec Order 26.4b1 in case they had an [redacted] 2. According to the AR, Resident #6 was admitted to the facility with diagnoses that included but were not limited to: NJ Exec Order 26.4b1 [redacted] A review of Resident #6's MDS dated [redacted] revealed a BIMS score of [redacted] out of 15, which indicated that the resident's [redacted] was NJ Exec Order 26.4b1 A review of Resident #6's CP initiated on [redacted] included under "Focus," "The resident	F 656	the next 6 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 656	Continued From page 23	F 656		

has NJ Exec Order 26.4b1 [redacted] This section of the CP did not specify what Resident #6's NJ Exec Order 26.4b1 status was related to.

During an interview on 02/26/2025 at 12:12 PM, the US FOIA (b)(6) stated that when admissions came into the facility a CP was generated automatically. The [redacted] stated that [redacted] were responsible to personalize CPs with goals and interventions. The [redacted] further stated that residents should have input in their CPs and should be informed of what is in the CP so that they knew what care to expect. The [redacted] stated that residents who wore NJ Exec Order 26.4b1 should have a CP focus related to NJ Exec Order 26.4b1

During an interview on 02/26/2025 at 3:20 PM, the US FOIA (b)(6) [redacted]) stated that UMs were responsible for updating CPs and including resident preferences. The [redacted] stated that it was important that CPs were kept up to date so that everyone knew how to care for the resident.

During an interview on 02/26/2025 at 4:50 PM, the US FOIA (b)(6) [redacted]) stated that CPs were started when residents were admitted and should have been individualized to each resident. The [redacted] stated that any member of the Interdisciplinary Team could have updated a CP and the best practice was to update CPs when new issues came up. The [redacted] stated that the CP for Resident #4 should have included information about the resident's [redacted]. The [redacted] further stated that Resident #6's CP did not meet expectations because it was not customized with the resident's name and diagnosis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 656	Continued From page 24 Review of the facility policy titled "Care Plan Comprehensive Person-Centered," with an effective date of 04/01/2024, revealed under "Policy Interpretation and Implementation," "7. The care planning process will: [...] c. Incorporate the resident's personal and cultural preferences in developing the goals for care." This section of the facility policy further revealed, "8. The comprehensive, person-centered care plan will: [...] g. incorporate identified problem areas;" N.J.A.C. 8:39-11.2 (e)2	F 656		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00182762 Based on interviews, medical record review, and review of other pertinent facility documentation on 02/25/2025 and 02/26/2025, it was determined	F 686	F686 Date of Completion April 11, 2025 How the corrective action will be accomplished for those residents found to	4/11/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 686	Continued From page 25 that the facility failed to a). obtain a Physician's Order (POs) after a NJ Exec Order 26.4b1 recommendation for treatments b). follow a POs for treatment of a NJ Exec Order 26.4b1, and c). follow its NJ Exec Order 26.4b1 policy for a resident with NJ Exec Order 26.4b1 This deficient practice was identified for 1 of 2 residents (Resident #5) reviewed for NJ Exec Order 26.4b1 and was evidenced by the following: According to the "Admission Record," Resident #5 was admitted to the facility with diagnoses which included but were not limited to NJ Exec Order 26.4b1 . Review of Resident #5's "Admission/Readmission- V3" assessment dated NJ Exec Order 26.4b1 revealed that Resident #5 had NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and NJ Exec Order on their NJ Exec Or and NJ Exec Order 26.4b1. The "Admission/Readmission- V3" assessment revealed that Resident #5 was assessed on the NJ Exec Order 26.4b1) as at risk for NJ Exec Order 26.4b1 development. Further review of the document revealed that the resident had NJ Exec Order 26.) to their NJ Exec Order 26.4b According to the Minimum Data Set (MDS), an assessment tool, dated NJ Exec Order 26.4b1, Resident #5 had a Brief Interview for Mental Status (BIMS) score of NJ out of 15, indicating that the resident's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1. The MDS	F 686	have been affected by the deficient practice Resident #5 was discharged from the facility. How the facility will identify other residents having the potential to be affected by the same deficient practice All resident who have wounds have the potential to be affected by this deficient practice. A chart review was conducted on all residents with pressure injuries to ensure treatment orders were in place with no further issues identified. All new admissions or readmissions will have a skin assessment performed upon admission and treatment orders obtained on any skin concerns identified. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. The policy Wound Care was reviewed by the IDT. An in-service was held with licensed nurses on the policy and ensuring skin assessments are completed on admission/readmission and wound interventions implemented based on the assessment by the Director of Nursing or designee. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 686	Continued From page 26 revealed that Resident #5 required staff assistance to NJ Exec Order 26.4b1, NJ Exec Orde from NJ Exec Orde to NJ Exec Order 2 and NJ Exec Orde from NJ Exec Orde to NJ Exec Order 2. The MDS revealed that Resident #5 was always NJ Exec Order 26.4b1 of NJ Exec Orde and NJ Exec Order 2. Further review of the Resident MDS revealed under NJ Exec Order 26.4b1 " no NJ Exec Order 26.4b1 listed under "Current Number of Unhealed NJ Exec Order 26.4b1 ." Review of Resident #5's care plan (CP) initiated NJ Exec Order 26.4b1 included the following: Under "Focus": The resident has the potential for NJ Exec Order 26.4b1 r/t [related to] NJ Exec Orde Rt. [right] NJ Exec Order 26.4b1 . Under "Goal" included: The resident will be NJ Exec Order 26.4b1 through the review date. Under "Approaches" included: If NJ Exec Order 26.4b1 treat per facility protocol, Monitor/ document NJ Exec Order 26.4b1 and treatment of NJ Exec Order 26.4b1. Report NJ Exec Order 26.4b1 etc. to MD [Medical Doctor]. Monitor for signs and symptoms of NJ Exec Order 26.4b1 and report to MD as needed. Weekly treatment documentation will include NJ Exec Order 26.4b1 of each area of NJ Exec Order 26.4b1 , and any other notable changes or observations. Review of a NJ Exec Order 2 care consult progress note (PN) with an effective date of NJ Exec Order 26.4b1 at 11:30 PM revealed that Resident #5 had a NJ Exec Order 26.4b1 , the NJ Exec Order 26 bed was NJ Exec Order 26.4b1 by NJ Exec Order 26.4b1). There was NJ Exec Order 26.4b1 . The recommendation for NJ Exec Order 26	F 686	recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes. A performance improvement tool has been initiated that randomly audits (5) residents to ensure skin assessments have been completed and interventions are in place. This performance improvement tool will be completed by the Director of Nursing or designee weekly for three weeks; then monthly for three months, then quarterly x three. In the event any further concerns are identified the issue will be immediately corrected and additional training will be initiated. Results of the audit will be reviewed at the Quality Assurance Performance and Improvement Committee (QAPI) meeting for recommendations and comments for the next 6 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 686	Continued From page 27 treatment was to NJ Exec Order 26.4b and NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1, NJ Exec Orde with a NJ Exec Order 26.4b1 and NJ Exec Order 26 daily. Apply NJ Exec O to NJ Exec Order 26.4b1 twice daily. Reviewing the "Order Summary Report" (OSR), with a date range of NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1, revealed Resident #5 had no POs for NJ Exec Order 2 care treatment for the aforementioned recommendations from NJ Exec Order 26.4b1 . On NJ Exec Order 26.4b1, a new POs (to begin on NJ Exec Order 26.4b1) was entered into the OSR for NJ Exec Order 26.4b1). Apply to NJ Exec Order 26.4b1 every day shift and NJ Exec Orde with a NJ Exec Order 26.4b1 . On 02/25/2025 at 10:50 AM, Resident #5 was observed awake and talking, lying in bed with the head of the bed elevated. The US FOIA (b)(6) assisted the resident out of bed to the bathroom. The surveyor observed a NJ Exec Order 26.4b1 to the resident's NJ Exec Order 26.4b which was dated NJ Exec Orde with the letters NJ Exec written on the NJ Exec Order 26.4b1 During a second observation, on 02/26/2025 at 11:00 AM, NJ Exec Order 2 care for Resident #5 was performed by the Licensed Practical Nurse (LPN #3) in the presence of the US FOIA (b)(6) Resident #5 had the NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 with the letters NJ Exec O The US FOIA confirmed that the NJ Exec Order 26.4b was labeled with the date NJ Exec Orde The NJ Exec Order 26.4b was removed, and NJ Exec Order 2 care was discarded as ordered by the physician by LPN #3, with a NJ Exec Order 26.4b1 applied. A review of Resident #5's NJ Exec Order 26.4b1 Medication Administration Record (MAR)	F 686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 686	Continued From page 28	F 686		

revealed initials in the boxes that indicated [NJ Exec Order 2] care was provided for Resident #5's [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1]. However, at the time of the observation, Resident #5's [NJ Exec Order 26.4b] was dated [NJ Exec Orde] indicating that the POs treatment was not carried out for the daily treatment and [NJ Exec Order 26.4b1] since [NJ Exec Order 26.4b].

During an interview on 02/26/2025 at 11:35 AM, Resident #5 stated that he/she thought there was a [NJ Exec O] on their [NJ Exec Order 26.4b1] but was [NJ Exec Order 26.4] The resident further stated that their [NJ Exec Order 26.4b] had not been changed on [NJ Exec Order 26.4b1])

The surveyor attempted to reach the nurses who initialed Resident #5's MAR indicating that they performed [NJ Exec Order 2] care to Resident #5's [NJ Exec Order 2] [redacted]. There was no answer.

During an interview on 02/26/2025 at 3:20 PM, the [US FOIA (b)(6)]) stated that the admitting nurse would conduct and document a [NJ Exec Order 26.4b1] on admission. If [NJ Exec Order 26.4] were present on admission, the practice was to follow hospital treatments until the [NJ Exec Order 26.] care team evaluated the resident. The [US FOIA (b)(6)] further stated that it was the practice for the admitting nurse to reconcile medications and treatments with the physician. The [US FOIA (b)(6)] stated that it was expected that there would be a physician's order for all treatments, including wound care treatments. In addition, the [US FOIA (b)(6)] stated that the admitting nurse, [US FOIA (b)] or [US FOIA (b)(6)] [redacted] were responsible for obtaining admission orders, and POs were needed to ensure safe practice.

During the same interview, the [US FOIA (b)(6)] stated that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 686	Continued From page 29	F 686		

Resident #5's NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 were present when the resident was admitted. The US FOIA (b)(6) confirmed no orders for NJ Exec Order 26 treatment for Resident #5 from NJ Exec Order 26.4b1. The US FOIA (b)(6) confirmed no documentation of NJ Exec Order 2 treatment for Resident #5 from NJ Exec Order 26.4b1. The US FOIA (b)(6) stated that the only place where NJ Exec Order 26 treatment would be documented was on the MARs or TARs. The US FOIA (b)(6) stated that Resident #5's NJ Exec Order 26.4b changes did not meet expectations of NJ Exec Order 26 care because the date on the NJ Exec Order 26.4b would have indicated when it was NJ Exec Order 26.4b1

During an interview on 02/26/2025 at 3:20 PM, the US FOIA (b)(6)) stated that NJ Exec O assessment was part of the admissions process. The US FOIA (b) continued that it was the responsibility of the admitting nurse to obtain orders for wound treatments. The US FOIA (b) stated that she did not see orders for NJ Exec Order 2 treatments from admission or the NJ Exec Order 26.4b1 NJ Exec Order 2 care recommendations. The US FOIA (b) stated that if there is no physician order, treatments cannot be documented in the TAR but could be documented in the progress notes. The US FOIA (b) further stated that the NJ Exec Order 26.4b observed on Resident #5 during NJ Exec Order 2 care observation should not have been dated NJ Exec Ord if NJ Exec Order 26.4b1 were performed as ordered. The US FOIA (b) continued that the performance of NJ Exec Order 26.4b1 as ordered was important for NJ Exec Order 26.4b1.

A review of the facility's "Wound Care" policy with a revised date of 6/19/24 revealed under the "Preparation" included " Verify that there is a physician's order for this procedure." Further review of the same facility policy under "Steps in the Procedure," "5. Put on exam glove[s]. Loosen

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 686	Continued From page 30 tape and remove dressing. 6. Pull glove over dressing and discard into appropriate receptacle." Further review of the policy revealed "14. Dress wound. [...] Mark tape with initials, time, and date and apply dressing."	F 686		
F 689 SS=J	NJAC 8:39-27.1(e) Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00183458 Based on observations, interviews, and review of pertinent facility documents on 02/25/2025 and 02/26/2025, it was determined that the facility failed to ensure that a resident (Resident #1) was safe when it failed to follow its policies titled "Elopements Wandering Residents," "Resident Transportation," and "Tracker for Residents Leaving the Building." On [NJ Exec Order 26.4b1], Resident #1 was picked up from [NJ Exec Order 26.4] by the facility's NJ Exec Order 26.4b1 instead, the driver parked the vehicle in the parking lot at 1700 [5:00 pm], exited the vehicle and [NJ Exec Order 26] approximately 5 hours later. Resident #1 was	F 689	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 689	Continued From page 31	F 689		

NJ Exec Order 26.4b1 with the wheelchair behind her/him by the US FOIA (b)(6) When assessed, the Resident stated, NJ Exec Order 26.4b1." The NJ Exec Order 26.4b1 of the Resident obtained by staff showed a NJ Exec Order 26.4b1 . The Resident was then transferred to an acute care hospital Emergency Room (ER) for NJ Exec Order 26.4b1 for five hours.

This deficient practice created an Immediate Jeopardy (IJ) to the health and safety of Resident #1 and had the likelihood to impact all residents who went out for appointments and were transported by the facility vehicle and driver in an IJ situation of bein NJ Exec Order 26.4b1 after she/he was picked up from her/her appointment. The IJ was determined to have existed on NJ Exec Order 26.4b1 at the time of the incident through NJ Exec Order 26.4b1 when the facility corrected the noncompliance. There was sufficient evidence that the facility corrected the noncompliance and is substantially compliant at the time of the survey on 02/25/2025 for the specific regulatory requirements for F689. The Immediate Jeopardy Past Noncompliance started on 02/10/2025 and ended on 02/13/2025 when all nursing and non-nursing staff were educated and trained on NJ Exec Order 26.4b1 revised policies on transportation and tracker logs. This deficient practice was identified for 1 of 3 residents (Resident #1) who had NJ Exec Order 26.4 and/or appointments that required transportation by the facility.

A review of the Facility Reportable Event (FRE), a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 689	Continued From page 32 document submitted by the facilities to report incidents to the New Jersey Department of Health (NJDOH), with date of event of [NJ Exec Order 26.4b1] included a timeline as follows: - 1009 [10:09 am] Transfer log indicates [the] time Resident #1 [name] left the facility. - 1530 [3:30 pm], resident [unsampled resident #1] is transported back to [the] facility (front entrance). - 1613 [4:13 pm], resident [unsampled resident #2] is transported back to [the] facility (front entrance). - 1624 [4:24 pm], transporter [name] leaves the facility - 1700 [5:00 pm], transporter [name] drives the van into [the] parking spot - 1702 [5:02 pm], transporter [name] exits the van and walks to the rear of the building. - 2148 [9:48 pm], the nurse assigned [name], Licensed Practical Nurse (LPN) #1, reached out to the [US FOIA (b)(6)] to inquire about the Resident's [NJ Exec Order 2] - 2149 [9:49 pm], [the] [US FOIA (b)(6)] called the [NJ Exec Order 26] center x 3 [three times] and the main center x 3, but there was no answer. A [NJ Exec Order 26.4b] [redacted], and the transfer log was checked. - 2202 [10:02 pm], the [US FOIA (b)(6)] called the Resident's [family member]. [NJ Exec Order 26.4b1] [redacted] - 2204 [10:04 pm], the [US FOIA (b)(6)] called the van driver [name] to confirm the [NJ Exec Order 26.4b] [redacted]. - 2221[10:21 pm], the [US FOIA (b)(6)] exited the front of the building to check the van. - 2222 [10:22 pm], the [US FOIA (b)(6)] checks both sides of the van. - 2223 [10:23 pm], the [US FOIA (b)(6)] returns	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 689	Continued From page 33	F 689		

to the building to locate the key for the van.
- 2227 [10:27 pm], the US FOIA (b)(6) exits the rear of the building, returns to the van, and opens it. Resident [name] was NJ Exec Order 26.4b1 The US FOIA (b)(6) runs back to the building to request additional assistance.
- 2231 [10:31 pm], the US FOIA (b)(6) starts the van NJ Exec Order 26.4b1
- 2232 [10:32 pm], additional staff members arrived at NJ Ex Order 26.4(to help.
- 2234 [10:34 pm], the NJ Ex Order 26.4(b)(1) The Resident [name] was NJ Exec Order 26.4b1 to the wheelchair.
- 2235 [10:35 pm], staff providing NJ Exec Order 26.4b1
- 2237 [10:37 pm], Resident NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, and assessed; NJ Exec Order 26.4b1 and NJ Exec Order 26.4b [were] provided.
- 2243 [10:43 pm], the Ambulance was called.
- 2300 [11:00 pm] (Approximately) [the Resident was] transferred to the [Acute Care Hospital] [name] via Ambulance [name] with 2 [emergency medical technicians] EMTs.
- 2331 [11:31 pm], The Resident's NJ Exec Ord [name] [was] provided an update.

The facility provided the Surveyor documented evidence of a Plan of Correction (POC) initiated at the time of the incident on NJ Exec Order 26.4b1 and completed before the survey on 02/25/2025 of the following:

On 02/10/2025, after the incident, the family and US FOIA (b)(6)) were notified; the driver and the nurse were suspended pending investigation and subsequently were NJ Exec Order 26.4b1 [The] transport van was taken out of service until safety measures can be put in place.
Safety measures:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 689	Continued From page 34 a) Purchase of a NJ Exec Order 26.4b1 The NJ Exec Order 26.4b1 System is a safety system that reminds drivers to check for NJ Exec Order 26.4b1 . The alarm system acts as an electronic reminder to drivers. b) Use of Resident Transport Safety Checklist (for all facility van drivers)- Before departing, upon arrival at [the] destination, upon returning to [the] community, Resident tracking signs off (a second staff member to sign tracker when Resident to confirm that all transported residents have returned safely, Accountability and 2 Signatures. This checklist must be followed for every trip to ensure resident safety. Education and in-services were provided to all staff as follows: 02/10/2025 - Topic: NJ Exec Order 26.4b1 . -On 02/11/2025 - Policy on Resident Transportation dated 04/07/2024 and revised/ updated on 02/11/2025. - On 02/11/2025 to 02/13/2025 - Policy on Tracker for Residents Leaving the Building dated 04/03/24 with a revised date of 02/11/2025 and 02/13/2025. - 02/13/2025 - Topics: Resident Transport Safety Checklist; Child Check- Mate in-service; Policy Revision for Tracker for Residents leaving the building. - On 02/13/2025 - [the] facility completed a Root-Cause-Analysis (RCA) Report [,] which included a conclusion and follow-up with [an] expected compliance date of 02/14/2025; final review date of 02/20/2025 and follow-up actions: a. conduct [a] post-implementation review in 3 months to ensure continued adherence. b. address[es] any ongoing issues with further	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 689	Continued From page 35 policy adjustments if necessary. A review of Resident #1's Electronic Medical Record (EMR) revealed the following: According to the Admission Record (AR), Resident #1 was admitted to the facility with the following diagnoses, including but not limited to [redacted] According to the Minimum Data Set (MDS), an assessment tool that comprehensively assesses a resident's functional capabilities, dated [redacted] Resident #1's Brief Interview for Mental Status (BIMS) Summary Score was [redacted] revealing [redacted]. The MDS further revealed in [redacted] that Resident #1 required [redacted] or [redacted] in her/his completion of Activities of Daily Living (ADLs). A review of Resident #1's Care Plan (CP) showed a CP Focus [problem/need area]: [Resident's name] needs [redacted] r/t (related to) [redacted] Monday, Wednesday and Friday at [name of [redacted] center] pickup time 10:30 am [morning] chair time [redacted] session starts] 11:15 am. A review of Resident #1's Progress Notes (PN) with an effective date of [redacted] 22:27 [10:27 pm]and documented by the [redacted] revealed, "Notified by [redacted] ... [Resident's name] [was] observed [redacted] in the [redacted]." The PN further showed	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 689	Continued From page 36 that the Resident stated, "[NJ Exec Order 26.4b1][.]" Assistance from additional staff [were]requested. Staff arrived to assist with [the] Transfer to [the] wheelchair and bed. Upon arriving in bed, the Resident was assessed." The PN further revealed the Resident's "[NJ Exec Orde] assessment revealed no[NJ Exec Order 26.4b1]. [NJ Exec Order 26.4b] and [NJ Exec Order 26.4b1] [were] provided. The Resident [was] transferred to [name of hospital] ER for evaluation. [Doctor's name] and [Resident's [NJ Exec Order 26] name] [were] notified. VS [vital signs}: NJ Exec Order 26.4b1 [redacted], accompanied by 2 EMTs...". According to the facility's New Jersey Universal Transfer Form (NJUTF) dated [NJ Exec Order 26.4b1] with Time of Transfer: 11 pm [11:00 PM] and Reasons for Transfer: Resident [came] back from NJ Exec Order 26.4b1 [redacted] A review of the facility's Summary of Investigation (SOI) under Description: On NJ Exec Order 26.4b1 at approximately 2227 [10:27 pm], [Resident #1's name] was NJ Exec Order 26.4b1 [redacted] She/he was picked up by [van driver's name] from [NJ Exec Order 26] center name] and was transported back to [facility's name] parking lot at 1700 [5:00 pm]. The SOI provided the following timeline: - 1009 [10:09 am] Transfer log indicates [the] time Resident #1 [name] left the facility. - 2148 [9:48 pm], the nurse assigned [name], Licensed Practical Nurse (LPN) #1, reached out	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 689	Continued From page 37	F 689		

to the US FOIA (b)(6) to inquire about the Resident's NJ Exec Order 2
- 2149 [9:49 pm], [the] US FOIA (b)(6) called the NJ Exec Order 26 center x 3 [three times] and the main center x 3, but there was no answer. NJ Exec Order 26.4b1 was initiated, and the transfer log was checked.
- 2202 [10:02 pm], the US FOIA (b)(6) called the Resident's [family member]. NJ Exec Order 26.4b1
- 2204 [10:04 pm], the US FOIA (b)(6) called the van driver [name] to confirm the Resident [name] NJ Exec Order 26.4b1 .
- 2221[10:21 pm], the US FOIA (b)(6) exited the front of the building to check NJ Ex Order 26.4(
- 2222 [10:22 pm], the US FOIA (b)(6) checks both sides of NJ Ex Order 26.4(
- 2223 [10:23 pm], the US FOIA (b)(6) returns to the building to locate the key for NJ Ex Order 26.4(
- 2227 [10:27 pm], the US FOIA (b)(6) exits the rear of the building, returns to NJ Ex Order 26.4(b) and opens it. Resident [name] NJ Exec Order 26.4b1
The US FOIA (b)(6) runs back to the building to request additional assistance.
- 2231 [10:31 pm], the US FOIA (b)(6) starts NJ Ex Order 26.4(NJ Exec Order 26.4b1
- 2232 [10:32 pm], additional staff members arrived at NJ Ex Order 26.4(to help.
- 2234 [10:34 pm], the NJ Ex Order 26.4(b)(1) . The Resident [name] was NJ Exec Order 26.4b1 to a wheelchair.
- 2235 [10:35 pm], staff providing blankets.
- 2237 [10:37 pm], Resident arrived back in [the] building, transferred to [the] bed, and assessed; NJ Exec Order 26.4b1 and NJ Exec Order 26.4([were] provided.
- 2243 [10:43 pm], the Ambulance was called.
- 2300 [11:00 pm] (Approximately) [the Resident was] transferred to the [Acute Care Hospital]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 689	Continued From page 38	F 689		

[name] via Ambulance [name] with 2 [emergency medical technicians] EMTs.
- 2331 [11:31 pm], The Resident's [NJ Exec Ord] [name] [was] provided an update.

The Surveyor reviewed the facility's video footage of the [location of the camera] parking lot, and real-time surveillance [with time stamped] showed the following:
At 4:24 pm - the van was seen leaving the facility.
At 4:59 pm - the facility van was seen coming back and into the driveway.
At 5:00 pm - the driver drives [the] van on the left side area of the viewed parking lot.
At 5:02 pm, the driver exited the van and walked towards the back of the building [towards the right side of the parking lot].
At 5:03 pm - the driver appeared to wave at somebody in another van parked on the right side of the viewed parking lot.
At 9:55 pm - the facility van was seen in the viewed parking lot.
At 10:21 pm - the [US FOIA (b)(6)] was seen walking towards the van [coming from the left side of the viewed parking lot].
At 10:22 pm - the [US FOIA (b)(6)] reached the van, walked around the van with cell phone one in hand [US FOIA (b)(6)] turned on light in her cell phone], and was seen walking back towards the left of the camera [building] while talking on her cell phone.
At 10:26 pm - the [US FOIA (b)(6)] was seen walking back towards [NJ Ex Order 26.4(b)]
At 10:27 pm - the [US FOIA (b)(6)] was seen opening [NJ Ex Order 26.4(b)] and appeared to turn on the [NJ Ex Order 26.4(b)(1)].
At 10:28 pm - the [US FOIA (b)(6)] was seen running back towards the building.
At 10:30 pm - staff were seen running towards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 689	Continued From page 39	F 689		

[redacted] with the [redacted] behind them; they opened the back.
At 10:36 pm - additional staff were seen running towards [redacted] and noted carrying [redacted]
At 10:36:41 pm - the staff took Resident #1 in a [redacted]. The Resident was noted with [redacted] on her/him.

On 02/25/2025, the Surveyor reviewed the statements obtained from staff during the investigation.

According to the [redacted] statement dated [redacted] Around 10:00 pm, the [redacted] asked if I've seen [Resident #1] [redacted] from [redacted] I checked my log, and [redacted] time in was blank, indicating [redacted].
Sometimes, I have to step away from the desk to either use the bathroom, let someone from [redacted], or find a nurse... so I thought [driver's name] came and [redacted] to the [redacted] I didn't see so I called him to confirm around 10:08 pm, and he said yes, he had brought [redacted], so I told [redacted] and she told me [Resident #1's name] was [redacted] We proceed to [redacted] and around 10:39 pm, [the [redacted]] [redacted] in the [facility name] [redacted].

On 02/25/2025 at 1:35 pm, the Surveyor interviewed the [redacted] stated the van is owned by the facility and had been used until after the incident and would not use it until after safety measures were installed. [redacted] further stated she reviewed the incident and video footage; immediate actions were taken to prevent

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 689	Continued From page 40 recurrence, and the policy on transportation and tracker log were revised. On 02/26/2025 at 12:47 pm, the Surveyor interviewed the van driver via phone. The van driver stated that, at around 4:30 pm, he had picked up the Resident from the [NJ Exec Order 26] center. The van driver further stated, "She/ He was in her wheelchair, [NJ Exec Order 26.4b1] [redacted]. At 5:00 pm, we arrived at the facility parking lot; I parked the van where I normally parked. I exited the van and walked to the rear of the building. In my mind, I wanted to go back to the building to finish some work. When the [US FOIA (b)(6)] called me that night, it was [NJ Exec Order 26.4b1] [redacted] On 02/26/2025 at 1:27 pm, the Surveyor placed a call to LPN #1 but did not receive a return call. A review of the facility's policy titled: "Policy: Elopements and Wandering Residents" with review date: 5/15/24, under Policy Explanation and Compliance Guidelines:...5. Procedure for locating missing resident: a.Any staff member becoming aware of a missing resident will alert personnel using facility approved protocol (code grey). b.The designated facility staff will look for the resident..." A review of the facility's policy titled: "Policy: Tracker for Residents Leaving the Building" date revised 2/13/25, Under "Procedure: 1. Receptionist will record Resident name, date, room number, name of person/transport company, destination, and time that resident	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 689	Continued From page 41 leaves the building; 2. Receptionist will then send out an email to the LIVIA team informing staff that resident has left the building; 3. When the resident returns from the appointment, the receptionist will record the return time on the tracking log. The receptionist will also ask the driver to sign the tracking log to confirm that they brought the resident back into the building; 4. Receptionist will then send out an email to the LIVIA team informing staff that resident has returned; 5. If the resident does not return to the building within the expected duration, the receptionist will alert the nursing supervisor that the resident has not yet returned; 6. If the resident does not return to the building prior to reception change of shift, the receptionist will report to oncoming receptionist for continued follow up." A review of the facility's policy titled: "Resident Transportation" date revised 2/11/25, Under "Procedure:...6.Resident Tracking Log is completed by receptionist. Driver signs tracking log upon return of resident. 7. Resident Transport Checklist is completed by [facility name] driver..."	F 689		
F 842 SS=D	N.J.A.C. 8:39-27.1(a) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information	F 842		4/11/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 842	Continued From page 42 except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for-	F 842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 842	Continued From page 43 (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00182762 Based on interviews, medical record review, and review of other pertinent facility documents on 02/25/2025 and 02/26/2025, it was determined that the facility staff failed to consistently document in the "Documentation Survey Report" (DSR) the Activities of Daily Living (ADL) status and care provided to the residents. This deficient practice was identified for 1 of 3 residents (Resident #6) reviewed for ADL documentation. This deficient practice was evidenced by the following: According to the Admission Record (AR), Resident #6 was admitted to the facility with diagnoses that included but were not limited to: NJ Exec Order 26.4b1 [redacted]	F 842	F842 Date of Completion April 11, 2025 How the corrective action will be accomplished for those residents found to have been affected by the deficient practice Resident #6 was NJ Ex Order 26.4(b)(1) the facility. How the facility will identify other residents having the potential to be affected by the same deficient practice All residents have the potential to be affected by the deficient practice. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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) COMPLETION DATE
F 842	Continued From page 44 NJ Exec Order 26.4b1 [redacted] A review of Resident #6's Minimum Data Set (MDS) dated, an assessment tool, revealed a Brief Interview of Mental Status (BIMS) score of [redacted] out of 15, which indicated that the resident's [redacted] was NJ Exec Order 26.4b1. The MDS further revealed that the resident [redacted] on a [redacted] to [redacted] and [redacted] and [redacted] A review of Resident #6's Care Plan (CP) initiated on [redacted] revealed that the resident was at risk for [redacted] due to NJ Exec Order 26.4b1, NJ Exec Order 26.4b1. The CP revealed that Resident #6 was at risk for [redacted] due to NJ Exec Order 26.4b1. Further review of the resident's CP revealed a "Focus," initiated on [redacted], that the resident was NJ Exec Order 26.4b1. A review of Resident #6's Documentation Survey Report (DSR) and progress notes (PNs) for the months of NJ Exec Order 26.4b1 revealed no documentation to indicate that the resident's activity of daily living (ADL) care was provided, or that the resident [redacted] care on the following dates and times: [redacted]: 7:00 AM- 3:00 PM shift on: [redacted],	F 842	All Certified Nursing Assistants (CNA) were re-educated on the documentation of ADL in the Electronic Medical Record by the Director of Nursing or designee. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes A performance improvement tool has been initiated that randomly audits (5) residents to ensure ADL documentation has been completed. This performance improvement tool will be completed by the Director of Nursing or designee 5 times per week for three weeks, weekly for three weeks; then monthly for three months, then quarterly x three. In the event any further concerns are identified the issue will be immediately corrected and additional training will be initiated. Results of the audit will be reviewed at the Quality Assurance Performance and Improvement Committee (QAPI) meeting for recommendations and comments for the next 6 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 842	Continued From page 45 NJ Exec Order 26.4b1 [redacted] 3:00 PM - 11:00 PM shift on: NJ Exec Order 26.4b1 [redacted] 11:00 PM - 7:00 AM shift on: NJ Exec Order 26.4b1 [redacted] NJ Exec Order 26 [redacted] 9:00 AM on: NJ Exec Order 26.4b1 [redacted]. 1:00 PM on: NJ Exec Order 26.4b1 [redacted].	F 842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 842	Continued From page 46 6:00 PM on: NJ Exec Order 26.4b1 [redacted]. NJ Exec Order 26.4b1 : 9:00 AM on: NJ Exec Order 26.4b1 [redacted] 1:00 PM on: NJ Exec Order 26.4b1 [redacted]. 6:00 PM on: NJ Exec Order 26.4b1 [redacted] During an interview with the surveyor on 02/25/2025 at 1:40 PM, the US FOIA (b)(6) [redacted] stated that the care provided should have been documented in the facility's electronic record each day by the end of the shift. The [redacted] further stated that residents who NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 were NJ Exec Order 26.4b1 every two hours. During an interview with the surveyor on	F 842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315529	A. BUILDING _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	**1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936**

(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) COMPLETION DATE
F 842	Continued From page 47 02/26/2025 at 3:20 PM, the US FOIA (b)(6) stated that residents who needed repositioning were repositioned multiple times per day. The US FOIA (b)(6) stated that CNAs were responsible to document repositioning in the facility's electronic medical record. The US FOIA (b)(6) further stated that it was the expectation that CNAs completed documentation before the end of their shift. The US FOIA (b)(6) confirmed the presence of blank spaces on Resident #6's DSR. The US FOIA (b)(6) stated that if the DSR contained blank spaces, "we don't know what care was given." During an interview with the surveyor on 02/26/2025 at 4:50 PM, the US FOIA (b)(6) stated that residents who needed repositioning were repositioned at the start and end of each shift, before and after meals, and every two hours on the night shift. The US FOIA (b) stated that CNAs were responsible for repositioning, but no direct care staff was able to do it. The US FOIA (b) further stated that it was the expectation that CNAs completed documentation in the electronic medical record before the end of their shift. The US FOIA (b) confirmed the presence of blank spaces on Resident #6's DSR. The US FOIA (b) stated "that if the DSR contained blank spaces, there was no way to know if the care was provided or not. " NJAC 8:39-35.2 (f)	F 842		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NH14002	A. BUILDING: _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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
S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. 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 the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on facility document review on 02/26/2025, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 2 of 14 day shifts. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112,	S 560	S560 Completed by April 5, 2025 How the corrective action will be accomplished for those residents found to have been affected by the deficient practice Recruitment efforts will continue until adequate staff is hired to meet state minimums. Staffing agencies will continue to be utilized until such time to fill any open spots in the schedule for CNA□s. How the facility will identify other residents	4/5/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/09/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NH14002	A. BUILDING: _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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
S 560	Continued From page 1 codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. The surveyor requested staffing for the weeks of 02/09/2025 to 02/15/2025 and 02/16/2025 to 02/22/2025. The facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows: -02/25/25 had 9 CNAs for 77 residents on the day shift, required at least 10 CNAs. -02/26/25 had 9 CNAs for 79 residents on the day shift, required at least 10 CNAs.	S 560	having the potential to be affected by the same deficient practice All residents have the potential to be affected by the deficient practice. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur A wage analysis adjustments, hiring rates were analyzed and a new rate schedule was put into place by the administrator to become more competitive in the marketplace. Online job recruitment, referral bonuses, sign on bonus and job fairs continue to be utilized for all applicants by the director of human resources. Additional staffing agencies were contracted to supplement current facility staff by the administrator. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes The Administrator or designee will review staffing schedules weekly to ensure adequate staffing for all shifts for one month, bi weekly for one month, and monthly for 3 months. In the event any further concerns are identified the issue will be immediately corrected and additional resources will be initiated. Results of the audit will be reviewed at the Quality Assurance Performance and Improvement Committee (QAPI) meeting	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NH14002	A. BUILDING: _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

(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
S 560	Continued From page 2	S 560	for recommendations and comments for the next 6 months.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315529 Y1	A. Building B. Wing Y2	4/15/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0656 Reg. # 483.21(b)(1)(3) LSC	Correction Completed 04/11/2025	ID Prefix F0686 Reg. # 483.25(b)(1)(i)(ii) LSC	Correction Completed 04/11/2025	ID Prefix F0842 Reg. # 483.20(f)(5), 483.70(h)(1)-(5) LSC	Correction Completed 04/11/2025
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/26/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
NH14002 (Y1)	A. Building B. Wing (Y2)	4/15/2025 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVIA HEALTH AND SENIOR LIVING	1 SOUTH RIDGEDALE AVENUE EAST HANOVER, NJ 07936

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 S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 04/11/2025	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 2/26/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			