



State of New Jersey
DEPARTMENT OF HEALTH

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MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

www.nj.gov/health

DR. RAYNARD E. WASHINGTON
Acting Commissioner

In Re Licensure Violation:	:	
	:	
New Standard Senior Living at Hammonton	:	DIRECTED PLAN OF
	:	
	:	CORRECTION
	:	
	:	
(NJ Facility ID# NJAL0103)	:	
	:	

TO: Millicent Hyman, Administrator
 New Standard Senior Living at Hammonton
 308 South White Horse Pike
 Hammonton, New Jersey 08037
mhyman@prioritylc.com

Dear Ms. Hyman,

As you were notified by verbal order on March 31, 2026, effective on that date, the Department of Health ("Department") is imposing a Directed Plan of Correction (DPOC) requiring New Standard Senior Living at Hammonton ("New Standard" or the "facility") to retain the services of a Consultant Director of Nursing.

These enforcement actions are being taken in accordance with the provisions set forth at N.J.A.C. 8:43E-2.4 (Plan of Correction) and 3.1 (Enforcement Remedies Available), after staff from the Department's Health Facility Survey and Field Operations (HFS&FO or Survey) were on site at the facility and found significant deficiencies in the facility's measures to address facility safety and administration.

The Health Care Facilities Planning Act (N.J.S.A. 26:2H-1 et seq.) (the Act) provides a statutory scheme designed to ensure that all health care facilities are of the highest quality. Assisted living residence facilities are licensed in accordance with N.J.S.A. 26:2H-1 and N.J.A.C. 8:36. Pursuant to the Act and N.J.A.C. 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, and N.J.A.C. 8:43E, General Licensure Procedures and Standards Applicable

New Standard Senior Living at Hammonton
Notice of Directed of Plan of Correction
April 6, 2026

to All Licensed Facilities, the Commissioner of the Department of Health (the "Department") is authorized to inspect all assisted living facilities and to enforce N.J.A.C. 8:36.

LICENSURE VIOLATIONS

1. A-0389- Resident Right to be Free from Neglect -N.J.A.C. 8:36-4.1(a)(16)*("Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: ... 16. The right to be free from physical and mental abuse and/or neglect;").*

On March 23, 2026, the Executive Director (ED) provided the surveyor with a Facility Reportable Event (FRE) completed by the Director of Nursing (DON), which indicated that on March 4, 2026, the facility had an unexpected death. The FRE indicated that Resident #2 was found "slumped over" in rigor (stiffening of the muscles after death) on the floor, unresponsive, with no pulse or respirations (breaths). The FRE indicated that Resident #2 was a DNR (Do Not Resuscitate), and that 911 was called and Resident #2 was pronounced deceased by medics.

The surveyor reviewed the Medical Record (MR) of Resident #2, which revealed that Resident #2 was a full-code, and not a DNR.

Further review of Resident #2's MR revealed a Progress Note (PN) dated April 13, 2025, written by a former Licensed Practical Nurse (LPN), which indicated that Resident #2 stated that he/she was no longer taking medication. The surveyor reviewed several PNs and Medication Administration Records (MARs) following April 13, 2025, that indicated that Resident #2 refused medications. The surveyor reviewed Medication Administration Records (MARs), which revealed the following:

1. In April of 2025, Resident #2 did not receive any prescribed medications for 25 out of 30 days.
2. In May of 2025, Resident #2 did not receive any prescribed medications for 28 out of 31 days.
3. In June of 2025, Resident #2 did not receive any prescribed medications for 30 out of 30 days.
4. In July of 2025, Resident #2 did not receive any prescribed medications for 28 out of 31 days.
5. In August of 2025, Resident #2 did not receive any prescribed medications for 30 out of 31 days.
6. In March of 2026, Resident #2 did not receive any prescribed medications from March 1, 2026 to March 4, 2026. Resident #2 expired on March 4, 2026.

The DON stated that Resident #2 was not referred to or seen by a doctor or NP after the resident refused medications for approximately 11 months.

2. A-0783 Annual Physical Examination with Physician Certification - N.J.A.C. 8:36-7.5(e) *(Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing.)*

3. A-0745 RN Assessment - N.J.A.C. 8:36-7.2(f) *("The initial health care assessment shall be documented by the registered nurse and shall be updated as required, in accordance with the rules of this chapter and*

New Standard Senior Living at Hammonton
Notice of Directed of Plan of Correction
April 6, 2026

professional standards of practice.”)

On March 19, 2026, the surveyor reviewed the MRs of Resident #s 1, 2, and 3, and was not able to locate current History and Physicals (H&Ps) with certifications completed by their doctors.

On March 23, 2026, the ED provided the surveyor with an After-Visit Summary (AVS) for Resident #1 dated February 18, 2026, along with a certification, dated March 20, 2026, that indicated that the resident was appropriate for assisted living. The AVS and certification indicated that they were faxed to the facility on March 20, 2026, after the surveyor's initial visit on March 19, 2026.

The ED also provided the surveyor with a "Pre-Admission Medical Certificate for Assisted Living," for Resident #2, which revealed that it was completed on October 16, 2024.

The Regional Director of Clinical Services stated that they were not able to locate a H&P for Resident #3 and that they called the resident's doctor.

The DON stated that H&Ps with certifications were completed annually. However, H&Ps with certifications were not obtained for Residents # 1, 2, and 3. The DON stated that the facility was behind in obtaining H&Ps with certifications and stated that the Regional Director of Clinical Services was at the facility to assist. The DON also stated that the facility was cited for this deficient practice on their last survey visit on February 12, 2026.

4. A-0935 Administration of Medications - N.J.A.C. 8:36-11.4(b) (“(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.”)

On March 19, 2026, the surveyor reviewed an incident report dated February 23, 2026, written by the Assistant Director of Nursing (ADON) for a medication error. The report indicated that on February 24, 2026, Resident #3 reported to a nurse that on the morning of February 23, 2026, someone brought six medication packs to his/her apartment. Resident #3 provided the nurse with the medication wrappers, which revealed that they were dated February 23, 2026, and February 24, 2026. The report indicated that all medication wrappers contained medication information for 8:00 a.m. medications

The facility and the DON failed:

1. To ensure that all residents were monitored and that assessments were completed by a Registered Nurse (RN);
2. To ensure that all residents had current H&Ps with certifications;
3. To ensure that all residents receive care in accordance with their advanced directive and service plan;
4. To ensure that health care services were coordinated for all residents;
5. To ensure that residents receive medications as ordered;

New Standard Senior Living at Hammonton
Notice of Directed of Plan of Correction
April 6, 2026

6. To notify the physician or psychology NP for 11 months when Resident #2 refused to take medicine; and
7. To initiate the doctor notification to evaluate Resident #2's continued residence in the facility.

DIRECTED PLAN OF CORRECTION

The Department of Health directs the following plan of correction pursuant to N.J.S.A. 26:2H-1, N.J.A.C. 8:36, N.J.A.C. 8:43E, and N.J.A.C. S 8:43E-2.4.

The facility must retain the full-time services of a Consultant Director of Nursing who is a Registered Nurse (RN). The consultant shall have no previous or current ties to the facility's principals, management, and/or employers, or other related individuals of any kind, including, but not limited to employment, business, or personal ties. The Consultant DON shall be on-site for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. They shall be responsible for ensuring that immediate corrective action is taken to ensure resident safety is not jeopardized and applicable state licensing standards are met.

The DON Consultant shall be approved in advance by the Department. The facility shall provide the names and resumes of the proposed consultant by sending them to Opunne.Odulana@doh.nj.gov, Denise.Odonnell@doh.nj.gov, Jacqueline.Jones1@doh.nj.gov, Andrea.McCrayreid@doh.nj.gov, Erica.Barber@doh.nj.gov, Kimberly.Hansen@doh.nj.gov, Rommel.Manuel@doh.nj.gov, Lisa.King@doh.nj.gov, and Gene.Rosenblum@doh.nj.gov, by 12 p.m. on April 8, 2026.

The approved DON Consultant shall be retained and begin work no later than the close of business on April 10, 2026.

Beginning on Friday, April 17, 2026, the facility should send weekly progress reports every Friday by 1 p.m. to Opunne.Odulana@doh.nj.gov, Denise.Odonnell@doh.nj.gov, Jacqueline.Jones1@doh.nj.gov, Andrea.McCrayreid@doh.nj.gov and Erica.Barber@doh.nj.gov. These weekly reports shall include timely status updates regarding.

1. Identified areas of non-compliance;
2. Corrective measures to address identified areas of non-compliance; and
3. Status of corrective measures implementation.
4. Nurse Staffing Reports

In addition, the facility is directed to maintain timely communication with the Department, as may be required. Department staff will monitor facility compliance with this order to confirm compliance with this order and Directed Plan of Correction and to determine whether corrective measures are implemented by the facility in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of penalties.

Please be advised that this DPOC shall remain in place until the facility is otherwise notified by the Department.

New Standard Senior Living at Hammonton
Notice of Directed of Plan of Correction
April 6, 2026

FORMAL HEARING:

The facility is entitled to challenge the issuance of the DPOC, by requesting a formal hearing at the Office of Administrative Law (OAL). The facility must advise this Department within 30 days of the date of this letter if it requests an OAL hearing regarding the findings and/or penalty.

Please forward your OAL hearing request to:

Attention: OAL Hearing Requests
Office of Legal and Regulatory Compliance, New Jersey Department of Health
P.O. Box 360, Trenton, New Jersey 08625-0360

Failure to submit a written request for a hearing within 30 days from the date of this notice will render this a final agency decision. The final agency order shall thereafter have the same effect as a judgment of the court.

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if the facility is owned by a corporation, representation by counsel is required. In the event of an OAL hearing, the facility is required to submit a written response to each and every charge as specified in this notice, which shall accompany its written request for a hearing.


Due to the emergent situation and the immediate and serious risk of harm posed to the residents, please be advised that the Department will not hold the Directed Plan of Correction in abeyance during any appeal of the DPOC.

Finally, be advised that Department staff will monitor compliance to determine whether corrective measures are implemented by the facility to comply with N.J.A.C. 8:36-4.1(a)(16), N.J.A.C. 8:36-7.5(e), N.J.A.C. 8:36-7.2(f), and N.J.A.C. 8:36-11.4(b).

Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of additional penalties. The Department also reserves the right to pursue all other remedies available by law.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this order, please contact Lisa King, Office of Program Compliance at (609) 376-7742.

Sincerely,


Gene Rosenblum
Director, Office of Program Compliance
Division of Certificate of Need and Licensing

LK:RSM:nj
DATE: April 6, 2026
E-MAIL: mhyman@prioritylc.com
REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED
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