State of New Jersey
DEPARTMENT OF HEALTH
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PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

JEFFREY A. BROWN
Acting Commissioner

In Re Licensure Violation: NEW STANDARD SENIOR LIVING AT MILLVILLE (NJ Facility ID# NJ06A003)	:	CURTAILMENT OF ADMISSIONS AND READMISSIONS ORDER AND DIRECTED PLAN OF CORRECTION

TO: Amy Kolar, Administrator (akolar@prioritylc.com)
New Standard Living Senior Living at Millville
1125 Village Drive
Millville, NJ 08332

Dear Ms. Kolar:

As more fully detailed below, on October 14, 2025, the Department of Health (hereinafter, "the Department") ordered the curtailment of all admissions, including both new admissions and readmissions, of residents to New Standard Senior Living at Millville (hereinafter "New Standard"). On the same date, the Department ordered the suspension of the facility's certified medication aide program, requiring that nursing staff resume administration of all medication. Finally, the Department notified the facility that it would be imposing a Directed Plan of Correction (hereinafter "DPOC"), requiring New Standard to retain a consultant Administrator and a consultant Director of Nursing, and, in addition, to employ a permanent Director of Nursing. The Department is taking these enforcement actions due to violations identified by Department surveyors that constitute an immediate and serious risk of harm to facility residents. 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), N.J.A.C 8:43E-3.1 (Enforcement Remedies Available), and N.J.A.C 8:43E-3.6 (Curtailment of Admissions).

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. Pursuant to the Act and N.J.A.C 8:43E-1.1 et seq., General Licensure Procedures and Standards Applicable to All Licensed Facilities, the Commissioner of Health is authorized to inspect all health care facilities and to enforce the Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs set forth at N.J.A.C. 8:36-1.1 et seq.

LICENSURE VIOLATIONS:

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) were on-site conducting a Complaint Survey at New Standard from September 24, 2025, through October 7, 2025. The surveyors

identified multiple violations of the New Jersey Administrative Code, including, but not limited to, the following:

- The facility failed to ensure that a Registered Nurse was available at all times. N.J.A.C. § 8:36-8.2 ("A facility shall have at least one registered professional nurse available at all times."). According to the Assistant Director of Nursing, she was acting as both the Director of Nursing and Assistant Director of Nursing, but the Assistant Director of Nursing was a Licensed Practical Nurse and not a Registered Nurse.

- The facility failed to have a Registered Nurse overseeing the facility's Medication Aide Program. N.J.A.C. 8:36-11.5(a)("The administration of medications is within the scope of practice and remains the responsibility of the registered professional nurse."). The Executive Director informed the surveyor that both the Executive Director and the Assistant Director of Nursing were overseeing the certified medication aide program, but neither one of them is a registered nurse. The surveyor found expired medications stored in an unlocked cabinet in the apartment of a resident who is not cognitively capable of self-administering medications. The surveyor also found that medications had not been administered as prescribed or were administered late.

- The facility failed to ensure that health care assessments were documented by a Registered Nurse for multiple residents. 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 professional standards of practice."). Multiple residents were either last assessed by an LPN or did not have a completed assessment at all.

- The facility failed to notify a Registered Nurse of a resident's injury and/or change in condition for multiple residents. N.J.A.C. 8:36-7.5(c) ("The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care."). This resulted in a delay of care for a critically ill resident due to no RN oversight.

- The facility failed to ensure that pharmaceutical services were provided to a resident in accordance with the prescriber's order. N.J.A.C. 8:36-11.2 ("The assisted living residence, comprehensive personal care home, or assisted living program shall be capable of ensuring that pharmaceutical services are provided to residents in accordance with the prescriber's orders, each resident's health care plan, and in accordance with the rules of this chapter and all applicable State and Federal laws and regulations."). A resident informed the surveyor that he/she had missed two doses of medication and that the medication helped keep him/her out of the hospital. Upon investigation, the surveyor learned that the resident had missed doses due to the medication not being available from the pharmacy, and the surveyor could find no evidence that the resident's doctor had been notified.

- The facility failed to provide a safe environment for residents. N.J.A.C. 8:36-17.1(b)("The facility shall provide and maintain a sanitary and safe environment for residents."). The surveyor observed broken flooring that had cardboard taped over a hole in a resident's apartment and learned that the floor had been that way for approximately six months and that the resident had tripped on the hole in the flooring and fallen. The surveyor also observed that the floor in another resident's apartment was still broken even though a survey in January 2025 had observed the broken flooring and the facility had been informed.

- The facility failed to have sufficient staff to meet the resident's needs. N.J.A.C. 8:36-5.6(c)(the facility "shall employ staff in sufficient number and with sufficient ability and training to provide the basic resident care, assistance, and supervision required, based on an assessment of the acuity of residents' needs"). A CNA reported to the surveyor that the facility had been short-staffed for three weeks and that one CNA and one nurse had to care for approximately 50 residents. One day while the surveyors were on site two residents had falls with head injuries that resulted in the

residents being sent to the hospital for evaluation. In addition, staff acknowledged that medication administration to residents was delayed due to the number of assigned residents.

See also N.J.A.C. 8:36-4.1(a)22 (residents have "the right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care").

These failures demonstrate noncompliance with state regulations governing assisted living facilities and compromise the health, safety, and well-being of the facility's residents. These findings do not necessarily include all violations identified during the survey, which will be detailed in the full survey report.

CURTAILMENT OF NEW ADMISSIONS AND READMISSIONS:

The Department hereby memorializes the order, effective October 14, 2025, curtailing all admissions to the facility, including both new admissions and readmissions. N.J.A.C 8:43E-3.4(a)(2) provides for a penalty for each resident who is admitted or readmitted in violation of this curtailment order.

SUSPENSION OF MEDICATION AIDE PROGRAM:

The Department hereby memorializes the order, effective October 14, 2025, suspending the medication aide program and requiring all medication to be administered by nursing staff.

DIRECTED PLAN OF CORRECTION:

The Department of Health directs the following plan of correction pursuant to N.J.A.C 8:43E-2.4.

a. The facility must retain the full-time, on-site services of an Administrator Consultant who is a New Jersey Licensed Nursing Home Administrator. The Administrator Consultant shall:

   1. Assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance;

   2. Oversee the development, implementation and evaluation of corrective action plans;

   3. Develop and implement compliance management systems at the facility;

   4. Collaborate with facility leadership to ensure that operating procedures, systems and standards align with compliance requirements;

   5. Ensure staff training needed to comply with applicable licensing standards; and,

   6. Take other actions as may be necessary to ensure identification of compliance issue and implementation of timely corrective measures.

b. The facility must retain the full-time services of a Consultant Director of Nursing who is a Registered Nurse (RN).

c. The facility must retain the permanent full-time services of a Director of Nursing who is a registered professional nurse licensed in the State of New Jersey.

The two (2) consultants shall be approved in advance by the Department. The facility shall provide the names and resumes of the proposed consultants by sending them to Kara.Morris@doh.nj.gov, Andrea.Mccrayreid@doh.nj.gov, Jacqueline.Jones1@doh.nj.gov, Erica.Barber@doh.nj.gov, Denise.ODonnell@doh.nj.gov, Opunne.Odulana@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, Lisa.King@doh.nj.gov and Jean.Markey@doh.nj.gov by 12 p.m. on October 23, 2025.

The approved consultants shall be retained and begin work no later than the close of business on October 28, 2025. The consultants 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 administrator and DON consultants shall be present in the facility for no less than 40 hours per week, with documented coverage of all shifts and weekends when the facility is open.

Beginning on Friday, October 31, 2025, the facility should send weekly progress reports every Friday by 1:00 p.m. to Kara.Morris@doh.nj.gov, Andrea.Mccrayreid@doh.nj.gov, Jacqueline.Jones1@doh.nj.gov, Erica.Barber@doh.nj.gov, Denise.ODonnell@doh.nj.gov, and Opunne.Odulana@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.

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 curtailment and DPOC shall remain in place until New Standard is otherwise notified by the Department.

FORMAL HEARING:

New Standard is entitled to contest the curtailment by requesting a formal hearing at the Office of Administrative Law (OAL). New Standard may request a hearing to challenge either the factual survey findings or the curtailment, or both. New Standard must advise this Department within 30 days of the date of this letter if it requests an OAL hearing regarding the curtailment.

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

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if New Standard is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, New Standard is further 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 curtailment in abeyance during any appeal of the curtailment.

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. 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@doh.nj.gov.

Sincerely,

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

GR:JLM:nj

DATE: October 20, 2025
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control X25255