



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 358
TRENTON, N.J. 08625-0358

MIKIE SHERRILL
Governor

www.nj.gov/health

DR. RAYNARD E. WASHINGTON
Commissioner

In Re Licensure Violation:	:	
	:	
Mira Vie at Montville	:	DIRECTED PLAN OF CORRECTION
	:	AND SUSPENSION OF
	:	CMA PROGRAM
(NJ Facility ID# NJD35013)	:	

TO: Michael Grasso, Executive Director
Mira Vie at Montville
165 Changebridge Road
Montville, NJ 07045

Dear Mr. Grasso:

As you were notified by verbal order on October 9, 2026, effective on that date, the Department of Health (hereinafter "the Department") is imposing a Directed Plan of Correction (DPOC) requiring Mira Vie at Montville ("Mira Vie" or the "facility") to retain the services of a Consultant Administrator and Consultant Director of Nursing (DON) and to suspend the facility's CMA Program.

These enforcement actions are being taken in accordance with the provisions set forth at N.J.A.C. 8:43E2.4 (Plan of Correction) and N.J.A.C. 8:43E-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 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:

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) were on-site conducting a Complaint Surveys at the facility from October 5, 2026, through October 7, 2026. The surveyors identified multiple violations of the New Jersey Administrative Code, including, but not limited to, the following:

1. A-0935 Administration of Medications - N.J.A.C. 8:36-11.4(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.*")

2. A0963- Certified Medication Aide Program – N.J.A.C. 8:36-11.5(f) ("*Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.*")

Employee #13, whose Certified Medication Aide (CMA) license expired on August 27, 2026, worked and dispensed medications in the facility for eight (8) days or on the 11:00 p.m.-7:00 a.m. shift on the following dates: September 2, 2026, September 3, 2026, September 6, 2026, September 16, 2026, September 17, 2026, September 28, 2026, October 1, 2026 and October 4, 2026.

Further, the surveyor reviewed the facility's "Electronic Medication Record (EMR)" provided by the Director of Nursing (DON). The DON confirmed that if the resident's vital sign was not circled, it meant that the resident received the medication, and medication was not held.

On October 5, 2026, the EMR showed a resident who required a parameter for medication assistance Metoprolol Tartrate 25 mg take 1 tablet by mouth twice daily "Hold for systolic blood pressure below 110 or Heart Rate (HR) below 60." On October 6, 2026, the surveyor asked the CMA who administered medication to the resident on October 5, 2026, why the resident's medication was not held with a HR of 50. The CMA stated, "I forgot."

The surveyor also found that a CMA administered the above medication outside of the prescribed parameters with a HR of 50 on the following instances:

- a. On September 28, 2026, the EMR showed that the resident had a HR of 59;
- b. On September 22, 2026, the EMR showed that the resident had HR of 50;
- c. On September 18, 2026, the EMR showed that the resident had HR of 50;
- d. On September 12, 2026, the EMR showed that the resident had a HR of 37;
- e. On September 9, 2026, the EMR showed that the resident had a HR of 47;
- f. On August 7, 2026, the EMR showed that the resident had a HR of 56; and
- g. On August 24, 2026, the EMR showed that the resident had a HR of 56;

3. A0983- Storage and control of medication - N.J.A.C. 8:36-11.7(a)(5) ("*The administrator shall provide an appropriate and safe medication storage area, either in a common area or in the resident's unit, for the storage of medications that are not self-administered by the residents. The storage area requirement may be satisfied through the use of a locked medication cart...5. Medications shall be stored in accordance*")

with manufacturer's instructions, and/or pharmacy labels and/or directions, and/or United States Pharmacopeia Drug Information (USP DI) Volume I, Drug Information for the Health Care Professional, 2005, incorporated herein by reference, as amended and supplemented").

4. A0985- Storage and control of medication - N.J.A.C. 8:36-11.7(b) ("All medications shall be kept in their original containers and shall be properly labeled and identified.")

5. A0999- Storage and control of medication- N.J.A.C. 8:36-11.7(e) ("Discontinued or expired medications shall be destroyed within 30 days in the facility, or, if unopened and properly labeled, returned to the pharmacy for credit, if allowable, and in conformance with N.J.A.C. 13:39 and other State and Federal laws, codes, and regulations.")

On October 5, 2026, the surveyor conducted a medication observation on the first-floor Memory Care Unit (MCU) with a CMA. The surveyor observed that the medication refrigerator was without a lock and that no evidence of a lock was attached to the refrigerator. The surveyor observed the following medications that were expired in the refrigerator, to wit:

- a. 2 bottles of Amoxicillin 400 mg take 10.9 ml by mouth every 12 hours for 10 days, discard the remainder with a labeled "DO NOT USE AFTER September 11, 2026"; and
- b. 13 prefilled syringes of Clonazepam 0.25 ml administer 1 syringe by mouth or under the tongue every 6 hours as needed for anxiety or agitation, with a label "Use By: October 3, 2026".

An inspection of the medication cart on the second floor MCU by the surveyor with the Assistant Director of Nursing (ADON) found medicine that were expired on the medication cart, to wit:

- a. Fluticasone nasal spray, "Use By: August 15, 2026"; and
- b. Lorazepam Cream 0.5 mg/ml apply to inner wrist 4 hours as needed for anxiety or agitation, with a label "Use By: October 3, 2026".

Furthermore, the surveyor conducted a medication cart inspection on the first-floor of the facility with CMA and found expired medicine, to wit:

- a. Tramadol 50mg tablet with label "Use By: October 3, 2026"; and
- b. 8 Unlabeled Novolog Insulins in the refrigerator, not in pharmacy original label.

The CMA who was responsible for auditing the medication refrigerator stated that the medication audits are completed once a week by all the CMAs. However, the CMA explained that she had not had the chance to check for expired medications, because she was the only CMA on the MCU administering medication the residents. She further stated that the other CMA called out.

6. A-0401 Resident Right to Live in Safe Conditions — N.J.A.C. 8:36-4.1(a)(22) — ("The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;").

The facility failed to uphold the right of the resident to live in safe and clean conditions in the facility. Specifically, on October 5, 2026 at 11:22 a.m., during the medication cart audit, the surveyor observed that (26) residents had not received their morning medications.

The surveyor also found that a CMA administered medication outside of the prescribed parameters with a HR of 50 on October 5, 2026, September 28, 2026, September 22, 2026, September 18, 2026, September 12, 2026, September 9, 2026, August 7, 2026, and August 24, 2026,

Finally, the facility also failed to administer all medications by qualified personnel in accordance with prescriber orders and facility policy. Specifically, a CMA whose license has expired administered and documented medicine administration for eight (8) days.

These failures demonstrate noncompliance with state regulations governing assisted living facilities and compromise the health, safety, well-being, and rights 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.

SUSPENSION OF CMA PROGRAM:

The Department hereby orders the suspension of the CMA program, effective end of business day of October 9, 2026, until the facility demonstrates compliance with regulatory requirements for Registered Nurse supervision, accurate administration and documentation by properly authorized individuals, in accordance with prescribed orders and proper storage and administration of medications.

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 a Consultant Administrator who is a New Jersey Licensed Nursing Home Administrator (LNHA) or a Certified Assisted Living Administrator (CALA). The Administrator Consultant shall:

- i. Assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance;
- ii. Oversee the development, implementation and evaluation of corrective action plans;
- iii. Develop and implement compliance management systems at the facility;
- iv. Collaborate with facility leadership to ensure that operating procedures, systems and standards align with compliance requirements;
- v. Ensure staff training needed to comply with applicable licensing standards; and
- vi. 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) 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 Erica.Barber@doh.nj.gov, Andrea.Mccrayreid@doh.nj.gov, Jacqueline.Jones1@doh.nj.gov, Denise.ODonnell@doh.nj.gov, Opunne.Odulana@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, Lisa.King@doh.nj.gov, and Rommel.Manuel@doh.nj.gov, by 12 p.m. on October 16, 2026.

The approved consultants shall be retained and begin work no later than the close of business on October 20, 2026. 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 the 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 23, 2026, the facility should send weekly progress reports every Friday by 1:00 p.m. to Andrea.Mccrayreid@doh.nj.gov, Opunne.Odulana@doh.nj.gov, Denise.Odonnell@doh.nj.gov, Marie.Israel@doh.nj.gov, and Sharlie.Lewis@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;
3. Status of corrective measures implementation; and
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.

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.

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 DPOC 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 the regulations cited in this Order.

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,

A handwritten signature in blue ink, appearing to read "Gene Rosenblum".

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

GR:RSM/nj
DATE: October 14, 2026
E-MAIL: ed@miraviemontville.com
REGULAR AND CERTIFIED MAIL,
RETURN RECEIPT REQUESTED
Control# X26251