



State of New Jersey
DEPARTMENT OF HEALTH

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Governor

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KAITLAN BASTON, MD, MSc, DFASAM
Commissioner

IN RE: LICENSURE VIOLATION

NEW STANDARD SENIOR LIVING
AT EGG HARBOR TOWNSHIP

(NJ Facility ID# NJAL0101)

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DIRECTED PLAN OF CORRECTION

TO: Sheila Wilson- Administrator
New Standard Senior Living at Egg Harbor
6817 Eblack Horse Pike
Egg Harbor Township NJ 08234
Swilson3@prioritylc.com

Dear Ms. Wilson:

As more fully detailed below, the New Jersey Department of Health (the Department) is issuing to New Standard Senior Living at Egg Harbor (New Standard) a Directed Plan of Correction (DPOC) requiring retention of both an Administrator Consultant and Registered Nurse Consultant.

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 unit were on-site at New Standard on February 26, 2025 and February 27, 2025, for a complaint investigation and standard survey. During this survey, the surveyors identified multiple state violations, which included:

- The facility failed to ensure the development and enforcement of policies and procedures in respect to Infection Control, Activities and Transportation, Falls and Service Plans. N.J.A.C. 8:36-3.4(a)(1).
- The facility failed to implement written policies and procedures regarding infection control for Surveillance techniques to minimize sources. N.J.A.C. 8:36-18.3(a)(4).
- The facility failed to develop Health Service Plans for residents who had special services such as: falls, therapy, dialysis and wounds. N.J.A.C. 8:36-7.2(e)(1-5).
- The facility failed to ensure residents had the right to live in a safe environment. N.J.A.C. 8:36-4.1(a)(22).

As a result of these violations, all residents in the facility were at an immediate and serious risk of harm.

On March 7, 2025, the Department issued a Directed Plan of Correction requiring the facility to engage an Administrator Consultant to assist the facility to manage and oversee its operation and assist the facility to ensure that its Policies and Procedures are followed. Likewise, the facility is required to engage a Director of Nursing (DON) consultant who is a Registered Nurse to assist the facility to oversee the care of the residents. The March 7, 2025, Directed Plan of Correction remains in effect and is set forth in detail below.

DIRECTED PLAN OF CORRECTION:

The Commissioner of the Department of Health hereby directs the following plan of correction:

1. The facility must retain the full-time, on-site services of an Administrator Consultant, who shall be a New Jersey Licensed Nursing Home Administrator, to assist the facility to manage and oversee the facility's operation and to ensure the facility's Policies and Procedures are followed. The Administrator Consultant shall:
 - a. Assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance;
 - b. Oversee the development, implementation and evaluation of corrective action plans;
 - c. Develop and implement compliance management systems at the facility;
 - d. Collaborate with facility leadership to ensure that operating procedures, systems and standards align with compliance requirements;
 - e. Ensure staff training and testing for competency needed to comply with applicable

licensing standards, including, but not necessarily limited to, medication administration by certified medication aides; and,

- f. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures.
2. The facility must also retain the full-time, on-site services of a Director of Nursing (DON) consultant who is a Registered Nurse to oversee the care of the residents, including assessments of their conditions, ensuring Health Service Plans are created with interventions in place with goals for care and are evaluated for treatment and updated quarterly, ensuring General Service Plans are updated as needed and semi-annually, ensuring the Outbreak Response Policy is followed and the correct policies and procedures are implemented when a COVID outbreak occurs to ensure that all residents are kept informed and safe and to prevent the spread of infection. The DON consultant must have experience with infection control.

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 consultants shall be present in the facility for no less than 40 hours per week until further notice from the Department, with documented coverage of all shifts and weekends.

The 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, Lisa.King@doh.nj.gov, Jean.Markey@doh.nj.gov and Gene.Rosenblum@doh.nj.gov by 12 p.m. on March 14, 2025. The approved consultants shall be retained and begin work no later than the close of business on March 18, 2025.

Beginning on Friday, March 21, 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.Jones@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,
2. 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 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.

The Directed Plan of Correction shall remain in place until the facility is otherwise notified in writing by a representative of this Department.

Thank you for your attention to this important matter and for your anticipated cooperation. If you have any questions concerning the Directed Plan of Correction, please contact Nadine Jackman, Office of Program Compliance, at Nadine.Jackman@doh.nj.gov.

Sincerely,



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

GR:Jl:nj
DATE: March 11, 2025
EMAIL: Swilson3@prioritylc.com
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # X25059