State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 358
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www.nj.gov/health

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

DR. RAYNARD E. WASHINGTON
Commissioner

In Re Licensure Violation:	:	
New Standard Senior Living at Millville	:	DIRECTED PLAN OF CORRECTION
(NJ Facility ID# NJ06A003)	:	

TO: Sia Janga, Administrator
New Standard Living Senior Living at Millville
1125 Village Drive
Millville, NJ, 08332
sjanga@prioritylc.com

Dear Ms. Janga:

As you were notified by verbal order on July 9, 2026, effective on that date, the Department of Health (hereinafter "the Department") is imposing a Directed Plan of Correction (DPOC) requiring New Standard Senior Living at Millville ("New Standard" or the "facility") to retain the services of a Consultant Administrator, Consultant Director of Nursing (DON) and a Consultant Pharmacist.

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 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.

New Standard Senior Living at Millville
Notice of Directed of Plan of Correction
July 13, 2026

LICENSURE VIOLATIONS:

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) were on-site conducting two Complaint Surveys at New Standard from April 6, 2026, through April 9, 2026 and on May 27, 2026. The surveyors identified multiple violations of the New Jersey Administrative Code, including, but not limited to, the following:

1. A-0925 Provision of Pharmaceutical Services -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. The facility failed to ensure pharmaceutical services are provided in accordance to prescriber's orders. The facility failed to administer Veltassa to Resident #2 three times a day from January 14, 2026 to May 15, 2026 (**total of 52 missed doses**) which resulted to Resident #2 being hospitalized with high levels of potassium due to not receiving resident's Veltassa medication, and which required multiple sessions of dialysis to lower the potassium level.

2. A-0310 Administrator Responsibilities – N.J.A.C. 8:36 - 3.4(a)(1) – *("The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;").*

A. The Administrator failed to ensure the development, implementation and enforcement of the policies titled, "Heat/Cold, and Domestic Hot Water Temperature Monitoring Policy (DHWTMP)" for all 118 residents which is provided for in the Plan of Correction (POC) submitted by the facility's Executive Director (ED), and failed to include policy monitoring procedures, frequency and vendor information.

3. 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;").*

A. The facility failed to uphold the right of the resident to live in safe and clean conditions in the facility. On April 6, 2026, an LPN stated that the call bells had not worked on the 3rd and 4th floors since April 4, 2026. The Surveyor also reviewed the maintenance logs on April 6, 2026 and found that the call bell cord in Resident # 5's bathroom had been detached since March 28, 2026.

4. A-0411 Resident Right to Receive Confidential Treatment of Information - N.J.A.C. 8:36-4.1(a)(27) – *("The right to receive confidential treatment of information about the resident. Information in the resident's records shall not be released to anyone outside the facility without the resident's approval, unless the resident transfers to another health care facility, or unless the release of the information is required by law, a third-party payment contract, or the Department;").*

A. The facility failed to safeguard the confidential information about the residents. On April 6, 2025, CMT#1 used her/his personal laptop, without receiving permission from a facility privacy officer, to access residents' Electronic Health Records (EHR) to administer medications, schedule doctor appointments and arrange transportation. The staff member also used the login of another staff member (LPN #3) to access the EHR.

5. A-0749 General and Health Service Plans - N.J.A.C. 8:36-7.3(a) - *("The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.")*

A. The facility failed to ensure the Service Plan (SP) was updated to reflect the resident's (Resident #2) current needs following multiple falls. The SP, which was revised on February 13, 2026, did not include documented interventions to address the resident's continued falls, and did not reflect all documented falls on September 27, 2025, November 5, 2025, November 9, 2025, December 14, 2025, January 7, 2026, January 29, 2026, and February 27, 2026.

6. A-0783 Provision of Health Care Services - 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.")*

A. The facility failed to ensure that 3 residents (Resident #s 1, 2, and 3) had an annual physical examination, with certification completed by a physician documented in their Medical Record. The facility failed to provide Resident #1, #2 and # 3's physical examinations certifications.

7. 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.")*

A. The facility failed to administer all medications by qualified personnel in accordance with prescriber orders and facility policy. On April 6, 2026, medicine was administered late to a resident (scheduled at 8:00 a.m. but was administered at 10:20 a.m.) and was about to be administered early to another resident (Staff was about to administer the medicine at 11:56 a.m. but stopped when surveyor asked staff to confirm medication time, which was at 2:00 p.m.) The DON also failed, on April 6, 2026, to instruct LPN #2 to use printed Medication Administration Record (MAR) when the internet went down and the MAR can't be accessed electronically, and to document medication administration manually.

8. A-1231 Heating and Air Conditioning-N.J.A.C. 8:36-17.5(a)(1) – ("*The heating and air conditioning system shall be adequate to maintain the required temperature in all areas used by residents. Residents may have individually controlled thermostats in residential units in order to maintain temperatures at their own comfort level. 1. During the heating season, the temperature in the facility shall be kept at a*

minimum of 72 degrees Fahrenheit (22 degrees Celsius) during the day ("day" means the time between sunrise and sunset) and 68 degrees Fahrenheit (20 degrees Celsius) at night, when residents are in the facility.")

A. The facility failed to ensure that the heating and air conditioning system was adequate to maintain the required temperature in all areas used by residents in accordance with New Jersey regulations. The Facility failed to keep the temperature in the facility at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) during the day ("day" means the time between sunrise and sunset) and 68 degrees Fahrenheit (20 degrees Celsius) at night, when residents are in the facility. The facility thermostat had a reading of 67 degrees Fahrenheit and the resident room corridor containing resident rooms 240 to 251 did not contain a temperature monitoring device.)

9. A-1249 Building and Grounds Maintenance N.J.A.C. 8:36-17.7 – *("The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.")*

A. The facility failed to ensure that the building emergency exits lights were functioning for all 118 residents. Six emergency exit lights were not illuminated on the second floor of Building A Additionally, 8 of 8 illuminated exit signs that were tested to ensure that they would stay lit and visible during a power outage did not stay lit when the test button was pressed.

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.

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. 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) licensed in the State of New Jersey.

c. The facility must retain the full-time services of a pharmacist who is a licensed pharmacist in the State of New Jersey.

The three (3) 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 Andrea.Mccrayreid@doh.nj.gov, Jacqueline.Jones1@doh.nj.gov, Denise.ODonnell@doh.nj.gov, Opunne.Odulana@doh.nj.gov, Erica.Barber@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, Lisa.King@doh.nj.gov and Rommel.Manuel@doh.nj.gov, by 12 p.m. on July 15, 2026.

The approved consultants shall be retained and begin work no later than the close of business on July 17, 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, DON and Pharmacist 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, July 24, 2026, the facility should send weekly progress reports every Friday by 1:00 p.m. to 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;
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 regarding the findings and/or penalty.

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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,

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

GR:RSM:nj
DATE: July 13, 2026
E-MAIL: sjanga@prioritylc.com
REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED
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