

New Jersey Department of Health

| | | | |
|--------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03A004 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/13/2023 |
|--------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|

| | |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER HARMONY VILLAGE AT CAREONE STANWICK ROAD | STREET ADDRESS, CITY, STATE, ZIP CODE 301 N STANWICK ROAD MOORESTOWN, NJ 08057 |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------|--------------------|
| A 000 | <p>Initial Comments</p> <p>Initial Comments: C#: NJ00169288</p> <p>CENSUS: 86</p> <p>SAMPLE SIZE: 3</p> <p>The facility is in substantial compliance with N.J.A.C. Title 8 Chapter 36- Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs for this Complaint Investigation.</p> | A 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE