| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 04A024 | A. BUILDING: _____ B. WING _____ | C 07/16/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HARMONY VILLAGE AT CAREONE CHERRY HI | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

| (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 |
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| A 000 | Initial Comments<br><br>Initial Comments:<br>Type of Survey: Complaints<br><br>Complaints: NJ00189694, NJ00189692, NJ00190940, NJ00190231, NJ00190902, NJ00191015, NJ00191125<br><br>Census: 55 (7/14/26), 55 (7/15/26), 54 (7/16/26)<br><br>Sample Size: 6<br><br>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations. | A 000 | | |
| A 310 | 8:36-3.4(a)(1) Administrator's Responsibilities<br><br>(a) The administrator or designee shall be responsible for, but not limited to, the following:<br><br>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights; | A 310 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 08/07/26

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| A 310 | Continued From page 1 | A 310 | | |

This REQUIREMENT is not met as evidenced by:
Complaint #s: NJ 00191015, NJ 00191125

Based on interview and record review, it was determined that the Administrator failed to ensure the implementation and enforcement of the facility policies titled, "Assisted Living: Accident / Incident Reporting," "Identifying Types of Abuse," and "AL: Safety Monitoring using the [Company Name] Smart Device" for 1 of 6 residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On 6/18/26, the Department of Health (DOH) received a Facility Reportable Event (FRE), a document used by facilities to report events to the DOH, regarding NJ Ex Order 26.4(b)(1) According to the FRE, a Certified Home Health Aide (CHHA) was observed on surveillance monitoring footage as the CHHA '[redacted] Resident #2 in the resident's room on [redacted]. According to the FRE, the Executive Director (ED) was not aware of the NJ Ex Order 26.4(b)(1) [redacted] incident unti[redacted] five (5) days later.

On 7/14/26 at 10:45 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 was admitted to the facility in NJ Ex Order 26.4(b)(1) with a diagnosis of NJ Ex Order 26.4(b)(1).

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| A 310 | Continued From page 2<br><br>During continued surveyor review of the MR, the surveyor observed Progress Notes (PNs) dated [redacted] at 10:18 p.m., written by a Licensed Practical Nurse (LPN) #1, which revealed, "At 9:45 p.m. [camera monitoring system] alerted staff that [Resident #2] was [redacted] in apartment [number] ... Resident NJ Ex Order 26.4(b)(1) [redacted]. [Director of Wellness] ... notified of incident ..."<br><br>The PN dated [redacted] at 11:24 a.m., written by the Director of Wellness (DOW), revealed, "Resident was assessed [status post] [redacted] ... [redacted] noted [status post] [redacted] ..."<br><br>The PN dated [redacted] at 1:15 p.m., written by LPN #2, revealed, "Nurse alerted by care staff that resident was observed with NJ Ex Order 26.4(b)(1) to [his/her] [redacted] ..."<br><br>The PN dated [redacted] at 9:48 a.m., written by the DOW, revealed, "Nurse on duty reported [redacted] to [Resident #2's] [redacted] ..."<br><br>The PN dated [redacted] at 11:16 a.m., written by the DOW, revealed, "On [redacted] - [Medication Technician] reported to DOW that resident was NJ Ex Order 26.4(b)(1) in [his/her] bathroom ... On [redacted] showed in reviewing the footage, a staff member was seen [redacted] the resident [from] the bathroom to [his/her] apartment ..."<br><br>At 12:01 p.m., the surveyor reviewed the "Investigation Summary" dated [redacted] regarding the NJ Ex Order 26.4(b)(1) [redacted] on [redacted] The Investigation Summary documented, "[Company Name] video surveillance reviewed and shows the actions of CHHA appear to have been willful in the act of [redacted] the resident with [Activities of Daily Living] [redacted] in a | A 310 | | |

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| HARMONY VILLAGE AT CAREONE CHERRY HI | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

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| A 310 | Continued From page 3<br>caring and dignified manner."<br><br>At 1:17 p.m., the surveyor requested the ED to provide the surveillance footage of the NJ Ex Order 26.4( [redacted] for surveyor review.<br><br>On 7/15/26 at 9:20 a.m., the ED informed the surveyor that the surveillance footage of the NJ Ex Order 26.4(b)(1) incident was not maintained. The ED stated that the surveillance footage was not saved by the facility and the footage automatically expires within three (3) weeks. Additionally, the ED stated that she sent the footage to the NJ Ex Order 2 [redacted] for review; however, she did not save the surveillance footage and no longer had access to it.<br><br>On 7/16/26 at 12:35 p.m., the surveyor interviewed the DOW and inquired about the facility's video review process regarding the surveillance monitoring system that the facility utilized. The DOW stated that the surveillance footage from the monitoring system was reviewed weekly by the ED, DOW, and an Information Technology (IT) representative from the surveillance monitoring system's company. Additionally, the DOW stated that the surveillance footage should be reviewed for NJ Ex Order 26.4(b)(1) or incidents.<br><br>During continued interview, the surveyor inquired about the surveillance footage review for Resident #2's NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4( [redacted]. The DOW stated that she did not review the surveillance footage upon the notification of Resident #2's NJ Ex [redacted] on NJ Ex Order 26.4(b) [redacted] The DOW explained that the IT representative reviewed the footage and informed her on NJ Ex Order 26.4(b) [redacted] that Resident #2's NJ Ex [redacted] on NJ Ex Order 26.4(b) [redacted] was actually NJ Ex Order 26.4(b)(1) | A 310 | | |

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| HARMONY VILLAGE AT CAREONE CHERRY H | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

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| A 310 | Continued From page 4<br><br>During continued surveyor interview with the DOW, the surveyor inquired about [NJ Ex Order 26.4] which would require an [NJ Ex Order 26] investigation. The DOW stated that NJ Ex Order 26.4(b)(1) would warrant an investigation. The surveyor inquired about the documented [NJ Ex Order 26.4(b)(] on Resident #2's [NJ Ex Orde] which the DOW documented in Resident #2's PN on [NJ Ex Order 26.4(b)(1] The DOW confirmed that there was no investigation conducted following Resident #2's assessment with [NJ Ex Order 26.4(b)(1)] noted on [NJ Ex Order 26.4(b)]<br><br>At 1:02 p.m., the surveyor interviewed the ED and inquired about the facility's review of the surveillance monitoring system. The ED stated that the DOW was responsible for reviewing the surveillance footage after every reported [NJ Ex] in a resident room. Additionally, the ED stated that the surveillance monitoring IT company conducted "spot checks" of the footage as well.<br><br>During continued interview with the ED, the surveyor inquired about the [NJ Ex Order 26.4(b)] incident. The ED confirmed that she did not review the surveillance footage of the [NJ Ex Order 26.4(b] incident until after the [NJ Ex Order 26] was identified by the IT representative on [NJ Ex Order 26.4(b)]<br><br>The surveyor reviewed a facility policy titled, "Coordinating/Implementing Abuse, Neglect and Exploitation Policies and Procedures," last reviewed on 1/2/26, which indicated, "The administrator is responsible for the overall coordination and implementation of our facility's policy and procedures against abuse ..."<br><br>The surveyor reviewed a facility policy titled, "Assisted Living: Accident / Incident Reporting," last reviewed on 1/2/26, which indicated, "... Any | A 310 | | |

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| A 310 | Continued From page 5<br>un-witnessed accident or incident must be investigated for potential abuse ..."<br><br>The surveyor reviewed another facility policy titled, "Identifying Types of Abuse," last reviewed on 1/2/26, which indicated, "... Examples of injuries that could indicate physical abuse include ... skin tears ..."<br><br>The surveyor reviewed another facility policy titled, "AL: Safety Monitoring using the [Company Name] Smart Device," last reviewed on 1/2/26, which indicated, "Images ... may be accessed by authorized senior clinical and operational staff for quality assurance, safety, and risk management purposes ..."<br><br>The surveyor reviewed another facility policy titled, "Abuse, Neglect, Exploitation, or Misappropriation - Reporting and Investigating," last reviewed on 1/2/26, which indicated, "... Any evidence that may be needed for a criminal investigation is sealed, labeled, and protected from tampering or destruction ..." | A 310 | | |
| A 389 | 8:36-4.1(a)(16) Resident Rights<br><br>(a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted<br>living programs. Each resident is entitled to the following rights:<br><br>16. The right to be free from physical and mental abuse and/or neglect; | A 389 | | |

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| A 389 | Continued From page 6<br><br>This REQUIREMENT is not met as evidenced by:<br>Complaint # NJ00190940<br><br>Based on interview, and record review, it was determined that the facility failed to ensure Residents' Right to be free from NJ Ex Order 26.4(b)(1) was enforced for 1 of 6 residents reviewed, Resident #3. This deficient practice was evidenced by the following:<br><br>On NJ Ex Order 26.4( the Department of Health (DOH) received a Facility Reportable Event (FRE) a document used by healthcare facilities to report incidents to (NJDOH) regarding an NJ Ex Order 26.4(b)(1) . According to the FRE Resident #3's family member submitted a complaint to the Executive Director (ED) via email that included a video recording depicting medication administration, the provision of personal care, and verbal interactions between staff and Resident #3. The FRE further indicated that on NJ Ex Order 26.4(b) at 7:30 p.m., the facility's staff, the Certified home health aide (CHHA) and the Certified Medication Assistance (CMA) used NJ Ex Order 26.4(b)(1) " while they were providing care to Resident #3. The FRE indicated that both staff members were suspended immediately.<br><br>On 7/14/26 at 10:15 a.m., the surveyor reviewed Resident # 3's Medical Record (MR), which revealed that Resident #3 was admitted to the facility in NJ Ex Order 26.4(b)(1) with diagnoses of NJ Ex Order 26.4(b)(1) | A 389 | | |

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| A 389 | Continued From page 7<br><br>At the time of the survey Resident 3 no longer resided in the facility.<br><br>At 11:00a.m., the surveyor reviewed Resident #3's Progress Notes (PN), dated [NJ Ex Order 26.4(b)] at 12:04 p.m., written by the Director of Wellness (DOW) which revealed that Resident #3's family "reported via email that on [NJ Ex Order 26.4(b)] video clip showed 2 staff members- CMA and CHHA were noted with NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) during care to the resident ..." the PN further revealed that the CMA stated 'NJ Ex Order 26.4(b)(1) [redacted] ..."<br><br>At 11:11a.m., the surveyor reviewed the document titled " Termination Request Form" written by the ED who viewed the video clip provided by Resident #3's family which revealed that the CMA 'NJ Ex Order 26.4(b)(1)" in the presence of the resident and stated 'NJ Ex Order 26.4(b)(1) [redacted]," to the CHHA.<br><br>At 11:17 a.m., the surveyor reviewed the document titled "Individual Incident Statement Form" written by the License Practical Nurse (LPN) who stated "I did not hear the words she [CMA] was speaking but I did hear her [CMA] tone and I stuck my head out the bathroom and called [the CMA's name] and I made a gesture to cut it out and she stopped."<br><br>On 7/16/26 at 12:08 p.m., the surveyor interviewed the DOW who stated that she viewed the video clipping that was provided by Resident #3's family. She stated that she heard the staff say 'NJ Ex Order 26.4(b)(1)" in frustration with the resident. She further stated that the CHHA made an NJ Ex Order 26.4(b)(1) comment regarding the [NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) equipment) that the resident was | A 389 | | |

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|---|---|---|---|
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| A 389 | Continued From page 8<br>using.<br><br>At 1:27 p.m., the surveyor interviewed the ED who revealed that she also viewed the video clip that was provided by Resident # 3's family, which showed that the staff made NJ Ex Order 26.4(b)(1) [redacted] The ED further revealed the 2 staff members were immediately suspended for their NJ Ex Order 26.4(b)( and added that the NJ Ex Order 26.4(b)(1) were unacceptable and that her expectation was that the staff should be treat the residents with respect.<br><br>At the time of the survey, the CMA was not available for interview.<br><br>The surveyor review of the facility's policy titled, "Coordinating/Implementing Abuse, Neglect and Exploitation Policies and Procedures" dated 1/2/26, indicated under "Mental and Verbal Abuse" that " ...Verbal abuse may be considered to be a type of mental abuse. Verbal abuse includes the use of verbal, written or gestured communication, or sounds to residents within hearing distance, regardless of age, ability to comprehend, or disability ..." | A 389 | | |
| A 401 | 8:36-4.1(a)(22) Resident Rights<br><br>(a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted<br>living programs. Each resident is entitled to the following rights:<br><br>22. The right to live in safe and clean conditions in a facility that does not admit more | A 401 | | |

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| A 401 | Continued From page 9<br>residents than it can safely accommodate while providing services and care;<br><br>This REQUIREMENT is not met as evidenced by:<br>Complaint #s: NJ 00191015, NJ 00191125<br><br>Based on interview and record review, it was determined that the facility failed to ensure that the resident right to live in a safe environment and protected for 1 of 6 residents reviewed, Resident #2. This deficient practice was evidenced by the following:<br><br>On 6/18/26, the Department of Health (DOH) received a Facility Reportable Event (FRE), a document used by facilities to report events to the DOH, regarding NJ Ex Order 26.4(b)(1) According to the FRE, a Certified Home Health Aide (CHHA) was observed on surveillance monitoring footage as he 'NJ Ex Order 26.4(b)(1) Resident #2 in the resident's room on NJ Ex Order 26.4(b). According to the FRE, the Executive Director (ED) was not aware of the NJ Ex Order 26.4(b)(1) incident unti NJ Ex Order 26.4(b), five (5) days later.<br><br>On 7/14/26 at 10:45 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 was admitted to the facility in NJ Ex Order 26.4(b)(1) with a diagnosis of NJ Ex Order 26.4(b)(1)<br><br>Continued surveyor review of Resident #2's MR observed Progress Note (PN) dated NJ Ex Order 26.4(b) at 11:16 a.m., written by the Director of Wellness | A 401 | | |

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| A 401 | Continued From page 10<br><br>(DOW), which revealed, "On NJ Ex Order 26.4(b)( [Medication Technician] reported to DOW that resident was NJ Ex Order 26.4(b)(1) in [his/her] bathroom ... On NJ Ex Order 26.4( showed in reviewing the footage, a staff member was seen NJ Ex Order 26.4(b)( the resident [from] the bathroom to [his/her] apartment ..."<br><br>On 7/15/26 at 10:18 a.m., the surveyor reviewed the staff schedule from NJ Ex Order 26.4( through NJ Ex Order 26.4(b) The surveyor observed that the CHHA involved in the NJ Ex Order 26.4(b)(1) incident on NJ Ex Order 26.4( worked at the facility on NJ Ex Order 26.4( from 3 p.m. to 11 p.m.<br><br>On 7/16/26 at 1:02 p.m., the surveyor interviewed the Executive Director (ED) and inquired about the CHHA's scheduled shift following the NJ Ex Order 26.4(b)( incident on NJ Ex Order 26.4( . The ED stated that the CHHA worked on NJ Ex Order 26.4( and explained that she [ED] was not aware of the NJ Ex Order 26.4(b)(1) towards Resident #2 on NJ Ex Order 26.4(b)<br><br>The surveyor reviewed a facility policy titled, "Assisted Living: Accident/Incident Reporting," last reviewed on 1/2/26, which indicated, "... Any un-witnessed accident or incident must be investigated for potential abuse ..."<br><br>The surveyor reviewed the facility policy titled, "Abuse, Neglect, Exploitation, or Misappropriation - Reporting and Investigating," last reviewed on 1/2/26, which indicated, "... the administrator must determine what actions (if any) are needed to protect the residents ..." | A 401 | | |
| A 749 | 8:36-7.3(a) General and Health Service Plans<br><br>(a) The resident general service plan shall be | A 749 | | |

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| A 749 | Continued From page 11<br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Complaint #: NJ 00189694<br><br>Based on interview and record review, it was determined that the facility failed to update resident General Service Plans (GSP) with intervention(s) to address the frequency of monitoring to ensure residents at risk for [redacted] for 1 of 6 residents, Resident #5. This deficient practice was evidenced by the following:<br><br>On 7/14/26 at 10:15 a.m., the surveyor reviewed Resident #5's medical record (MR), which revealed that Resident #5 was admitted to the facility in [redacted]. The surveyor also reviewed Resident #2's GSP dated [redacted] and revised on [redacted]<br><br>The GSP revealed that Resident #5 was at "Risk of [redacted] related to [redacted] and [status post (s/p)] [redacted] The GSP indicated under "Goal" that Resident #5 "Will remain free from [redacted] Additionally, the GSP indicated under "Interventions ... Safety Checks for [redacted] every shift and as needed every 2 hours dated [redacted] | A 749 | | |

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|---|---|---|---|
| | 04A024 | A. BUILDING: _____ B. WING _____ | C 07/16/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HARMONY VILLAGE AT CAREONE CHERRY HI | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

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| A 749 | Continued From page 12<br>The GSP "Interventions" date initiated [NJ Ex Order 26.4(b)] indicated "rounds to be done frequently."<br><br>On 7/15/26 at 1:22 p.m., the surveyor interviewed the Certified Home Health Aide (CHHA) and inquired about how often staff conducted resident safety checks. The CHHA stated that rounds were completed every 2 hours. The CHHA added that residents who were at [NJ Ex Order 26.4(b)] safety checks were conducted more frequently as needed.<br><br>On 7/16/26 at 11:50 a.m., the surveyor interviewed the Director of Wellness (DOW) and inquired about the GSP not updated to reflect the frequency monitoring. The DOW stated that staff conducted rounds every 2 hours and more frequently for residents at risk of [NJ Ex Orde] The DOW stated that monitoring of all residents was ongoing due to the NJ Ex Order 26.4(b)(1) resident population. However, there was no documented staff rounding frequency times reflected on the GSP for Resident #5.<br><br>The surveyor reviewed the facility policy and procedure titled, "Service Plan" reviewed 1/2/26, which revealed, "...The resident's general service plan shall be reviewed and if necessary revised semi-annually based upon the resident's response to the care provided." | A 749 | | |
| A 751 | 8:36-7.3(b) General and Health Service Plans<br><br>(b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. | A 751 | | |

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| HARMONY VILLAGE AT CAREONE CHERRY HI | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

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| A 751 | Continued From page 13 | A 751 | | |

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ 00189694

Based on interview and record review, it was determined that the facility failed to ensure that resident Health Service Plans (HSP) were reviewed and/or revised quarterly for 1 of 6 residents. Resident #5. This deficient practice was evidenced by the following:

On 7/14/26 at 10:10 a.m., the surveyor reviewed Resident #5's medical record (MR), which revealed that Resident #5 was admitted to the facility in NJ Ex Order 26.4(b)(1) with a diagnosis of NJ Ex Order 26.4(b)(1)

The surveyor reviewed Resident #5's "Progress Notes (PN)" dated NJ Ex Order 26 at 5:25 p.m., written by the Director of Wellness (DOW). The DOW documented that Resident #5 returned from the NJ Ex Order 26.4(b) with diagnoses of NJ Ex Order 26.4(b)(1) . In addition, the DOW documented that Resident #5 had new orders for NJ Ex Order 26.4(b)(1) ), NJ Ex Order 26.4(b) ) NJ Ex Order 26.4(b)(1), and medication orders for NJ Ex Order 26.4(b)(1) chewable tablet once daily (a NJ Ex Order 26.4(b)(1) r).

During surveyor review of the PN revealed that on NJ Ex Order 26.4( at 5:13 p.m., the DOW documented that the HSP was reviewed and required revisions to include OT evaluation status post hospitalization. On NJ Ex Order 26.4(b) at 2:19 p.m., the DOW documented that the HSP was reviewed and required revisions

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| HARMONY VILLAGE AT CAREONE CHERRY HI | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

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| A 751 | Continued From page 14<br>to include PT evaluation and treatment for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) decline.<br><br>At 10:20 a.m., the surveyor reviewed Resident #5's physician "Active Orders" which revealed that Resident #5 was ordered NJ Ex Order 26.4(b)(1) give 1 capsule by mouth one time a day for NJ Ex Order 26.4(b)(1) ) on NJ Ex Order 26.4 and was started on NJ Ex Order 26.4(b). However, there was no documented evidence that the HSP was updated to include intervention(s) to address Resident #5's use of NJ Ex Order 26.4(b)<br><br>Surveyor continued review of Resident #5's HSP, revealed that the last review/revision was NJ Ex Order 26.4 which was 6 months since the NJ Ex Order 26.4(b) HSP revision.<br><br>On 7/16/26 at 11:50 a.m., the surveyor interviewed the DOW regarding review of residents HSPs. The DOW stated that the HSPs were completed quarterly and as needed with resident change in condition. Additionally, the DOW acknowledged that the NJ Ex Order 26.4 was not included on the HSP.<br><br>The surveyor reviewed the facility policy and procedure titled, "Health Care Services" last reviewed 1/2/26, which revealed "...The registered professional nurse will be responsible for : ...The assessment of the health care service needs of all residents at least ... quarterly for residents with health service plan." | A 751 | | |
| A 765 | 8:36-7.4(c)(1) Health Care Services<br><br>(c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following: | A 765 | | |

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| HARMONY VILLAGE AT CAREONE CHERRY HI | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

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| A 765 | Continued From page 15<br><br>1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as-needed basis, including and upon the resident's return to the facility from the hospital;<br><br>This REQUIREMENT is not met as evidenced by:<br>Complaint #: NJ 00189692<br><br>Based on interview and record review it was determined that the facility failed to ensure a Registered Nurse (RN) completed a comprehensive assessment for a resident who returned from the [redacted] for 1 of 6 residents. Resident #6. This deficient practice was evidenced by the following:<br><br>On 7/14/26 at 11:30 a.m., the surveyor reviewed Resident #6's closed medical record (MR), which revealed Resident #6 was admitted to the facility in [redacted] with a diagnosis of [redacted] and was discharged from the facility in [redacted] due to [redacted]<br><br>Continued surveyor review of the MR revealed "Progress Notes (PN)" dated [redacted] at 6:27 p.m., written by a Licensed Practical Nurse (LPN #1), revealed "Staff reported at 3:50 p.m., that [Resident #6] was walking in the hallway ... and a [redacted] was heard and the resident was observed [redacted] with [redacted] | A 765 | | |

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| HARMONY VILLAGE AT CAREONE CHERRY H | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

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| A 765 | Continued From page 16<br>NJ Ex Order 26.4(b)(1). NJ Ex Or was contacted and sent to [hospital] for further evaluation."<br><br>The PN dated NJ Ex Order 26.4 at 6:38 p.m., written by LPN #2, revealed "Received nurse to nurse report from RN at [hospital]. RN reported Resident #6 NJ Ex Order 26.4(b)(1) . Resident #6 will return with a NJ Ex Orde and is NJ Ex Order 26.4(b)(1). NJ Ex Order 26.4(b)(1) consulted and resident diagnosed NJ Ex Order 26.4(b)(1) " The LPN #2 also documented on NJ Ex Order 26 at 9:25 p.m., that "Resident #6 returned to NJ Ex Order 26.4(b)(1) via NJ Ex Order 26.4(b)(1 approximately 9:00 p.m. ..."<br><br>During surveyor MR review, the MR did not reveal documented evidence of an RN assessment upon Resident #6's return to the facility on NJ Ex Order 26.<br><br>On 7/16/26 at 11:30 a.m., the surveyor interviewed the Director of Wellness (DOW) who was the RN regarding Resident #6's return from hospital assessment. The DOW stated that she could not recall if a return from hospital assessment was completed for Resident #6 on NJ Ex Order 26.4<br><br>The surveyor reviewed the facility policy and procedure titled, "Initial Resident Assessment" last reviewed NJ Ex Order 26.4, which revealed, "Residents will receive a comprehensive assessment by the Welness Director or designated Registered Professional Nurse prior to or upon admission ... annually and if there is a significant change in their physical or mental status." | A 765 | | |
| A 781 | 8:36-7.5(d) Provision of Health Care Services<br><br>(d) The resident's physician or the physician's | A 781 | | |

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| HARMONY VILLAGE AT CAREONE CHERRY HI | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

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| A 781 | Continued From page 17<br>designee, that is, another physician or an advanced practice nurse or physician assistant, shall be notified by the licensed professional nurse of any significant changes in the resident's physical or cognitive/mental condition and any intervention by the physician shall be recorded.<br><br>This REQUIREMENT is not met as evidenced by:<br>NJ00190940<br><br>Based on interview and record review, it was determined that the facility failed to notify the resident's physician that the prescribed medications were not administered as ordered for 1of 6 residents reviewed, Resident #4. This deficient practice was evidenced by the following:<br><br>On 7/14/26 at 10:00 a.m., the surveyor reviewed Resident # 4 's closed medical record (MR), which revealed that resident was admitted to the facility in NJ Ex Order 26.4(b)(1) with diagnoses of NJ Ex Order 26.4(b)(1) .<br><br>At 10:30 a.m., the surveyor reviewed Resident #4's Medication Record (MAR) dated NJ Ex Order 26 through NJ Ex Order 26.4(b), which revealed the following:<br><br>NJ Ex Order 26.4(b)(1) , give 1 tablet by mouth three times a day for NJ Ex Order 26.4 was not administered to Resident #4, on NJ Ex Order 26.4( at 8:00 p.m., NJ Ex Order 26.4( at 2:00 p.m., and at 8:00 p.m., NJ Ex Order 26.4( at 6:00 a.m., and at 2:00 p.m., for a total of 5 dosages. | A 781 | | |

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| HARMONY VILLAGE AT CAREONE CHERRY HI | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

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| A 781 | Continued From page 18<br><br>The surveyor reviewed the Progress Notes (PN) for NJ Ex Order 26.4(b)(1) which revealed no documented evidence that Resident # 4's physician was notified.<br><br>On 7/16/26 at 12:08 a.m., the surveyor interviewed the Director of Wellness (DOW) who stated that if the CMA identified that the prescribed medication was not in the medication cart and she was unable to administer the medication the CMA was to notify the LPN and the LPN would have notified the Resident #4's Primary Care physician (PCP). The DOW further stated if she was aware that the prescribed medications were not available in the medication cart, she would have alerted Resident #4's PCP. The DOW added that the CMA was no longer administering medication.<br><br>At the time of the survey the CMA was not available.<br><br>The surveyor reviewed the facility's policy titled "Assisted Living: Administration of Medication" with an approved date 1/2/26 under "Procedure" #21.c Indicated "the medication error occurs when ...the resident's medication is omitted ..." # 20.c further indicated that "The registered professional nurse will notify the prescriber and pharmacist and document the error and notifications in the resident's record ..."<br><br>Reference 8:36-11.4(6)-A935 | A 781 | | |
| A 935 | 8:36-11.4(b) Administration of medications<br><br>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's | A 935 | | |

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| HARMONY VILLAGE AT CAREONE CHERRY H | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

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| A 935 | Continued From page 19<br>requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, it was determined that the facility failed to ensure that all medications were administered in accordance with prescriber orders for 1 of 6 residents reviewed, Resident # 4. This deficient practice was evidenced by the following:<br><br>On 7/14/26 at 10:00 a.m., the surveyor reviewed Resident # 4 's closed medical record (MR), which revealed that resident was admitted to the facility in NJ Ex Order 26.4(b)(1) with diagnoses of NJ Ex Order 26.4(b)(1)<br><br>AT 10:30 a.m., the surveyor reviewed the Medication Record (MAR) dated from NJ Ex Order 26 through NJ Ex Order 26.4(b)(1 which revealed the following:<br><br>NJ Ex Order 26.4(b)(1) , give 1 tablet by mouth three times a day for NJ Ex Order 26.4 was not administered to Resident #4, on NJ Ex Order 26.4( at 8:00 p.m., NJ Ex Order 26.4(b) at 2:00 p.m., and at 8:00 p.m., NJ Ex Order 26.4( at 6:00 a.m., and at 2:00 p.m., for a total of 5 dosages.<br><br>At 10:47 a.m., the surveyor review of Resident # | A 935 | | |

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| HARMONY VILLAGE AT CAREONE CHERRY HI | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

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| A 935 | Continued From page 20<br>4 progress notes (PN) revealed the following:<br><br>On NJ Ex Order 26 at 9:45 a.m., PN written by certified medication aide (CMA) revealed NJ Ex Order 26.4(b)(1) by mouth two times a day for NJ Ex Order 26.4(b) was not administered, the CMA documented "awaiting pharmacy delivery."<br><br>On NJ Ex Order 26.4 at 9:31 a.m., PN written by CMA revealed NJ Ex Order 26.4(b)(1) by mouth one time a day was not administered, the CMA documented "awaiting delivery"<br><br>At 9:33 a.m., NJ Ex Order 26.4(b)(1), give 1 tablet by mouth two times a day for NJ Ex Order 26.4(b)(1) was not administered, the CMA documented "awaiting delivery."<br><br>At 5:49 p.m., NJ Ex Order 26.4(b)(1) give 1 tablet by mouth two times a day for NJ Ex Order 26.4(b)(1) was not administered, the CMA documented "awaiting pharmacy delivery."<br><br>On NJ Ex Order 26 at 9:09 a.m., PN written by CMA revealed NJ Ex Order 26.4(b)(1) give 1 can by mouth two times a day for nutrients was not administered, the CMA documented "awaiting delivery."<br><br>On NJ Ex Order 26.4(b) at 9:34 a.m., PN written by CMA revealed NJ Ex Order 26.4(b)(1) give NJ Ex Order by mouth one time a day for NJ Ex Order 26.4(b)(1) was not administered, the CMA documented "awaiting delivery."<br><br>On NJ Ex Order 26.4(b) at 10:56 a.m., PN written by CMA revealed the medication NJ Ex Order 26.4(b)(1) give 1 tablet by mouth one time a day for NJ Ex Order 26.4(b)(1) was not administered the CMA was documented "awaiting pharmacy delivery." | A 935 | | |

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| A 935 | Continued From page 21<br><br>On [NJ Ex Order 26.4(b)] at 8:36 a.m., PN written by CMA revealed the medication [NJ Ex Order 26.4(b)(1)] give 1 tablet by mouth one time a day for [NJ Ex Order 26.4(b)(1)] was not administered, the CMA documented "awaiting delivery."<br><br>On [NJ Ex Order 26.4(b)] at 10:19 a.m., PN written by CMA revealed the medication [NJ Ex Order 26.4(b)(1)] give 1 tablet by mouth one time a day for [NJ Ex Order 26.4(b)(1)] was not administered, the CMA documented "awaiting delivery."<br><br>On [NJ Ex Order 26.4(b)] at 10:44 a.m., PN written by CMA revealed the medication [NJ Ex Order 26.4(b)(1)] give 1 tablet by mouth one time a day for [NJ Ex Order 26.4(b)(1)] was not administered, the CMA documented "not available."<br><br>On [NJ Ex Order 26.4(b)] at 9:04 a.m., PN written by CMA revealed the medication [NJ Ex Order 26.4(b)(1)] give, 1 tablet by mouth one time a day for [NJ Ex Order 26.4(b)(1)] was not administered, the CMA documented "not available."<br><br>On [NJ Ex Order 26.4(b)] at 8:19 a.m., PN written by CMA revealed the medication [NJ Ex Order 26.4(b)(1)] give, 1 tablet by mouth one time a day for [NJ Ex Order 26.4(b)(1)] was not administered, the CMA documented "not available."<br><br>On [NJ Ex Order 26.4(b)] at 8:47 a.m., PN written by CMA revealed the medication [NJ Ex Order 26.4(b)(1)], give 1 tablet by mouth one time a day for [NJ Ex Order 26.4(b)(1)] was not administered, the CMA documented "not available."<br><br>On [NJ Ex Order 26.4(b)] at 8:38 a.m., PN written by CMA revealed the medication [NJ Ex Order 26.4(b)(1)], give 1 tablet by mouth one time a day for | A 935 | | |

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| HARMONY VILLAGE AT CAREONE CHERRY HI | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

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| A 935 | Continued From page 22 | A 935 | | |

NJ Ex Order 26.4(b)(1) was not administered, the CMA documented "awaiting pharmacy delivery."

On NJ Ex Order 26.4(b) 10:11 a.m., PN written by CMA revealed the medication NJ Ex Order 26.4(b)(1) , give 1 tablet by mouth one time a day for NJ Ex Order 26.4(b)(1) was not administered the CMA documented "awaiting delivery."

On NJ Ex Order 26.4(b) at 10:10 a.m., PN written by CMA revealed the medication NJ Ex Order 26.4(b)(1) give 1 tablet by mouth three times a day for NJ Ex Order 26.4 was not administered the CMA documented "not available."

On NJ Ex Order 26.4( at 1:18 p.m., PN written by CMA revealed the medication NJ Ex Order 26.4(b)(1) give 1 tablet by mouth three times a day for NJ Ex Order 26.4 was not administered, the CMA documented "awaiting pharmacy delivery."

On NJ Ex Order 26.4( at 1:14 p.m., PN ., PN written by CMA revealed the medication NJ Ex Order 26.4(b)(1) give 1 tablet by mouth three times a day for NJ Ex Order 26.4 was not administered, the CMA documented "awaiting pharmacy delivery."

On 7/14/26 at 11:36 a.m., the surveyor reviewed Resident #4's Individual service plan (ISP) dated NJ Ex Order 26.4( focused on medication under "Goal" revealed that Resident #4 " ...Will be supported to take all medications safely and as ordered ... It further revealed under the interventions dated NJ Ex Order 26.4( that Resident #4 " ...need help with medications due to NJ Ex Order 26.4(b)(1) ..."

At 11:56 a.m., the surveyor reviewed the CMA's job description that revealed under "Duties and Responsibilities" that the CMA " ...Follow the policies and procedures of the facility governing

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|---|---|---|---|
| | 04A024 | A. BUILDING: _____ B. WING _____ | C 07/16/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HARMONY VILLAGE AT CAREONE CHERRY H | 1240 BRACE ROAD CHERRY HILL, NJ 08034 |

| (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 |
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| A 935 | Continued From page 23<br>the administering of medications to residents ..." It further revealed that the CMA "Note and report errors in the administration of medications ..."<br><br>On 7/16/26 at 12:08 a.m., the surveyor interviewed the Director of Wellness (DOW) stated that when the CMA identify that the prescribed medication was not available in the medication cart, the CMA was expected to notify the License Practical Nurse (LPN) and the LPN was expected to contact the pharmacy and the doctor, the DOW also added that the doctor would order another NJ Ex Order 26.4(b)(1) medication or the facility would contact another pharmacy and document in the eMAR and in the PN. She further added that it was unacceptable for Resident #4 to have gone several days without receiving the prescribed medication.<br><br>At 1:27 a.m., the surveyor interviewed the Executive Director (ED) who stated that " ...if a medication is not given it is a medication error ..." she further stated "there should not be any reason why medications are not given. We have 3 different pharmacies ..."<br><br>The surveyor reviewed the Facility's policy, titled "Assisted Living: Administration of Medication" under procedure #15 indicated "If a medication is refused, withheld, or vomited it will be... b. Reported to the registered professional nurse immediately..." The policy further stated under #21 "The medication error occurs when: ...c. the medication is omitted..." | A 935 | | |
| A1011 | 8:36-11.7(k) Storage and Control of Medications<br><br>(k) Controlled dangerous substances shall be stored, and records shall be maintained, in | A1011 | | |

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| A1011 | Continued From page 24<br>accordance with the New Jersey Controlled Dangerous Substances Act, N.J.S.A. 24:21-1 et seq., and all other Federal and State laws and regulations concerning the procurement, storage, dispensation, administration, and disposition of same.<br><br>This REQUIREMENT is not met as evidenced by:<br>NJ00190231<br><br>Based on interview and record review, it was determined that the facility failed to ensure that the Narcotic Tracking Sheet (NTS) shift-to-shift signature log used to ensure accountability of controlled substances was consistently completed and signed by staff for 1 of 2 medication carts(MC), MC #1. This deficient practice was evidenced by the following:<br><br>On 7/15/26 at 9:10 a.m., the surveyor observed a medication administration process with the Certified Medication Assistant (CMA), the surveyor reviewed the NTS for MC #1, which indicated that the CMA did not sign the NTS when she took possession of the medication cart on the morning of 7/15/26.<br><br>At 9:47 a.m., the surveyor interviewed the MCA, who stated that she did not perform the required narcotics count at the beginning of her shift and did not sign the NTS. The MCA further stated that she worked the 3:00 p.m. to 11:00 p.m. shift on 7/14/26 and therefore she knew which medications remained in the medication cart. | A1011 | | |

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| A1011 | Continued From page 25<br><br>On 7/16/26 at 12:08 p.m., the surveyor interviewed the Director of Wellness (DOW) who stated that narcotic counts should be done every shift. The DOW reviewed the NTS in the presence of the surveyor and stated that she will change the NTS format. The DOW added that it was unacceptable for the CMA not to sign the NTS.<br><br>The surveyor reviewed the facility's policy titled "Assisted Living: Administration of Medication" approved on 1/2/26, provided by the Executive Director. Review of this policy offered no guidance regarding the controlled drug inventory count for each shift. | A1011 | | |
| A1073 | 8:36-15.6(b) Resident Records<br><br>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health<br>care and service providers shall be entered according to the standards of professional practice.<br><br>This REQUIREMENT is not met as evidenced | A1073 | | |

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|---|---|---|---|---|
| A1073 | Continued From page 26<br>by:<br>Complaint #s: NJ 00191015, NJ 00191125, NJ 00189694<br><br>Based on interview and record review, it was determined that the facility failed to accurately document care and assessments for 2 of 6 residents reviewed, Resident #2 and Resident #5. This deficient practice was evidenced by the following:<br><br>1. On 7/16/26 at 11:20 a.m., the surveyor reviewed Resident #5's medical record (MR), which revealed that Resident #5 was admitted to the facility in NJ Ex Order 26.4(b)(1), with a diagnosis of NJ Ex Order 26.4(b)(1)<br><br>Continued surveyor review of Resident #5's MR revealed a Progress Notes (PN) dated NJ Ex Order 26 at 7:39 a.m., written by Licensed Practical Nurse (LPN) #1. LPN #1 documented "At 4:15 a.m., Resident [#5] had NJ Ex Order 26.4(b)(1) in the dining room. Resident observed NJ Ex Order 26.4(b)(1) with NJ Ex Order 26 in front of him/her. Resident [#5] complained of NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) applied and NJ Ex Order 26.4(b)(1). ... [Primary Care Physician (PCP), Director of Wellness (DOW), Power of Attorney (POA), message left awaiting return call at this time, oncoming nurse aware."<br><br>The PN dated NJ Ex Order 26 at 8:22 p.m., written by LPN #2 revealed, "Status post NJ Ex O Resident #5 observed ambulating throughout the unit with walker. Noted with NJ Ex Order 26.4(b)(1) Denied complaints of NJ Ex Ord during this shift.<br><br>Additionally, surveyor review of Resident #5's MR | A1073 | | |

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|---|---|---|---|---|
| A1073 | Continued From page 27<br><br>revealed a "Universal Transfer Form (UTF)," a document utilized to communicate pertinent medical information between two medical facilities when a resident is transferred from one facility to another facility. The UTF dated [NJ Ex Order 26] at 4:30 a.m., revealed that Resident #5 was transferred to the hospital following the unwitnessed fall on [NJ Ex Order 26] at 4:15 a.m.<br><br>However, surveyor continued review of LPN #1's PN dated [NJ Ex Order 26] at 7:39 a.m., did not reveal documented evidence that Resident #5 was transferred to the hospital for emergency care and treatment following the 4:15 a.m. [NJ Ex] on [NJ Ex Order 26.4] In addition, the MR did not reflect documented evidence of Resident #5's return from the hospital on [NJ Ex Order 26.4]<br><br>At 11:50 a.m., the surveyor interviewed the Director of Wellness (DOW) regarding LPN #1's documentation in the MR. The DOW stated that she was not aware that LPN #1 did not document that Resident #5 was transferred to the hospital following [NJ Ex Order 26.4] on [NJ Ex Order 26.4]<br><br>2. On 7/14/26 at 10:45 a.m., the surveyor reviewed Resident #2's MR, which revealed that Resident #2 was admitted to the facility in [NJ Ex Order 26.4(b)(1)] with a diagnosis of [NJ Ex Order 26.4(b)(1)]<br><br>During continued surveyor review of Resident #2's MR, the surveyor observed Progress Notes (PNs) dated [NJ Ex Order 26.4(b)] at 10:18 p.m., written by Licensed Practical Nurse (LPN) #3, which revealed, "... resident was [NJ Ex Order 26.4(b)(1)] ... [NJ Ex Order 26.4(b)(1)] noted at this time ..."<br><br>The PN dated [NJ Ex Order 26.4(b)] at 11:24 a.m., written by the DOW, revealed, "Resident was assessed | A1073 | | |

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|---|---|---|---|
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| A1073 | Continued From page 28<br>[status post] NJ Ex Order 26.4(b)(1) noted [status post] NJ Ex ..."<br><br>The PN dated NJ Ex Order 26.4( at 12:38 p.m., written by the DOW, revealed, "At 9:45 p.m., ... fall monitoring camera device alerted staff that resident was NJ Ex Order 26.4(b)(1) ... NJ Ex Order 26.4(b)(1 noted at this time ..."<br><br>The PN dated NJ Ex Order 26.4( at 1:15 p.m., written by LPN #4, revealed, "Nurse alerted by care staff that resident was observed with NJ Ex Order 26.4(b)(1) to [his/her] NJ Ex Order 26.4(b)(1) ..."<br><br>The PN dated NJ Ex Order 26.4( at 9:48 a.m., written by the DOW, revealed, "Nurse on duty reported NJ Ex Order 26.4(b)( to [Resident #2's] NJ Ex Order 26.4(b)(1) ..."<br><br>The PN dated NJ Ex Order 26.4(b) at 11:47 a.m., written by the DOW, revealed, "Head to toe assessment done and NJ Ex Order 26.4(b)(1) noted." However, the PN of the assessment completed by the DOW, did not include documentation of the NJ Ex Order 26.4(b)( on Resident #2's NJ Ex Order 26.4(b)(1) that the DOW documented two (2) hours prior at 9:48 a.m., progress note.<br><br>On 7/16/26 at 12:35 p.m., the surveyor interviewed the DOW and inquired about the documentation regarding Resident #2's assessments between NJ Ex Order 26.4( and NJ Ex Order 26.4(b)( The DOW stated that she did not recall any NJ Ex Order 26.4 at the time of her assessment of Resident #2 following Resident #2's reported NJ Ex on NJ Ex Order 26.4(.<br><br>During the interview, the DOW reviewed the PNs between NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b)( in the presence of the surveyor and confirmed that there were discrepancies of the assessment documented in the PNs. | A1073 | | |

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| A1073 | Continued From page 29<br><br>The surveyor reviewed a facility policy titled, "Charting and Documentation," last reviewed on 1/2/26, which indicated, "... Documentation in the medical record will be objective ... complete, and accurate ..." | A1073 | | |
| A1181 | 8:36-17.1(b) Provision of Services<br><br>(b) The facility shall provide housekeeping, laundry, pest control, and maintenance services, and<br>shall provide assistance to residents who require assistance with these services in their residential units.<br><br>This REQUIREMENT is not met as evidenced by:<br>Complaint #: NJ 00190902<br><br>Based on interview and record review, it was determined that the facility failed to provide laundry services on a scheduled basis for 1 of 6 residents reviewed, Resident #2. This deficient practice was evidenced by the following:<br><br>On 7/14/26 at 10:45 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 was admitted to the facility in NJ Ex Order 26.4(b)(1) with a diagnosis of NJ Ex Order 26.4(b)(1)<br><br>During surveyor review of Resident #2's MR, the surveyor reviewed Resident #2's Service Plan (SP) and reviewed the "Home Management" | A1181 | | |

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|---|---|---|---|---|
| A1181 | Continued From page 30<br><br>Focus Section of the SP. The surveyor observed that the SP included the goal of "Laundry services will be met;" however, the surveyor did not observe documented intervention(s) which indicated the frequency of or NJ Ex Order 26.4(b)(1) for providing laundry services to Resident #2.<br><br>On 7/15/26 at 2:12 p.m., the surveyor requested the Executive Director (ED) to provide the laundry checklists for NJ Ex Order 26.4(b)(1).<br><br>On 7/16/26 at 9:03 a.m., the surveyor reviewed the facility's laundry checklists for the month of NJ Ex Order 26.4(b)(1) The findings were as follows:<br><br>1. Resident #2's laundry was picked up on NJ Ex Order 26.4( however, there was no documented evidence which reflected that the resident's laundry was sorted, washed, or dried.<br><br>2. Resident #2's laundry was picked up, sorted, washed, and dried on NJ Ex Order 26.4(b)(1) [redacted].<br><br>The surveyor did not observe documented evidence which reflected that Resident #2's clothes were washed on NJ Ex Order 26 or during the 14-day period between NJ Ex Order 26.4(b)(1).<br><br>At 11:06 a.m., the surveyor interviewed, via phone call, the Housekeeper who was responsible for the laundry at the facility and inquired about the laundry schedule. The Housekeeper stated that every resident was scheduled for laundry services each week and she documented each task completed for each resident on the laundry checklist. Additionally, the Housekeeper confirmed that Resident #2 received laundry services at the facility. | A1181 | | |

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|---|---|---|---|---|
| A1181 | Continued From page 31<br><br>At 12:35 p.m., the surveyor interviewed the Director of Wellness (DOW) and inquired about the coordination of laundry services. The DOW stated that the residents' SPs specified the laundry care needs for each resident.<br><br>During surveyor interview, the DOW reviewed Resident #2's SP and confirmed that it did not specify the frequency of laundry services for Resident #2.<br><br>At 1:02 p.m., the surveyor interviewed the ED and inquired about the laundry services at the facility. The ED stated that laundry was done at least weekly for each resident and the frequency of laundry services was documented on the SP. Additionally, the ED stated that the housekeeping staff documented the tasks completed on the laundry checklists.<br><br>The surveyor reviewed a facility policy titled, "Assisted Living: Personal Laundry," last reviewed on 1/2/26, which indicated, "... The amount of assistance provided will depend on each resident's service plan ..." | A1181 | | |
| H 000 | Initials Comments<br><br>Survey Type: Complaint<br><br>Complaint #: NJ 00189694<br><br>Census: 54<br><br>THE FACILITY IS NOT IN COMPLIANCE WITH THE STANDARDS FOR LICENSURE OF RESIDENTIAL FACILITIES CHAPTER N.J.A.C. 8:43E GENERAL LICENSURE PROCEDURES AND STANDARDS APPLICABLE TO ALL | H 000 | | |

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|---|---|---|---|---|
| H 000 | Continued From page 32<br>LICENSED FACILITIES | H 000 | | |
| H5790 | 8:43E-13.4(d) Mandatory use of Universal Transfer Form<br><br>(d) A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record.<br><br>This REQUIREMENT is not met as evidenced by:<br>Complaint #: NJ 00189694<br><br>Based on interview and record review it was determined that the facility failed to retain completed copy of the "Universal Transfer Form (UTF)" in the residents' medical record, for 1 of 6 residents, Resident #5. This deficient practice was evidenced by the following:<br><br>On 7/16/26 at 11:20 a.m., the surveyor reviewed Resident #5's medical record (MR), which revealed that Resident #5 was admitted to the facility in NJ Ex Order 26.4(b)(1) with a diagnosis of NJ Ex Order 26.4(b)(1)<br><br>The MR also revealed a "Progress Note (PN)" dated NJ Ex Order 26.4 at 3:35 a.m., written by a Licensed | H5790 | | |

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| H5790 | Continued From page 33<br><br>Practical Nurse (LPN) which revealed "At 2:49 a.m., "This nurse [LPN] received an alert that resident was NJ Ex Order 26.4(b)(1) ... resident was observed ... NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) noted over his/her NJ Ex O called, resident transferred to [Hospital] for treatment and evaluation at 3:11 a.m."<br><br>During surveyor review of the MR, did not observe a UTF (a document utilized to communicate pertinent medical information between two medical facilities when a resident is transferred from one facility to another facility), for Resident #5's transfer to the hospital on NJ Ex Order 26.<br><br>At 11:50 a.m., the surveyor requested a copy of the NJ Ex Order 26 UTF from the Director of Wellness.<br><br>At 2:59 p.m., the DOW stated that she did not have a copy of the UTF form for Resident #5's transfer to the hospital status post NJ Ex Order 26 on NJ Ex Order 26.4<br><br>The surveyor reviewed the facility policy and procedure titled, "Emergency Care" reviewed 1/2/26, which revealed "...When emergency transport is necessary, information is conveyed using the designated universal transfer form." | H5790 | | |

POC #2 received 8/25/26
Accepted 8/26/26

***Plan of Correction***
***Harmony Village at CareOne at Cherry Hill***
***Survey Date: 7/16/26***

Harmony VILLAGE
at CareOne Cherry Hill

**POC #2**

**Plan of Correction: A310**

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**
   - On 6/13/26, the Director of Wellness (DOW) assessed Resident #2 (R#2) with the findings of NJ Ex Order 26.4(b)(1), investigated and at that time, concluded the NJ Ex Order 26.4(b) was related to NJ Ex Order 26.4(b) incident that occurred on NJ Ex Order 26.4(b)
   - On 6/13/26, the DOW obtained a physician order and prescription for the treatment of the NJ Ex Order 26.4(b) to R#2's NJ Ex Order 26.4(b)(1)
   - On 6/17/26, the Executive Director (ED) was notified by Information Technician (IT) of an NJ Ex Order 26.4(b)(1) incident that occurred on NJ Ex Order 26.4(b)
   - On 6/17/26, the identified Certified Home Health Aide (CHHA) was immediately suspended by the Executive Director and subsequently terminated from employment.
   - Resident #2 still resides at the facility and receives NJ Ex Order 26.4(b)(1) Services.

2. **How will the facility identify other residents having the potential to be affected by the same deficient practice.**
   - All residents with injuries of unknown origin have the potential to be affected by this practice.

3. **What measures will be put in place, or systemic changes will be made to ensure that the deficient practice will not recur.**
   - On 7/16/26, Clinical Director of Assisted Living Facilities provided in-service education to the Executive Director (ED) and the Director of Wellness (DOW) on the facility's policies titled, "Coordinating/Implementing Abuse, Neglect and Exploitation," "Assisted Living: Accident/Incident Reporting," which included "any un-witnessed accident or incident must be investigated for potential abuse..." as well as "Abuse, Neglect, Exploitation or Misappropriation – Reporting and Investigating," including, "...Any evidence that may be needed for a criminal investigation is sealed, labeled and protected from tampering or destruction..." Education included the requirement to conduct a full investigation for all injuries of unknown origin. The ED and DOW verbalized understanding of this education. In-service Education was completed & signed on 8/4/2026.
   - On 7/24/26 the Clinical Director of Assisted Living Facilities provided in-service education to the Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) working the 7-3p, 3-11p and 11-7a shifts on the facility's policy titled, "Identifying Types of Abuse." Education included, "...Examples of injuries that could indicate physical abuse include...skin tears..." and the requirement to immediately notify the DOW and ED of any injuries of unknown origin. Staff acknowledged understanding of this policy.
   -

Harmony VILLAGE at CareOne Cherry Hill

- On 7/24/26 the Clinical Director of Assisted Living Facilities conducted an audit of all incident reports with alterations in skin integrity, for example: skin tears, that occurred within the last 30 days. All incidents were thoroughly investigated by the Director of Wellness. There were no untoward findings of the audit.
- Inspiren Augie system Smart Device policy is reviewed with all nursing and carestaff at time of hire. The DOW reviewed the Policy & Procedure with staff the first week of August.

4. **How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.**
    - The Regional Nurse or designee will conduct audits of 100% of incident reports with alterations in skin integrity, for example: Skin tears, to ensure all injuries are fully investigated and /or reported to regulatory agencies as needed. Audits will be conducted weekly x 4 weeks, then monthly x 3 months.
    - The Regional Nurse or designee will report the findings to the Quality Assurance Performance Improvement (QAPI) committee on a monthly basis x 3 months. The QAPI committee meets monthly and will review the findings and provide recommendations for further audits as needed.

**Completion Date: 8/21/26**

NJ Ex Order 26.4(b)(1) [redacted]

approved
8/20/26

*Plan of Correction*
*Harmony Village at CareOne at Cherry Hill*
*Survey Date: 7/16/26*
Plan of Correction: A389

Harmony VILLAGE at CareOne Cherry Hill

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**
    - The identified Certified Home Health Aide (CHHA) was immediately suspended by the Executive Director on [redacted] and subsequently terminated from employment on [redacted]
    - The identified Certified Medication Assistant (CMA) was immediately suspended on [redacted] by the Executive Director and subsequently terminated from employment on [redacted]
    - Resident #3 no longer resides at the facility.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
    - All residents have the potential to be affected by this practice.

3. **What measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur.**
    - On 7/16/26 the Director of Wellness (DOW) conducted in-service education to the Certified Home Health Aides (CHHAs), Certified Medication Assistants (CMAs), Licensed Practical Nurses (LPNs) and Registered Nurse (RN) working the 7-3p, 3-11p, and 11-7a shifts on the facility's policy titled, "Coordinating/Implementing Abuse, Neglect and Exploitation." Education included, "...Verbal abuse may be considered to be a type of mental abuse. Verbal abuse includes the use of verbal, written or gestured communication, or sounds to residents within hearing distance, regardless of age, ability to comprehend, or disability..." Staff acknowledged understanding of this education.
    - On 7/18/26 the DOW conducted rounds on the Units to observe verbal communication between staff and residents. There were no untoward findings. All in-services were documented.

4. **How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.**
    - The Director of Wellness or designee will conduct rounds to observe interactions with staff during care. Observations will be held daily for 10 minutes on 5 residents x 5 days then weekly x 4 weeks then monthly x 3 months.
    - The results of the audit will be reported to the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x 3 months. The QAPI committee meets monthly and will review the findings and provide recommendations for further audits as needed.

**Completion date: 8/21/26** [redacted] Approved 8/26/26

*Plan of Correction*
*Harmony Village at CareOne at Cherry Hill*
*Survey Date: 7/16/26*

Harmony VILLAGE at CareOne Cherry Hill

**Plan of Correction: A401**

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**
   - Resident #2 was immediately assessed by the Registered Nurse (RN) on [NJ Ex Order 26.4(b)(] with no untoward findings. Resident #2 [NJ Ex Order 26.4(b)(1)] in the community and continues with [NJ Ex Order 26], and continues to receive [NJ Ex Order 26.4(b)(1)] Services.
   - The identified Certified Home Health Aide (CHHA) was immediately suspended by the Executive Director on [NJ Ex Order 26.4(b] and subsequently terminated from employment.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
   - *All residents have the potential to be affected by this practice.*

3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
   - On 7/16/26, Clinical Director of Assisted Living Facilities provided in-service education to the Executive Director (ED) and the Director of Wellness (DOW) on the facility's policy titled, "Assisted Living: Accident/Incident Reporting," which included "any un-witnessed accident or incident must be investigated for potential abuse..."The ED and DOW verbalized understanding of this education.
   - On 7/16/26 the Clinical Director of Assisted Living Facilities provided in-service education to the ED and the DOW on the facility's procedure of reviewing the camera surveillance footage, if available in a resident's room, post 'fall' incident to review factors/information with regards to the alleged fall incident. The ED and DOW acknowledged understanding of this procedure.
   - On 7/16/26 the Clinical Director of Assisted Living Facilities provided in-service education to the ED on the facility's policy titled, "Abuse, Neglect, Exploitation, or Misappropriation – Reporting and Investigating." Education included "... the administrator must determine what actions (if any) are needed to protect residents..." The ED acknowledged understanding of this policy and his/her responsibility.
   - On 7/17/26 the Clinical Director of Assisted Living Facilities provided in-service education to the Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) working the 7-3p, 3-11p and 11-7a shifts on the facility's policy titled, "Identifying Types of Abuse." Education included, "...Examples of injuries that could indicate physical abuse include...skin tears..." and the requirement to immediately notify the DOW and ED of any injuries of unknown origin. Staff acknowledge understanding of this policy.
   - On 7/24/26 the Clinical Director of Assisted Living Facilities conducted an audit of 100% of fall-related incident reports against any available video surveillance footage in the last seven days to ensure all incidents were appropriately investigated and documented. There were no untoward findings.
   - All the above in-services were documented and signed off on.

Harmony VILLAGE at CareOne Cherry Hill

4. **How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.?**

   - The Executive Director or designee will conduct on-going audits of 100% of fall-related incident reports to ensure incidents are thoroughly investigated and documented. Audits will be conducted daily, Monday through Friday on an on-going basis.
   - Results of the on-going audits will be presented to the Quality Assurance Performance Improvement (QAPI) committee on a monthly basis x 3 months. The QAPI committee meets monthly, and will review and provide recommendations for further audits as needed.

**Completion date 8/21/26** [redacted] approved 8/26/26

*Plan of Correction*
*Harmony Village at CareOne at Cherry Hill*
*Survey Date: 7/16/26*

Harmony VILLAGE at CareOne Cherry Hill

**Plan of Correction: A749**

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?**
   - Resident # 5 was assessed by the Director of Wellness on 7/16/26 with [NJ Ex Order 26.4(b)(1)] [redacted]
   - On 7/17/26, the Director of Wellness (DOW) reviewed and updated Resident #5's General Service Plan (GSP) to include safety checks every two hours and as needed
   - On 7/17/26, the DOW included the safety checks on the Certified Home Health Aide's (CHHA) assignment sheet to document the safety checks during each shift.
   - Resident #5 had no adverse effects related to this practice.
   - Resident #5 still resides at the facility.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
   - All residents have the potential to be affected by this practice.

3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
   - On 7/16/26 the Clinical Director of Assisted Living Facilities provided in-service education to the Director of Wellness (DOW) on the facility's policy titled, "Service Plan." Education included "...the resident's general service plan shall be reviewed and if necessary revised semi-annually based upon the resident's response to the care provided." The DOW acknowledged understanding of this policy.
   - On 8/7/26, the Clinical Director of Assisted Living Facilities and DOW conducted an audit of 100% of General service plans for residents with fall-related incidents in the last 30 days to ensure the general service plan was reviewed and updated as per the interdisciplinary team's recommendations. There were no untoward findings of the audit.
   - All in-services are documented and signed. The above in-services were completed on the dates mentioned above. The in-service Education for the Administration of Medication, Transferring Residents to the hospital and storage of medications-controlled substances were completed on 7/16/26
   - The General service plan education was completed on 7/31/26 by the Regional RN for the DOW.
   - The in-service education on the CHHA's in-serviced on documentating safetry checks on the CHHA asignment sheets was completed on 7/17/26.

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systemic change**

Harmony VILLAGE at CareOne Cherry Hill

- The Regional Nurse or designee will conduct random audits of 5 residents' General Service Plans (GSP) post fall incidents, to ensure the GSP is reviewed and updated. Audits will be conducted weekly x 4 weeks, then monthly x 3 months.
- The results of the audits will be presented to the Executive Director and the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x 3 months. The QAPI committee meets monthly and will review the audits and provide recommendations for further audits as needed.
- The LPN's and Staffing Coordinator monitor the CHHA assignment sheet for documenting safety checks daily, by reviewing the assignment sheets.

**Completion Date 8/21/26** [redacted] Approved 8/26/26

**Plan of Correction: A751**

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?**

   - Resident # 5 was assessed by the Director of Wellness on 7/16/26 with [redacted]. This resident still resides at the facility.
   - On 7/16/26, the Director of Wellness (DOW) reviewed and updated Resident #5's Health service plan to include [redacted] and as needed.
   - Resident #5 had no adverse effects related to this practice.
   - Resident #5 Health Service Plan included [redacted] but was discharged from [redacted] services do to being put on [redacted]; on [redacted]. Resident receives [redacted]

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
   - All residents have the potential to be affected by this practice.

3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
   - On 7/16/26 the Clinical Director of Assisted Living Facilities provided in-service education to the Director of Wellness (DOW) on the facility's policy titled, "Health Care Services." Education included "The registered professional nurse will be responsible for: ...The assessment of the health care service needs of all residents at least ...quarterly for residents with health service plan. The DOW verbalized understanding of this education. The in-service was completed and signed off by the DOW on 7/16/26.
   - On 7/16/26 the Clinical Director of Assisted Living Facilities and DOW conducted an audit of 10 residents' health service plans to ensure the plans were reviewed and revised at least quarterly. There were no untoward findings of the audit.

Harmony VILLAGE at CareOne Cherry Hill

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systemic change**

- The Regional Nurse or designee will conduct random audits of 5 residents' Health Service Plans to ensure the health service plan is reviewed and updated at least quarterly. Audits will be conducted weekly x 4 weeks, then monthly x 3 months.
- The results of the audits will be presented to the Executive Director and the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x 3 months. The QAPI committee meets monthly and will review the audits and provide recommendations for further audits as needed.

**Completion Date 8/21/26** [redacted] NJ Ex Order 26.4(b)

approved 8/26/26

*Plan of Correction*
*Harmony Village at CareOne at Cherry Hill*
*Survey Date: 7/16/26*

Harmony VILLAGE at CareOne Cherry Hill

**Plan of Correction: A765**

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?**
   - Resident #6 no longer resides at the facility.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
   - All residents have the potential to be affected by this practice.

3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
   - On 7/16/26 the Clinical Director of Assisted Living Facilities provided in-service education to the Director of Wellness (DOW) on the facility's policy titled, "Initial Resident Assessment." Education included, "Residents will receive a comprehensive assessment by the Wellness Director or designated Registered Professional Nurse prior to or upon admission...annually and if there is a significant change in their physical or mental status. The DOW verbalized understanding of this policy. The in-service was documented and included assessing residents upon return from the hospital and was signed off by the DOW on 7/16/26.
   - On 8/7/26 the Regional Nurse conducted an audit of 100% of residents who were re-admitted to the facility in the last 30 days to ensure a Registered Nurse assessed the resident upon re-admission. There were no untoward findings of the audit.

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systemic change**

   - The Regional Nurse or designee will conduct audits of 100% of residents who are re-admitted to the facility to ensure a Registered Nurse assessed the resident and documented the assessment upon re-admission. Audits will be conducted weekly x 4 weeks, then monthly x 3 months.
   - The results of the audits will be presented to the Executive Director and the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x 3 months. The QAPI committee meets monthly and will review the audits and provide recommendations for further audits as needed.

**Completion Date 8/21/26** [redacted] Approved 8/20/26

*Plan of Correction*
*Harmony Village at CareOne at Cherry Hill*
*Survey Date: 7/16/26*

Harmony VILLAGE at CareOne Cherry Hill

**Plan of Correction: A781**

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?**
   - Resident #4 no longer resides at the facility.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
   - All residents have the potential to be affected by this practice.

3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
   - On 7/16/26 the Clinical Director of Assisted Living Facilities provided in-service education to the Director of Wellness (DOW) on the facility's policy titled, "Assisted Living: Administration of Medication." Education included, "the medication error occurs when...the residents' medication is omitted..." and "The registered professional nurse will notify the prescriber and pharmacist and document the error and notifications in the resident's record..." The DOW verbalized understanding of this policy. The in-service was completed signed on 7/16/26 for DOW, all LPN's and Medication Technicians.
   - On 7/18/26 the Clinical Director of Assisted Living Facilities provided in-service education to the Licensed Practical Nurses (LPNs), Certified Medication Assistants (CMAs) and Registered Nurse (RN) working the 7-3p, 3-11p, and 11-7a shifts on the procedure to notify the physician, the DOW and pharmacy of any missing medications. Staff acknowledge understanding of this process.
   - On 8/7/26 the Regional Nurse conducted an audit of 10 residents' Medication Administration Records (MARs) for the last 5 days to ensure all medications were administered according to the physician's order and/or notification of a missing medication with subsequent notification to the attending provider was documented in the medical record. There were no untoward findings of the audit.

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systemic change**

   - The Regional Nurse or designee will conduct audits of 10 residents' Medication Administration Records (MARs) to ensure documentation of notification to the attending provider for any missing medications, as needed. Audits will be conducted weekly x 4 weeks, then monthly x 3 months.
   - The results of the audits will be presented to the Executive Director and the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x 3 months. The QAPI committee meets monthly and will review the audits and provide recommendations for further audits as needed.

**Completion Date 8/21/26**



NJ Ex Order 26.4(b)

approved 8/20/26

*Plan of Correction*
*Harmony Village at CareOne at Cherry Hill*
*Survey Date: 7/16/26*

Harmony VILLAGE at CareOne Cherry Hill

**Plan of Correction: A935**

1. **How the corrective action will be accomplished for those residents who are found to have been affected by the deficient practice?**
   - Resident #4 no longer resides at the facility.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
   - All residents have the potential to be affected by this practice.

3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
   - On 7/16/26 the Clinical Director of Assisted Living Facilities provided in-service education to the Director of Wellness (DOW) on the facility's policy titled, "Assisted Living: Administration of Medication." Education included, "the medication error occurs when...the residents' medication is omitted..." and "The registered professional nurse will notify the prescriber and pharmacist and document the error and notifications in the resident's record..." The DOW verbalized understanding of this policy. The Medication Administration & documentation in-service was completed and signed on 7/16/26 for DOW and all LPN's and Medication Technicians.
   - On 7/16/26 the Clinical Director of Assisted Living Facilities provided in-service education to the Director of Wellness (DOW), Licensed Practical Nurses (LPNs), Certified Medication Assistants (CMAs) and Registered Nurse (RN) working the 7-3p, 3-11p, and 11-7a shifts on the facility's policy titled, "Assisted Living: Administration of Medication." Education included, "if a medication is refused, withheld, or vomited it will be ...b. Reported to the registered professional nurse immediately; and ... the medication error occurs when: ...c. the medication is omitted." Staff verbalized understanding of this policy.
   - On 7/17/26 and 7/20/26 the Clinical Director of Assisted Living Facilities provided in-service education to the Licensed Practical Nurses (LPNs), Certified Medication Assistants (CMAs) and Registered Nurse (RN) working the 7-3p, 3-11p, and 11-7a shifts on the procedure to notify the physician, the DOW and pharmacy of any missing medications. Staff acknowledge understanding of this process.
   - On 7/17/26 and 7/20/26 the Regional Nurse conducted an audit of 10 residents' Medication Administration Records (MARs) for the last 5 days to ensure all medications were administered according to the physician's order and/or notification of a missing medication with subsequent notification to the attending provider was documented in the medical record. There were no untoward findings of the audit.
   - On 8/5/26 the Director of Wellness conducted a medication administration record audit against the medication carts to ensure all medications were delivered from the pharmacy as per physician/provider orders. There were no untoward findings of the audit.

Harmony VILLAGE at CareOne Cherry Hill

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systemic change**

- The Regional Nurse or designee will conduct audits of 10 residents' Medication Administration Records (MARs) to ensure documentation of notification to the attending provider for any missing medications, as needed. Audits will be conducted weekly x 4 weeks, then monthly x 3 months. The MARS are checked every shift & DOW audits the MARS - weekly.
- The results of the audits will be presented to the Executive Director and the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x 3 months. The QAPI committee meets monthly and will review the audits and provide recommendations for further audits as needed.

**Completion Date 8/21/26**

NJ Ex Order 26.4(b) [redacted]

approved 8/26/26

*Plan of Correction*
*Harmony Village at CareOne at Cherry Hill*
*Survey Date: 7/16/26*

Harmony VILLAGE at CareOne Cherry Hill

**Plan of Correction: A1011**

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?**
   - On 7/15/26, the Certified Medication Assistant (CMA) immediately reconciled the Controlled medications on Medication Cart #1 with the Director of Wellness and signed the shift-to-shift narcotic tracking form.
   - On 7/16/26, the Director of Wellness immediately provided in-service education to Certified Medication Assistant (CMA) on the facility's policy titled, "Assisted Living: Administration of Medication." Education included the procedure for the CMA to perform a narcotic count at the beginning and end of each shift worked. The CMA verbalized understanding of this procedure. The in-service was documented & signed by all LPN's & Med Tech's on 7/16/26 for the Storage of Medications, Controlled Substance stored and record shift to shift count.
   - No residents were adversely affected by this practice.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
   - All residents have the potential to be affected by this practice.

3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
   - On 7/16/26 the Director of Wellness (DOW) provided in-service education to the Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Certified Medication Assistants (CMAs) on the facility's policy titled, "Assisted Living: Administration of Medication." Education included the procedure to perform a narcotic count at the beginning and end of each shift worked. The staff verbalized understanding of this procedure. The in-service was documented & signed by all LPN's & Med Tech's on 7/16/26 for the Storage of Medications, Controlled Substance stored and record shift to shift count.
   - On 7/20/26 the Director of Wellness conducted an audit of 100% of the facility's medication carts to ensure all Narcotic Tracking Sheets (NTS) were signed by the on-coming and out-going (CMA, RN, or LPN). There were no untoward findings of the audit.

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systemic change**
   - The Director of Wellness or designee will conduct audits of 100% of medication carts in the facility to ensure the Narcotic Tracking Sheet (NTS) is signed by the oncoming and outgoing Certified Medication Assistant, Licensed Practical Nurse or Registered Nurse with each shift change. Audits will be conducted weekly x 4 weeks, then monthly x 3 months.
   - The results of the audits will be presented to the Executive Director and the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x 3 months. The

Harmony VILLAGE at CareOne Cherry Hill

QAPI committee meets monthly and will review the audits and provide recommendations for further audits as needed.

**Completion Date 8/21/26**

[redacted] Approved 8/20/26

*Plan of Correction*
*Harmony Village at CareOne at Cherry Hill*
*Survey Date: 7/16/26*

Harmony VILLAGE at CareOne Cherry Hill

**Plan of Correction: A1073**

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?**
   - On 7/16/26, the Director of Wellness (DOW) assessed Resident #5 with NJ Ex Order 26.4(b)(1) [redacted]
   - On 7/16/26, the DOW provided in-service education to the Licensed Practical Nurse (LPN#1) on the facility's policy titled, "Charting and Documentation." Education included "...Documentation in the medical record will be objective...complete, and accurate" and the expectation is for the nurse to document any transfer to the hospital for emergency care and treatment, as well as documentation with evaluation upon a resident's return from the hospital. LPN#1 acknowledged understanding of this policy.
   - Resident #5 had NJ Ex Order 26.4(b)(1) related to this practice.
   - On 7/16/26, the DOW assessed resident #2 with NJ Ex Order 26.4(b)(1).
   - Resident #2 had NJ Ex Order 26.4(b)(1) related to this practice.
   - Residents # 2& 5 are still in the facility.
   - DOW provided education on Charting & Documentation & was signed off by the LPN's and CMA's on 7/16/26.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
   - All residents who are transferred to the hospital or have an assessed injury have the potential to be affected by this practice.

3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
   - On 7/16/26 the Clinical Director of Assisted Living Facilities provided in-service education to the Director of Wellness (DOW) on the facility's policy titled, "Charting and Documentation," which included "...Documentation in the medical record will be objective...complete, and accurate." The DOW was educated on the importance of a thorough assessment by a Registered Nurse (RN) post fall incident and inclusion of accurate assessment in the resident's electronic medical record. The DOW acknowledged understanding of this education and policy. The inservice was documented and reviewed by the DOW on 7/16/26.
   - On 7/17/26 and 7/20/26 the DOW provided in-service education to the Licensed Practical Nurses (LPNs) and Registered Nurse (RN) working the 7-3p, 3-11p, and 11-7a shifts on the facility's policy titled, "Charting and Documentation" which included "...Documentation in the medical record will be objective...complete, and accurate." The LPNs and RN acknowledged understanding of this policy. The inservice was documented and reviewed by the LPN's & Med Tech's on 7/15 & 7/17 & RN on 7/16/26.
   - On 8/7/26 the DOW and regional nurse conducted an assessment of 100% with fall-related incidents in the last 7 days to ensure accurate documentation of assessment post-fall incident. Documentation included a thorough and accurate skin assessment. There were no untoward findings of the audit.

Harmony VILLAGE at CareOne Cherry Hill

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systemic change**

- The Regional Nurse or designee will conduct assessments of 50% of residents with fall-related incidents to ensure documentation in the medical record is objective, complete and accurate. Audits will be conducted weekly x 4 weeks, then monthly x 3 months.
- The results of the audits will be presented to the Executive Director and the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x 3 months. The QAPI committee meets monthly and will review the audits and provide recommendations for further audits as needed.

**Completion Date 8/21/26**

[redacted] NJ Ex Order 26.4(b)

approved 8/26/26

*Plan of Correction*
*Harmony Village at CareOne at Cherry Hill*
*Survey Date: 7/16/26*

Harmony VILLAGE at CareOne Cherry Hill

**Plan of Correction: A1181**

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?**
   - On 8/6/26, Resident #2's (R#2) General Service Plan was updated by the Director of Wellness (DOW) to include the specified days of the week R#2's laundry services would be provided. The Home Management focus section of R#2's service plan was updated to include R#2 will receive assistance to NJ Ex Order 26.4(b)(1)
   - Resident #2 had NJ Ex Order 26.4(b)(1) related to this practice.
   - Resident #2 still resides in the facility.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
   - All residents who require assistance to have their laundry washed and dried have the potential to be affected by this practice.

3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
   - On 7/29/26 the Executive Director provided in-service education to the Housekeeping & Laundry Department on the facility's policy titled, "Assisted Living: Personal Laundry." Education included, "...the amount of assistance provided will depend on each resident's service plan..." The Executive Director completed the in-service on 7/29/26 which was documented and signed by all the housekeeping and laundry staff.
   - On 7/29/26 the Clinical Director of Assisted Living Facilities provided in-service education to the Certified Home Health Aides (CHHAs), the housekeepers and laundry staff working the 7-3p and 3-11p shifts on the facility's policy titled, "Assisted Living: Personal Laundry." Education included, "...the amount of assistance provided will depend on each resident's service plan..." The DOW in-serviced & documented all the CHHA's on 7/29/26.
   - On 8/6/26 the DOW and regional nurse conducted an audit of 100% of General Service Plans, specifically with the need of Home Management with laundry services, to ensure a schedule is included in the interventions. The schedule includes the frequency of laundry service, and any assistance needed to gather, wash, dry, fold and put away clean clothing. All General Service Plans that were missing frequency for laundry services were immediately updated by the DOW and Regional Nurse.

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systemic change**

   - The Director of Wellness or designee will conduct audits of residents' General Service Plans to ensure residents with Home Management needs including laundry services have service plans that include specific interventions such as frequency of laundry service and assistance with gathering, washing, drying, folding and putting away clean laundry. Audits will be conducted on 5 random residents, weekly x 4 weeks, then monthly x 3 months.

Harmony VILLAGE at CareOne Cherry Hill

- The results of the audits will be presented to the Executive Director and the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x 3 months. The QAPI committee meets monthly and will review the audits and provide recommendations for further audits as needed.

**Completion Date 8/21/26** [redacted] approved 8/20/26

***Plan of Correction***
***Harmony Village at CareOne at Cherry Hill***
***Survey Date: 7/16/26***

Harmony VILLAGE at CareOne Cherry Hill

**Plan of Correction: H5790**

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?**
   - On 7/16/26, the Clinical Director of Assisted Living Facilities provided in-service education to the Director of Wellness (DOW) on the facility's policy titled, "Emergency Care." Education included "...When emergency transport is necessary, information is conveyed using the designated universal transfer form." The DOW acknowledged understanding of this policy.
   - Resident #5 had NJ Ex Order 26.4(b)(1) related to this practice.
   - Resident #5 still resides in the facility.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
   - All residents who are transferred from one facility to another have the potential to be affected by this practice.

3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
   - On 7/16/26 the Director of Wellness (DOW) provided in-service education to the Licensed Practical Nurses (LPNs) and Registered Nurse (RN) working the 7-3p, 3-11p, and 11-7a shifts on the facility's policy titled, "Emergency Care." Education included "...When emergency transport is necessary, information is conveyed using the designated universal transfer form." . Education included a copy of the Universal Transfer Form will be made and maintained in the residents' medical record. The LPNs and RN acknowledged understanding of this policy. The DOW facilitated & documented the Emergency Care Education as stated above and signed by all the LPN's on 7/16/29.
   - On 8/7/26 the DOW conducted an audit of 100% of residents who were transferred to another facility in the last 10 days to ensure a Universal transfer form was included in the residents' medical record. There were no untoward findings of the audit.

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systemic change**

   - The Director of Wellness or designee will conduct audits of residents' General Service Plans to ensure residents who are transferred to another facility have a copy of the Universal Transfer Form included in their medical record. Audits will be conducted on 100% of residents who are transferred and will be conducted weekly x 4 weeks, then monthly x 3 months.
   - The results of the audits will be presented to the Executive Director and the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x 3 months. The QAPI committee meets monthly and will review the audits and provide recommendations for further audits as needed.

***Plan of Correction***
***Harmony Village at CareOne at Cherry Hill***
***Survey Date: 7/16/26***
**Completion Date 8/21/26**

NJ Ex Order 26.4(b)(1)

approved 8/20/26

Harmony VILLAGE at CareOne Cherry Hill

Respectfully submitted,

NJ Ex Order 26.4(b)(1)

NJ Ex Order 26.4(b)(1)

Executive Director
Harmony Village at CareOne at Cherry Hill

# STATE FORM: REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER | MULTIPLE CONSTRUCTION | DATE OF REVISIT |
|---|---|---|
| 04A024 Y1 | A. Building<br>B. Wing Y2 | 8/26/2026 Y3 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HARMONY VILLAGE AT CAREONE CHERRY HILL | 1240 BRACE ROAD<br>CHERRY HILL, NJ 08034 |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|---|---|---|---|---|---|
| ID Prefix A0310<br>Reg. # 8:36-3.4(a)(1)<br>LSC | Correction<br>Completed<br>08/21/2026 | ID Prefix A0389<br>Reg. # 8:36-4.1(a)(16)<br>LSC | Correction<br>Completed<br>08/21/2026 | ID Prefix A0401<br>Reg. # 8:36-4.1(a)(22)<br>LSC | Correction<br>Completed<br>08/21/2026 |
| ID Prefix A0749<br>Reg. # 8:36-7.3(a)<br>LSC | Correction<br>Completed<br>08/21/2026 | ID Prefix A0751<br>Reg. # 8:36-7.3(b)<br>LSC | Correction<br>Completed<br>08/21/2026 | ID Prefix A0765<br>Reg. # 8:36-7.4(c)(1)<br>LSC | Correction<br>Completed<br>08/21/2026 |
| ID Prefix A0781<br>Reg. # 8:36-7.5(d)<br>LSC | Correction<br>Completed<br>08/21/2026 | ID Prefix A0935<br>Reg. # 8:36-11.4(b)<br>LSC | Correction<br>Completed<br>08/21/2026 | ID Prefix A1011<br>Reg. # 8:36-11.7(k)<br>LSC | Correction<br>Completed<br>08/21/2026 |
| ID Prefix A1073<br>Reg. # 8:36-15.6(b)<br>LSC | Correction<br>Completed<br>08/21/2026 | ID Prefix A1181<br>Reg. # 8:36-17.1(b)<br>LSC | Correction<br>Completed<br>08/21/2026 | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |

| REVIEWED BY STATE AGENCY ☐ | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
|---|---|---|---|---|
| REVIEWED BY CMS RO ☐ | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

| FOLLOWUP TO SURVEY COMPLETED ON | |
|---|---|
| 7/16/2026 | ☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO |

# STATE FORM: REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER | MULTIPLE CONSTRUCTION | DATE OF REVISIT |
|---|---|---|
| 04A024 Y1 | A. Building<br>B. Wing Y2 | 8/26/2026 Y3 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HARMONY VILLAGE AT CAREONE CHERRY HILL | 1240 BRACE ROAD<br>CHERRY HILL, NJ 08034 |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|---|---|---|---|---|---|
| ID Prefix H5790 | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # 8:43E-13.4(d) | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | 08/21/2026 | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |

| REVIEWED BY STATE AGENCY ☐ | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
|---|---|---|---|---|
| REVIEWED BY CMS RO ☐ | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

| FOLLOWUP TO SURVEY COMPLETED ON | |
|---|---|
| 7/16/2026 | ☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO |