

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02A031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2025
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NAME OF PROVIDER OR SUPPLIER CARE ONE HARMONY VILLAGE AT PARAMUS	STREET ADDRESS, CITY, STATE, ZIP CODE 189 PARAMUS ROAD PARAMUS, NJ 07652
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00188196</p> <p>CENSUS: 117</p> <p>SAMPLE SIZE: 3</p> <p>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.</p>	A 000		
A 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(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 living programs. Each resident is entitled to the following rights:</p> <p>22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;</p>	A 401		

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

TITLE

(X6) DATE

08/17/25

New Jersey Department of Health

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A 401	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188196</p> <p>Based on observation, interview and review of records, it was determined that the facility failed to ensure a safe environment for 1 of 3 residents who was observed with a bottle of [redacted], Resident #2. This deficient practice was evidenced by the following:</p> <p>On [redacted] the Department of Health (DOH) received a Facility Reportable Event (FRE) (a form utilized by health care facilities to report events), regarding an incident that occurred on [redacted]. The FRE indicated that Resident #2 reached [redacted] NJ Ex Order 26. 4B1</p> <p>[redacted]. The FRE further indicated that a Certified Home Health Aide (CHHA) immediately intervened and [redacted] NJ Ex Order 26. 4B1 Resident #2.</p> <p>On 7/22/25 at 10:00 a.m., the surveyor investigated and interviewed the Administrator and the Senior Executive Director (SED). The SED confirmed that Resident #2 lived on the [redacted] NJ Ex Order 26. 4B1 and explained that residents with [redacted] NJ Ex Order 26. 4B1</p> <p>[redacted]. The resident was not available for interview and currently out of the facility receiving [redacted] NJ Ex Order 26. 4B1.</p> <p>At 10:15 a.m. the surveyor interviewed a Licensed Practical Nurse (LPN) who stated that although she was not on duty the day of the incident, she was aware of the incident that</p>	A 401		
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A 401	<p>Continued From page 2</p> <p>occurred on [redacted]. The LPN accompanied the surveyor on a tour of the dining and bistro area. The surveyor observed that the bistro kitchenette had a point of access through a door on the right side that was locked. The LPN utilized a key to open the bistro kitchenette door, and the surveyor observed that the door locked automatically after entering the kitchenette.</p> <p>The surveyor also observed that there was a clear acrylic barrier with two open areas on each side and room to reach over the kitchenette bistro countertops. The LPN explained that Resident #2 reached [redacted].</p> <p>At 10:22 a.m., the surveyor interviewed the Director of Environmental Services (DES) regarding the [redacted]. The DES stated that he oversees the housekeeping department and also worked with the Maintenance Director (MD) and that neither of their departments utilized the [redacted].</p> <p>At 11:15 a.m., the surveyor interviewed the Food Service Director (FSD) who stated that he was new to his position, and that prior to the incident with Resident #2, his department used [redacted] the bistro and the food carts. The FSD explained that his department no longer used the [redacted] since the incident with Resident #2. He added that his department was now using anti-septic wipes instead and that the staff were in-served on the new process.</p> <p>At 12:30 p.m., the surveyor reviewed the investigation summary of the incident regarding Resident #2 on [redacted], which included multiple</p>	A 401		
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A 401	<p>Continued From page 3</p> <p>employee statements. The investigation revealed that a CHHA observed Resident #2 reached [REDACTED] NJ Ex Ord. [REDACTED]. The investigation further revealed that the CHHA immediately intervened and NJ Ex Order 26. 4B1 [REDACTED] Resident #2.</p> <p>At 1:00 p.m. the surveyor interviewed the Administrator and inquired about the conclusion of the investigation. The Adminstrator stated that she was unable to determine which employee left the NJ Ex Order 26. 4B1 [REDACTED], but that staff education was provided on NJ Exec Order 26.4b1 and accident prevention immediately following the incident on NJ Exec Order 26. [REDACTED]</p> <p>At 1:30 p.m. the surveyor reviewed an undated facility policy titled, "Assisted Living: Resident Rights" which revealed the following: "Procedure Pursuant to law and the Community Policies and Procedures, each Resident has the following Rights:...</p> <p>22. The right to live in a safe....conditions..."</p> <p>The surveyor reviewed an additional policy titled, "Location of Hazardous Chemicals", dated February 2013, which revealed the following: " Policy Statement Locations where hazardous chemicals and/or materials are used, stored, or transported are identified and marked. Policy Interpretation and Implementation 1. Hazardous chemicals and/or materials are maintained in the following locations: ...Hazardous Material Spic & Span Location Bistro Cabinet..."</p>	A 401		
A 735	8:36-7.2(e)(1-5) Health Care Assmnt. and Health Service Plan	A 735		

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A 735	<p>Continued From page 4</p> <p>(e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services, if appropriate; 4. The time intervals at which the resident's response to treatment will be reviewed; and 5. The measures to be used to assess the effects of treatment. <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188196</p> <p>Based on interview and record review, it was determined that the facility failed to develop a Health Service Plan (HSP) for a resident with a history of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 7/22/25 at 10:00 a.m., the surveyor investigated and interviewed the Administrator</p>	A 735		

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A 735	<p>Continued From page 5</p> <p>and the Senior Executive Director (SED) regarding the incident that occurred on [redacted] when Resident #2 reached [redacted].</p> <p>[redacted]. During continued surveyor interview, the SED stated that Resident #2 lived on the [redacted].</p> <p>Resident #2 was currently out of the facility receiving [redacted].</p> <p>At 11:00 a.m. the surveyor reviewed Resident #2's medical record (MR) which revealed that Resident #2 moved into the facility in [redacted].</p> <p>[redacted] Additionally, the surveyor reviewed a document titled, "Pre-Admission Medical Certification For Assisted Living", dated [redacted] which documented that Resident #2 had [redacted].</p> <p>The surveyor reviewed a progress note (PN) dated [redacted] written by a Registered Nurse Manager (RNM), which revealed that Resident #2 stated that he/she was having, [redacted]. The PN also indicated that Resident #2 expressed thoughts of [redacted] and further stated, [redacted].</p> <p>[redacted]. Further surveyor review of the PN revealed that Resident #2's physician was notified and Resident #2 was [redacted] on the evening of [redacted]. The PN dated [redacted] at 4:25 a.m., revealed that Resident #3 [redacted].</p> <p>Continued surveyor review of the PNs revealed that on the evening of [redacted] Resident #2 was [redacted].</p>	A 735		
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A 735	<p>Continued From page 6</p> <p>and Resident #2 was admitted directly to a NJ Ex Order 26. 4B1. An additional PN revealed that Resident #2 returned from the NJ Ex Order 26. 4B1 and was NJ Ex Order 26. 4B1.</p> <p>. Futher review of the PN revealed that NJ Exec Order 26.4b1 were put in place for Resident #2 upon the resident's NJ Ex Order 26. 4B1.</p> <p>However, surveyor review of the MR revealed no documentation to reflect that a HSP was developed for the resident's NJ Ex Order 26. 4B1.</p> <p>At 12:40 p.m., the surveyor interviewed the Director of Nursing (DON) and DON #2 from a NJ Ex Order 26. 4B1. DON #1 stated that she NJ Exec Order 26.4b1 in her role at the facility and began her employment NJ Ex Order 26. 4B1, and that DON #2 was there to support and mentor her. The surveyor inquired where interventions for NJ Exec Order 26.4b1 behaviors such as a NJ Ex Order 26. 4B1 were documented. DON #2 stated that if a resident was admitted from a NJ Ex Order 26. 4B1 that a HSP would be developed with interventions to address the behaviors.</p>	A 735		
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POC # 1
Received 8/17/25
Accepted



Plan of Correction
CareOne at Harmony Village at Paramus
Survey Date: 7/22/2025

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 **NJ Ex Order 26. 4B1** Resident #2 was **NJ Ex Order 26. 4B1**
NJ Ex Order 26. 4B1

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 7/2/25 in-service education was provided to the Executive Director, Director of Wellness, Director of Environmental Services (DES), Food Services Director (FSD) by the Regional Environmental Director. Education included the policy on "Location of Hazardous Chemicals."
 - On 7/2/25, the Environmental Services Director (ESD) completed inspections of 100% of the facility's bistros to ensure cleaning products were secured in locked cabinets. There were no untoward findings.
 - On-going in-service education was initiated On 7/3/25, The Director of Wellness and the Food Services Director (FSD) provided in-service training to staff working the 7-3p, 3-11p and 11-7a shifts. Education was on the policy "Location of Hazardous Chemicals," and included storage of products immediately after use.
 - On 7/11/25, the cleaning solution utilized by the dietary department was changed from liquid form to cleansing wipes. Dietary staff were educated on the use and storage of these cleaning wipes on 7/11/25 with continued education on 7/14, 7/15 and 7/18.

LICENSING

POC #1 Received 8/17/25
Accepted



- An audit tool was developed by the Food Services Director to ensure all cleaning products were stored appropriately after use. The audit tool will be utilized by the Food Service Director or designee after each meal service.
4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?**
- All bistros will be monitored/inspected by the Food Services Director or designee after each meal to ensure storage of cleaning products.
 - The Executive Director will conduct random inspections of bistros twice weekly x 2 weeks, then weekly x 2 weeks to ensure storage of cleaning products after meals.
 - The results of the audits will be forwarded to the Executive Director as well as the Quality Assurance Performance Improvement (QAPI) Committee monthly x 3 months. The QAPI Committee will review and provide recommendations for further audits as needed.
5. **Completion date 8/22/25**

Accepted 8/21/25



LICENSING

POC # 1 Received 8/17/25
Accepted



Plan of Correction: A735

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

- Resident #2 **NJ Ex Order 26. 4B1** Resident #2 was **NJ Ex Order 26. 4B1**
NJ Ex Order 26. 4B1

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 7/22/2025, the Regional Director of Clinical Services provided in-service education to the Director of Wellness on the regulation 8:36-7.2(e)(1-5) Health Care Assessment and Health Service Plan.
- On 7/23/2025, the Director of Wellness (DOW) conducted an audit of all residents to ensure those with diagnosis or history of **NJ Exec Order 26.41** behavior and/or **NJ Exec Order 26.41** to ensure a Health Service Plan (HSP) was developed. There were no untoward findings of this audit.
- On 7/23/2025, the Director of Wellness conducted an audit of all residents to ensure residents' Health Service Plans (HSP) were in accordance with their health care assessment. There were no untoward findings.

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 monthly audits of 100% of newly admitted residents to ensure Health Service Plans (HSP) are developed in accordance with a resident's health care assessment. Audits will be conducted monthly on an on-going basis.
- The results of the audits will be provided to the Executive Director as well as the Quality Assurance Performance Improvement (QAPI) committee monthly x 3 months. The QAPI Committee will review and provide recommendations for further audits as needed.

LICENSING

POC #1 Received 8/17/25
Accepted

Harmony
VILLAGE
at CareOne Paramus

5. Date of completion 8/22/25

POC Respectfully Submitted August 17, ^{NJ Ex Order 26. 4B1} [Redacted] Executive Director

Accepted 8/22/25 [Redacted]

LICENSING

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 02A031	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/21/2025
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NAME OF FACILITY CARE ONE HARMONY VILLAGE AT PARAMUS	STREET ADDRESS, CITY, STATE, ZIP CODE 189 PARAMUS ROAD PARAMUS, NJ 07652
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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 A0401	Correction	ID Prefix A0735	Correction	ID Prefix	Correction
Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. #	Completed
LSC	08/22/2025	LSC	08/22/2025	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/22/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 02A031	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/21/2025
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Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. #	Completed
LSC	08/22/2025	LSC	08/22/2025	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/22/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		