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 10/31/2025

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
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ166814, NJ169303, NJ188451, NJ188786 CENSUS: 61 SAMPLE SIZE: 8 SURVEY DATE: 10/27/2025 - 10/31/2025 The facility is not in substantial compliance with all 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, based on this Complaint Survey. 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) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/18/25

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 # NJ188451

Based on interview, record review, document review, and facility policy review, the facility failed to ensure NJ Exec Order 26.4b1) #2 followed the facility policy to remove a NJ Exec Or from NJ Exec Order a resident once the resident was placed on the NJ Exec Order 26.4b1. This failure caused Resident #5's NJ Exec Order 26.4b1, that was present in the wheelchair, to get NJ Exec Order 2 in the NJ Exec Order of the wheelchair and when this occurred, the resident NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and a NJ Exec Order This deficient practice affected 1 (Resident #5) of 3 sampled residents reviewed for accidents.

Findings included:

A facility policy titled, "Lifting Machine, Using a Mechanical," revised 07/2017, indicated "18. When the transfer destination is reached, slowly lower the resident to the receiving surface. 19. Once the resident's weight is released, stop the lowering and ensure that the sling bar does not hit the resident. 20. Detach the sling from the lift. 21. Carefully remove the sling from under the resident. Be mindful of the resident's position and balance, and skin."

An "Admission Record" revealed the facility admitted Resident #5 on NJ Exec Order 26.4b1. According to the Admission Record, the resident had a medical history that included diagnoses of

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A 310	Continued From page 2	A 310		

NJ Exec Order 26.4b1 .

Resident #5's "Service Plan Report" included a focus area titled "NJ Exec Order 26.4b1 initiated NJ Exec Order 26.4b1 that indicated the resident required the use of a mechanical lift. The Service Plan Report included a focus area titled "NJ Exec Order 26.4 initiated NJ Exec Order 26.4b1, that indicated the resident was NJ Exec Order 2 with an NJ Exec Order 26.4b1 of a wheelchair. The Service Plan Report also included a focus area titled "NJ Exec Orde initiated NJ Exec Order 26.4b1, that indicated the resident was at risk for NJ Exec O due to their NJ Exec Order 26.4b1 .

Resident #5's incident report" prepared by Licensed Practical Nurse (LPN) #3 and dated NJ Exec Order 26.4b1 revealed the care staff reported that they were NJ Exec Order 26.4b1 the resident to their room and the resident NJ Exec Order 26.4b1 wheelchair. Per the incident report, there were no predisposing environmental factors. The incident report indicated NJ Exec was called and the resident was transferred to the local emergency room (ER) for further treatment and evaluation.

Resident #5's hospital record with an admit date of NJ Exec Order 26.4b1 revealed the resident had a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 from their wheelchair and the workup in the emergency department revealed the resident NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 and was placed in a NJ Exec Order 26.4

Contained within the facility's investigation file was a handwritten "Individual Incident Statement Form" from NJ Exec Order 2 #2 dated NJ Exec Order 26.4b1, that indicated "I was NJ Exec Order 26.4b1 resident back to [his her] Room [room number] on [in] [his/her]

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A 310	Continued From page 3	A 310		

wheelchair. Resident NJ Exec Order 26.4b1 wheelchair. I immediate [immediately] notified nurse."

During an interview on 10/28/2025 at 3:26 PM, NJ Exec Order 2 #2 stated on NJ Exec Order 26.4b1 around 6:30 PM, she escorted Resident #5 by way of the resident's wheelchair and the NJ Exec Order from the resident's NJ Exec Order 26.4b1 in the NJ Exec Order and the resident NJ Exec Order 26.4b1 and NJ Exec to the NJ Exec Or CHHA #2 stated she did not know why the NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 CHHA #2 stated once the resident NJ Exec she screamed for Certified Medication Aide (CMA) #4, who arrived and called LPN #3 to assess the resident.

During a telephone interview on 10/28/2025 at 11:09 AM, LPN #3 stated she did not recall much about Resident #5's NJ Exec Per LPN #3, she thought she got a call from the medication technician that a care partner was NJ Exec Order 26.4 the resident NJ Exec Order 26 for evening care and the resident NJ Exe from their wheelchair. LPN #3 stated she observed the resident NJ Exec Order 26.4b1, applied NJ Exec Order 26.4b1 to the resident's NJ Exec Order 26.4b1 as there was NJ Exec Order and called NJ Exec to transport the resident to the ER.

During an interview on 10/28/2025 at 4:02 PM, CMA #4 stated NJ Exec Order 2 #2 called out and she noticed Resident #5 was NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 According to CMA #4, NJ Exec Order 2 #2 informed her that the NJ Exec Order from the NJ Exec Order 26.4b1 on the wheelchair and the resident NJ Exec Order 26.4b1.

During a follow-up interview on 10/28/2025 at 4:18 PM, CMA #4 stated she did not say anything to anyone about the NJ Exec Order 26.4b1 because

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A 310	Continued From page 4	A 310		

she did not see the resident [NJ Exec] CMA #4 stated she was taught to only document what she saw and not hearsay, but acknowledged [NJ Exec Order2] #2 told her that the [NJ Exec Order 26.4b1] in the resident's wheelchair.

During a follow-up interview on 10/30/2025 at 12:27 PM, [NJ Exec Order2] #2 stated she informed LPN #3 and CMA #4 that the [NJ Exec Order 26.4b1] caused Resident #5's [NJ Exec] from their wheelchair. CHHA #2 acknowledged she had been trained on the [NJ Exec Order 26.4b1] t prior to Resident #5's [NJ Exec] that occurred on [NJ Exec Order 26.4b1]

The facility "Employee Education Attendance Record" presented by the Director of Nursing Services Wellness Director (DNSWD) and dated 05/27/2025 revealed the topic of in-service as "Skills Fair - [NJ Exec Order 26.4b1]" and [NJ Exec Order2] #2 attended the in-service. The facility's policy titled "Lifting Machine, Using a Mechanical" was attached to the Employee Education Attendance Record.

During an interview on 10/29/2025 at 4:37 PM, the DNSWD stated she was not aware the [NJ Exec Order 26.4b1] caused Resident #5's [NJ Exec] The DNSWD stated had she known, she would have conducted in-service training and notified the Executive Director (ED). According to the DNSWD, all care staff had been trained on the [NJ Exec Order 26.4b1] once the resident was seated in their wheelchair. The DNSWD stated she expected all staff to follow the training received and facility policy related to [NJ Exec Order 26.4b1].

During an interview on 10/29/2025 at 4:43 PM, the ED stated he was not aware the [NJ Exec Order 26.4b1] caused Resident #5's [NJ Exec] The ED

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A 310	Continued From page 5 stated had he been told, he would have reported the incident to the clinical team and suspended the employee pending further investigation. According to the ED, he expected the staff to follow the training they received and the facility policy.	A 310		

POC #1 Received 12/18/25
Acceptable

Harmony Village at Care One Cherry Hill

1240 Brace Road, Cherry Hill NJ, 08043

Plan of Correction Harmony Village at CareOne Cherry Hill #04A024 Survey Date: Oct. 27th to 31st 2025

A310

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

   On 11/3/25, the Director of Wellness (DOW) provided in-service education to [redacted] #2, LPN#3 and CMA#4 on the facility's policy titled, "Lifting Machine, Using a Mechanical." Education included but was not limited to "Steps in the procedure... 21. Carefully remove the sling from under the resident. Be mindful of the resident's position and balance, and skin." The staff acknowledged understanding of the education.

   On 11/3/25, the (DOW) and Dementia Care Specialist (DCS) provided inservice education and training to the CHHAs working the 7-3pm, 3-11pm and 11-7am shifts regarding the facility's policy titled, "Lifting Machine, Using a Mechanical." Education included but was not limited to "Steps in the procedure... 21. Carefully remove the sling from under the resident. Be mindful of the resident's position and balance, and skin." Staff acknowledged understanding of the education.

   Resident #5 no longer resides in the community

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

   All Residents who utilize a mechanical lift for transfers 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 11/3/2025 The Director of Wellness (DOW) and Executive Director (ED) conducted an audit of General Service Plans and assignment sheets for residents who utilize mechanical lifts for transfers, to ensure instructions include removal of the mechanical lift sling post transfer. There were no untoward findings.

On 11/3/25, the DOW conducted a visual inspection of all residents who utilize a mechanical lift for transfers to ensure the mechanical lift sling was removed post transfer. There were no untoward findings.

On 11/3/25 and 11/4/25, the DOW provided in-service education to the LPNs, RNs, CMAs and CHHAs working the 7-3pm, 3-11pm and 11-7am shifts regarding the facility's policy titled, "Lifting Machine, Using a Mechanical." Education included but was not limited to "Steps in the procedure... 21. Carefully remove the sling from under the resident. Be mindful of the resident's position and balance, and skin." Staff acknowledged understanding of the education.

On 11/3/25 and 11/4/25, the DOW provided competency training for the CHHAs working the 7-3pm, 3-11pm and 11-7am shifts. Training included observation with return demonstration of "Lifting Machine, Using a Mechanical" in accordance with the facility's policy titled, "Lifting Machine, Using a Mechanical." Staff demonstrated the practical ability to perform the task of removing the sling post mechanical transfer.

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 into place to monitor the continued effectiveness of the systemic change.**

   The Director of Wellness or designee will conduct visual inspections of 100% of residents who utilize a mechanical lift to ensure the sling is removed post transfer. Audits will be conducted daily x 7 days, then weekly x 4 weeks, then monthly x 3 months.

   Results of the audits will be presented to the Executive Director (ED) and the Quality Assurance Performance Improvement (QAPI) Committee monthly x 3 months. The QAPI committee will review and provide recommendation for further audits as needed.

   The QAPI committee meets monthly.

5. **Completion Date:** 11/10/25

Accepted

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
04A024	A. Building B. Wing	1/5/2026

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE CHERRY HILL	1240 BRACE ROAD 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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 11/10/2025	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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 10/31/2025	☐ 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 B. Wing (Y2)	1/5/2026 (Y3)

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

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
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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 10/31/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			