

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11A018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/28/2025
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NAME OF PROVIDER OR SUPPLIER JUNIPER VILLAGE AT HAMILTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 YARDVILLE-HAMILTON SQUARE ROAD HAMILTON, NJ 08690
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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: COMPLAINTS #: NJ00182343, NJ00175831, NJ00188542</p> <p>CENSUS: 115</p> <p>SAMPLE SIZE: 8</p> <p>TYPE OF SURVEY: Standard Survey of 111 residential units</p> <p>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.</p>	A 000		
A1043	<p>8:36-14.3(b) Emergency Services and Procedures</p> <p>(b) The facility shall request of the local fire department that at least one joint fire drill be conducted annually. Upon scheduling a joint fire drill, the facility shall notify first aid and civil defense agencies of this drill and shall participate in community-wide disaster drills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on a documentation review and interview on October 25,2025, in the presence of the Environmental Service Director (ESD), it was determined that the facility failed to conduct joint community-based disaster drill with a request for participation by the local fire department annually. This deficient practice had the potential to affect all residents and was evidenced by the following:</p>	A1043		

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

TITLE

(X6) DATE

12/15/25

New Jersey Department of Health

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A1043	Continued From page 1 A review of the facility's Emergency Preparedness Plan and all Fire/Emergency drills at 1:05 PM, revealed that there was no documentation provided indicating a joint disaster drill with the local fire department was completed. Further review revealed that no notification document to the local authorities requesting participation in a drill with the facility was provided. In an interview at 1:01PM, the ESD confirmed the finding. The facility's Administrator and ESD were notified of the deficient practice at Life Safety Code survey exit conference at 2:55PM. N.J.A.C 8:36-14.3 (b).	A1043		
A1045	8:36-14.3(c) Emergency Services and Procedures (c) The facility shall test at least one manual pull alarm each month of the year and maintain documentation of test dates, location of each manual pull alarm tested, persons testing the alarm, and its condition. This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on October 28,2025, in the presence of the Environmental Service Director (ESD), it was determined that the facility failed to ensure that manual alarm pull stations were tested and documented monthly. This deficient practice had the potential to affect all residents and was	A1045		

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A1089	<p>Continued From page 3</p> <p>ventilation systems for rooms were functionally maintained. This deficient practice had the potential to affect 4 of 115 residents and was evidenced by the following:</p> <p>Observations during the tour from 10:33AM to 3:47PM in the presence of the ESD, revealed that Room #23,24,25 and 32 bathrooms observed had no windows and relies on mechanical ventilation system, All the ventilation systems were not functioning when tested by the ESD.</p> <p>In an interview at the time, the ESD confirmed the findings.</p> <p>The facility's Administrator and ESD were notified of the deficient practice at Life Safety Code survey exit conference on 10/28/2028 at 2:55PM.</p> <p>NJAC 8:36-16.3 (b)</p>	A1089		
A1095	<p>8:36-16.5(b) Physical Plant</p> <p>(b) All fire detection systems shall be installed in accordance with the Uniform Construction Code, N.J.A.C. 5:23, N.J.A.C. 5:70 and the National Fire Alarm Code, National Fire Protection Association (NFPA) 72, 1999 Edition, incorporated herein by reference, as amended and supplemented. National Fire Protection Association publications are available from: NFPA, One Batterymarch Park, Quincy, MA, 02269-9101.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A1095		

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A1095	<p>Continued From page 4</p> <p>Based on documentation review and interview on October 28,2025, in the presence of the Environmental Service Director (ESD), it was determined that the facility failed to ensure that the fire alarm system sensitivity testing for detectors was properly conducted and documented in accordance with the Uniform Fire Code, N.J.A.C.5:70. And the requirements of NFPA 72, National Fire Alarm and Signaling Code. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>Documentations review at 9:15AM revealed that the provided Fire alarm detectors sensitivity test report was schedule on 05/01/2024 and completed 04/24/24 had no indication for Sensitivity Range for All the detectors tested. No further documentation was provided regarding the required detailed fire alarm sensitivity testing for detectors.</p> <p>In an interview at 11:01AM, the ESD confirmed the finding.</p> <p>The facility's Administrator and ESD were notified of the deficient practice at Life Safety Code survey exit conference at 2:55PM.</p> <p>N.J.A.C 8:36-16.5 (b)</p>	A1095		
A1097	<p>8:36-16.6 Physical Plant</p> <p>All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23.</p>	A1097		

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A1097	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on October 28,2025, in the presence of the Environmental Service Director (ESD), it was determined that the facility failed to ensure that Commercial Kitchen exhaust/hood equipment was clean semi-annually to prevent accumulation of grease. This deficient practice had the potential to affect all residents and was evidenced by the following: Documentation review at 11:47AM revealed that the Kitchen hood cleaning report was dated 01/08/2025.No further record that indicate the kitchen hood cleaning was completed semi-annually was provided. In an interview at 1:01PM, the ESD confirmed the finding. The facility's Administrator and ESD were notified of the deficient practice at Life Safety Code survey exit conference at 2:55PM. N.J.A.C 8:36-17.1 (a).	A1097		
A1179	8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance (a) The facility shall provide and maintain a sanitary and safe environment for residents.	A1179		

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A1179	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on October 28,2025, in the presence of the Environmental Service Director (ESD), it was determined that the facility failed to ensure that Commercial Kitchen exhaust/hood equipment was clean semi-annually to prevent accumulation of grease. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>Documentation review at 11:47AM revealed that the Kitchen hood cleaning report was dated 01/08/2025. No further record that indicate the kitchen hood cleaning was completed semi-annually was provided.</p> <p>In an interview at 1:01PM, the ESD confirmed the finding.</p> <p>The facility's Administrator and ESD were notified of the deficient practice at Life Safety Code survey exit conference at 2:55PM.</p> <p>N.J.A.C 8:36-17.1 (a).</p>	A1179		
A1225	<p>8:36-17.3(b)(8)(i-ii) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(b) The following safety conditions shall be met:</p> <p>8. An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory</p>	A1225		

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A1225	<p>Continued From page 7</p> <p>and in safe condition;</p> <p>i. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved; and</p> <p>ii. The written statement shall be available for review by the Department during survey.</p> <p>This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on October 28,2025, in the presence of the Environmental Service Director (ESD), it was determined that the facility failed to ensure that electrical inspection was conducted annually in accordance with N.J.A.C.13:31. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>A documentation review at 10:23AM revealed that annual electrical inspection report was not among the records provided for review. No further documentation was provided.</p> <p>In an interview at 11:18AM, the ESD confirmed the finding and acknowledge inspection was not completed.</p>	A1225		

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A1225	Continued From page 8 The facility's Administrator and ESD were notified of the deficient practice at Life Safety Code survey exit conference at 2:55PM. N.J.A.C 8:36-17.3 (b). (8) (i-ii)	A1225		
A1249	8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety. This REQUIREMENT is not met as evidenced by: Based on documentation review and interviews on October 28,2025, in the presence of the Environmental Service Director (ESD), it was determined that the facility failed to properly inspect, test and maintain 2 of 2 elevators in accordance with the New Jersey Department of Community Affairs Elevator Safety Division, New Jersey Uniform Construction Code, ASME A 17.1/CSA B 44, Safety Code for Elevators and Escalators and NFPA 101: 2012 Edition. This deficient practice had the potential to affect all residents and was evidenced by the following:	A1249		

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A1249	<p>Continued From page 9</p> <p>Documentation review at 1:35PM revealed that 2 of 2 elevators certificates of compliance provided by the ESD were approved for use until 06/30/2025. Further review of fire alarm report dated 03/13/2025 identifies the following:</p> <ol style="list-style-type: none"> 1. Elevators # 1 and 2 fire hat - N/I (Not Inspected) 2. Elevators # 1 and 2 Recall - N/I 3. Elevators # 1 and 2 Recall (Alternate) -N/I 4. Elevators # 1 and 2 shunt Trip test -N/I <p>No further documentation regarding testing and annual inspection was provided.</p> <p>In an interview at the time, the ESD confirmed the finding.</p> <p>The facility's Administrator and ESD were notified of the deficient practice at Life Safety Code survey exit conference at 2:55PM.</p> <p>N.J.A.C 8:36-17.7</p>	A1249		



Juniper Village at Hamilton

Plan of Correction related to Survey October 28th, 2025

N.J.A.C. 8:36-14.3(b) – Emergency Services and Procedures
Tag: A1043

accepted 12/17/25
NJ Ex Order 26.4(b)(1)

Plan of Correction

1. How the Deficiency Was Corrected for the Specific Residents Identified

The facility met with the local Fire Marshal to review the Life Safety Code citation regarding the absence of a documented joint community-based disaster drill. As a result of this meeting, the Fire Marshal, in coordination with the Office of Emergency Management (OEM), confirmed participation in a joint disaster drill with the facility. This joint drill has been scheduled for **January 28, 2026**. All residents will be included through participation in the facility's emergency preparedness procedures as appropriate.

2. How the Facility Identified Other Residents Potentially Affected

Because this citation relates to a facility-wide emergency preparedness requirement, all residents residing in the community at the time of the survey were identified as potentially affected.

3. Measures Implemented to Prevent Recurrence

The facility has implemented the following systemic measures to prevent recurrence:

- Established coordination with the local Fire Department and Office of Emergency Management to conduct **at least one joint disaster drill annually**, in accordance with N.J.A.C. 8:36-14.3(b).
- Updated the Emergency Preparedness Plan to clearly outline responsibility for requesting participation from the local fire department, OEM, and other applicable agencies.

- Assigned oversight responsibility to the Environmental Services Director, in collaboration with the Administrator, to ensure annual scheduling, agency notification, and documentation of joint disaster drills.
- Implemented a tracking process to ensure written requests and confirmations from external agencies are maintained on file.

4. How the Facility Will Monitor to Ensure Ongoing Compliance

The Administrator or designee will review emergency preparedness documentation **annually** to confirm:

- A joint disaster drill was conducted with participation requested from the local fire department and applicable agencies.
- Written documentation of notifications, confirmations, and drill completion is maintained.

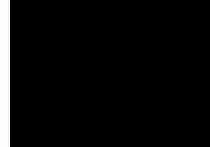
Results of this review will be documented and retained with the facility's Emergency Preparedness records.

5. Date of Full Compliance

January 28, 2026

accepted 12/17/25

NJ Ex Order 26.4(b)(1)



JUNIPER

accepted 12/17/25
NJ Ex Order 26.4(b)(1)

Plan of Correction

1. How the Deficiency Was Corrected for the Specific Residents Identified

The Administrator and Environmental Services Director (ESD) immediately reviewed the Life Safety Code citation related to the failure to test and document manual pull alarm stations monthly. The facility contacted its third-party fire drill vendor to confirm compliance with N.J.A.C. 8:36-14.3(c).

Effective with the **unannounced December 2025 fire drill, and no later than the thirty-first (31st) day of December 2025, at least one manual pull alarm will be physically activated (“pulled”) during each monthly drill, and the specific pull station used will be documented on the fire drill record. All residents are protected by this corrective action as it impacts the facility’s life safety systems.**

2. How the Facility Identified Other Residents Potentially Affected

This deficiency involves a facility-wide life safety system. Therefore, **all residents residing in the community at the time of the survey were identified as potentially affected.**

3. Measures Implemented to Prevent Recurrence

To prevent recurrence, the facility implemented the following systemic corrective measures:

- The third-party fire drill vendor has been instructed to **manually activate (pull) a different manual pull alarm during each monthly fire drill, rotating through all pull stations before any location is repeated.**
- Fire drill documentation has been revised to require **clear identification of the specific pull station tested, along with the test date, the individual conducting the test, and the condition of the alarm.**
- Oversight responsibility has been assigned to the **Environmental Services Director, in collaboration with the Administrator, to ensure monthly compliance and documentation review.**



- A tracking process has been implemented to ensure monthly manual pull alarm testing and documentation occurs consistently.

4. How the Facility Will Monitor to Ensure Ongoing Compliance

The Administrator or designee will review monthly fire drill documentation to verify that:

- A manual pull alarm was physically activated during the drill;
- The specific pull station location was documented;
- Documentation includes the test date, the person conducting the test, and the condition of the alarm.

Documentation of these reviews will be maintained within the facility's Life Safety and Emergency Preparedness records.

5. Date of Full Compliance

No later than December 31, 2025

accepted 12/17/25

NJ Ex Order 26.4(b)(1)



accepted 12/17/25

NJ Ex Order 26.4(b)(1)

Plan of Correction

1. How the Deficiency Was Corrected for the Specific Residents Identified

Upon identification of non-functioning bathroom mechanical ventilation systems in Rooms #23, #24, #25, and #32, the Administrator and Environmental Services Director (ESD) initiated immediate corrective action. Facility maintenance and qualified external vendors were engaged to evaluate the ventilation systems serving the affected bathrooms and to complete necessary repairs to restore functionality.

Pending full restoration, **interim environmental controls** were implemented to support resident comfort and sanitation, including increased environmental monitoring, proactive housekeeping oversight, and room-specific follow-up to identify any moisture or odor concerns. The facility continues to work with qualified vendors to restore proper ventilation function in the affected areas.

2. How the Facility Identified Other Residents Potentially Affected

The Environmental Services Director conducted a review of bathroom ventilation functionality in resident rooms of similar design (bathrooms without windows relying on mechanical ventilation). This review confirmed that the deficiency was **isolated to the four rooms identified during the survey**.

3. Measures Implemented to Prevent Recurrence

The facility implemented the following corrective and preventative measures:

- Engagement of qualified external vendors to further assess and repair the ventilation components serving the affected rooms to restore proper airflow.
- Implementation of a standardized process to **verify bathroom ventilation functionality** following repairs and during routine maintenance rounds.
- Re-education of Environmental Services staff on identifying ventilation concerns and initiating timely escalation.

- Assignment of ongoing oversight to the **Environmental Services Director**, in collaboration with the **Administrator**, to track ventilation-related work orders through resolution.
-

4. How the Facility Will Monitor to Ensure Ongoing Compliance

The **Administrator** or **designee** will review environmental rounds and maintenance documentation to verify that:

- Bathroom ventilation systems are operational in resident rooms that rely on mechanical ventilation;
- Any identified concerns are promptly addressed and documented; and
- Completion of corrective work is validated.

Records of these reviews will be maintained within the facility's Physical Plant and Maintenance documentation.

5. Date of Full Compliance

No later than **December 31, 2025**

accepted 12/17/25

NJ Ex Order 26.4(b)(1)

JUNIPER

accepted 12/17/25
NJ Ex Order 26.4(b)(1)

Plan of Correction

1. How the Deficiency Was Corrected for the Specific Residents Identified

The Administrator and Environmental Services Director (ESD) reviewed the Life Safety Code citation related to documentation of fire alarm detector sensitivity testing. The facility confirmed that fire alarm detector sensitivity testing was conducted; however, the documentation on file did not include **specific numerical sensitivity ranges**, as required under the Uniform Fire Code and NFPA 72 standards.

The facility immediately met with its third-party fire alarm service vendor to review documentation expectations to ensure that all future fire alarm detector sensitivity testing reports include **numerical sensitivity values**, rather than descriptive terms alone.

This deficiency was documentation-related and did not involve a failure of the fire alarm system to function. All residents are protected by the facility's operational fire detection system.

2. How the Facility Identified Other Residents Potentially Affected

Because this deficiency involved facility-wide fire alarm system documentation, **all residents residing in the community at the time of the survey were identified as potentially affected.**

3. Measures Implemented to Prevent Recurrence

To prevent recurrence, the facility implemented the following corrective measures:

- The fire alarm service vendor was formally instructed that all future detector sensitivity testing reports must include **numerical sensitivity readings**, expressed in accordance with **NFPA 72 National Fire Alarm and Signaling Code standards**, including reporting detector sensitivity within the acceptable percentage range of obscuration per foot, as applicable.

- Vendor reporting requirements were clarified to ensure documentation complies with **N.J.A.C. 5:70, N.J.A.C. 5:23, and NFPA 72**, as adopted by the State of New Jersey.
- Fire alarm inspection and testing records will be reviewed upon receipt to confirm inclusion of required numerical sensitivity values.
- Oversight responsibility has been assigned to the **Environmental Services Director**, in collaboration with the **Administrator**, to ensure compliant documentation is obtained and maintained.

4. How the Facility Will Monitor to Ensure Ongoing Compliance

The **Administrator or designee** will review fire alarm inspection and testing reports to verify that:

- Detector sensitivity testing is documented using **numerical values** consistent with NFPA 72 requirements;
- Documentation is complete and maintained on file; and
- Any deficiencies in vendor reporting are addressed promptly.

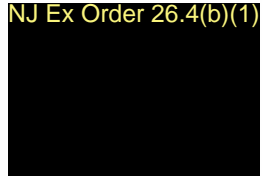
Documentation reviews will be retained with the facility's Life Safety and Fire Safety records.

5. Date of Full Compliance

No later than the next scheduled fire alarm detector sensitivity testing cycle

accepted 12/17/25

NJ Ex Order 26.4(b)(1)



accepted 12/17/25
NJ Ex Order 26.4(b)(1)

Plan of Correction

1. How the Deficiency Was Corrected for the Specific Residents Identified

The Administrator and Environmental Services Director (ESD) reviewed the Life Safety Code citation related to documentation of semi-annual commercial kitchen exhaust/hood cleaning and inspection. The facility confirmed that the commercial kitchen hood and fire suppression system **was inspected and serviced on July 24, 2025, at approximately 7:00 PM**, and documentation of this service confirms the system was found to be **fully compliant** at that time.

This service documentation satisfies the facility's compliance with the semi-annual exhaust/hood equipment requirements. The deficiency cited was related to the **documentation presented at the time of survey**, not a failure of the kitchen exhaust or suppression system to function.

All residents are protected by the facility's operational kitchen fire suppression system.

2. How the Facility Identified Other Residents Potentially Affected

Because this deficiency relates to a facility-wide life safety system within the commercial kitchen, **all residents residing in the community at the time of the survey were identified as potentially affected.**

3. Measures Implemented to Prevent Recurrence

To prevent recurrence, the facility implemented the following corrective measures:

- Semi-annual commercial kitchen exhaust/hood cleaning and inspection services will continue to be scheduled in accordance with applicable regulations.
- The facility will maintain **complete service reports** on file, including dates of service, scope of work performed, and compliance confirmation.
- Documentation expectations with the service vendor were reviewed to ensure reports clearly reflect regulatory compliance.

- Oversight responsibility has been assigned to the **Environmental Services Director**, in collaboration with the **Administrator**, to ensure inspections are completed timely and documentation is maintained and readily available.
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4. How the Facility Will Monitor to Ensure Ongoing Compliance

The **Administrator or designee** will review kitchen exhaust/hood inspection and cleaning documentation following each semi-annual service to confirm:

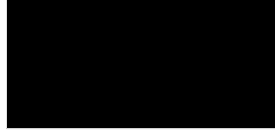
- Required services were completed;
 - Documentation is complete and compliant with regulatory standards; and
 - Records are maintained within the facility's Life Safety and Maintenance files.
-

5. Date of Full Compliance

July 24, 2025

accepted 12/17/25

NJ Ex Order 26.4(b)(1)



N.J.A.C. 8:36-17.1(a) – Housekeeping / Sanitation / Safety / Maintenance

Tag: A1179

accepted 12/17/25

NJ Ex Order 26.4(b)(1)

Plan of Correction

1. How the Deficiency Was Corrected for the Specific Issue Identified

The facility has reviewed the citation regarding missing documentation of semi-annual commercial kitchen exhaust/hood cleaning. While the surveyor did not accept the version of the report initially provided during survey, the facility does have a documented service record dated July 24, 2025 at 7:00 p.m. confirming that the kitchen suppression and hood system were inspected, serviced, and found compliant at that time. This documentation satisfies the facility's semi-annual inspection requirement for 2025.

A copy of the July 24, 2025 report has now been re-filed with the appropriate environmental records and will be available for Department review.

2. How the Facility Identified Other Residents Potentially Affected

This requirement pertains to facility-wide kitchen safety systems. Because the commercial hood system protects all residents through fire prevention and smoke mitigation, the entire resident population was considered potentially affected.

3. Measures Implemented to Prevent Recurrence

The following corrective actions have been implemented to ensure ongoing compliance:

- The Environmental Services Director has restructured the preventive maintenance schedule to include standing semi-annual appointments for kitchen hood and suppression system cleaning.
- A new documentation checklist has been implemented requiring:
 - Date and time of cleaning
 - Vendor signature
 - Confirmation of service completion
 - Confirmation of hood and duct condition

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- Copies of all hood cleaning and suppression inspection records will be retained in both the Kitchen Safety Binder and the Life Safety Compliance File to ensure they are readily available for survey.

4. Monitoring to Ensure Ongoing Compliance

The Administrator or designee will conduct a documentation audit **semi-annually** to verify:

- Completion of hood cleaning and suppression system servicing within the required timeframe
- Proper filing of supporting documentation
- Immediate follow-up if documentation is missing, incomplete, or unclear

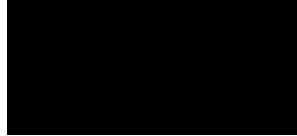
Findings will be documented on the Environmental Services QA audit tool and reviewed at quarterly QA meetings.

5. Date of Full Compliance

January 31, 2026

accepted 12/17/25

NJ Ex Order 26.4(b)(1)



N.J.A.C. 8:36-17.3(b)(8)(i-ii) – Housekeeping / Sanitation / Safety / Maintenance

Tag: A1225

accepted 12/17/25

NJ Ex Order 26.4(b)(1)

Plan of Correction

1. How the Deficiency Was Corrected for the Specific Residents Identified

The Administrator and Environmental Services Director (ESD) reviewed the Life Safety Code citation related to the annual electrical inspection required to be conducted by a licensed electrician in accordance with N.J.A.C. 13:31.

The facility arranged for the required annual electrical inspection, which was **completed on November 20, 2025**, by a licensed electrical contractor. At the time of this Plan of Correction submission, the facility is **awaiting receipt of the final written inspection report**, which will be maintained on file and made available for Department review upon receipt.

Receipt and placement of the final written electrical inspection report on file will complete the documentation requirements of this regulation.

All residents are protected by the facility's electrical systems, and corrective action to complete the required inspection has been taken.

2. How the Facility Identified Other Residents Potentially Affected

This deficiency involved a **facility-wide safety requirement** related to electrical systems. Therefore, **all residents residing in the community at the time of the survey were identified as potentially affected.**

3. Measures Implemented to Prevent Recurrence

To prevent recurrence, the facility has implemented the following corrective measures:

- Annual electrical inspections will be scheduled and completed by a **licensed electrician**, in accordance with N.J.A.C. 13:31 and N.J.A.C. 8:36-17.3(b)(8).
- Upon completion of each inspection, the facility will ensure that a **written inspection statement** is obtained documenting:
 - the date of inspection;



- confirmation that electrical circuits are not overloaded;
- that all wiring and permanent fixtures are in safe condition; and
- that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved.
- Electrical inspection reports will be maintained on file and readily available for review during survey.
- Oversight responsibility has been assigned to the **Environmental Services Director**, in collaboration with the **Administrator**, to ensure timely completion and documentation of required inspections.

4. How the Facility Will Monitor to Ensure Ongoing Compliance

The **Administrator or designee** will review safety and maintenance documentation annually to verify that:

- The required electrical inspection has been completed;
- The written inspection report includes all regulatory elements; and
- Documentation is retained and accessible for Department review.

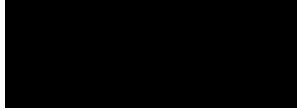
Monitoring records will be maintained within the facility's Safety and Maintenance files.

5. Date of Full Compliance

November 20, 2025

accepted *12/17/25*

NJ Ex Order 26.4(b)(1)



Tag: A1249

accepted 12/17/25

NJ Ex Order 26.4(b)(1)

1. How the Deficiency Was Corrected for the Specific Equipment Identified

On **December 10, 2025**, the facility's contracted elevator service vendor conducted an onsite service visit to evaluate both elevators, review required life-safety functions, and verify current operating status. During this visit, the vendor initiated a **formal request to the New Jersey Department of Community Affairs (DCA), Elevator Safety Division**, to complete the required **annual state inspection**.

The facility is currently awaiting the DCA's scheduling confirmation. Based on communication with the vendor, the annual inspection is anticipated to occur **no later than January 31, 2026**, accounting for expected state scheduling delays during the holiday period.

2. How the Facility Identified Other Residents Potentially Affected

Because elevator function and compliance impact building egress, life safety, and resident access, **all residents, visitors, and staff** were considered potentially affected.

3. Measures Implemented to Prevent Recurrence

To ensure timely and compliant elevator inspection and documentation going forward, the facility has implemented the following:

- **Established recurring bi-annual service visits** with our contracted vendor to ensure comprehensive testing, including fire hat function, primary and alternate recall, and shunt trip operations.
- **Created a regulatory tracking calendar** to capture all elevator compliance deadlines, including state inspection cycles and vendor maintenance intervals.
- **Assigned oversight responsibility to the Environmental Services Director**, with Administrator review, to ensure completion, documentation, and retention of all elevator inspection records.
- **Reinforced the requirement** that all vendor reports, including fire service testing results, must be submitted in full and kept on file for DCA and DOH review.

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4. How the Facility Will Monitor Ongoing Compliance

The Administrator or designee will:

- Verify annual DCA elevator inspection scheduling and completion each calendar year.
- Review vendor service reports quarterly to ensure all required operational and life-safety functions are tested, documented, and satisfactory.
- Maintain records within the Life Safety Compliance Binder for DOH review.

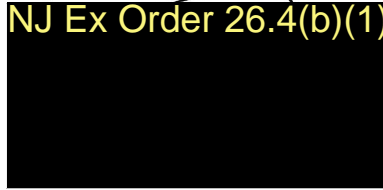
Monitoring results will be documented and maintained for a minimum of **three years**.

5. Date of Full Compliance

January 31, 2026 (pending completion of the DCA annual elevator inspection).

accepted 12/17/25

NJ Ex Order 26.4(b)(1)



New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11A018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 12/17/2025
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NAME OF PROVIDER OR SUPPLIER JUNIPER VILLAGE AT HAMILTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 YARDVILLE-HAMILTON SQUARE ROAD HAMILTON, NJ 08690
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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}	Initial Comments Initial Comments:	{A 000}		
{A1095}	8:36-16.5(b) Physical Plant (b) All fire detection systems shall be installed in accordance with the Uniform Construction Code, N.J.A.C. 5:23, N.J.A.C. 5:70 and the National Fire Alarm Code, National Fire Protection Association (NFPA) 72, 1999 Edition, incorporated herein by reference, as amended and supplemented. National Fire Protection Association publications are available from: NFPA, One Batterymarch Park, Quincy, MA, 02269-9101. This REQUIREMENT is not met as evidenced by:	{A1095}		
{A1097}	8:36-16.6 Physical Plant All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23.	{A1097}		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11A018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 12/17/2025
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NAME OF PROVIDER OR SUPPLIER JUNIPER VILLAGE AT HAMILTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 YARVILLE-HAMILTON SQUARE ROAD HAMILTON, NJ 08690
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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
{A1097}	Continued From page 1	{A1097}		
{A1179}	<p>This REQUIREMENT is not met as evidenced by:</p> <p>8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(a) The facility shall provide and maintain a sanitary and safe environment for residents.</p>	{A1179}		
{A1225}	<p>This REQUIREMENT is not met as evidenced by:</p> <p>8:36-17.3(b)(8)(i-ii) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(b) The following safety conditions shall be met:</p> <p>8. An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition;</p> <p>i. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved; and</p> <p>ii. The written statement shall be</p>	{A1225}		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 11A018	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/17/2025	Y3
NAME OF FACILITY JUNIPER VILLAGE AT HAMILTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1750 YARDVILLE-HAMILTON SQUARE ROAD HAMILTON, NJ 08690		

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 A1043	Correction	ID Prefix A1045	Correction	ID Prefix A1089	Correction
Reg. # 8:36-14.3(b)	Completed	Reg. # 8:36-14.3(c)	Completed	Reg. # 8:36-16.3(b)	Completed
LSC	01/28/2026	LSC	12/31/2025	LSC	12/31/2025
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 10/28/2025		<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		