PRINTED: 07/09/2024 FORM APPROVED

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:						
		15A115	B. WING		10/22/2020					
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE						
11 HISTORY LANE										
HARMONY VILLAGE AT CAREONE JACKSON JACKSON, NJ 08527										
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE					
A 000	Initial Comments		A 000							
	survey from Long Ter Assisted Living Resid Living beds), which in Residents laundry rod Serving area/ Dining of This inspection will in Licensed beds up by of 104 Licensed Assis The facility is not in so all of the standards in Administrative Code & Licensure of Assisted	crease the current 69 35 Licensed beds for a total sted Living beds. ubstantial compliance with the New Jersey 3:36, Standards for Living Residences, onal Care Homes and								
A1083	and additions to exist living residences shal Jersey Uniform Const 5:23-3, Use Group I-2 This REQUIREMENT by: Based on observation 10/22/2020 in the pre of Facility Manageme	d alterations, renovations ing buildings for assisted I conform with the New truction Code, N.J.A.C. of the subcode.	A1083							
	facility failed To provid generator's annunciat	de the emergency tor panel in a location that								

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
	15A115	B. WING		10/22/2020					
NAME OF PROMPER OF CURRUES		ADDEGG GITY GTA	TE 7/D 00DE	1 0/22/2020					
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE						
HARMONY VILLAGE AT CAREONE JACKSON 11 HISTORY LANE JACKSON, NJ 08527									
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE					
A1083 Continued From page	Continued From page 1								
can be observed 24 h staff at a regular work the New Jersey Unifo NJAC 5:23, for use groccupancy. The evidence includes On 10/22/2020 during 9:03 a.m., the surveyor Executive Director (El Manager (CPM) and I Environmental Supervisor facility have an emergist he location of the eannunciator panel." Tannunciator panel is indownstairs. During the building to surveyor requested to panel. At this time the get the CPM. At 12:50 p.m., both Cl the surveyor in the direct the generator annunciator panel is indownstairs. Reference: 1) New Jersey Uniform power Chapter 27 Eleemergency and stand Installation. Emergency systems shall be installed in the generator code, NFPA A remote annunciator powered shall be provided generating room in	ours a day by operating a station in accordance with rm Construction Code, oup I-2 (health care) as the following, go the survey entrance at or requested the facility's D), Corporate Project Maintenance & visor (MES), "Does the gency generator and where emergency generator's The MES said, Yes and the in the Electrical room, our at 12:39 p.m., the go to the annunciator of MES said, let me go and the mediator panel on the table and on yet. The Code 5:23 emergency extrical Section 2702 (by power systems, 2702.1) by power systems, 2702.1 by and standby power alled in accordance with ICC A 110 and NFPA 111. That is storage battery vided to operate outside of								

Harmony Village at Jackson Assisted Living

Plan of Correction

October 30, 2020

Date of Survey: 10/22/20

8:36-16.1(b) Physical Plant

(b) New buildings and alterations, renovations and additions to existing buildings for assisted living residences shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3, Use Group I-2 of the subcode.

10/22/2020, in the presence of the facility management representatives, it was determined that the facility failed to provide the emergency generator's annunciator panel in a location that can be observed 24 hours a day by operating staff at a regular work station, in accordance with the New Jersey Uniform Construction Code, NJAC 5:23, for use group I-2 (health care) occupancy.

a) How the correction action will be accomplished;

The corrective action was completed on 10/23/20. Amptec Electrical installed a generator annunciator in the "A Wing" Phase III nursing office which can be observed by facility staff 24 hours per day.

b) How the facility will identify other areas having the potential to be affected by the same deficient practice;

There are no other areas identified upon review as the required annunciator for the facility is one (1) annunciator.

c) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and

Amptec Electrical installed a generator annunciator in a permanent position on the A Wing nurses station which can be observed by facility staff 24 hours per day.

d) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, ie., what program will be put into place to monitor the continued effectiveness of the systemic change.

Maintenance Director will evaluate operation of the annunciator panel weekly. Results of the audits will be reviewed during facility Quality Assurance Performance Improvement (QAPI) committee monthly for review for one month and to determine if further action is needed.

Kenne Infalm 10/30/20