

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/20/2024
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NAME OF PROVIDER OR SUPPLIER HARMONY VILLAGE AT CAREONE JACKSON	STREET ADDRESS, CITY, STATE, ZIP CODE 11 HISTORY LANE JACKSON, NJ 08527
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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: Standard and Complaint</p> <p>COMPLAINT#: NJ00156830, #NJ00158485, #NJ00170879</p> <p>CENSUS: 62</p> <p>SAMPLE SIZE: 14</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 517	<p>8:36-5.6(b)(1-7) General Requirements</p> <p>(b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:</p> <p>1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment;</p>	A 517		

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

TITLE

(X6) DATE

07/21/24

New Jersey Department of Health

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A 517	<p>Continued From page 1</p> <ol style="list-style-type: none"> 2. Emergency plans and procedures; 3. The infection prevention and control program; 4. Resident rights; 5. Abuse and neglect; 6. Pain management; 7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19. <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide documented evidence that 1 of 10 employees received the required in-service training in Assisted Living Concepts, Infection Control, Dementia Training, Emergency Training, and Pain Management for Employee #1. These in-services</p>	A 517		

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A 517	<p>Continued From page 2</p> <p>were to be provided upon orientation. This deficient practice was evidenced by the following:</p> <p>On 6/20/2024 at 10:30 a.m., the surveyor reviewed the personnel file for Employee #1 who was hired on NJ ex order 26.4b1 as a Certified Nursing Assistant. There was no documented evidence that that Employee #1 received orientation upon hire. Additionally, there was no documented evidence in the personnel file that Employee #1 received training in Assisted Living Concepts, Infection Control, Dementia Training, Emergency Training, and Pain Management.</p> <p>At 2:08 p.m., the surveyor interviewed the Administrator and Director of Wellness and both stated that they recently audited employee files and must have missed Employee #1 file.</p>	A 517		
A 547	<p>8:36-5.7(a)(6) General Requirements</p> <p>(a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at all times. The manual(s) shall include at least the following:</p> <p>6. Policies and procedures for the maintenance of personnel records for each employee, including at least his or her name, previous employment, educational background, credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, records of physical examinations, job description,</p>	A 547		

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A 547	<p>Continued From page 3</p> <p>records of orientation and inservice education, and evaluation of job performance;</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of employee files, it was determined that the facility failed to ensure that employee's NJ Ex Order 26.4(b)(1) records were maintained for 2 of 10 employees reviewed, Employee #1 and Employee #3 as evidenced by the following:</p> <p>On 6/20/2024 at 10:30 a.m., the surveyor reviewed the personnel files of Employee #1 and Employee #3 and observed that the files did not contain the following:</p> <ol style="list-style-type: none"> Employee #1 was hired on NJ ex order 26.4b1 as a Certified Nursing Assistant. There was no documented evidence in the personnel file of a NJ Ex Order. Employee #3 was hired on NJ ex order 26.4b1 as a Certified Nursing Assistant. There was no documented evidence in the personnel file of a NJ Ex Order. <p>At 2:08 p.m., the surveyor interviewed the Administrator and Director of Wellness, who confirmed that Employee #1 and Employee #3 did not have a NJ Ex Order in their personnel files.</p>	A 547		
A 783	<p>8:36-7.5(e) Resident Assessments and Care Plans</p> <p>(e) Each resident shall have an annual physical</p>	A 783		

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A 783	<p>Continued From page 4</p> <p>examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00158485</p> <p>Based on interview, record review, and review of other pertinent facility documents, it was determined that the facility failed to ensure that an annual NJ Ex Order 26.4(b)(1) were conducted and documented in the resident's record, and failed to ensure that annual certifications to ensure the resident's needs did not exceed the facility's ability to provide care were documented in the medical record for 3 of 14 residents reviewed, Resident #'s 5, 6, and 9. This deficient practice was evidenced by the following:</p> <p>1. On 6/19/24 the surveyor reviewed the medical record (MR) of Resident #6 and observed a move-in-date of NJ ex order 26.4b and diagnoses which included NJ ex order 26.4b1. Additionally, Resident #6 NJ ex order 26.4b1. The surveyor reviewed both the Electronic Medical Record (EMR) and the paper chart for Resident #6 and observed a Pre-Admission Medical Certification for Assisted Living that included a NJ Ex Order 26.4(b)(1) NJ ex order 26.4) dated NJ ex order 26.4. The surveyor observed that there were no other NJ Ex Ord's with physician certification documented in the MR.</p>	A 783		
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A 783	<p>Continued From page 5</p> <p>2. The surveyor reviewed Resident #5's MR and observed a move-in-date of [redacted], and a diagnosis of NJ ex order 26.4b1. The surveyor reviewed both the EMR and the paper chart and observed [redacted]'s which included a Physician's Certification for the years NJ ex order 26.4b1; however, the surveyor did not observe a [redacted] with Physician Certification for the year NJ ex order 26.4b1 documented in the MR.</p> <p>3. The surveyor reviewed the MR of Resident #9 and observed a move-in-date of [redacted] and a diagnoses NJ ex order 26.4b1. The surveyor reviewed both the EMR and the paper chart for Resident #9 and observed [redacted]'s that included Physical Certification for the years NJ ex order 26.4b1, however, did not observe a H&P with Physician Certification for the year NJ ex order 26.4b1 or [redacted] documented in the MR.</p> <p>On 6/19/24 at 10:51 a.m., the surveyor interviewed a facility Licensed Practical Nurse (LPN #3) who stated that the Resident # 9's [redacted]'s should be located in the resident's charts and the MRs were mostly on paper; however, that some might be located in the EMR.</p> <p>On 6/19/24 at 12:43 p.m. the surveyor interviewed LPN #2 and asked how the facility kept track of when resident's [redacted]'s were due and who was responsible for doing them. LPN #2 stated that the Nurse assigned to the floor is supposed to keep track of when the [redacted] were due, and the Nurses put an [redacted] form in the "doctor book" for the physicians to complete. During continued interview with LPN #2 she further stated that she used to keep a log of when the residents' [redacted] were due, but that she needed to update it.</p>	A 783		
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A 783	<p>Continued From page 6</p> <p>On 6/20/24 the surveyor interviewed the facility Director of Nursing (DON) who stated that when she first started working at the facility in [redacted] NJ ex order 26.4b1, there was no system in place for tracking when the [redacted] NJ Ex Ord's were due. The DON further stated that she started "from scratch" and created an Excel spread sheet to create a tracking process for when the annual resident [redacted] NJ ex order 26.4b1.</p> <p>The surveyor asked the DON how the facility communicated with physicians regarding when the resident [redacted] NJ Ex Order 26.4(b) were due, and she stated that the facility was starting to utilize a family communication tool; and the nurses would call or fax the physician to let them know when resident [redacted] NJ Ex Order 26.4(b) were due. The DON further stated that each physician had a book to sign off when they visited the facility that included a description of what their residents needed, and that would also include when [redacted] NJ Ex Ord's were due.</p>	A 783		
A 963	<p>8:36-11.5(f) Pharmaceutical Services</p> <p>(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #'s: NJ00156830, #NJ00158485, #NJ00170879</p> <p>Based on observation, interview, and record</p>	A 963		

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A 963	<p>Continued From page 7</p> <p>review it was determined that the facility failed to ensure medications were administered to a resident in accordance with prescriber's orders and the facility failed to document the rationale as to why the prescribed medications were not administered for 1 of 14 residents reviewed for medication administration, Residents: #4. This deficient practice was evidenced by the following:</p> <p>On 6/20/2024 at 11:15 a.m., the surveyor reviewed Resident #4's medical record (MR) and observed a move-in date of [redacted] with diagnoses which included NJ Exec Order 26.4b1 and NJ ex order 26.4b1. Surveyor review of Resident #4's Order Recap Report, with an order date NJ ex order 26.4b1 revealed the resident had current physician orders as follows:</p> <p>NJ Exec Order 26.4b1 Capsule [redacted] mg (milligrams) give [redacted] capsule by mouth every [redacted] hours for [redacted] order date NJ Exec Order 26.4b1 and discontinued on [redacted]</p> <p>NJ Exec Order 26.4b1 Oral tablet [redacted] mg give [redacted] tablet by mouth every [redacted] hours for [redacted] order date [redacted]</p> <p>Surveyor review of Resident #4's Medication Review Report dated on or after NJ ex order 26.4b1 revealed the following Physician Order for the resident as follows:</p> <p>NJ Exec Order 26.4b1 Apply to [redacted] times a day for [redacted]</p> <p>The surveyor then reviewed Resident #4's NJ ex order Medication Administration Record (MAR) and observed that the following medications were not documented as administered according to prescriber's orders as follows:</p>	A 963		
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NAME OF PROVIDER OR SUPPLIER
HARMONY VILLAGE AT CAREONE JACKSON

STREET ADDRESS, CITY, STATE, ZIP CODE
**11 HISTORY LANE
JACKSON, NJ 08527**

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A 963	<p>Continued From page 8</p> <p>NJ Ex Order 26.4(b)(1) capsule by mouth in the morning on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>NJ Ex Order 26.4(b)(1) tablet by mouth on NJ Ex Order 26.4(b)(1) at 12pm and 10 pm; on NJ Ex Order 26.4(b)(1) at 2 pm and 10 pm, NJ Ex Order 26.4(b)(1) at 6 am, 2 pm and 10 pm and NJ Ex Order 26.4(b)(1) at 6 am.</p> <p>The surveyor reviewed Resident #4's NJ ex orde Treatment Administration Record (TAR) and observed the following treatments were not documented as completed according to prescriber's orders as follows:</p> <p>NJ Exec Order 26.4b1 Apply to NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 at 8 pm.</p> <p>On 6/20/24 at 10:17 a.m., the surveyor interviewed the Licensed Practice Nurse (LPN) who cared for Resident #4 on NJ ex order 26.4(b)(1), when the surveyor asked her what a blank space on the MAR meant, she replied, "...in general, if the med [medication] was not given, nursing 101, not documented, [means] did not happen."</p> <p>On 6/20/24 at 11:41 a.m., the surveyor interviewed the Director of Nursing (DON) about the blank spaces on the MAR, she replied, "technically if not signed, not done ...". When the surveyor asked her if a medication was not available, how should the MAR be documented. The DON stated that a code should be on the MAR that indicates "not given" and a reason should be documented in a Nurse's note.</p> <p>At 12:25 p.m., in a second interview with the DON, she stated that she expects the MAR to be signed when the medication is given. At the time of survey, there was no documented evidence provided that the medication was not available.</p> <p>Review of facility policy titled, "Assisted Living:</p>	A 963		
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A 963	Continued From page 9 Administration of Medication" with a revised date 3/5/10, revealed under "Policy the center has established a policy for the safe administration of medication", " Under "Procedure" revealed "13. Documentation will be made on the resident's MAR after each administration of medication. 14. Completed Medication Administration Records (MAR) will be maintained in the resident record ..."	A 963		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15A115 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/14/2024 Y3
NAME OF FACILITY HARMONY VILLAGE AT CAREONE JACKSON	STREET ADDRESS, CITY, STATE, ZIP CODE 11 HISTORY LANE JACKSON, NJ 08527	

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 A0517	Correction	ID Prefix A0547	Correction	ID Prefix	Correction
Reg. # 8:36-5.6(b)(1-7)	Completed	Reg. # 8:36-5.7(a)(6)	Completed	Reg. #	Completed
LSC	08/14/2024	LSC	08/14/2024	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 6/20/2024		<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 		