

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>18A105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/23/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT SOMERSET VALLEY ASSISTED</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1621 ROUTE 22 WEST BOUND BROOK, NJ 08805</b>		
(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: CENSUS: 44 SAMPLE SIZE: 5</p> <p>TYPE OF SURVEY: Standard Survey of 72 residential units</p> <p>The facility is 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> <p>CENSUS:44</p> <p>A Life Safety Code Survey was conducted by the State Agency on 10/23/2025. The facility was not in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.</p>	A 000		
A1089	<p>8:36-16.3(b) Physical Plant</p> <p>(b) Means of ventilation shall be provided for every bathroom or water closet (toilet) compartment. Ventilation shall be provided either by a window with an openable area or by mechanical ventilation.</p>	A1089		

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

TITLE

(X6) DATE

12/11/25

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A1089	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure 8 of 51 bathrooms were provided with an openable window or mechanical ventilation as a means of ventilation.</p> <p>Findings included:</p> <p>During a concurrent observation and interview on 10/23/2025 at 11:58 AM in resident Room [REDACTED] the Regional Director of Maintenance (RDM) tested the bathroom ventilation in the ceiling with a piece of toilet paper held to the vent grid, which pulled no air. There was no window to the outside in the bathroom. The RDM stated that the ventilation was not functioning.</p> <p>During a concurrent observation and interview on 10/23/2025 at 12:00 PM in resident Room [REDACTED] the RDM tested the bathroom ventilation in the ceiling with a piece of toilet paper held to the vent grid, which pulled no air. There was no window to the outside in the bathroom. The RDM stated that the ventilation was not functioning.</p> <p>During a concurrent observation and interview on 10/23/2025 at 12:01 PM in resident Room [REDACTED] the RDM tested the bathroom ventilation in the ceiling with a piece of toilet paper held to the vent grid, which pulled no air. There was no window to the outside in the bathroom. The RDM stated that the ventilation was not functioning.</p> <p>During a concurrent observation and interview on 10/23/2025 at 12:03 PM in resident Room # [REDACTED] the RDM tested the bathroom ventilation in the ceiling with a piece of toilet paper held to the vent</p>	A1089		

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NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT SOMERSET VALLEY ASSISTED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1621 ROUTE 22 WEST</b> <b>BOUND BROOK, NJ 08805</b>		
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A1089	<p>Continued From page 2</p> <p>grid, which pulled no air. There was no window to the outside in the bathroom. The RDM stated that the ventilation was not functioning.</p> <p>During a concurrent observation and interview on 10/23/2025 at 12:14 PM in resident Room [REDACTED] the RDM tested the bathroom ventilation in the ceiling with a piece of toilet paper held to the vent grid, which pulled no air. There was no window to the outside in the bathroom. The RDM stated that the ventilation was not functioning.</p> <p>During a concurrent observation and interview on 10/23/2025 at 12:31 PM in resident Room [REDACTED] the RDM tested the bathroom ventilation in the ceiling with a piece of toilet paper held to the vent grid, which pulled no air. There was no window to the outside in the bathroom. The RDM stated that the ventilation was not functioning.</p> <p>During a concurrent observation and interview on 10/23/2025 at 12:36 PM in resident Room [REDACTED] the RDM tested the bathroom ventilation in the ceiling with a piece of toilet paper held to the vent grid, which pulled no air. There was no window to the outside in the bathroom. The RDM stated that the ventilation was not functioning.</p> <p>During a concurrent observation and interview on 10/23/2025 at 12:38 PM in resident Room [REDACTED] the RDM tested the bathroom ventilation in the ceiling with a piece of toilet paper held to the vent grid, which pulled no air. There was no window to the outside in the bathroom. The RDM stated that the ventilation was not functioning.</p> <p>During an interview on 10/23/2025 at 1:39 PM, the Administrator stated she had no policy regarding maintaining ventilation in resident bathrooms.</p>	A1089			

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A1089	<p>Continued From page 3</p> <p>During an interview on 10/23/2025 at 2:26 PM, the Director of Maintenance (DOM) stated the bathroom ventilation fans in resident Rooms <b>NJ Exec Order 26.4b1</b> were not functioning and had no windows to the outside. He stated the cause of the failure of the bathroom ventilation was from a belt that had broken on a multi-zone ventilation system. He stated he expected bathroom ventilation in all resident bathrooms that did not have a window to the outside to work and function properly.</p> <p>During an interview on 10/23/2025 at 2:30 PM, the RDM stated a belt had broken on a multi-zone ventilation unit and caused the bathroom ventilation in resident Rooms <b>NJ Exec Order 26.4b1</b> to not function. He stated he expected the bathroom ventilation in the resident bathrooms that lacked an openable window to function and continuously run per the New Jersey Administrative Code (NJAC).</p> <p>During an interview on 10/23/2025 at 2:33 PM, the Administrator stated the DOM was responsible for ensuring the ventilation in resident bathrooms worked. She stated she expected the bathroom ventilation to work continuously in all resident bathrooms that had no window to the outside.</p>	A1089		

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 18A105	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/31/2025
NAME OF FACILITY CARE ONE AT SOMERSET VALLEY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805	

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 A1089	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-16.3(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/10/2025	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	
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 10/23/2025	<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
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