

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50a005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/06/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE OF CLARA BARTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 AMBOY AVENUE EDISON, NJ 08837</b>
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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: Complaint</p> <p>COMPLAINT #: NJ 00156274, NJ 00159519, NJ 00166412, NJ 00178470, NJ 00178830, NJ 00181443</p> <p>CENSUS: 84</p> <p>SAMPLE SIZE: 9</p> <p>SURVEY DATE: 10/6/2025</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 365	<p>8:36-4.1(a)(6) Resident Rights</p> <p>(a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>6. The right to privacy;</p>	A 365		

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

TITLE

(X6) DATE

11/26/25

New Jersey Department of Health

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A 365	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00181443</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to protect the resident's right to privacy by failing to provide a visual barrier for two unrelated residents in resident units used for double occupancy in 8 of 8 units observed. This deficient practice was evidenced by the following:</p> <p>On 10/2/2025 at 10:00 AM, the surveyor met with the Director of Nursing (DON). The surveyor requested the DON to provide a resident roster for assisted living residents for review. Review of the resident roster reflected double occupancy rooms with occupied A and B beds including rooms <b>NJ Ex Order 26.4(b)(1)</b></p> <p>On 10/2/2025 at 11:00 AM, during the tour of the facility, the surveyor observed apartment # <b>NJ Ex Ord</b>. The apartment consisted of 1 bedroom with a door and an open room with a door to a shared bathroom and the access to a shared kitchenette. The open room contained a bed and personal belongings of one of the two occupants, the bedroom contained a bed and personal belongings of the second occupant. The sleeping area of the resident in the open room was visible from the path of the bedroom to the bathroom and from the path of the bedroom to the</p>	A 365		

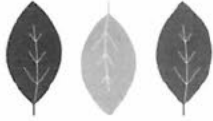
New Jersey Department of Health

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A 365	<p>Continued From page 2</p> <p>kitchenette. No permanent or portable privacy barriers were observed in the room. These same observations were made in rooms <b>NJ Ex Order 26.4(b)(1)</b></p> <p>On 10/6/25 at 10:55 AM, the surveyor interviewed the facility's Executive Director (ED). During the discussion of the facility's double occupancy rooms the ED stated all residents tour the apartment they will be residing in prior to agreeing to the arrangement. The surveyor asked the ED about resident privacy rights in these arrangements and the ED agreed the resident's sleeping area in the open room would be fully visible for the resident in the bedroom while accessing the shared areas of the bathroom or the kitchenette. The surveyor asked the ED if the resident residing in the open room had privacy with these room arrangements and the ED stated, "not really". The surveyor asked the ED if all residents had the right to privacy and he stated, "of course".</p> <p>The surveyor reviewed a facility document titled "Statement of Resident's Rights", which reflected "... As a resident of Heritage of Clara Barton, each resident is entitled to the following rights: ... 6. The right to privacy; ..."</p>	A 365		
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HERITAGE OF CLARA BARTON  
Assisted Living Community

POC # 2 Received 12/14/25  
(12/12/25 Accepted)

**VIA EMAIL ONLY**

[12/4/2025]

PO BOX 367  
TRENTON, N.J. 08625-0367

**Re: Plan of Correction for Survey Completed On: October 6, 2025**

**License# 50a005**  
**ID Prefix Tag: A365**

To whom it may concern:

Please find below the Plan of Correction for the ID Prefix Tag A365, received on October 14, 2025 for the survey completed on October 6, 2025.

**Element 1:** The Facility offered alternative rooms to Residents in Rooms **NJ Ex Order 26.4(b)(1)**. All residents elected to stay in their current living area in their apartments.

**Element 2:** All residents who share a room have the potential to be affected. An audit was completed on all residents' apartments that share a room to ensure that privacy is met.

**Element 3:** Staff were provided in-service training on Residents Rights on 11.20.2025 by the Director of Nursing with focus on privacy of the residents. Facility will ensure that privacy is provided to the residents by doing audits on shared rooms. Residents in shared rooms, including Rooms **NJ Ex Order 26.4(b)(1)** have requested that their apartments be allowed to remain in their current configuration with no changes. Please find attached a signed petition from the residents of these rooms.

**Element 4:** Executive Director or designee will audit four shared resident apartments per a week for a total of four weeks. Then three additional shared residents' rooms monthly for another four months to ensure that each residents' shared room is set up so that privacy is met.

Any further corrections will be addressed as they are discovered.

Findings will be reported monthly to Quality Assurance Performance Improvement team for review and action as necessary.

**Element 5:** All corrections were completed on: 12.3.2025

Accepted

December 4, 2025  
Page 2



If you have any questions, please do not hesitate to contact me.

Sincerely,

NJ Ex Order 26.4(b)(1)

LNHA CALA

Executive Director

Heritage of Clara Barton

Tel. NJ Ex Order 26.4(b)(1)

NJ Exec Order 26.4b1

Encls.

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 50a005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/12/2025
NAME OF FACILITY HERITAGE OF CLARA BARTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 AMBOY AVENUE EDISON, NJ 08837	

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 A0365	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-4.1(a)(6)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/03/2025	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	

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 10/6/2025		<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		