STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	603330	A. BUILDING: _____ B. WING _____	06/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATH VILLAGE	430 SCHOOLEY'S MOUNTAIN ROAD HACKETTSTOWN, NJ 07840

(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
R 100	8:43-1.1 & 1.2 Definitions and Qualifications The rules in this chapter pertain to all facilities that provide residential health care services. These rules constitute the basis for the licensure of residential health care facilities by the New Jersey State Department of Health and Senior Services. Residential health care facilities provide sheltered care and services, in a homelike setting, to residents who do not require skilled nursing care, in order to assist residents to maintain personal interests and dignity as well as to protect their health and safety. The aim of this chapter is to establish minimum rules with which a residential health care facility must comply in order to be licensed to operate in New Jersey. This REQUIREMENT is not met as evidenced by: Type of Survey: Standard Dates of Survey: 6/14/22 Census: 29 Sample: 3 The facility was not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:43, Standards for Licensure of Residential Health Care Facilities. 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	R 100		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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R 100	Continued From page 1 action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	R 100		
R1665	8:43-15.1(a) Housekeeping,Sanitation,Safety,Maintenance The facility shall provide and maintain a sanitary, safe and homelike environment for residents. This REQUIREMENT is not met as evidenced by: Based on observation and interview on 06/13/2022, in the presence of facility management, it was determined that the facility failed to provide notification by audible and visible signals for one (1) of one (1) outside fence enclosed courtyard in accordance with N.J.A.C. 5:70 Uniform Fire Code and NFPA 72 Uniform Fire Code. The deficient practice was evidenced by the following: On 06/13/2022 starting at 10:20 AM with the facility's Director of Maintenance (DOM), a tour of the facility was conducted. During the tour the surveyor observed no evidence of an audio and visual (horn and strobe) alarm connected the the buildings fire alarm and detection system to notify residents in the event of an fire alarm going on in the following location, At 11:09 AM, the surveyor observed no evidence of a horn and strobe in the fenced enclosed area outside located between the residents dining room and resident lounge.	R1665		

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R1665	Continued From page 2 At this time the surveyor asked the DOM, do you have an audio and visual alarm for the fire alarm system out here. The DOM said, no. The findings were verified and confirmed by the DOM during the observations. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 06/13/2022 at 12:12 PM. NJAC 8:43- 15.1 (a).	R1665		