STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL25327	A. BUILDING: _____ B. WING _____	C 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE HANOVER TOWNS	101 WHIPPANY ROAD WHIPPANY, NJ 07981

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00173690 CENSUS: 48 SAMPLE SIZE: 3 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.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

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

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00173690

Based on interview, record review, and review of pertinent facility documents, it was determined that the Executive Director (ED) failed to ensure the implementation and enforcement of the facility's policies and procedures titled, "Assisted Living: Advanced Directives" and "Assisted Living: Signing a Residency Agreement" for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:

On 5/15/2024 at 9:40 a.m., the surveyor reviewed Resident #1's Medical Record (MR) which revealed the resident moved into the facility as a NJ ex order 26.4b1 on NJ ex order 26.4b1 with diagnoses NJ ex order 26.4b1 [redacted] Further review of Resident #1's MR revealed the resident's general service plan (GSP) NJ ex order 26.4b1 [redacted]

On 5/23/2024 at 11:00 a.m., the surveyor interviewed the Director of Nursing (DON) who stated the General Service Plans are automatically generated in our electronic records. The DON further stated the nursing assistances should have access to this information; however, currently the information is in the Medication Administration Record and they would need to ask the Certified Medication Aide for the residents

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A 310	Continued From page 2 advanced directive information. The surveyor further reviewed Resident #1's Medical Record (MR) which revealed the Residency Agreement was not signed by Resident #1 or the responsible person and the Executive Director confirmed they did not have a signed residency agreement prior to admission. Surveyor review of the Policy and Procedure titled, "Assisted Living: Advanced Directives," "6. Advanced Directives allows the resident to ask for no life saving measures without the need for a terminal diagnosis. The Advanced Directives will then be noted on the resident's service plan." In addition, a review of the Assisted Living: Signing a Residency Agreeement,"4. Sign two copies of the Agreement in order to have two originals. 5. Give a copy to the prospective resident and/or responsible person and retain one copy for the file." The facility failed to get a signed copy of the residency agreement prior ro admission and failed to have a reference to the resident's advanced directive on the general service plan (GSP).	A 310		
A 783	8:36-7.5(e) Resident Assessments and Care Plans (e) Each resident shall have an annual physical 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.	A 783		

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A 783	Continued From page 3	A 783		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00173690

Based on interview and record review it was determined that the facility failed to ensure that all residents received an initial physician certification to confirm that the resident's needs could be met in an Assisted Living Facility, for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:

On 5/15/2024 at 9:40 a.m., the surveyor reviewed Resident #1's Medical Record (MR) which revealed the resident moved into the facility as a NJ ex order 26.4b1 on NJ ex order 26.4b1 with diagnoses NJ ex order 26.4b1 [redacted] Further review of Resident #1's MR revealed the resident's initial history and NJ ex order 26.4b1 [redacted] by the facility physician with no documented evidence of a physician certification by the attending physician prior to admission.

At 1:07 p.m., the surveyor interviewed the Executive Director (ED) who stated on admission, the H&P and the physician certification are obtained from the resident's outside physician; however, since Resident #1 NJ Ex Order 26.4b1 [redacted] at the facility.

A review of the policy and procedure titled, "Assisted Living: Respite Services" states, "All

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A 783	Continued From page 4 Respite Residents will be managed and documented according to all AL Policies and Procedures." The facility failed to ensure that Resident #1 received an initial certification to confirm that his/her needs could be met in an assisted living facility in accordance with state regulations.	A 783		
A 959	8:36-11.5(d) Pharmaceutical Services (d) Medication prescribed for one resident shall not be administered to another resident. Borrowing shall not occur. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00173690 Based on interview and record review it was determined that the facility failed to ensure that medications were not borrowed from one resident to be given to another resident for 2 of 3 residents reviewed, Resident #1 and Resident #3. This deficient practice was evidenced by the following: On 5/10/2024, The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH, alleging on NJ ex order 26.4b1, a resident NJ ex order 26.4b1 [redacted] On 5/15/2024 at 9:40 a.m., the surveyor reviewed Resident #1's Medical Record (MR) which revealed the resident moved into the facility as a NJ ex order 26.4b1 on NJ ex order 26.4b1 with diagnoses	A 959		

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A 959	Continued From page 5 NJ ex order 26.4b1 [redacted] Further review of Resident #1's MR revealed on NJ ex order 26.4b1, the resident experienced NJ ex order 26.4 [redacted] his/her physician was made aware, NJ ex order 26.4b1 [redacted] and administered at 8:20 p.m. On 5/23/2024 at 1:25 p.m., the surveyor interviewed the Director of Nursing who stated he directed the Certified Medication Aide to NJ ex order 26. [redacted] from Resident #3 to give to Resident #1 and NJ ex order 26.4b1 [redacted] from the pharmacy.	A 959		
A1367	8:36-20.2(b)(1) Standards for Respite Care Services (b) The facility shall obtain the following information from the resident's attending physician, advanced practice nurse, or physician assistant prior to admission: 1. A summary of the resident's medical history and most recent physical examination; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00173690 Based on observation, interview, and medical record review it was determined that the facility failed to obtain a summary of the resident's medical history and most recent physical	A1367		

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A1367	Continued From page 6 examination from the resident's attending physician prior to admission, for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following: On 5/15/2024 at 9:40 a.m., the surveyor reviewed Resident #1's Medical Record (MR) which revealed the resident moved into the facility as a NJ ex order 26.4b1 on NJ ex order 26.4b1 with diagnoses NJ ex order 26.4b1 [redacted] Further review of Resident #1's MR revealed a history and physical (H&P) from the facility appointed physician with no evidence of medical records obtained from the resident's attending At 1:07 p.m., the surveyor interviewed the Executive Director (ED) who stated prior to admission, the H&P and the physician certification are obtained from the resident's outside physician; however, since Resident #1 NJ ex order 26.4b1, this would only be done once Resident #1 NJ ex order 26.4b1 [redacted] At 2:25 p.m., the surveyor spoke with Resident #1's spouse who stated he/she was not aware of any contact made by the facility to Resident #1's primary physician prior to admission to the facility. A review of the facilities policy and procedure titled, "Assisted Living: Respite Services" states, "All Respite Residents will be managed and documented according to all AL Policies and Procedures."	A1367		
A1369	8:36-20.2(b)(2) Standards for Respite Care Services	A1369		

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A1369	Continued From page 7 (b) The facility shall obtain the following information from the resident's attending physician, advanced practice nurse, or physician assistant prior to admission: 2. Signed and dated medication and treatment orders for the resident's stay in the facility; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00173690 Based on observation, interview, and review of facility pertinent documents it was determined that the facility failed to obtain presciptions from the resident's attending physician prior to admission, for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following: On 5/15/2024 at 9:40 a.m., the surveyor reviewed Resident #1's Medical Record (MR) which revealed the resident moved into the facility as a NJ ex order 26.4b1 with diagnoses which included NJ ex order 26.4b1 [redacted] Further review of Resident #1's MR revealed medication ordered written on NJ ex order 26.4b1, were by the facility physician with no evidence of prescriptions provided by the resident's attending physican. At 1:07 p.m., the surveyor interviewed the Executive Director (ED) who stated that resident's on respite bring their own medications from home to use while at the facility. The ED further stated,	A1369		

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A1369	Continued From page 8 if a respite needed a refill of a medication, he/she would be transitioned into using the facility pharmacy, which would refill their medications with orders received from the facility physician. At 2:25 p.m., the surveyor spoke with Resident #1's spouse who stated he/she was not aware of any contact made by the facility to Resident #1's primary physician prior to admission to the facility. A review of the policy ad procedure titled, "Assisted Living: Respite Services" states, "All Respite Residents will be managed and documented according to all AL Policies and Procedures.".	A1369		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL25327 Y1	A. Building B. Wing Y2	7/11/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE HANOVER TOWNSHIP	101 WHIPPANY ROAD WHIPPANY, NJ 07981

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 A0310	Correction	ID Prefix A0783	Correction	ID Prefix A0959	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.5(e)	Completed	Reg. # 8:36-11.5(d)	Completed
LSC	05/25/2024	LSC	05/25/2024	LSC	05/25/2024
ID Prefix A1367	Correction	ID Prefix A1369	Correction	ID Prefix	Correction
Reg. # 8:36-20.2(b)(1)	Completed	Reg. # 8:36-20.2(b)(2)	Completed	Reg. #	Completed
LSC	05/25/2024	LSC	05/25/2024	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	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
5/23/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO