

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL25327	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/19/2024
NAME OF PROVIDER OR SUPPLIER HARMONY VILLAGE AT CAREONE HANOVER TOWN		STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Initial Comments</p> <p>Initial Comments: CENSUS: 52</p> <p>A Life Safety Code Survey was conducted by the State Agency on 09/19/2024. 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> <p>TYPE OF SURVEY: Standard and Complaints</p> <p>COMPLAINT#: NJ00166950, NJ00171730, NJ00172414, NJ00172704, NJ00174377</p> <p>Census: 52</p> <p>Sample: 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		

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

TITLE

(X6) DATE

11/15/24

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A 310	Continued From page 1	A 310		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, and review of pertinent facility documents, it was determined that the facility's Executive Director (ED) failed to develop and implement a policy on the safe and secure storage of potentially hazardous chemicals to prevent unintended access and [NJ Ex Order 26.4(b)] by residents with [NJ Ex Order 26.4(b)(1)] that resided on the [NJ Ex Order 26.4(b)(1)] unit of the facility for which an Imminent Danger (ID) was identified. This deficient practice was evidenced by the following:</p> <p>On 9/19/24 at 9:26 a.m., the surveyor conducted a tour of the second-floor of the facility, which is the [NJ Ex Order 26.4(b)(1)] unit where residents with [NJ Ex Order 26.4(b)(1)] reside in the facility, and in the presence of the facility's Executive Chef (EC), observed that the safety door to the left of the kitchenette was unlocked and propped open with</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>a trash can. There was no facility staff present in the area at the time of the tour. The surveyor also observed that the cabinet doors were unlocked, which allowed residents with NJ Ex Order 26.4(b)(1) issues with easy access to potentially harmful products. The ID was reported to the Licensed Assisted Living Administrator on 9/19/24 at 10:00 a.m. that included information about the above issues.</p> <p>At 9:50 a.m., the facility Administrator, and Regional Director of Maintenance arrived at the second-floor kitchenette area. Upon their arrival to the unit, the surveyor reviewed the unlocked cabinets with potentially harmful products, which were:</p> <ol style="list-style-type: none"> 1. NJ Ex Order 26.4(b)(1), with a hazard statement, indicates it causes severe skin burns and eye damage. 2. Peroxide Multi-Surface Cleaner with a hazard statement that indicates: causes severe eye irritation. 3. NJ Ex Order 26.4(b)(1)'s hazard statement indicated that it is harmful if swallowed, causes severe skin burns and eye damage, and may be dangerous if inhaled. 4. NJ Ex Order 26.4(b)(1) Ultra Dry with a hazard statement that indicates: n/a 5. NJ Ex Order 26.4(b)(1) Air Effects with a hazard statement that indicates: n/a 6. NJ Ex Order 26.4(b)(1) Bleach Germicidal Bleach Wipes with a hazard statement that indicates: causes eye irritation. <p>On 9/19/24, at 2:57 p.m., the surveyor interviewed the ED, who stated that the facility did not have a policy regarding the storage of potentially hazardous chemicals.</p> <p>The ED failed to develop and implement, and</p>	A 310		

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A 310	Continued From page 3 enforce a policy and procedure to address the secured storage of potentially hazardous chemicals for the prevention and protection of residents from having access to them. The Removal Plan was requested, reviewed and accepted on 10/23/2024 that included the immediate removal of the cleaning chemicals, all staff education on the Security and Non-Food Storage Policy, the installation of a locked cabinet with a pad lock under the sink, a protective barrier and a bolt with combination lock to both barrier doors on the second-floor kitchenette.	A 310		
A 313	8:36-3.4(a)(4) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 4. Ensuring the provision of staff orientation and staff education; This REQUIREMENT is not met as evidenced by: Complaint#: NJ00166950 Based on interview, record review, and review of pertinent facility documents, it was determined that the Executive Director (ED) failed to ensure that all facility staff were re-educated on Abuse and Neglect, and Resident Rights when the facility re-educated the nursing staff only on both. which was identified when 2 of 2 residents records were reviewed for NJ Ex Order 26 Resident#'s 3, and 4. This deficient practice was evidenced by the following:	A 313		

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A 313	<p>Continued From page 4</p> <p>On NJ Ex Order 26.4b1, the facility sent in a Facility Reported Event (FRE) to the New Jersey Department of Health (NJDOH), which indicated that on NJ ex order 26.4b1 Resident #3 was found NJ Exec Order 26.4b1 Resident #4, who was NJ Exec Order 26.4b1. Resident #3 was taken to his/her room, a NJ Exec Order 26.4b1 was completed, and then Resident #3 was sent to the emergency room for a NJ Exec Order 26.4b1 evaluation.</p> <p>Resident #4 reported to staff that he/she was walking out of his/her room when Resident #3 took Resident #4's NJ ex order 26.4b1, which NJ ex order 26.4b1. Resident #4 was assessed for NJ Exec Order 26.4b1.</p> <p>On 9/18/24, the surveyor reviewed Resident #3's closed medical record (MR) and observed a move-in date of NJ ex order 26.4b1, with diagnoses that NJ ex order 26.4b1.</p> <p>Resident #4's MR revealed a move-in date of NJ ex order 26.4b1, with diagnoses NJ ex order 26.4b1.</p> <p>At 12:49 p.m., the surveyor interviewed Resident #4 and his/her representative. They stated that there were no issues at the facility with staff or residents.</p> <p>During continued review of facility documents the surveyor observed a document dated NJ ex order 26.4b1, and titled, "Employee Education Attendance Record," which indicated that nursing staff were in-serviced on the topics of Resident Rights, and Abuse and Neglect after the above indicated event.</p> <p>At 1:16 p.m., the surveyor interviewed the ED, who stated that only the nursing staff were re-educated regarding Resident Rights at the</p>	A 313		

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A 313	Continued From page 5 time of the incident, and that all other staff were not re-educated, and that they complete their mandatory in-services yearly. Surveyor review of an undated policy titled, "Assisted Living: Resident Rights" revealed "Purpose" which indicated, "To assure the highest quality of services, the center will post and distribute a statement of resident rights consistent with the principles of assisted living. Policy...to treat each resident with respect, courtesy, consideration and dignity...Procedure Pursuant to law and the Community Policies and Procedures, each Resident has the following Rights: ...4. The right to be treated with respect, courtesy, consideration and dignity; ...16. The right to be free from physical and mental abuse..."	A 313			
A 401	8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider will 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: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care; This REQUIREMENT is not met as evidenced by: Based on observation, and interview it was determined that the facility failed to ensure the	A 401			

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A 401	<p>Continued From page 6</p> <p>residents, who lived on the [NJ Ex Order 26.4(b)(1)] unit of the facility, right to live in a safe and secure environment for which an Imminent Danger (ID) was identified. This deficient practice was evidenced by the following:</p> <p>On 9/19/24 at 9:26 a.m., the surveyor conducted a tour of the second-floor of the facility, which is the [NJ Ex Order 26.4(b)(1)] unit where residents with [NJ Ex Order 26.4(b)(1)] reside in the facility, and in the presence of the facility's Executive Chef (EC), observed that the safety door to the left of the kitchenette was unlocked and propped open with a trash can. There was no facility staff present in the area at the time of the tour. The surveyor also observed that the cabinet doors were unlocked, which allowed residents with [NJ Ex Order 26.4(b)(1)] with easy access to potentially harmful products. The ID was reported to the Licensed Assisted Living Administrator on 9/19/24 at 10:00 a.m. that included information about the above issues.</p> <p>During continued surveyor tour, the surveyor observed that there was no [NJ Ex Order 26.4(b)(1)] or any other barrier, in place to prevent facility residents from touching the food, which was hot. Additionally, the surveyor observed a coffee pot that was plugged in, was in the on position, and contained hot coffee that when tested with the facility EC's thermometer, registered 158 degrees Fahrenheit.</p> <p>The surveyor also observed a microwave oven which was plugged in and able to be turned to the on position, and a toaster which was plugged and when the surveyor pressed the lever in the downward position, the toaster began to warm. Additionally, there was a pot used to boil water that plugged into an electrical outlet next to the</p>	A 401		

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A 401	Continued From page 7 kitchenette sink. The facility failed to ensure that the resident's right for safety was maintained for facility residents. Surveyor review of an undated policy titled, "Assisted Living: Resident Rights" revealed "Purpose To assure the highest quality of services, the center will post and distribute a statement of resident rights consistent with the principles of assisted living. Policy...to treat each resident with respect, courtesy, consideration and dignity...Procedure Pursuant to law and the Community Policies and Procedures, each Resident has the following Rights: ...4. The right to be treated with respect, courtesy, consideration and dignity; ..." The Removal Plan was requested, reviewed and accepted on 10/23/2024 that included the immediate removal of the cleaning chemicals, all staff education on the Security and Non-Food Storage Policy, the installation of a locked cabinet with a pad lock under the sink, a protective barrier and a bolt with combination lock to both barrier doors on the second-floor kitchenette.	A 401			
A 517	8:36-5.6(b)(1-7) General Requirements (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:	A 517			

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A 517	<p>Continued From page 8</p> <ol style="list-style-type: none"> 1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment; 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 the facility failed to ensure that 3 of 11 staff members reviewed received the required</p>	A 517		

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A 517	<p>Continued From page 9</p> <p>annual staff education. This deficient practice was evidenced by the following:</p> <p>On 9/19/24, at 12:12 p.m., the Executive Director (ED) provided the surveyor with the employee in-service logs for the 11 employees chosen for review. Surveyor review of the in-service training logs revealed that 3 of the 11 employees reviewed had no documented evidence of some of the required in-services. The findings were as follows:</p> <p>3 of 11 employees had not attended an in-service for Assisted Living Concepts. 3 of 11 employees had not attended an in-service for Infection Control. 3 of 11 employees had not attended an in-service for Pain Management. 1 of 11 employees had not attended an in-service for Alzheimer Dementia.</p> <p>During surveyor interview on 9/19/24 at 12:46 p.m., the ED stated that NU Ex Order 2 (a web-based way of doing in-services) was utilized for all annual in-services following the initial orientation.</p> <p>Surveyor review of an undated facility policy titled; "Assisted Living: Staffing Requirements" revealed "Policy" which indicated, "The center will employee staff in sufficient number and with sufficient ability and training to provide the basic care and resident assistance and supervision required, based on assessment of the acuity of resident's needs." Under "Procedure...6. The center will implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel providing personal care or health services shall receive orientation at the time of employment and at least annual in-service</p>	A 517			

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A 891	<p>Continued From page 11</p> <p>Reference: Chapter 24, N.J.A.C. 8:24-3.3(c)(1) (viii), "Storing the food in packages, covered containers, or wrappings except:</p> <ol style="list-style-type: none"> 1. Whole, uncut, raw fruits and vegetables and nuts in the shell that require peeling or hulling before consumption. 2. Primal cuts, quarters, or sides of raw meat or slab bacon that are hung on clean, sanitized hooks or placed on clean, sanitized racks. 3. Whole, uncut, processed meats such as country hams and smoked or cured sausages that are placed on clean, sanitized racks. 4. Food being cooled; or 5. Shellstock ..." <p>Reference: Chapter 24, N.J.A.C. 8:24-4.1(i), "Multiuse kitchenware, such as frying pans, griddles, saucepans, cookie sheets, and waffle bakers that have a perfluorocarbon resin coating, shall be used with nonscoring or non-scratching utensils and cleaning aids."</p> <p>Reference: Chapter 24, N.J.A.C. 8:24-4.2, "(a) Equipment and utensils shall be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions. (b) Multiuse food-contact surfaces shall be:</p> <ol style="list-style-type: none"> 1. Smooth; 2. Free of breaks, open seams, cracks, chips, pits, and similar imperfections;..." <p>Reference: Chapter 24, N.J.A.C. 8:24-4.6(b), "The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations."</p> <p>1. On 9/18/24 at 10:09 a.m., the surveyor, in the presence of the facility Executive Chef (EC), conducted a tour of the facility's kitchen. The</p>	A 891		

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A 891	<p>Continued From page 12</p> <p>surveyor observed that the refrigerator contained the following food items that were opened and not properly labeled when opened: <small>NJ Ex Order 26.4(b)(1)</small> deli ham slices, deli turkey slices, yellow American cheese slices, <small>NJ Ex Order 26.4(b)(1)</small> barbeque sauce without an open date, and <small>NJ Ex Order 26.4(b)</small> yellow mustard.</p> <p>2. At 10:20 a.m., the surveyor observed nine cutting boards of various sizes with deep grooves and other surface areas that were in poor repair.</p> <p>3. At 10:23 a.m., the surveyor observed that all of the pans and baking sheets were encrusted with accumulated food debris that was caked on.</p> <p>4. At 10:30 a.m., the surveyor observed spaghetti that had been opened, wrapped in plastic wrap, and without an open date.</p> <p>The surveyor interviewed the EC, who stated that the pans and baking sheets should not have grease deposits and accumulated debris. The EC also stated that the facility label maker had stopped working when interviewed about the food items that were opened and not dated.</p> <p>Surveyor review of an undated facility policy titled; "Assisted Living: Storage of Food in Refrigeration" revealed "Procedure...3. All containers must be labeled with the contents and date food item was placed in storage..."</p>	A 891			
A 935	<p>8:36-11.4(b) Pharmaceutical Services</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings,</p>	A 935			

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A 935	<p>Continued From page 13</p> <p>and all Federal and State laws and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to administer medication in accordance with the prescriber orders for 1 of 14 residents reviewed, Resident #11, during observation of medication pass. This deficient practice was evidenced by the following:</p> <p>On 9/18/24 at 10:05 a.m., during morning medication pass, the surveyor observed a facility Certified Medication Aide (CMA) prepare medication for administration to Resident #11. The Electronic Medication Administration Record (EMAR), indicated that [REDACTED] (a medication used to treat [REDACTED] milligram (mg) 1 tablet by mouth, was due to be given; however when CMA took the medication from the cart, the Bingo card was noted to contain [REDACTED] mg. The CMA recognized the discrepancy, did not administer the [REDACTED] and removed it from the cart. The surveyor observed that [REDACTED] pills of the [REDACTED] mg were missing from the Bingo card. The CMA acknowledged that it was the incorrect dose, and that Resident #11 had received [REDACTED] mg, for [REDACTED] days.</p> <p>During surveyor interview with the CMA, she</p>	A 935			

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NAME OF PROVIDER OR SUPPLIER HARMONY VILLAGE AT CAREONE HANOVER TOWN		STREET ADDRESS, CITY, STATE, ZIP CODE 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 935	<p>Continued From page 14</p> <p>stated that Resident #11 used to be on NJ ex order 26.4b1 but that the physician had changed the dose to NJ mg, although CMA #1 could not recall why. The CMA stated that she would notify the Director of Nursing (DON) about the incorrect dose of NJ Exec Order 26.4b1 and if he was not available, that she would notify the Administrator.</p> <p>The surveyor reviewed Resident #11's medical record (MR) which revealed an admission date of NJ ex order 26.4b1 and diagnoses that NJ ex order 26.4b1</p> <p>Review of the Physician's orders revealed an order for NJ Exec Order 26.4b1 mg 1 tablet by mouth once daily for NJ Exec Order 26.4b1 with an order date of NJ ex order 26.4b1. The surveyor did not observe a physician's order to discontinue the order for NJ ex order 26.4b1</p> <p>On 9/18/24 at 2:10 p.m., the surveyor interviewed a facility Licensed Practical Nurse (LPN) who stated that Resident #11 had been receiving the prescribed NJ Exec Order 26.4b1 dose of NJ Exec Order 26.4b1 mg for a NJ Exec Order 26.4b1, and that she would follow up with the pharmacy. At 2:30 p.m., the LPN provided the surveyor with a pharmacy delivery status document that indicated the proper dose of NJ Ex Order 26.4(b)(1) of NJ ex order 26.4b1 for Resident #11 was delivered on NJ Exec Order 26.4b1, and when the pharmacy sent the next refill, they sent NJ Exec Order 26.4b1 mg, instead of the NJ mg which was the current physician's order.</p> <p>On 9/19/24 at 12:49 p.m., the LPN provided the surveyor with a physician's prescription order dated NJ ex order 26.4b1 to discontinue NJ Exec Order 26.4b1 mg for Resident #11. Resident #11 received NJ ex order 26.4b1 doses of the NJ ex order 26.4b1 which was the discontinued order.</p>	A 935		

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A 935	Continued From page 15 Surveyor review of a facility policy dated 3/5/24, titled; "Assisted Living: Administration of Medication", that revealed the following "Policy" which indicated, "The center has established a policy for the safe administration of medication...21. The medication error occurs when: ...b. The resident receives the wrong dose of medication..."	A 935		
A 963	8:36-11.5(f) Pharmaceutical Services (f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of records it was determined the facility failed to ensure that medications were properly and accurately documented as administered for 2 of 11 residents reviewed, Resident #'s 2 & 3. This deficient practice was evidenced by the following: On 9/18/24, at 12:00 p.m., during review of the medication cart on the second floor, the surveyor asked the Certified Medication Assistant (CMA) for the current NJ Ex Order 26.4(b)(1) inventory record, which she provided. The surveyor observed a NJ Ex Order 26.4(b)(1) inventory record for Resident #2 for the medication NJ Exec Order 26.4b1 milligrams (mg) 1 tablet every 12 hours for NJ Exec Order 26 . The CMA stated that she had administered the	A 963		

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A 963	Continued From page 16 medication to Resident #2 in the morning, but didn't get the chance to sign the medication administration record. The surveyor continued to review and observed the following missing signatures on the [redacted] inventory sheet for Resident #3's [redacted] mg: [redacted] at 8:00 a.m., and [redacted] at 8:00 a.m. The administration record indicated that there should have been [redacted] tablets left; however, the surveyor counted [redacted] tablets of the [redacted] mg on the bingo card. The CMA stated that she did give the medication to Resident #3 that morning. The CMA additionally stated that she normally signs for the medications immediately, but that she also helps out in the dining room and often times the resident who have [redacted] want her attention.	A 963			
A1041	8:36-14.3(a) Emergency Services and Procedures (a) The facility shall conduct at least one drill of the emergency plans every month. The 12 drills shall be conducted on a rotating basis, to ensure that four drills occur during each working shift on an annual basis. The facility shall maintain documentation of all drills, including the date, hour, description of the drill, participating staff, and signature of the person in charge. In addition to drills for emergencies due to fire, the facility shall conduct at least one drill per year for emergencies due to a disaster other than fire, such as storm, flood, other natural disaster, bomb threat, or nuclear accident (a total of 12 drills). All staff shall participate in at least one drill annually, and selected residents may participate in drills.	A1041			

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A1041	Continued From page 17 This REQUIREMENT is not met as evidenced by: Based on interview, and record review it was determined the facility failed to ensure that 11 of 11 staff reviewed participated in at least one emergency drill annually. This deficient practice was evidenced by the following: On 9/19/24, the surveyor reviewed the employee files provided by the Executive Director (ED). The review of employee files and in-service training logs revealed that 11 of 11 employees had no documentation that reflected that the employees participated in an emergency drill. On 9/19/24 at 12:46 p.m. the surveyor interviewed the ED and inquired about the emergency drills. The ED explained that the staff members are required to complete the "Fire Prevention and Response: The Basics Self-Paced" course listed in NJ Exec Order . The ED was unable to provide a list of employees who participated in an emergency drill within the year.	A1041		
A1217	8:36-17.3(b)(4) Housekeeping-Sanitation-Safety-Maintenance (b) The following safety conditions shall be met: 4. All household and cleaning products used by facility staff shall be identified, labeled, and secured. All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room. The telephone number of	A1217		

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A1217	<p>Continued From page 18</p> <p>the poison control center shall be conspicuously posted in the facility;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents it was determined that the facility failed to ensure that potentially toxic and harmful cleaning products and chemicals used by facility staff were securely stored, and inaccessible to residents with NJ Ex Order 26.4(b)(1) to prevent accidental NJ Exec Order 26.4b1 for 25 of 53 residents that resided on the NJ Exec Order 26.4b1 unit of the facility on the 2nd floor. An Imminent Danger (ID) was identified. This deficient practice was evidenced by the following:</p> <p>On 9/19/24 at 9:26 a.m., the surveyor conducted a tour of the second-floor of the facility, which is the NJ Exec Order 26.4b1 unit where residents with NJ Exec Order 26.4b1 reside in the facility, and in the presence of the facility's Executive Chef (EC), observed that the safety door to the left of the kitchenette was unlocked and propped open with a trash can. There was no facility staff present in the area at the time of the tour. The surveyor also observed that the cabinet doors were unlocked, which allowed residents with NJ Ex Order 26.4(b)(1) NJ Exec Order 26.4b1 with easy access to potentially harmful products. The ID was reported to the Licensed Assisted Living Administrator on 9/19/24 at 10:00 a.m. that included information about the above issues.</p> <p>At 9:50 a.m., the facility Administrator, and</p>	A1217			

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A1217	<p>Continued From page 19</p> <p>Regional Director of Maintenance (RDM) arrived at the second-floor kitchenette area. Upon their arrival to the unit, the surveyor reviewed the unlocked cabinets with potentially harmful products, which were:</p> <ol style="list-style-type: none"> 1. [REDACTED], with a hazard statement, indicates it causes severe skin burns and eye damage. 2. Peroxide Multi-Surface Cleaner with a hazard statement that indicates: causes severe eye irritation. 3. [REDACTED]'s hazard statement indicated that it is harmful if swallowed, causes severe skin burns and eye damage, and may be dangerous if inhaled. 4. [REDACTED] Ultra Dry with a hazard statement that indicates: n/a 5. [REDACTED] Air Effects with a hazard statement that indicates: n/a 6. [REDACTED] Bleach Germicidal Bleach Wipes with a hazard statement that indicates: causes eye irritation. <p>The RDM and EC removed the products under the sink at the time, as the cabinet lock was broken.</p> <p>At 2:13 p.m., the surveyor returned to the second-floor kitchenette to find the safety doors to the kitchenette to the right and left locked and the cabinet under the sink locked with a padlock.</p> <p>Surveyor review of an undated policy titled, "Assisted Living: Resident Rights" revealed "Purpose"... "To assure the highest quality of services, the center will post and distribute a statement of resident rights consistent with the principles of assisted living. Policy...to treat each resident with respect, courtesy, consideration and dignity..." "Procedure" which indicated, "Pursuant</p>	A1217		

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A1217	Continued From page 20 to law and the Community Policies and Procedures, each Resident has the following Rights: ...4. The right to be treated with respect, courtesy, consideration and dignity; ..." The surveyor requested a facility policy for the storage of potentially hazardous chemicals, but the facility failed to provide the surveyor with the policy. The facility failed to ensure that potentially toxic and harmful cleaning products and chemicals used by facility staff were stored in a locked cabinet of the kitchenette, inaccessible to residents with NJ Ex Order 26.4(b)(1) , to prevent accidental access and NJ Ex Order 26.4(b)(1) The Removal Plan was requested, reviewed and accepted on 10/23/2024 that included the immediate removal of the cleaning chemicals, all staff education on the Security and Non-Food Storage Policy, the installation of a locked cabinet with a pad lock under the sink, a protective barrier and a bolt with combination lock to both barrier doors on the second-floor kitchenette.	A1217		
A1225	8:36-17.3(b)(8)(i-ii) Housekeeping-Sanitation-Safety-Maintenance (b) The following safety conditions shall be met: 8. An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition; i. The written statement shall include the date of inspection, and shall	A1225		

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A1225	<p>Continued From page 21</p> <p>indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved; and</p> <p>ii. The written statement shall be available for review by the Department during survey.</p> <p>This REQUIREMENT is not met as evidenced by: Based on document review, and interview it was determined that the facility failed to ensure that a licensed electrician annually inspected and provided a written statement that the electrical circuits and wiring in the facility were in safe condition. This had the potential to affect 6 of 6 smoke compartments, and 52 of 52 residents that resided in the facility. This deficient practice was evidenced by the following:</p> <p>The facility life safety code documentation provided by the Regional Director of Environmental Services revealed no documented evidence that an annual electrician inspection of the facility electrical system had been conducted in the past year.</p> <p>During surveyor interview on 9/18/24 at 10:50 a.m., the Regional Director of Environmental Services stated that the facility did not have a written policy regarding conducting environmental surveillance rounds to ensure compliance with life</p>	A1225		

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A1225	Continued From page 22 safety code requirements.	A1225		
A1249	8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility was free from fire hazards with regards to 6 of 6 smoke compartments, which affected 52 of 52 residents that resided in the facility. This deficient practice was evidenced by the following: On 9/19/24 at 10:15 a.m., the surveyor observed, in Stair B on the first-floor, that the facility was storing combustible items under and adjacent to the stairs. This practice did not meet the requirements of the international fire code. On 9/18/24 at 10:50 a.m., the surveyor observed combustible items stored under and adjacent to Stair C on the first floor. This practice did not meet the requirements of the international fire code.	A1249		

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A1249	<p>Continued From page 23</p> <p>On 9/19/24 at 10:50 a.m., the surveyor, accompanied by the Regional Director of Environmental Services (RDES), observed the corridor doors to resident rooms 114, 116, 117, 118, 119, 121, 125, 131, 132, 133, 134, 138, 139, 140, 141, 142, 146, 147, 148, 210, 212, 214, 220, 224, 226, 227, 230, 231, 232, 243, 245, 250, and 251. Each of these rooms had gaps around the doors that exceeded one-eighth inches and did not close and latch tightly into the frame to resist the passage of smoke as required by the international fire code. During surveyor interview, the RSD stated that there was no written policy regarding the inspection of smoke doors.</p> <p>On 9/19/24 at 12:55 p.m., the surveyor, accompanied by the RDES, observed in the main kitchen, that the deep fat fryer was installed directly adjacent to the main stove burners. The installation of the deep fat fryer was not greater than 16 inches from the stove and there was no splash guard installed, as required by the standards set forth by National Fire Protection Association (NFPA) 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations.</p> <p>During surveyor interview on 9/18/24 at 10:50 a.m., the RDES stated that the facility did not have a written policy regarding conducting environmental surveillance rounds to ensure compliance with life safety code requirement.</p>	A1249		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL25327	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/4/2024
NAME OF FACILITY HARMONY VILLAGE AT CAREONE HANOVER TOWNSHIP	STREET ADDRESS, CITY, STATE, ZIP CODE 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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 12/03/2024	ID Prefix A0313 Reg. # 8:36-3.4(a)(4) LSC	Correction Completed 12/03/2024	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 12/03/2024
ID Prefix A0517 Reg. # 8:36-5.6(b)(1-7) LSC	Correction Completed 12/03/2024	ID Prefix A0891 Reg. # 8:36-10.5(a) LSC	Correction Completed 12/03/2024	ID Prefix A0935 Reg. # 8:36-11.4(b) LSC	Correction Completed 12/03/2024
ID Prefix A0963 Reg. # 8:36-11.5(f) LSC	Correction Completed 12/03/2024	ID Prefix A1041 Reg. # 8:36-14.3(a) LSC	Correction Completed 12/03/2024	ID Prefix A1217 Reg. # 8:36-17.3(b)(4) LSC	Correction Completed 12/03/2024
ID Prefix A1225 Reg. # 8:36-17.3(b)(8)(i-ii) LSC	Correction Completed 12/03/2024	ID Prefix A1249 Reg. # 8:36-17.7 LSC	Correction Completed 12/03/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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 9/19/2024		<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			