

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/28/2020
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NAME OF PROVIDER OR SUPPLIER HARMONY VILLAGE AT CAREONE JACKSON	STREET ADDRESS, CITY, STATE, ZIP CODE 11 HISTORY LANE JACKSON, NJ 08527
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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 and COVID-19 Focused Infection Control COMPLAINT #: NJ00112768 CENSUS: 59 SAMPLE SIZE: 1 SURVEY DATE: 10/28/20</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, based on this Complaint Survey.</p> <p>The facility was found to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19, based on this COVID-19 Focused Infection Control Survey.</p> <p>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 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>	A 310		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/28/2020
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NAME OF PROVIDER OR SUPPLIER HARMONY VILLAGE AT CAREONE JACKSON	STREET ADDRESS, CITY, STATE, ZIP CODE 11 HISTORY LANE JACKSON, NJ 08527
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A 310	<p>Continued From page 1</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: COMPLAINT #: NJ00112768</p> <p>Based on record review, interviews and facility policy review, the facility failed to implement their policy for determining a resident's code status for one (Resident #1) of one sampled resident reviewed for code status; and failed to implement the facility policy to maintain a completed copy of the Universal Transfer Form (UTF) for one (Resident #1) of one sampled resident reviewed for the UTF.</p> <p>This had the potential to affect all residents. The facility census was 59.</p> <p>Findings included:</p> <p>1. A facility form entitled, "Advanced Directives (Assisted Living Manual)," revised on 04/22/14, was reviewed and it indicated:</p> <p>"1. Prior to Move-in, the Admission Coordinator</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/28/2020
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NAME OF PROVIDER OR SUPPLIER HARMONY VILLAGE AT CAREONE JACKSON	STREET ADDRESS, CITY, STATE, ZIP CODE 11 HISTORY LANE JACKSON, NJ 08527
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A 310	<p>Continued From page 2</p> <p>(or designee) will determine whether the individual has completed the state-designated, Orders for Life Sustaining Treatment form.</p> <p>2. If the individual does not have a completed state-designated, Orders for Life Sustaining Treatment form, the admitting Registered Nurse (or designee) will offer the patient the opportunity to discuss the Orders for Life Sustaining Treatment form with the physician, or other practitioners as permitted by state law, when Orders for Life Sustaining Treatment are recognized in the state</p> <p>6. Advanced Directives ...should be reviewed and updated if appropriate to reflect the individual's or authorized decision maker's wishes. Reviews should occur, minimally, at the following times:</p> <p>6.1 Upon move-in ...</p> <p>7. The initial review and ongoing discussions about continuing, revising, or revoking Orders for Life Sustaining Treatment shall be documented in the record."</p> <p>Resident #1 was admitted on 08/10/2017. The resident was no longer residing in the facility.</p> <p>On 10/28/2020 at 3:00 PM, a review of the closed record of Resident #1 was conducted. The closed record contained no indication the resident had signed an Orders for Life Sustaining Treatment form and/or if the resident had been offered the opportunity to discuss the form.</p> <p>On 10/28/2020 at 4:00 PM, the Administrator and Director of Wellness were asked to review the resident's closed record. They were asked if the resident's medical record contained any information about the resident's advanced directives and/or resuscitation status. They confirmed it did not contain the resident's code status or requested life sustaining treatment</p>	A 310		

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER HARMONY VILLAGE AT CAREONE JACKSON	STREET ADDRESS, CITY, STATE, ZIP CODE 11 HISTORY LANE JACKSON, NJ 08527
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A 310	<p>Continued From page 3</p> <p>information. They were asked if the record indicated if the Life Sustaining Treatment form had been signed and placed in the medical record. If not, did the record indicate if the resident had been offered the opportunity to discuss the form. They both confirmed it did not indicate if a form had been signed or if it had been discussed with the resident.</p> <p>2. A facility policy entitled, "Policy Statement" dated March 2017, was reviewed and it indicated: "This facility provides a completed and accurate Transfer Form to a resident transferred or discharged from our facility.</p> <p>1. Should it become necessary to transfer a resident from the facility, a Transfer Form will be executed and forwarded with the resident</p> <p>3. A copy of the Transfer Form will be filed in the resident's medical record."</p> <p>Resident #1 was admitted on [REDACTED]. The resident no longer resided in the facility.</p> <p>On 10/28/2020 at 3:00 PM, a review of the closed record of Resident #1 was conducted. The closed record did not indicate if the facility had maintained a completed copy of the UTF when the resident was transferred to a local hospital in [REDACTED], which would have contained pertinent information, such as a resident's code status.</p> <p>On 10/28/2020 at 4:00 PM, the Administrator and Director of Wellness were asked to review the resident's closed record. They were asked if a completed copy of the resident's UTF was in the resident's medical record. They both stated the medical record did not contain a completed copy of the Resident #1's UTF from the hospital transfer in [REDACTED].</p>	A 310		
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NAME OF PROVIDER OR SUPPLIER HARMONY VILLAGE AT CAREONE JACKSON	STREET ADDRESS, CITY, STATE, ZIP CODE 11 HISTORY LANE JACKSON, NJ 08527
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A 310	Continued From page 4 On 10/28/2020 at 6:30 PM, the Administrator stated they had not been saving copies of the UTF in residents' medical records.	A 310		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15A115	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/17/2020
NAME OF FACILITY HARMONY VILLAGE AT CAREONE JACKSON		STREET ADDRESS, CITY, STATE, ZIP CODE 11 HISTORY LANE JACKSON, NJ 08527

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	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/29/2020	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 10/28/2020
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO

Harmony Village at Jackson Assisted Living

Plan of Correction

December 8th, 2020

Date of Survey: 12/1/20

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;

Based on record review, interviews and facility policy review, the facility failed to implement their policy for determining a resident's code status for one (Resident #1) of one sampled resident reviewed for code status; and failed to implement the facility policy to maintain a completed copy of the Universal Transfer Form (UTF) for one (Resident #1) of one sampled resident reviewed for the UTF.

This had the potential to affect all residents. The facility census was 59.

Findings included:

1. A facility form entitled, "Advanced Directives (Assisted Living Manual)," revised on 04/22/14, was reviewed and it indicated: "1. Prior to Move-in, the Admission Coordinator (or designee) will determine whether the individual has completed the state-designated, orders for Life Sustaining Treatment form.

2. If the individual does not have a completed state-designated, Orders for Life Sustaining Treatment form, the admitting Registered Nurse (or designee) will offer the patient the opportunity to discuss the Orders for Life Sustaining Treatment form with the physician, or other practitioners as permitted by state law, when Orders for Life Sustaining Treatment are recognized in the state. Advanced Directives ...should be reviewed and updated if appropriate to reflect the individual's or authorized decision maker's wishes. Reviews should occur, minimally, at the following times: 6.1 Upon move-in .7. The initial review and ongoing discussions about continuing, revising, or revoking Orders for Life Sustaining Treatment shall be documented in the record.

A. What corrective actions will be accomplished for those residents affected by the deficient practice;

1. Resident #1 was discharged in 2017.

B. How the facility will identify other residents having the potential to be affected by the same deficient practice;

1. The corrective action was completed on 10/29/20 & ongoing. The following corrective actions have been implemented:

a. Facility will follow policy and procedure named Assisted Living: Orders for Life Sustaining Treatment. Facility admission's staff & licensed nurses re-educated on facility policy. Re-education included review of Advanced Directives Prior to move in and on initial assessment. Initial review upon move-in and ongoing discussions to be documented by facility staff if the resident record.

- b. Review of all resident records in progress by facility R.N to identify residents without Advanced Directives on file to review with resident/ responsible party. Such conversations to be documented in the resident record.
 - c. Facility R.N re-educated licensed nurses on facility's policy on Universal Transfer Forms including completion and retaining a copy of the completed form for the resident record.
- C. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and
1. Admission Department personnel & licensed nurses have been re-educated on facility policy named Assisted Living: Order for life sustaining treatment & Universal Transfer Form.
 2. Prior to move-in, admissions staff will identify whether or not resident has an advanced directive. Upon initial move in assessment, facility R.N will review advanced directives per facility policy. Initial and ongoing discussions will be documented in the resident record.
 3. Facility administrator will audit new resident records monthly for documentation on review of advanced directives by facility Registered Nurse. Facility Registered Nurse will audit records of residents who are transported to the hospital to ensure Universal Transfer Forms are completed and a copy is present in the resident record monthly.
- D. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, ie., what program will be put into place to monitor the continued effectiveness of the systemic change.
1. Results of the audits will be reviewed during facility Quality Assurance Performance Improvement (QAPI) committee monthly for three months for review and to determine if further action is needed.

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NAME OF PROVIDER OR SUPPLIER CARE ONE AT JACKSON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11 HISTORY LANE JACKSON, NJ 08527
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint and COVID-19 Focused Infection Control COMPLAINT #: NJ00112768 CENSUS: 59 SAMPLE SIZE: 1 SURVEY DATE: 10/28/20</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, based on this Complaint Survey.</p> <p>The facility was found to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19, based on this COVID-19 Focused Infection Control Survey.</p> <p>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 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>	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Kenneth Gaeum* TITLE *Executive Director* (X6) DATE *12/1/20*