STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A115	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	11 HISTORY LANE JACKSON, NJ 08527

(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 #: NJ000189931, NJ000190070, NJ000167984, NJ000158237 CENSUS: 61 SAMPLE SIZE: 3 SURVEY DATE: 03/16/2026 - 03/19/2026 The facility is not in substantial compliance with all 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. 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 389	8:36-4.1(a)(16) Resident Rights (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: 16. The right to be free from physical and mental abuse and/or neglect;	A 389		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/15/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A115	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	11 HISTORY LANE JACKSON, NJ 08527

(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 389	Continued From page 1	A 389		

This REQUIREMENT is not met as evidenced by:
Complaint NJ000189931

Based on interview, record review, and facility document and policy review, the facility failed to prevent an [NJ Exec Order 26.4b1] for 1 (Resident #1) of 3 sampled residents reviewed for risk of [NJ Exec Order 26.4b1]

Specifically, Resident #1, who had a diagnosis of [NJ Exec Order 26.4b1] left the facility [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1] at approximately 3:00 PM. Resident #1 [NJ Exec Order 26.4b1] where [NJ Exec Order] and facility staff [NJ Exec Order] the resident. Facility staff [NJ Exec Order 26.4b] Resident #1 to the facility on [NJ Exec Order 26.4b1] at 3:28 PM, and the resident was assessed at their baseline with [NJ Exec Order 26.4b1]. On [NJ Exec Order 26.4b1] the [NJ Exec Order 26.4b1]

It was determined that the facility's non-compliance with one or more requirements had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.

On 03/19/2026 at 6:00 PM, the facility's Executive Director (ED) was verbally informed of the immediacy of the situation involving the facility's failure to prevent the [NJ Exec Order 26.4b1]

Findings included:

A facility policy titled, "Safety and Supervision of Residents," revised 07/2017, indicated, "Policy Statement - Our facility strives to make the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A115	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	11 HISTORY LANE JACKSON, NJ 08527

(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 389	Continued From page 2 environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. The section "Policy Interpretation and Implementation" revealed, "4. Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards, and try to prevent avoidable accidents." The section "Individualized Resident-Centered Approach to Safety" revealed, "3. The care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive devices." The section "Systems Approach to Safety" revealed, "2. Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment." The facility's undated policy titled, "Assisted Living: Elopement of a Resident," indicated, "Policy - Every effort will be made to assure the safety of a resident who is missing from their unit. The staff will attempt to locate the resident as quickly and safely as possible. Purpose - To ensure safety and security of all residents. Procedure - 1. All residents are assessed for potential elopement. 2. A care plan is developed with family and resident participation and updated as indicated 3. The staff member that realizes the resident is missing should notify the charge nurse, who will notify their nursing supervisor. When it is determined that a resident is missing, the following will occur: 3.1 Nursing will immediately notify the Administrator, Director of Nurses 3.2 The Administrator or the Director of Nurses will immediately notify their Regional Director of Operations and Regional Clinical	A 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A115	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	11 HISTORY LANE JACKSON, NJ 08527

(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 389	Continued From page 3 Services Coordinator. 3.3 All available clinical personnel will be involved in the search. 3.4 The search will include: 3.4.1 Searching immediate areas of the resident's unit and building interior. Room-to-room, shower rooms, utility rooms, offices, dining rooms, laundry, kitchen, bathrooms, dayrooms/lounges, employee lounges, stairwells and basements 3.4.2 Assigning staff to check the outside grounds of the building to include courtyards and parking lot and roof top. Determine all routes that the resident may have taken upon leaving the facility. 3.4.3 Assigning staff to use cars to search in the immediate area of the center. Staff will report back to the facility either in person or by telephone with results of this search. 3.5 If unable to locate the resident within 15 minutes, the Administrator/designee will notify the Police Department, physician and responsible party/family. 3.6 Police will be given all necessary information regarding this resident including photos, a description of what the resident was wearing when last seen, information regarding mental status, age, mobility, safety awareness, and any violent/adverse behavior." A facility document titled, "Elopement System Best Practices," revised 04/21/2022, indicated, "Risk Identification - Complete risk evaluation on admission, quarterly, annually and with a change in condition. - Complete evaluation as soon after admission as possible; never exceed 8 hours. - Keep a list of residents at risk for elopement at the nurses' station and reception desk. - New residents at risk for elopement need an interim plan of care; all others have an interdisciplinary comprehensive plan of care. Specific Risk Reduction Strategies - Validate that the name identification band is on and secure. - Notify family of elopement risk; obtain consent to	A 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A115	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	11 HISTORY LANE JACKSON, NJ 08527

(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 389	Continued From page 4 photograph & [and] complete resident ID [identification] sheet with photo. Develop elopement book with master list and individual ID sheets. Determine possible triggers for wandering and specific behavioral interventions to address triggers. - Consider [Product Brand Name, monitoring device] or other electronic monitoring device such [sic, as] a bed, chair, or motion alarms. - Monitor resident at routine intervals; consider secure unit if available and appropriate. - Increase structured activities of interest; promote activities that are within full view of staff members." A facility document titled, "[Brand Name] Manual, Delay Egress System," dated 02/2008, indicated, "The electromagnetic lock and armature are ruggedly constructed and designed to provide years of trouble-free service. Care must be taken during installation and use that the lock face and armature face are kept free of dirt, rust, paint, or any other obstruction which may interfere with the lock and armature making good contact." An "Admission Record" revealed the facility admitted Resident #1 on [redacted]. According to the Admission Record, Resident #1 had a medical history that included a diagnosis of [redacted] An admission "Resident Assessment," dated [redacted], revealed Resident #1 required [redacted] on every shift. The Resident Assessment revealed Resident #1 was [redacted] and had a [redacted]. The Resident Assessment revealed Resident #1 had a history of [redacted] to [redacted] the facility without notifying staff, [redacted], and was [redacted] but [redacted]. The Resident Assessment revealed Resident #1 was	A 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A115	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	11 HISTORY LANE JACKSON, NJ 08527

(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 389	Continued From page 5 at risk for [redacted]. Resident #1's "Service Plan Report," included a focus area, initiated [redacted], that indicated the resident was an [redacted] risk, [redacted] and [redacted]. Interventions directed staff to: attempt to engage the resident in activities and conversation during episodes of [redacted] (initiated [redacted]; [redacted] from [redacted] by offering [redacted] (initiated [redacted]); and transfer the resident to a [redacted] (initiated [redacted]. Resident #1's '[redacted] Risk Evaluation," dated [redacted], indicated the resident was at risk for [redacted] The [redacted] Risk Evaluation indicated Resident #1 had a history of [redacted] to [redacted] the facility [redacted] and without notifying staff. The [redacted] Risk Evaluation indicated that Resident #1 exhibited [redacted]. A Director of Wellness (DOW) "Progress Note[s]," dated [redacted] at 7:22 PM, indicated the DOW was notified by staff that Resident #1 was observed in the [redacted]. The Progress Note indicated when the DOW responded to assess the situation; Resident #1 was [redacted]. The Progress Note indicated all staff were alerted, and a [redacted] The Progress Note indicated that [redacted] were notified. The Progress Note indicated employees [redacted] Resident #1 [redacted] and [redacted] the resident [redacted] safely. The Progress Note indicated the DOW assessed Resident #1, upon return to the facility, as [redacted] and [redacted] to [redacted] not in [redacted] a [redacted], with [redacted], a [redacted], and with no	A 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A115	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	11 HISTORY LANE JACKSON, NJ 08527

(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 389	Continued From page 6 NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 noted. A "New Jersey Department of Health Division of Health Facility Survey and Field Operations Long Term Care Assessment and Survey Program/Complaint Unit" "Reportable Event Record/Report," dated NJ Exec Order 26.4b1 at 5:10 PM, included the report of an incident of NJ Exec Order 26.4b1 that occurred on NJ Exec Order 26.4b1 at 3:00 PM. The report revealed on NJ Exec Order 26.4b1 at 3:00 PM Resident #1 was observed by a staff member at the employee time clock, the staff member attempted to NJ Exec Order 26.4 the resident, and the resident NJ Exec Order 26.4b1 The report revealed the staff member left Resident #1 and reported to the front desk what had occurred. The report revealed the Director of Nursing was notified immediately and upon arrival to the time clock Resident #1 was not observed. The report revealed a NJ Exec Order 26 for Resident #1 was initiated, and notifications were made to the NJ Exec Order 26.4b1, the attending physician, the Executive Director, and Resident #1's family. The report indicated Resident #1 NJ Exec Order the facility through the NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1 at 3:15 PM. The report indicated Resident #1 stated they were NJ Exec Order 26.4b1. The report indicated Resident #1 was NJ Exec Order 26.4b to the facility, and NJ Ex was noted on assessment. The report indicated that upon NJ Exec Order to the facility Resident #1 was NJ Exec Order 26.4b1 to a room on a NJ Exec Order 26.4b1, a medication review was completed, and a NJ Exec Order 26.4b1 consultation was completed. The facility investigation concluded that Resident #1 NJ Exec Order 26.4b1 through administrative offices and NJ Exec Order 26.4b1. The facility investigation revealed a secured locking mechanism was installed on the administrative office door to prevent unauthorized access.	A 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A115	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	11 HISTORY LANE JACKSON, NJ 08527

(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 389	Continued From page 7 A "[Name of City] NJ Exec Order 2 Department" and "NJ Exec Ord [redacted] Report," dated NJ Exec Order 26.4b1 indicated the NJ Exec Order at were notified at 3:17 PM that Resident #1 was NJ Exec Order 26.4b and the event was cleared at 3:36 PM. The NJ Exec Order 2 [redacted] Report indicated Resident #1 was NJ Exec Order 26.4b1 [redacted]. The NJ Exec Order 26.4b1 Report indicated Resident #1 was NJ Exec Order 26.4b1 when NJ Exec Order 2 the resident was NJ Exec Order 26.4b1, a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The NJ Exec Order 2 [redacted] Report indicated no issues were identified. The NJ Exec Order 26.4b1 Report indicated Resident #1 was NJ Exec Order 26.4b1 by facility staff. An online mapping service revealed the distance from the facility to the automotive maintenance shop, where Resident #1 was NJ Exec Orde after NJ Exec Order 26 on NJ Exec Order 26.4b1. According to NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 for the city where the facility was located was NJ Exec Order 26.4b1 [redacted] and the NJ Exec Order 26.4b1 was NJ Ex [redacted] On 03/16/2026 at 3:51 PM, Receptionist #4 revealed that on the afternoon of NJ Exec Order 26.4b1 sometime after 2:00 PM, she observed Resident #1 standing next to the window at the front door. Receptionist #4 revealed that Resident #1 stated NJ Exec Order 26.4b1 [redacted]. Receptionist #4 revealed that Resident #1 came to the front lobby daily stating they NJ Exec Order 26 to NJ Exec Orde the facility to NJ Exec Order 26.4b1. Receptionist #4 stated she called the DOW to let her know of the NJ Exec Order 26.4b1 and the DOW told Receptionist #4 to bring Resident #1 to the office	A 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A115	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	11 HISTORY LANE JACKSON, NJ 08527

(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 389	Continued From page 8 of the DOW, so she did. Receptionist #4 stated the ED would usually talk with Resident #1 and [NJ Exec Order 26] them, but the ED was not there. Receptionist #4 stated later when she went to the administrative offices; she did not [NJ Exec O] Resident #1, and she did not recall the resident [NJ Exec Order 26.4b1] her desk. Receptionist #4 stated she called Resident #1's unit and learned the resident was [NJ Exec Order 26.4b1]. Receptionist #4 stated that a [NJ Exec Order 26] began for Resident #1. Receptionist #4 stated Resident #1 must have [NJ Exec Order 26.4b1] [redacted]. Receptionist #4 stated that she kept a binder at the front desk with the names and pictures of residents at risk for [NJ Exec Order 26.4b1] Receptionist #4 stated that Resident #1's name was in the binder, but she had not included a picture of the resident yet. During a telephone interview on 03/17/2026 at 10:35 AM, Former Executive Director (ED) #2 stated she was the interim ED from [NJ Exec Order 26.4b1] through [NJ Exec Order 26.4b1]. Former ED #2 stated she was notified by telephone of Resident #1's [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1] at around 3:00 PM. Former ED #2 stated she received a call about 10 minutes later notifying her that Resident #1 was [NJ Exec Order 2] On 03/17/2026 at 12:30 PM the [NJ Exec Order 26.4b] [redacted] revealed that Resident #1 was [NJ Exec Order 26.4b1] of [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1], like a [NJ Exec Order 26.4b1], but due to [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] Resident #1 required [NJ Exec Order 26.4b1] for their [NJ Exec Order 26] On 03/17/2026 at 12:41 PM Licensed Practical Nurse (LPN) #13 revealed that on [NJ Exec Order 26.4b1] around 3:00 PM she received a call from the DOW who asked if Resident #1 [NJ Exec Order 26.4b1]. LPN #13 stated she looked for Resident #1 on	A 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A115	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	11 HISTORY LANE JACKSON, NJ 08527

(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 389	Continued From page 9	A 389		

the NJ Exec Order 26.4b1 the resident, and a NJ Exec Order 26 was started. LPN #13 stated that Resident #1 was NJ Exec Order 26.4b1 on the NJ Exec sometime after lunch that day. LPN #13 stated the unit was for NJ Exec Order 26.4b1 residents, and the doors to the unit were open from 10:00 AM until sometime on the evening shift, so residents were NJ Exec Order 26.4b1 . LPN #13 stated that a few minutes later she was notified that Resident #1 had been NJ Exec Order2 LPN #13 stated that Resident #1 often made comments about NJ Exec Order 26.4 to go NJ Exec Order or NJ Exec Order 26.4 to NJ Exec Orde the facility to NJ Exec O for their NJ Exec O

On 03/17/2026 at 2:00 PM the Staffing Coordinator (SC) stated on NJ Exec Order 26.4b1 the DOW asked if she had NJ Exec Orde Resident #1 because staff NJ Exec Order 26.4b1 the resident. The SC stated she NJ Exec Order 26.4b1 for Resident #1 NJ Exec Order and NJ Exec Order 26 the facility, and she and another staff member went in a NJ Exec Order 26.4b1 The SC stated that after about 30 to 45 minutes they saw Resident #1 standing in the NJ Exec Order 26.4b1 . The SC stated that when they pulled into the NJ Exec Order 26. The SC stated the NJ Exec Order NJ Exec Order 26.4b Resident #1 into their care, and they NJ Exec Order 26.4b the resident to the facility sometime between 3:00 PM and 4:00 PM.

On 03/17/2026 at 2:38 PM Certified Home Health Aide (CHHA) #10 revealed that when she came to work on NJ Exec Order 26.4b1 , for the 2:00 PM to 10:00 PM shift, she NJ Exec Order 26.4 the facility through the NJ Exec Order 26.4b1 and saw Resident #1 NJ Exec Order 26.4b at the NJ Exec Order 26.4b1 . CHHA #10 stated Resident #1 was NJ Exec Order 26.4b1 , NJ Exec Order 26 a NJ Exec Order 26.4b1 , and stating they were NJ Exec Order 26.4b1 . CHHA #10 stated she told Resident #1 they could NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 . CHHA #10 stated CHHA #10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A115	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	11 HISTORY LANE JACKSON, NJ 08527

(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 389	Continued From page 10 walked toward Receptionist #4 and asked the receptionist [NJ Exec Orde] Resident #1. CHHA #10 stated that Receptionist #4 got up and walked toward Resident #1. CHHA #10 stated she went to her assigned unit and about 20 minutes later the DOW asked her if she knew [NJ Exec Order] Resident #1 was because staff NJ Exec Order 26.4b1. CHHA #10 stated staff began a [NJ Exec Order 26] and after about 10 to 15 minutes she learned that Resident #1 was [NJ Exec Order] On 03/18/2026 at 10:40 AM CHHA #18 stated that on [NJ Exec Order 26.4b1] she was on the unit giving a shift report around 2:30 PM when the DOW notified her that Resident #1 was [NJ Exec Order 26.4b] CHHA #18 stated during the [NJ Exec Order 26] she and the SC got into a NJ Exec Order 26.4b1 for Resident #1. CHHA #18 stated that they saw Resident #1 NJ Exec Order 26.4b1. CHHA #18 stated they NJ Exec Order 26.4b1 after the [NJ Exec Order] and the [NJ Exec Order 26.4b1] the resident into their care. CHHA #18 stated they [NJ Exec Order 26.4b] the resident to the facility. CHHA #18 stated there was [NJ Exec Orde] on the [NJ Exec Order 26.4] and Resident #1's [NJ Exec Orde] were [NJ Exec O] On 03/18/2026 at 9:39 AM the DOW stated that on [NJ Exec Order 26.4b1], shortly after 2:00 PM, Receptionist #4 notified her that Resident #1 was in the NJ Exec Order 26.4b1. The DOW stated Receptionist #4 brought Resident #1 to the DOW's office, and Resident #1 [NJ Exec Order] for [NJ Exec O] and then [NJ Exec Order 26.4b1] they NJ Exec Order 26.4b1. The DOW stated they [NJ Exec Order 26.4b] Resident #1 to the hallway to [NJ Exec Orde]. The DOW stated, on [NJ Exec Order 26.4b1] at around 3:00 PM, Receptionist #4 came to the DOW's office and stated Receptionist #4 saw Resident #1 with another staff member in the employee area, that the other staff member had	A 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A115	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	11 HISTORY LANE JACKSON, NJ 08527

(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 389	Continued From page 11 asked Receptionist #4 to [NJ Exec] Resident #1, but that Receptionist #4 did not [NJ Exec] Resident #1 at that time. The DOW stated she and Receptionist #4 both went to the employee area to [NJ Exec O] for Resident #1, but Resident #1 NJ Exec Order 26.4b1. The DOW stated that when they realized Resident #1 was NJ Exec Order 26.4b1, she called the unit and spoke to LPN #13. The DOW revealed that LPN #13 stated Resident #1 was NJ Exec Order 26.4b1, so staff began a [NJ Exec Order 26.] The DOW stated she asked CHHA #10 if CHHA #10 had [NJ Exec Or] Resident #1, and CHHA #10 stated she [NJ Exec O] Resident #1 in the NJ Exec Order 26.4b1 when she came to work at 2:30 PM. The DOW stated CHHA #10 revealed she had asked Receptionist #4 to [NJ Exec] Resident #1 and thought Receptionist #4 had done so. The DOW stated that about 20 to 30 minutes later, she heard that Resident #1 was NJ Exec Order 26.4b1 [redacted]. The DOW stated she did not get the specifics of the location where Resident #1 was [NJ Exec Order 2] The DOW stated she assumed Resident #1 was NJ Exec Order 26.4b1 [redacted]. The DOW stated she realized that if she had obtained written statements from staff and asked more specific questions, she would have known that Resident #1 was [NJ Exec Orde] at an NJ Exec Order 26.4b1. The DOW stated that during the facility's investigation, it was determined that Resident #1 NJ Exec Order 26.4b1 through the [NJ Exec Or] in the NJ Exec Order 26.4b1, because the [NJ Exec Or] to the NJ Exec Order 26.4b1 which allowed Resident #1 NJ Exec Order 26.4b1 [redacted]	A 389		

POC #1 received 4/15/26

Harmony VILLAGE
at CareOne Jackson

Plan of Correction
Harmony Village at CareOne at Jackson # 15A115
Survey Date: 3/19/26

Plan of Correction: A389

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**

   - On 2/13/26, the Director of Wellness (DOW) immediately conducted a NJ Exec Order 26.4b1 assessment of Resident #1, with NJ Exec Order 26.4b1
   - On 2/13/26, the DOW re-assessed Resident #1's risk for NJ Exec Order 26.4b1 and Resident #1 was relocated to a NJ Exec Order 26.4b1
   - On 2/13/26, the physician conducted a medication review, and a NJ Exec Order 26.4b1 consult was completed by the NJ Exec Order 26.4b1 for Resident #1, with no new recommendations from either provider.
   - On 2/13/26, the Maintenance Director contacted the vendor to inspect the employee entrance door near the timeclock.
   - On 2/14/26, the vendor inspected the employee entrance door and changed the 'door closer' which automatically closes the exit door; inspected and repaired the keypad to the same door; and reset the time on the keypad to zero (0) seconds so the door automatically alarms upon opening.
   - On 2/14/26, the Maintenance Director installed a new magnetic lock with a keypad to the Administrative Office door.
   - Resident #1 had NJ Exec Order 26.4b1 related to this practice.

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

   - All residents with exit seeking behaviors have the potential to be affected by this practice.

3. **What measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur.**

   - On 2/13/26, the Director of Wellness (DOW) immediately conducted a headcount of all residents in the facility to ensure they were accounted for. There were no untoward findings.
   - On 2/13/26 the Regional Clinical Director provided in-service education to the Director of Wellness (DOW) on the facility's policy titled, "Assisted Living: Elopement of a Resident." The DOW acknowledged understanding of the policy.

- On 2/13/26, the DOW) conducted an audit of all residents who demonstrate exit-seeking behaviors to ensure interventions were implemented on the General Service Plan to prevent elopement. There were no untoward findings.
- On 2/13/26, the DOW provided in-service education to the Receptionist (Receptionist #4), the Licensed Practical Nurse (LPN#13), as well as the Staffing Coordinator and the Certified Home Health Aide (CHHA#10) on the facility's policy titled, "Assisted Living: Elopement of a Resident." The Receptionist acknowledged understanding of the policy.
- On 2/13/26, the DOW provided in-service education to the Licensed Practical Nurses (LPNs), Certified Home Health Aides (CHHAs), Certified Medication Assistants (CMAs), Dietary Staff, business office, admissions and maintenance staff working the 3-11pm and 11-7am shifts on the facility's policy titled, "Assisted Living: Elopement of a Resident." Staff acknowledged understanding of the policy.
- On 4/14/26, the Executive Director conducted an inspection of the reception desk and nursing units to ensure photos of residents with wandering or exit seeking behaviors, was prominently posted. There were no untoward findings.

4. **How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.**

   - The Maintenance Director or designee will conduct daily inspections of the door to the administrative office as well as all other doors with magnetic locks /keypads. This audit will be conducted daily, on an on-going basis with results to the Executive Director and Quality Assurance Performance Improvement (QAPI) committee monthly x 3 months.
   - The Director of Wellness or designee will conduct audits of 100% of residents with exit seeking behaviors to ensure: the residents' photos are posted at the nursing units and reception area: general service plans are up-to-date and include interventions to prevent exiting the facility. Audits will be conducted x 4 weeks, then monthly x 3 months with results presented to the Executive Director and Quality Assurance Performance Improvement (QAPI) committee monthly x 3 months, then quarterly x 3 quarters.
   - The QAPI committee, that meets monthly, will review the findings and provide recommendations for continued audits as needed.

5. **Completion Date: 4/17/26**

Respectfully submitted,

NJ Exec Order 26.4b1

NJ Exec Order 26.4b1

Executive Director

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
15A115 Y1	A. Building B. Wing Y2	4/15/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	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 A0389 Reg. # 8:36-4.1(a)(16) LSC	Correction Completed 04/17/2026	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/19/2026	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: 35XO12

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
15A115	A. Building B. Wing	4/15/2026

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY VILLAGE AT CAREONE JACKSON	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 A0389 Reg. # 8:36-4.1(a)(16) LSC	Correction Completed 04/17/2026	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 3/19/2026	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			