STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	X1KYQQ	A. BUILDING: _____ B. WING _____	C 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT HAMILTON	1660 WHITEHORSE-HAMILTON SQUARE ROAD HAMILTON TOWNSHIP, NJ 08619

(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 #: NJ 00188724 Census: 77 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) Administrator's Responsibilities (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 10/31/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	X1KYQQ	A. BUILDING: _____ B. WING _____	C 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ 00188742

Based on interview and record review, it was determined that the Executive Director (ED) failed to implement and enforce the facility policies titled, "Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating," for 1 of 3 residents, Resident #1. This deficient practice was evidenced by the following:

On 9/9/25, the Department of Health (DOH) received a Facility Reportable Event (FRE). a (document used by facilities to report incidents to the DOH) regarding Resident #1's 35 [NJ Exec Order 26.4b1] that were missing on [NJ Exec Order] at the facility.

On 9/18/25 at 9:15 a.m., the surveyor requested documentation regarding the [NJ Exec Order 26.4b1], which was discovered by a staff member on [NJ Exec Order]. [NJ Exec Order 26.4b1] is a medication used to treat [NJ Exec Order 26] or [NJ Exec Order 26.4b1]. The surveyor requested the investigation report for review but the ED was unable to provide the surveyor with the investigation report. The ED stated that the FRE was the investigation.

At 10:00 a.m., the surveyor reviewed Resident #1's closed medical record (MR), which revealed that Resident #1 was admitted to the facility in [NJ Exec Order 26.4b1] with a diagnosis of [NJ Exec Order 26.4b1]. Further surveyor review of the Medication Administration Record (MAR) dated [NJ Exec Order],

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	X1KYQQ	A. BUILDING: _____ B. WING _____	C 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 310	Continued From page 2 revealed that Resident #1 had an order for [redacted]) per [redacted] by mouth four times a day for [redacted] or [redacted]. At 3:17 p.m., the surveyor again inquired about the investigation of the missing [redacted] on [redacted]. The ED stated that she conducted interviews with staff members, obtained statements, and completed a thorough investigation; however, the ED was not able to provide the surveyor with the investigation report which included the staffs' statements, investigation documentation, or the investigation findings. Additionally, the ED confirmed that the [redacted] were still missing at the time of the survey. The surveyor reviewed a facility policy titled, "Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation" with revision date of April 2021, which indicated, "... All reports of resident abuse ... neglect, exploitation or theft/misappropriation of resident property are reported to local, state and federal agencies ... thoroughly investigated by facility management. Findings of all investigations are documented and reported ... " Additionally, the policy revealed, 2.2. "The investigation will be documented on the state required reporting form, investigation form and log. 2.3. This form will be kept on file in the Administrative office."	A 310		
A 935	8:36-11.4(b) Administration of medications (b) All medications shall be administered by qualified personnel in accordance with prescriber	A 935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	X1KYQQ	A. BUILDING: _____ B. WING _____	C 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 935	Continued From page 3 orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188724 Based on interview and record review, it was determined that the facility failed to ensure that all medications were administered in accordance with prescriber orders for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following: On 9/18/25 at 10:07 a.m., the surveyor reviewed Resident #1's closed medical record (MR), which revealed that Resident #1 was admitted to the facility in NJ Exec Order 26.4b1, with a diagnosis of NJ Exec Ord [redacted] and received NJ Exec Order 26.4 services. The surveyor reviewed Resident #1's physician order sheet which revealed that Resident #1 had an order for NJ Exec Order 26.4b1 [redacted] by mouth four times a day." Surveyor review of Resident #1's Medication Administrator Record (MAR) dated NJ Exec Order 26.4b1 [redacted] The MAR revealed that on NJ Exec Order, Resident	A 935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	X1KYQQ	A. BUILDING: _____ B. WING _____	C 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 935	Continued From page 4 #1 did not receive his/her scheduled NJ Exec Order 26.4b1 [redacted] dose at 1:00 p.m., 5:00 p.m., and 9:00 p.m. Additionally, the MAR revealed that on NJ Exec Order [redacted], Resident #1 did not receive his/her scheduled NJ Exec Order 26.4b1 dose at 9:00 a.m. Surveyor review of Resident #1's Progress Notes (PN) written by Certified Medication Aide (CMA) on NJ Exec Order 2[redacted] at 9:49 p.m. revealed that the NJ Exec Order 26.4b1 was unavailable, and the Registered Nurse (RN) was aware. On 9/18/25 at 1:39 p.m., the surveyor interviewed the Director of Nursing (DON) and inquired about Resident #1's missed doses of NJ Exec Order 26.4b1 on NJ Exec [redacted] and NJ Exec Order [redacted]. The DON stated that she was unaware of the missed NJ Exec Order 26.4b1 doses and did not know why the medication was not administered to Resident #1. The surveyor reviewed a facility policy titled, "Assisted Living: Administration of Medication," dated 3/5/10, which revealed, " ... This center will assist residents to obtain pharmaceutical services in accordance with their physician's orders ... Documentation will be made on the resident's MAR after each administration of medication ..."	A 935		
A1011	8:36-11.7(k) Storage and Control of Medications (k) Controlled dangerous substances shall be stored, and records shall be maintained, in accordance with the New Jersey Controlled Dangerous Substances Act, N.J.S.A. 24:21-1 et seq., and all other Federal and State laws and regulations concerning the procurement, storage,	A1011		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A1011	Continued From page 5 dispensation, administration, and disposition of same. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188724 Based on interview and record review, it was determined that the facility failed to ensure safe storage of NJ Exec Order 26.4b1 for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following: On 9/9/25, the Department of Health (DOH) received a Facility Reportable Event (FRE), regarding Resident #1's NJ Exec Order 26.4b1 that were missing. According to the FRE, a staff member notified the Assistant Director of Nursing that the above medications were missing from a locked medication refrigerator in Unit #[redacted] on [redacted] On 9/18/25 at 10:00 a.m., the surveyor reviewed Resident #1's closed medical record (MR), which revealed that Resident #1 was admitted to the facility in NJ Exec Order 26.4b1, with a diagnosis of [redacted]. The Medication Administration Record (MAR) dated [redacted] revealed that Resident #1 had an order for NJ Exec Order 26.4b1 [redacted] by mouth four times a day for [redacted] or [redacted] At 1:36 p.m., the surveyor reviewed two (2) NJ Exec Order 26.4b1 Records ([redacted] (a document the facility used to document when a [redacted] medication was administered). [redacted] #1 revealed	A1011		

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A1011	Continued From page 6	A1011		

that the last documented dose of NJ Exec Order 26.4b1 was administered on NJ Exec Order 2 at 1:00 p.m. According to NJ Exec Or #1 documentation, under the "Doses present", six (6) NJ Ex Order 26.4(b)(were remaining. Continued surveyor review of the NJ Exec Or #1 revealed that there was no documentation under the "Disposition of Remaining Doses" section of the NJ Exec Or which indicated the disposition of the remining 6 NJ Ex Order 26.4(b)(1

Surveyor review of NJ Exec Or #2 revealed that the last documented dose of NJ Exec Order 26.4b1 was administered on NJ Exec Order 26.4 at 7:00 p.m. According to NJ Exec Or #2 documentation. under the "Doses present", 29 NJ Ex Order 26.4(b)(were remaining. The surveyor observed that there was no documentation under the "Disposition of Remaining Doses" section of the NJ Exec Or that indicated the disposition of the remaining 29 NJ Ex Order 26.4(b)(1 a total of 35 NJ Ex Order 26.4(b)(missing.

Further, the surveyor reviewed the Medical Administration Record (MAR) and observed that Resident #1 did not receive the ordered NJ Exec Order 26.4b1 on NJ Exec Order 2 at 1:00 p.m., 5:00 p.m., and 9:00 p.m., and on NJ Exec Order at 9:00 a.m. According to a progress note (PN) dated NJ Exec Order written by a Certified Medication Aide (CMA) at 9:36 p.m., the medication was unavailable for administration.

At 2:10 p.m., the surveyor interviewed the Assistant Director of Nursing (ADON) and inquired about the missing 35 NJ Ex Order 26.4(b)(of Resident #1's NJ Exec Order 26.4b1 The ADON stated that she was made aware of the missing NJ Exec Order 26.4 refrigerator key on NJ Exec Order 2 and used a spare key to complete the NJ Exec Order 26.4b1 at that time with a CMA. During the interview, the ADON stated that on NJ Exec Order 2 the outgoing CMA notified her of the 35 missing NJ Exec Order 26.4b1

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A1011	Continued From page 7 at 3:15 p.m,. and she then notified the Director of Nursing (DON) and the Executive Director (ED). At 3:17 p.m., the surveyor interviewed the DON and the ED. The DON stated that she was on NJ Exec Order 26.4b and the ED confirmed that the 35 NJ Exec Order 26.4b1 were still missing as of survey date, NJ Exec Order 26.4 The surveyor reviewed the facility's pharmacy policy, titled "MEDICATION STORAGE IN THE FACILITY," dated February 2019 which indicated " ... E. At each shift change, or when keys are transferred, a physical inventory of all controlled substances including refrigerated items is conducted by two licensed nurses and is documented ... F. Any discrepancy ... 3. The medication regimen of residents using medications that have such discrepancies are reviewed to assure the resident has received all medications and ordered and the foal of therapy is met ..."	A1011		
A1073	8:36-15.6(b) Resident Records (b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.	A1073		

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A1073	Continued From page 8	A1073		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ 00188742

Based on interview and record review, it was determined that the facility failed to ensure that the notification of the physician and family was documented in a resident's Medical Record (MR) for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:

On 9/18/25 at 10:00 a.m., the surveyor reviewed Resident #1's closed medical record (MR), which revealed that Resident #1 was admitted to the facility in NJ Exec Order 26.4b1, with a diagnosis of NJ Exec Order 26.4b1. Surveyor review of the Medication Administration Record (MAR) dated NJ Exec Order 26.4b1 revealed that Resident #1 had an order for NJ Exec Order 26.4b1 per NJ Exec Order 26.4b1 by mouth four times a day for NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1.

Additionally, the surveyor reviewed Resident #1's MAR dated NJ Exec Order 26.4b1, which revealed that Resident #1 was not administered the scheduled NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 at 1:00 p.m., 5:00 p.m., and 9:00 p.m., and NJ Exec Order 26.4b1 at 9:00 a.m.

At 1:39 p.m., the surveyor interviewed the Director of Nursing (DON) and inquired if Resident #1's family and the physician were notified of the NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1. The DON stated that she notified the physician and then the family at Resident #1's care conference on NJ Exec Order 26.4b1.

Further, the surveyor reviewed a Progress Note (PN) written by the DON dated NJ Exec Order 26.4b1 at 12:38

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A1073	Continued From page 9 p.m., which confirmed that a care conference was held with Resident #1's family. However, there was no documented evidence in the MR that indicated that the resident's physician and family were notified of the resident's missing NJ Exec Order 26.4b1 and the four missed scheduled doses of the medication on NJ Exec Order 26 The surveyor reviewed an undated facility policy titled, "Assisted Living: Communication Book (24 Hour Report) ... " which revealed, "... 5. Pertinent information should be documented in the resident's clinical record ..." Additionally, the surveyor reviewed a facility policy titled, "Assisted Living: Health Monitoring ... ", which indicated, " ... 8. All significant changes noted in the resident's condition will be noted in the resident's record and/ or health care plan. 9. The attending physician will be notified of a significant change in condition; notification will be documented. 10. The resident's family will be notified regarding a change in the resident's condition ... notification will be documented ..."	A1073		

Plan of Correction
CareOne at Hamilton #K2311
Survey Date: 9/18/2025

CARE ONE
At Hamilton Assisted Living

[redacted] Accepted 11/12/25.

Plan of Correction: A310 A 310 8:36-3.4(a)(1) Administrator's Responsibilities

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**
    - On 09/19/2025 The Executive Director (ED) and Director of Nursing (DON) were provided in-service education by the Regional Director of Clinical Services (RDC) on the policy and procedure regarding facility policy titled, misappropriation-Reporting and Investigation.
    - On 09/19/2025 the RDC provided in-service education to the Director of Nursing (DON) on the procedure of completing an investigation with a summary and conclusion. The DOW verbalized understanding.
    - Resident #1 is no longer at the facility.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
    - All residents 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 9/19/2025 the Regional Director of Clinical Services (RDC) provided in-service education to the Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Certified Medication Aides (CMAs) on the policy, "Abuse, Neglect, Exploitation or Misappropriation Reporting and Investigation." Staff acknowledged understanding of the policy and attendance record signed.
    - On 9/22/2025 the Director of Nursing (DON) conducted an audit of all residents with orders for controlled dangerous substances (CDS) to ensure they were reconciled by (2) nurses or Certified Medical Technicians (CMT) with each shift change for the last 7 days. 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 Director of Nursing (DON) or designee will conduct routine audits of five residents declining inventories to ensure they are reconciled each shift. The audits will be conducted daily x 3 days, then weekly x 4 weeks, then monthly x 3 months.
    - The results of the audits are recorded and will be presented to the Executive Director (ED) and to the Quality Assurance Performance Improvement (QAPI) committee monthly x 3 months. The QAPI committee meets on a monthly basis and will review the audits and provide recommendation for further audits as needed.

Completion Date: 9/30/2025

Plan of Correction
CareOne at Hamilton #K2311
Survey Date: 9/18/2025
Plan of Correction: A 935 A 935 8:36-11.4(b) Administration of medications

CAREONE
At Hamilton Assisted Living

NJ Exec Order 26 [redacted] Accepted 11/12/25

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**
    - Resident #1 no longer resides at the facility.
    - On 9/3/2025, RN designee conducted an audit of all four medication carts to ensure medications includin NJ Ex Order 26.4(b)(1) were available as per physician orders and in accordance with the policy titled, "Assisted Living: Administration of Medication." There were no untoward findings.
    - On 9/9/2025 the Director of Nursing (DON) was educated by the Regional Director of Clinical Services (RDC) on the facility policy titled, "Assisted Living: Administration of Medication." DON verbalized understanding of the education.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
    - All residents 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 9/5/2025 The facility's Pharmacy consultant provided education on Medication Administration to the LPNs, RNs and CMAs. Staff verbalized understanding of the education and attendance record signed.
    - On 9/5/2025 cameras were installed in each of the two medication rooms with special focus on the locked medication refrigerators, medication carts and all nursing staff entering the medication room to ensure appropriate nursing practices.
    - As of 9/5/2025, cameras are reviewed by Director of Nursing or nursing designee daily.
    - On 9/9/2025 the Director of Nursing (DON) provided in-service education to the Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Certified Medication Aides (CMAs) on the facility's policy titled, "Assisted Living: Administration of Medication." Staff verbalized understanding of the education and attendance record signed.
    - On 9/22/2025 the DON conducted an audit of the Medication Administration Report for the last 5 days to ensure all medications were administered in accordance with physician orders. The results of the audits are documented and kept in DON office.

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 Director of Nursing (DON) or designee will conduct audits of five residents' medication administration records (MARs) to ensure medications were administered in accordance with physician orders. Audits will be conducted daily x 5 days, then weekly x 4 weeks, then monthly x 3 months.
    - Results of the audits will be reported to the Executive Director (ED) and to the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x 3 months.

The QAPI committee meets monthly and will review the findings and provide recommendations for continued audits as needed.

Completion date: 10/1/2025

Plan of Correction
CareOne at Hamilton #K2311
Survey Date: 9/18/2025

CARE ONE
At Hamilton Assisted Living
[redacted] Accepted 11/12/25

Plan of Correction: A1011 8:36-11.7(k) Storage and Control of Medications

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**
    - Resident #1 no longer resides at the facility.
    - On 9/9/2025 the Director of Nursing (DON) was provided with in-service education by the Regional Director of Clinical Services (RDC) on the facility's policy titled, "Medication Storage in the facility," specifically citing ...at each shift change, or when keys are transferred, a physical inventory of all controlled substances including refrigerated items is conducted by two licensed nurses and is documented... any discrepancy... 3. The medication regimen of residents using medications that have such discrepancies are reviewed to assure the resident has received all medications and ordered and the goal of therapy is met..." Policy provided, and attendance record signed.
    - On 9/3/2025 and 9/5/2025 audit and counts on all medication carts and [redacted] were completed.
    - On 9/5/2025 Consultant Pharmacy completed education on Shift-to-Shift [redacted] Count Accuracy. Attendance record signed.
    - On 10/7/25 – 10/8/2025 med pass observation was conducted on LPNs and med techs. Observation worksheets completed.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
    - All residents with orders for Controlled Dangerous Substances (CDS) have the potential to be affected by this practice.

3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
    - On 9/9/2025 the Director of Nursing (DON) provided in-service education to the Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Certified Medication Aides (CMAs) on the facility's policy titled, ""Medication Storage in the facility," specifically citing ...at each shift change, or when keys are transferred, a physical inventory of all controlled substances including refrigerated items is conducted by two licensed nurses and is documented...F. any discrepancy... 3. The medication regimen of residents using medications that have such discrepancies are reviewed to assure the resident has received all medications and ordered and the goal of therapy is met..." The staff acknowledged understanding of the education. Attendance record signed.
    - On 9/5/2025 cameras were installed in the four medications rooms and used to monitor nursing practices in the med rooms to ensure accountability.
    - On 9/9/2025 the RNs, LPNs and CMAs were educated by the DON on the newly implemented protocol with regards to missing refrigerator or narcotic keys and to immediately notify the Executive Director as well as the Director of Nursing. Attendance record signed.

- On 9/22/2025 the DON conducted an audit of all residents with physicians orders for Controlled Dangerous Substances (CDS) to ensure the medications were reconciled at each shift change and accounted for in accordance with N.J.S.A. 24:21-1 et seq., other federal and state laws and regulations regarding storage, dispensation, administration and disposition of same and in accordance with the facility's policy on Medication Storage. There were no untoward findings. The results of the audits are recorded and kept in DON office.

4. **How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?**
   - The Director of Nursing (DON) or designee will conduct audits of the Controlled Drug Records (CDR) of five residents to ensure accuracy in documentation. Audits will be conducted daily x 5 days, then weekly x 4 weeks, then monthly x 3 months.
   - The pharmacy consultant or designee will conduct random medication administration observations with the Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Certified Medical Aides (CMAs) monthly x 3 months then quarterly x 3 quarters.
   - Results of the audits and observations will be provided to the Executive Director and the Quality Assurance Performance Improvement (QAPI) committee monthly x 3 months. The QAPI committee meets monthly, will review the audits and provide feedback for continued audits as needed.

Completion date 9/30/2025

Plan of Correction
CareOne at Hamilton #K2311
Survey Date: 9/18/2025

CAREONE
At Hamilton Assisted Living

[redacted] Accepted 11/12/25

Plan of Correction: A1073 8:36-15.6(b) Resident Records

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?**
   - Resident #1 no longer resides at the facility.
   - On 9/19/2025 the Regional Director of Clinical Services (RDC) provided in-service education to the Director of Nursing (DON) and the RN supervisor on facility policy titled, "Assisted Living: Health Monitoring" which indicates... 8. All significant changes noted in the resident's condition will be noted in the resident's record and /or health care plan. 9. The attending physician will be notified of a significant change in condition; notification will be documented. 10. The resident's family will be notified regarding a change in the resident's condition...notification will be documented..." Staff acknowledged understanding of the policy and attendance record signed.

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

3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
   - On 9/19/2025 the Director of Nursing (DON) provided in-service education to the Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Certified Medication Aides (CMAs) on the facility policy titled, "Assisted Living: Health Monitoring" which indicates... 8. All significant changes noted in the resident's condition will be noted in the resident's record and /or health care plan. 9. The attending physician will be notified of a significant change in condition; notification will be documented. 10. The resident's family will be notified regarding a change in the resident's condition...notification will be documented..." Staff acknowledged understanding of the policy. Attendance record signed.
   - On 9/19/2025 the DON conducted an audit of 10 residents with recent change in condition to verify documented notification to the physician and the family. There were no untoward findings. The results of the audits are documented and kept in DON office.

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systemic change**
   - Director of Nursing (DON) or designee will conduct random audits of five residents with change in status to ensure notification to the family and physician has been documented in the medical record. Audits will be conducted daily x 5 days, then weekly x 4 weeks, then monthly x 3 months. Results of the audits will be provided to the Executive Director (ED) and the Quality Assurance Performance Improvement (QAPI) committee monthly. The QAPI committee meets on a monthly basis and will review the audits and provide recommendation for further audits as needed.

   Completion Date 9/30/2025

Plan of Correction
CareOne at Hamilton #K2311
Survey Date: 9/18/2025

CAREONE
At Hamilton Assisted Living

Respectfully submitted,

NJ Exec Order 26.4b1

Executive Director
CareOne at Hamilton Assisted Living

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
X1KYQQ Y1	A. Building B. Wing Y2	11/12/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT HAMILTON	1660 WHITEHORSE-HAMILTON SQUARE ROAD HAMILTON TOWNSHIP, NJ 08619

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 A0935	Correction	ID Prefix A1011	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-11.4(b)	Completed	Reg. # 8:36-11.7(k)	Completed
LSC	09/30/2025	LSC	10/01/2025	LSC	09/30/2025
ID Prefix A1073	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.6(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/30/2025	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
9/18/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
X1KYQQ Y1	A. Building B. Wing Y2	11/12/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT HAMILTON	1660 WHITEHORSE-HAMILTON SQUARE ROAD HAMILTON TOWNSHIP, NJ 08619

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