



State of New Jersey  
DEPARTMENT OF HEALTH

PO BOX 358  
TRENTON, N.J. 08625-0358

www.nj.gov/health

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Governor

SHEILA Y. OLIVER  
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA  
Commissioner

In Re Licensure Violation:

HARMONY VILLAGE AT  
CAREONE JACKSON  
(NJ Facility ID# NJ15A115)

NOTICE OF ASSESSMENT  
OF PENALTIES

TO: Heather L. Koons, Administrator  
Harmony Village at CareOne Jackson  
11 History Lane  
Jackson, New Jersey 08527  
HKoons@care-one.com

The Health Care Facilities Planning Act (N.J.S.A. 26:2H-1 et seq.) (the Act) provides a statutory scheme designed to ensure that all health care facilities are of the highest quality. Pursuant to the Act and N.J.A.C. 8:43E-1.1 et seq., General Licensure Procedures and Standards Applicable to All Licensed Facilities, the Commissioner of Health (the "Department") is authorized to inspect all health care facilities and to enforce the Standards for Licensure of Assisted Living Facilities set forth at N.J.A.C. 8:36-1.1 et seq.

**LICENSURE VIOLATIONS**

Staff from the Department's Health Facility, Survey and Field Operations were on-site at Harmony Village CareOne Jackson (hereinafter "Harmony Village" or "the facility") for a complaint survey on July 15, 2022. As more fully explained below, Harmony Village failed to provide appropriate care measures to ensure safe transport in a wheelchair of a resident who was cognitively and physically impaired, which resulted in the resident falling from a wheelchair and sustaining multiple fractures. While touring the facility, the surveyor observed that some residents' wheelchairs had leg/footrests attached while others did not. Upon inquiry, an LPN informed the surveyor that residents whose wheelchairs were without leg/footrests self-propelled their own wheelchair and those residents who required assistance or needed to be pushed in their wheelchair used leg/footrests. The LPN further informed the surveyor that the therapy department trained staff on the use of resident equipment, including the use of wheelchairs, although the facility was unable to provide the surveyor with training documents) to confirm that staff were trained on wheelchair safety to prevent injury prior to June 13, 2022 (the date of the resident's injury).

When reviewing resident medical records, the surveyor identified an incident that occurred on June 13, 2022, at 9:21 a.m., when an aide was pushing a resident in a wheelchair. The resident was being transported without the leg/footrest attached to the wheelchair. The notes indicated that the resident placed

their right foot down on the floor and fell forward out of the wheelchair "hitting right knee and head on the floor, sustaining a laceration to the face, a skin tear to the right hand, and with complaints of right knee and head pain." The aide who had been transporting the resident admitted that she was not allowed to push residents in wheelchairs without the leg rests in place but thought that she would place the leg rests on the wheelchair after taking the resident's weight. The physical therapist interviewed explained that some residents used their legs to self-propel but that all residents being pushed or assisted by staff should have leg/footrests on their wheelchair.

As a result of the fall, the resident was admitted to the hospital on June 13, 2022, with diagnosed bilateral nasal fracture, left cheek fracture and cervical 1 fracture. The resident returned to the facility on June 15, 2022, wearing a nasal splint and Aspen collar (a type of neck brace).

The surveyor did not observe any documentation that an RN assessed the resident upon return from the hospital. Further, the surveyor did not identify any revisions to the resident's Individual Service Plan (ISP) to address care of the resident's nasal split and Aspen collar. The facility also failed to ensure that the Safety section of the resident's ISP was revised to include fall risk interventions to prevent future falls and injury. There was only a notation under "Mobility" that staff will ensure leg rests were in place prior to transporting the resident.

Shortly after the incident in question, on June 22, 2022, the resident passed away.

As a result of the above findings, the Department identified the following violations, which are detailed more fully in the survey document:

- A313 (Administration): Failure to ensure that staff were educated and trained on wheelchair safety to prevent injury during transportation, in violation of N.J.A.C. 8:36-3.4(a) (4).
- A357 (Resident Rights): Failure to implement wheelchair safety precautions for cognitively and physically impaired resident during transport, which resulted in a fall of one resident, in violation of N.J.A.C. 8:36-4.1(a) (2).
- A749 (Resident Assessments and Care Plans/Revising Resident Care Plan to Address Changes in Resident's Physical or Cognitive Status): Failure to ensure that the ISP was updated or revised to include specific interventions following a fall that required hospitalization for a change in condition, in violation of N.J.A.C. 8:36-7.3(a).
- A765 (Resident Assessments and Care Plans/Assessments Upon Return to the Facility from the Hospital): Failure to ensure that a Registered Nurse reassessed a resident's change in condition upon return from the hospital, in violation of N.J.A.C. 8:36-7.4(c) (1).

The facility submitted a plan of correction dated July 15, 2022, with a completion date of August 19, 2022, for violations A313 and A765, and a completion date of August 22, 2022, for violations A357 and A749. The Department accepted the facility's plan of correction on August 22, 2022.

#### **MONETARY PENALTIES:**

N.J.A.C. 8:43E-3.4(a)8 allows the Department to impose a monetary penalty for multiple deficiencies related to patient care or physical plant standards throughout a facility, and/or when such violations represent a direct risk that a patient's physical or mental health will be compromised, or where an actual violation of a resident's or patient's rights is found. A penalty of \$1,000 per violation may be assessed for each day noncompliance is found.

In accordance with N.J.A.C. 8:43E-3.4(a)8, and because these violations of licensure regulations related to resident care represented a risk to the health, safety, or welfare of the residents of the facility, the Department hereby imposes the following civil monetary penalties:

- A313 (Administration): For violation of N.J.A.C. 8:36-3.4(a) (4), \$1,000 per day from June 13, 2022, through June 15, 2022 (from the date of the resident's injury to the date all staff were trained in wheelchair safety) (\$2,000)
- A749 (Resident Assessments and Care Plans/Revising Resident Care Plan to Address Changes in Resident's Physical or Cognitive Status): For violation of N.J.A.C. 8:36-7.3(a). \$1,000 per day from June 15, 2022, through June 22, 2022 (from the date of the resident's readmission from the hospital to the date of the resident's death) (\$7,000)
- A765 (Resident Assessments and Care Plans/Assessments Upon Return to the Facility from the Hospital): For violation of N.J.A.C. 8:36-7.4(c) (1). \$1,000 per day from June 15, 2022, through June 22, 2022 (from the date of the resident's readmission from the hospital to the date of the resident's death) (\$7,000)

The total penalty imposed for these violations is \$16,000.

N.J.A.C. 8:43E-3.4(a)10 allows the Department to impose a monetary penalty for violations resulting in either actual harm to a patient or resident or an immediate and serious risk of harm. A penalty of \$2,500 per violation may be assessed for each day noncompliance is found.

- A357 (Resident Rights): For violation of N.J.A.C. 8:36-4.1(a) (2), in accordance with N.J.A.C. 8:43E-3.4(a)10, and because the violation of N.J.A.C. 8:36-4.1(a) (2) resulted in actual harm to a resident, the Department hereby imposes a civil monetary penalty of \$2,500 per day from June 13, 2022, through June 22, 2022 (from the date of the resident's injury to the date of the resident's death) totaling \$22,500.

The total amount of this \$38,500 penalty is required to be paid within 30 days of receipt of this letter by certified check or money order made payable to the "Treasurer of the State of New Jersey" and forwarded to Office of Program Compliance, New Jersey Department of Health, P.O. Box 358, Trenton, New Jersey 08625-0358, Attention: Lisa King. On all future correspondence related to this Notice, please refer to Control # X21043.

#### **INFORMAL DISPUTE RESOLUTION (IDR)**

N.J.A.C. 8:43E-2.3 provides facilities the option to challenge factual survey findings by requesting Informal Dispute Resolution with Department representatives. Facilities wishing to challenge only the assessment of penalties are not entitled to IDR review, but such facilities may request a formal hearing at the Office of Administrative Law as set forth herein below. Please note that the facility's rights to IDR and administrative hearings are not mutually exclusive and both may be invoked simultaneously. IDR requests must be made in writing within ten (10) business days from receipt of this letter and must state whether the facility opts for a telephone conference, or review of facility documentation only. The request must include an original and ten (10) copies of the following:

1. The written survey findings;
2. A list of each specific deficiency the facility is contesting;
3. A specific explanation of why each contested deficiency should be removed; and
4. Any relevant supporting documentation.

Any supporting documentation or other papers submitted later than 10 business days prior to the scheduled IDR may not be considered at the discretion of the IDR panel. Send the above-referenced information to:

Nadine Jackman, Office of Program Compliance  
New Jersey Department of Health

Harmony Village at CareOne Jackson  
Notice of Assessment of Penalties  
October 28, 2022  
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P.O. Box 358  
Trenton, New Jersey 08625-0358

The IDR review will be conducted by professional Department staff who do not participate in the survey process. Requesting IDR does not delay the imposition of any enforcement remedies.

**FORMAL HEARING:**

Harmony Village is entitled to challenge the assessment of penalties pursuant to N.J.S.A. 26:2H-13, by requesting a formal hearing at the Office of Administrative Law (OAL). Harmony Village may request a hearing to challenge any or all of the following: the factual survey findings and/or the assessed penalties. Harmony Village must advise this Department within 30 days of the date of this letter if it requests an OAL hearing.

Please forward your OAL hearing request to:

Attention: OAL Hearing Requests  
Office of Legal and Regulatory Compliance, New Jersey Department of Health  
P.O. Box 360  
Trenton, New Jersey 08625-0360

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if Harmony Village is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the penalty, Harmony Village is further required to submit a written response to each and every charge as specified in this notice, which shall accompany its written request for a hearing.

Failure to submit a written request for a hearing within 30 days from the date of this notice will render this a final agency decision. The final agency order shall thereafter have the same effect as a judgment of the court. The Department also reserves the right to pursue all other remedies available by law.

Finally, be advised that Department staff will monitor compliance with this notice to determine whether corrective measures are implemented by Harmony Village in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of additional penalties.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this notice, please contact Lisa King, Office of Program Compliance at [Lisa.King@doh.nj.gov](mailto:Lisa.King@doh.nj.gov).

Sincerely,

  
Gene Rosenblum, Director  
Office of Program Compliance  
Division of Certificate of Need and Licensing

GR:LK:JLM:nj  
DATE: October 28, 2022  
E-MAIL: [HKoons@care-one.com](mailto:HKoons@care-one.com)  
REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED  
Control# X21043

- C. Nursing Home Administrators Licensing Board
  - Frank Skrajewski
  - Donna Koller, Health Facility Survey and Field Operations
  - Pamela Lebak, Health Facility Survey and Field Operations
  - Bonnie Stevens, Health Facility Survey and Field Operations
  - Kiisha Johnson, Health Facility Survey and Field Operations
  - Laurie Brewer, New Jersey Long-Term Care Ombudsman