

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/26/2024
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
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E 000	Initial Comments A recertification survey was conducted on 04/22/24. This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000			
F 000	INITIAL COMMENTS Complaint #s: 158574, 158700, 159171, 159192, 163170, 165621 168216, 169055, 169435, 171625 Survey Dates: 04/11/24 through 04/25/24 Census: 144 Sample Size: 29 + 3 = 32 A Recertification survey was conducted at Aristacare at Manchester from 04/11/24 through 04/25/24 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facility. During the survey a finding which constituted Immediate Jeopardy (IJ) was identified under a.) 42 CFR 483.60(e)(1-2) F 808-J as the facility failed to ensure the physician ordered [redacted] was provided per the resident's treatment plan; and b.) 42 CFR 483.25 F 689-J as the facility failed to ensure that a resident received adequate [redacted] to prevent [redacted] from the facility. a.) The Facility failed to provide [redacted]	F 000			

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

TITLE

(X6) DATE

Electronically Signed

05/13/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	<p>Continued From page 1</p> <p>[redacted] during the breakfast meal on [redacted] to Resident #24 which resulted in the resident [redacted]. Resident #24 had a physician ordered [redacted] for [redacted] for NJ Exec Order 26.4b1.</p> <p>Record review revealed that Resident #24 was admitted to the facility in [redacted] with diagnoses which included, but not limited to, [redacted] and [redacted].</p> <p>A review of a Physician Order dated [redacted], revealed a [redacted] order for a [redacted].</p> <p>[redacted]</p> <p>A review of Resident #24's current Comprehensive Care Plan documented a Focus area for the resident having a [redacted] and "NJ Exec Order 26.4b1" which was initiated on [redacted]. The Goal revealed the resident will [redacted] and [redacted] the [redacted] NJ Exec Order 26.4b1 without overt [signs and symptoms] of [redacted] of the time given [minimum cues] with a target date of [redacted].</p> <p>The [redacted] US FOIA (b)(6) was informed of the IJ and was provided with the IJ Template on 04/12/24 at 12:51 PM.</p> <p>On 04/12/24 at 3:35 PM, the facility submitted a removal plan indicating the immediate action that the facility will take to prevent [redacted] from occurring or recurring. The survey team verified implementation of the removal plan on-site on 04/17/24 at 12:09 PM.</p> <p>The facility implemented a corrective action plan to remediate the deficient practice included:</p>	F 000			

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F 000	<p>Continued From page 2</p> <p>1. Resident #24 was immediately examined by the US FOIA (b)(6).</p> <p>2. The physician was called and made aware.</p> <p>3. The US FOIA (b)(6) was immediately in-serviced which included return demonstration. All other staff who may serve Resident # 24 as well as any other staff who may serve other residents with NJ Ex Order 26.4b1 have been in-serviced with return demonstration.</p> <p>F 808 continued at a NJ Ex level for NJ Exec Order 26.4b1 that is not Immediate Jeopardy.</p> <p>b.) The Facility failed to provide adequate supervision for a NJ Exec Order 26.4b1 NJ Ex (#535) who NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1.</p> <p>Record review revealed Resident # 535 was admitted to the facility in NJ Exec Order 26.4b1. Additionally, s/he had a diagnoses including, but not limited to, NJ Exec Order 26.4b1.</p> <p>Review of the NJ Exec Order 26.4b1 Quarterly Minimum Data Set (MDS) revealed the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex out of 15 indicating NJ Exec Order 26.4b1.</p> <p>Record review of progress notes revealed the following:</p> <p>On NJ Exec Order 26.4b1 the resident NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 was applied.</p> <p>On NJ Exec Order 26.4b1, the resident NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 and it was not reapplied. No new further</p>	F 000			

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F 000	<p>Continued From page 3</p> <p>interventions were added to the care plan to prevent NJ Exec Order 26.4b1.</p> <p>On NJ Exec Order 26.4b1, the resident was NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b1 and stated s/he NJ Exec Order 26.4b1. There were no new interventions added.</p> <p>On NJ Exec Order 26.4b1, the Interdisciplinary team documented that the resident continued to NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 was discontinued. The facility placed the resident on NJ Exec Order 26.4b1 and documented that the resident was NJ Exec Order 26.4b1.</p> <p>On NJ Exec Order 26.4b1 the resident stated s/he was NJ Exec Order 26.4b1 packed a bag and headed towards the NJ Exec Order 26.4b1 Staff NJ Exec Order 26.4b1 the resident, and no new interventions were added to the care plan.</p> <p>On NJ Exec Order 26.4b1, the resident NJ Exec Order 26.4b1 the facility NJ Exec Order 26.4b1. The resident was NJ Exec Order 26.4b1 at a nearby NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 Resident #535 was transferred to another facility with a NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1.</p> <p>A Partial Extended Survey was initiated after the deficiency was identified at the IJ/SQC (Substandard Quality of Care) level.</p> <p>The U.S. FOIA (b) (6) was informed of the IJ and was provided with the IJ Template on 04/17/24 at 3:10 PM.</p> <p>An acceptable removal plan was received on 04/18/24 at 1:52 PM and was verified on-site on 04/18/24 at 2:00 PM that indicated the immediate action that the facility took to prevent serious harm from occurring or recurring.</p>	F 000		

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F 000	Continued From page 4 The removal plan indicated the following steps to prevent serious harm from occurring or recurring: 1. Resident 535 was Discharged from the facility; 2. all 9 residents at risk for wandering or elopement had a wandering risk assessment completed and updated Care plans. Assessments reviewed by the Nursing administration, U.S. FOIA (b) (6) U.S. FOIA (b) (6) activities, and Social Work team. The 9 residents indicated were reviewed; and 3. staff education via facility wide text message portal which consisted of where to find all residents at risk for elopement within the electronic medical record, the requirement to review the at-risk residents, and interventions at each shift. Department heads with departments that don't have access to the electronic medical record, educated their staff that the electronic medical record list will be printed and posted at the time clock and the pictures of the residents at risk will be kept at the reception desk. The lists will be updated with any changes through the weekly intervention meeting or as needed.	F 000			
F 656 SS=D	F 689 continued at an "E" level for no actual Harm with the potential for more than minimal Harm that is not Immediate Jeopardy. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's	F 656		6/9/24	

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F 656	Continued From page 5 medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:	F 656			

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F 656	<p>Continued From page 6 Complaint # NJ 169435</p> <p>Based on interviews, record review, and review of other facility documentation, it was determined that the facility failed to ensure the development of an individualized resident-centered care plan for a resident with documented behaviors toward residents and staff. This deficient practice was identified for 1 of 29 residents reviewed for the development of individualized care plans (Resident # 234). The evidence was as follows:</p> <p>On 04/16/24 at 10:00 AM, the surveyor reviewed the medical record for Resident #234.</p> <p>A review of the Admission face sheet record (an admission summary), reflected that the resident was admitted to the facility with diagnoses which included NJ Exec Order 26.4b1 [REDACTED]</p> <p>A review of the Quarterly Minimum Data Set (MDS) dated NJ Exec Order 26.4b1 an assessment tool used to facilitate the management of care, reflected that the resident had NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 and had NJ Exec Order 26.4b1.</p> <p>A review of the progress notes dated NJ Exec Order 26.4b1 reflected that Resident #234 had episodes of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1, NJ Exec Order 26.4b1. According to an entry dated NJ Exec Order 26.4b1, Resident #234 was sent out for NJ Exec Order 26.4b1 evaluation due to NJ Exec Order 26.4b1 behavior toward NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 staff and NJ Exec Order 26.4b1. A Note Text dated NJ Exec Order 26.4b1 and timed at 9:45 AM, revealed that staff heard a resident NJ Exec Order 26.4b1 in the hallway and observed Resident #234 standing in the doorway of another</p>	F 656	<p>F656 - Develop/Implement Comprehensive Care Plan - D</p> <ol style="list-style-type: none"> 1. For Resident #234. Resident discharged. Care plan was updated to show resolved. All residents with physically aggressive behaviors were reviewed and care plans updated as needed. 2. All residents have the potential to be affected. 3. Education was provided to unit managers, US FOIA (b)(6), Social workers, evaluating therapists & US FOIA (b)(6) by Director of Nursing and/or designee on care planning which included, but not limited to, person centered care plan and updating care plans as needed and when the physical aggressive behavior occurs. 4. The Director of Nursing, or designee, will review 3 resident behavior care plans weekly for 4 weeks then monthly for 2 months to ensure care plans are updated when physical aggressive behavior occurs and person centered to reflect diagnoses. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations. 	

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F 656	<p>Continued From page 7</p> <p>resident's room with his/her [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1. Staff slowly approached the resident to [redacted] NJ Exec Order 26.4b1 him/her away from the other resident. Resident #234 [redacted] NJ Exec Order 26.4b1 at the staff. Resident #234 was sent out to the hospital.</p> <p>Review of the [redacted] NJ Exec Order 26.4b1 assessment/evaluation form dated [redacted] NJ Exec Order 26.4b1, reflected the following: "Per staff on [redacted] NJ Exec Order 26.4b1, pt [patient] was [redacted] NJ Exec Order 26.4b1 towards others, [redacted] NJ Exec Order 26.4b1 & [redacted] NJ Exec Order 26.4b1 history of [redacted] NJ Exec Order 26.4b1. Pt sent out for Evaluation on [redacted] NJ Exec Order 26.4b1. Resident was sent to a [redacted] NJ Exec Order 26.4b1 health facility (name redacted). [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 6 hours as needed was started at the [redacted] NJ Exec Order 26.4b1 Health.</p> <p>Another entry dated [redacted] NJ Exec Order 26.4b1 revealed that Resident #234 was sent out to be evaluated due to [redacted] NJ Exec Order 26.4b1. Resident #234 was admitted for [redacted] NJ Exec Order 26.4b1 and returned to the facility on [redacted] NJ Exec Order 26.4b1.</p> <p>According to an entry in the clinical record dated [redacted] NJ Exec Order 26.4b1 the resident was last seen by the [redacted] NJ Exec Order 26.4b1 on [redacted] NJ Exec Order 26.4b1 with a new order to increase [redacted] NJ Exec Order 26.4b1 at bedtime, [redacted] NJ Exec Order 26.4b1 in the morning and at 2:00 PM and to obtain the [redacted] NJ Exec Order 26.4b1 on [redacted] NJ Exec Order 26.4b1.</p> <p>Another [redacted] NJ Exec Order 26.4b1 assessment dated [redacted] NJ Exec Order 26.4b1, revealed the following: "Seen for f/u [follow up] as per staff request due to recent incident. On [redacted] NJ Exec Order 26.4b1 patient was [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1, currently [redacted] NJ Exec Order 26.4b1. Pt was sent out on [redacted] NJ Exec Order 26.4b1 for an evaluation and returned to the</p>	F 656			

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F 656	<p>Continued From page 8</p> <p>facility on [redacted] NJ Exec Order 26.4b1."</p> <p>A review of the resident's individualized care plan dated [redacted] NJ Exec Order 26.4b1 failed to address Resident #234's [redacted] NJ Exec Order 26.4b1 behavior toward staff and other residents prior to [redacted] NJ Exec Order 26.4b1.</p> <p>The facility indicated that Resident #234 was placed on [redacted] NJ Exec Order 26.4b1. Review of the [redacted] NJ Exec log provided by the facility revealed that Resident #234 was on [redacted] NJ Exec Order 26.4b1 prior to [redacted] NJ Exec Order 26.4b1. However, the [redacted] NJ Exec Order 26.4b1 log did not document the behavior exhibited. On [redacted] NJ Exec Order 26.4b1, Resident #234 [redacted] NJ Exec Order 26.4b1 another resident around 8:30 PM [redacted] NJ Exec Order 26.4b1 to the [redacted] NJ Exec Order 26.4b1. The other resident had to be medicated for [redacted] NJ Exec Order 26.4b1. The behavior was not documented on the [redacted] NJ Exec Order 26.4b1 log. The facility did not provide documentation to indicate how Resident #234 was able to [redacted] NJ Exec Order 26.4b1 with the other resident [redacted] NJ Exec Order 26.4b1.</p> <p>Further review of the resident's care plan revealed a focus area dated [redacted] NJ Exec Order 26.4b1, for a [redacted] NJ Exec Order 26.4b1 related to [redacted] NJ Exec Order 26.4b1. The interventions included to provide the resident with a program of activities that is meaningful and of interest talking about [redacted] was initiated on [redacted] NJ Exec Order 26.4b1.</p> <p>On 04/18/24 at 10:15 AM, the surveyor interviewed a [redacted] U.S. FOIA (b) (6) who cared for the resident prior to being discharged. The [redacted] U.S. FOIA revealed that the resident was very aggressive with staff and others. The [redacted] U.S. FOIA stated, "you must know how to approach the resident".</p>	F 656			

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F 656	<p>Continued From page 9</p> <p>On 04/18/24 at 10:40 AM, the surveyor interviewed the U.S. FOIA (b) (6) assigned to the unit who confirmed that Resident #234 had NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 towards staff and other residents. The U.S. FOIA and the surveyor together reviewed the resident's care plan. The U.S. FOIA confirmed there was no NJ Exec Order 26.4b1 care plan developed to address the resident's behavior. The U.S. FOIA stated "the nurses document his/her behavior and interventions in the nurses notes."</p> <p>On 04/18/24 at 11:02 AM, the surveyor interviewed the U.S. FOIA (b) (6) who initiated the care plan on NJ Exec Order 26.4b1. The U.S. FOIA revealed that she could not recall if the resident had behaviors of NJ Exec Order 26.4b1 toward other residents or staff prior to NJ Exec Order 26.4b1. The U.S. FOIA stated that a care plan for the behavior should have been in place if the resident exhibited the behavior prior to NJ Exec Order 26.4b1 the date of the incident. The surveyor asked the U.S. FOIA what specific interventions were implemented to prevent the resident from NJ Exec Order 26.4b1 toward other residents. The U.S. FOIA stated, "I could not recall, I will have to review the record."</p> <p>On 04/19/24 at 12:30 PM, the surveyor discussed the findings with the facility administration.</p> <p>On 04/22/24 at 10:35 AM, the U.S. FOIA stated "the interventions added after the NJ Exec Order 26.4b1 incident were medication reviews, room changed, and referral to NJ Exec Order 26.4b1 center. The U.S. FOIA further stated that upon the resident's return to the facility, the resident was placed on NJ Exec Order 26.4b1. The surveyor reviewed the NJ Exec Order 26.4b1 logs with the U.S. FOIA as there was no documentation on the</p>	F 656			

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F 656	Continued From page 10 log to reflect the behavior exhibited. The [U.S. FOIA] stated in the presence of the survey team that the [NJ Exec Order 26.4b1] log was to verify that the resident was on [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] " The [U.S. FOIA] stated Resident #234's behavior was documented in the Progress Notes. There was no care plan implemented with specific interventions to address Resident #234's documented behaviors. The care plan created by the [U.S. FOIA (b) (6)] on [NJ Exec Order 26.4b1], failed to provide the interventions for staff to utilize for addressing the specific documented behaviors. A review of a facility provided untitled instructions on 1:1 observation last revised 07/12/23, indicated the following: Policy: A structured process will be established to identify high risk behaviors and implemented 1:1 interventions when necessary to ensure the safety of residents and staff. The decision to implement 1:1 observation will be based on the resident's assessed risk level. Any resident presenting a direct and aggressive threat to themselves or others will be placed on 1: 1 observation. This intervention requires continuous visual supervision within arm's length of the resident. Staff will document on the designated observation form that the 1:1 occurred. NJAC 8:39-11.2(e).	F 656			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan,	F 658		6/9/24	

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F 658	<p>Continued From page 11</p> <p>must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, review of medical records, and other pertinent facility documentation it was determined that the facility failed to obtain physician orders consistent with professional standards of clinical practice for an NJ Exec Order 26.4b1 and for the treatment of a NJ Exec O. This deficient practice was identified for 1 of 28 residents reviewed (Residents #24) and was evidenced by the following:</p> <p>Reference: New Jersey Statutes, Title 45, Chapter 11, Nursing Board, The Nurse Practice Act for the state of New Jersey states; "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference New Jersey Statutes, Title 45, Chapter 11, Nursing Board, The Nurse Practice Act for the state of New Jersey states; "The practice of nursing as a licensed practical nurse is defined as performing task and responsibilities within the framework of case finding; reinforcing the patient family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the duration of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p>	F 658	<p>F658 - Provided Meet professional standards - D</p> <p>Part A - Orthotic Device</p> <ol style="list-style-type: none"> Resident #24 was evaluated & new order inputted on NJ Exec Order 26.4b1 as per NJ Exec Ord for NJ Exec Order 26.4b1 during NJ Exec Order 26.4b1. All residents who have an orthotic device had an audit review by Rehab director with no new adverse findings. All residents who use an orthotic device have the potential to be affected. Policy on Orthotic devices was reviewed and updated as necessary. Education was provided by Rehab director to Licensed practical nurses, Registered nurses & therapy staff on orthotic devices requiring a doctors order, schedule of use & skin integrity. as to when the orthotic device is needed. The Director of Nursing, or designee, will review 3 residents charts who use an orthotic device weekly for 4 weeks then monthly for 2 months to ensure physician orders are being followed appropriately. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations. 		

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F 658	<p>Continued From page 12</p> <p>According to the Admission Record, Resident #24 was admitted to the facility with the diagnoses which included but was not limited to [REDACTED].</p> <p>[REDACTED] he quarterly Minimum Data Set (MDS) an assessment tool that facilitates a resident's care dated [REDACTED], indicated that Resident #24 had [REDACTED], had [REDACTED] on [REDACTED], required [REDACTED] assistance with activities of daily living (ADLs) and was [REDACTED] on staff for [REDACTED].</p> <p>On 04/17/24 at 9:39 AM, the surveyor interviewed Resident #24 who stated that he/she [REDACTED] in the shower when a male [REDACTED] was [REDACTED] him/her. The resident could not provide the surveyor with specifics related to the [REDACTED].</p> <p>On 04/17/24 at 9:43 AM, the surveyor interviewed the Certified Nursing Assistant (CNA #1) who stated that he had been employed in the facility for approximately [REDACTED]. He described the resident as having [REDACTED] and was [REDACTED] of [REDACTED]. The CNA stated that the resident required assistance of two staff members for [REDACTED]. He stated that the resident [REDACTED] with all aspects of activities of daily living (ADLs). CNA #1 indicated that the resident was at [REDACTED] and required the use of a [REDACTED] and utilized [REDACTED] for support and the assistance of two staff member for [REDACTED]. The CNA revealed that the resident [REDACTED] ago but had been receiving</p>	F 658	<p>Part B - Skin Tear</p> <ol style="list-style-type: none"> Resident #24 was [REDACTED]. Family notified. All other residents with skin tears reviewed, to ensure Doctors order was in place as needed, with no new adverse findings. All residents who sustain a skin tear have the potential to be affected. Education was provided to Registered Nurses & Licensed Practical nurses by Director of Nursing or designee on getting a doctor order for all skin tear treatments. The Director of Nursing or designee, will review 3 resident charts with skin tears weekly for 4 weeks and then monthly for 2 months to ensure physician orders are being followed appropriately. The results of the audits will be [REDACTED] reported at the monthly QAPI meeting for 3 months and as needed thereafter [REDACTED] for any additional recommendations 	

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F 658	<p>Continued From page 13</p> <p>^{NJ Exec Order 26} The CNA then added that it took two staff members to assist Resident #24 with ^{NJ Exec Order 26} due to the resident's ^{NJ Exec Order 26} and because the resident ^{NJ Exec Order 26.4b1}. CNA #1 stated that he applied an ^{NJ Exec Order 26.4b1} to the resident's ^{NJ Exec Order 26} as it was documented on the CNA assignment schedule. He stated that a timeframe was not documented on the assignment as to when the ^{NJ Exec Order 26} was to be applied or removed, "just that the resident was supposed to wear it."</p> <p>On 04/17/24 at 09:53 AM, the surveyor interviewed the U.S. FOIA (b) (6) ^{NJ Exec Order 26.4b1} who stated that Resident #24 was on ^{NJ Exec Order 26.4b1}. She stated that ^{NJ Exec Order 26.4b1} was working on ^{NJ Exec Order 26.4b1} and ^{NJ Exec Order 26.4b1}. She stated that Resident #24 required two-person assistance with ^{NJ Exec Order 26.4b1} and had ^{NJ Exec Order 26.4b1} on the ^{NJ Exec Order 26.4b1}. She stated that the resident had a history of a ^{NJ Exec Order 26.4b1} due to ^{NJ Exec Order 26.4b1}. She continued to explain that the resident received ^{NJ Exec Order 26.4b1} for ^{NJ Exec Order 26.4b1} ^{NJ Exec Order 26.4b1}. She stated that the resident ^{NJ Exec Order 26.4b1} ^{NJ Exec Order 26.4b1}: used ^{NJ Exec Order 26.4b1}. She explained that it was a "good idea" to wear the ^{NJ Exec Order 26.4b1} when ^{NJ Exec Order 26.4b1} to ^{NJ Exec Order 26.4b1}.</p> <p>On 04/17/24 at 10:05 AM, the surveyor interviewed the primary care U.S. FOIA (b) (6) ^{NJ Exec Order 26.4b1} who stated that she had been employed in the facility for ^{NJ Exec Order 26.4b1}. The ^{NJ Exec Order 26.4b1} explained that Resident #24 had ^{NJ Exec Order 26.4b1} and required ^{NJ Exec Order 26.4b1} with all aspect of ADL's and required a two-person assistance with ^{NJ Exec Order 26.4b1}. She stated that it was important that two staff members assisted the resident during ^{NJ Exec Order 26.4b1} to help protect the resident and the staff from</p>	F 658		

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F 658	<p>Continued From page 14</p> <p>getting [redacted] The [redacted] went into the resident's room to see what the resident was wearing on the [redacted] and then confirmed that the resident was [redacted] on the [redacted]. The [redacted] stated that Resident #24 [redacted] ago but that she could not recall the details. She stated that the resident had [redacted], but it [redacted]. She stated that she was not sure how developed.</p> <p>The surveyor reviewed the Treatment Administration Record (TAR) for [redacted] and there was no physician's order for an [redacted] to the [redacted]. There was also no documentation on who was to [redacted], when the [redacted] was to be applied or removed.</p> <p>The surveyor reviewed the TAR for [redacted], and there was no documentation for a physician's order that the staff performed treatments to [redacted] of [redacted] that was sustained when the [redacted] or [redacted].</p> <p>The surveyor reviewed the facility incident and accident report and investigation dated [redacted] at 3:30 PM, which indicated that after Resident #24 had a [redacted] the resident was [redacted] to the wheelchair, [redacted] and was [redacted]. In the process the resident [redacted] which was treated with [redacted] and a [redacted]. The report also indicated that the residents Responsible Party (RP) was notified and the Physician was notified. There was no documentation that indicated a treatment order was obtained from the physician.</p> <p>The surveyor reviewed Resident #24's Care Plan (CP), which indicated that the resident had a</p>	F 658	

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F 658	<p>Continued From page 15</p> <p>NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1. The CP also indicated that the resident's NJ Exec Order 26.4b1 should be NJ Exec Order 26.4b1 every shift.</p> <p>The CP also indicated that the NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1. The CP reflected that while NJ Exec Order 26.4b1 the resident to the NJ Exec Order 26.4b1 the resident NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1 and developed a NJ Exec Order 26.4b1.</p> <p>The Progress note dated NJ Exec Order 26.4b1 at 10:39 PM (22:39) indicated the following: Health Status Note Text: NJ Exec Order 26.4b1 notified by U.S. FOIA that resident begin to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 by the U.S. FOIA while being NJ Exec Order 26.4b1 into NJ Exec Order 26.4b1. On assessment resident noted to have NJ Exec Order 26.4b1 which was treated with NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 Resident NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 NJ Exec Order 26.4b1. Will continue to monitor.</p> <p>The 7:00 AM-7:00 PM, U.S. FOIA Assignment Sheet dated NJ Exec Order 26.4b1, indicated that the resident required a 2-person assistance with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1.</p> <p>On 04/17/24 at 10:23 AM, the surveyor interviewed the U.S. FOIA (b) (6) NJ Exec Order 26.4b1) on the NJ Unit NJ Exec Order 26.4b1 floor who had been employed in the NJ Exec Order 26.4b1 NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) stated that Resident #24 was NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 and required extensive assist with ADLs. She stated that the resident required NJ Exec Order 26.4b1 NJ Exec Order 26.4b1. She explained that Resident #24 had NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1, so for his NJ Exec Order 26.4b1 and staff NJ Exec Order 26.4b1 he/she required two-person assistance with all NJ Exec Order 26.4b1. She stated that the NJ Exec Order 26.4b1 a</p>	F 658		

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F 658	<p>Continued From page 16</p> <p>NJ Exec Order 26.4b1</p> <p>The U.S. FOIA (b) (6) revealed that the U.S. FOIA assigned to Resident #24 on NJ Exec Order 26.4b1 on the 3:00 PM-11:00 PM shift did not follow the resident's plan of care and NJ Exec Order 26.4b1 the resident by himself. She stated that the resident NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1. She continued to explain that the resident had NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b1. She stated that the NJ Exec Order 26.4b1 was applied by the U.S. FOIA during morning care. She explained that the NJ Exec Order 26.4b1 was importance to wear to NJ Exec Order 26.4b1 the resident's NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) stated there should be a physician's order for NJ Exec Order 26.4b1. She stated that the order should contain information on when the NJ Exec Order 26.4b1 should be applied, removed and who was to apply it. The U.S. FOIA (b) (6) reviewed the physician's orders in the presence of the surveyor and confirmed that there were no physicians order for the NJ Exec Order 26.4b1. She also stated that the NJ Exec Order 26.4b1 was documented on the resident's care plan. She stated that physicians order for the NJ Exec Order 26.4b1 have been important to have so the staff knew when to apply and when to remove the NJ Exec Order 26.4b1. She stated that the NJ Exec Order 26.4b1 should have been documented on the TAR (Treatment Administration Record) and the TAR should have contained an order for application, removal and to NJ Exec Order 26.4b1 every shift. She stated that the nurse should sign out on the TAR that the NJ Exec Order 26.4b1 was being applied, removed and that the nurses were NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1. The LPN/UM then stated that stated she would correct the error immediately and would obtain and physician's order for the NJ Exec Order 26.4b1 and would implement the order on the TAR.</p> <p>On 04/17/24 at 10:51 AM, the surveyor</p>	F 658			

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F 658	<p>Continued From page 17</p> <p>interviewed the [U.S. FOIA] who stated that he worked for the agency and worked [NJ Exec Order 26.4b1]. He stated that he was familiar with the residents in the facility. He stated that he worked on [NJ Exec Order 26.4b1] on the 3:00 PM-11:00 PM shift and provided care to Resident #24. He stated that while he was [NJ Exec Order 26.4b1] to Resident #24, he [NJ Exec Order 26.4b1] the resident in the [NJ Exec Order 26.4b1] and the [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1]. He stated that the resident [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1]. He admitted that he did not review the assignment sheet and did not know that the resident was a two-person [NJ Exec Order 26.4b1]. He stated that he should have received a briefing from the other nurses prior to [NJ Exec Order 26.4b1] the resident and received help with [NJ Exec Order 26.4b1] of the resident. The surveyor asked the [U.S. FOIA] if there were facility documents that he could have referred to regarding how to care for the residents and he indicated that there was a section on the [U.S. FOIA] assignment that indicated how many people were supposed to assist a resident with [NJ Exec Order 26.4b1]. He stated that the facility Administration educated the [U.S. FOIA] and they also performed a shadowing with another [U.S. FOIA] to observe him while he [NJ Exec Order 26.4b1] a resident so that I didn't make that mistake again. The [U.S. FOIA] then added that the resident had [NJ Exec Order 26.4b1] and was not wearing a [NJ Exec Order 26.4b1] at the [NJ Exec Order 26.4b1].</p> <p>On 04/17/24 at 12:44 PM, the surveyor interviewed the [U.S. FOIA (b) (6)]. The [U.S. FOIA (b) (6)] reviewed the [NJ Exec Order 26.4b1] TAR in the presence of the surveyor and confirmed that there was no treatment order documented on the TAR for the [NJ Exec Order 26.4b1] that was sustained during the [NJ Exec Order 26.4b1].</p> <p>On 04/17/24 at 1:17 PM, the surveyor interviewed</p>	F 658			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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F 658	<p>Continued From page 18</p> <p>the ^{U.S. FOIA} [REDACTED] who stated resident had a ^{NJ Exec Order 26.4b1} [REDACTED]. The ^{U.S. FOIA} [REDACTED] stated that Resident #24 was to ^{NJ Exec Order 26.4b1} [REDACTED] and with ^{NJ Exec Order 26.4b1} [REDACTED]. She stated that the resident did not need to wear it at night in bed.</p> <p>On 04/17/24 at 1:27 PM, the surveyor interviewed the ^{U.S. FOIA} [REDACTED] who stated that the Resident #24 has had the ^{NJ Exec C} [REDACTED] since had been here for ^{NJ Exec Order 26.4b1} [REDACTED]. She stated that the ^{NJ Exec C} [REDACTED] should have had a physician's order. She stated that when ^{NJ Exec Order 26.4b1} [REDACTED] recommended a ^{NJ Exec Order 26.4b1} [REDACTED] or ^{NJ Exec Order 26.4b1} [REDACTED] they would let the nurse know and the nurses will put the physicians order in the electronic medical record.</p> <p>On 04/18/24 at 10:03 AM, the surveyor interviewed the ^{U.S. FOIA (b) (6)} [REDACTED] who confirmed that a physician's order was required for the treatment of a ^{NJ Exec Order 26.4b1} [REDACTED] or the ^{NJ Exec Order 26.4b1} [REDACTED].</p> <p>The undated policy titled, "Equipment-Use for all Residents" indicated that splints are individualized per patient and that request or the need for special equipment should be referred to the rehabilitation Department.</p> <p>The undated policy titled, "Charting and Documentation" indicated that all observations, medications administered, services performed, etc. must be documented in the clinical record. Documentation of treatments and procedures shall include care-specific details and shall include at minimum:</p> <ul style="list-style-type: none"> -The date and time the procedure and treatment were provided. -The name and the title of the individual who provided the care. -The assessment data and/or any unusual 	F 658		

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F 658	Continued From page 19 findings obtained during the treatment/procedure. -How the resident tolerated the procedure/treatment. -Whether the resident refused the treatment/procedure. -Notification of the family, physician and or other staff if indicated. -The signature and title of the individual documenting. The undated facility policy titled, "Accident and Incidents" indicated that the injured persons physician was to be notified and his or her instructions.	F 658			
F 689 SS=J	NJAC 8:39-27.1 (a) (d) (1-3) Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Complaint NJ #165621 Based on record review, interview, and review of pertinent documentation, it was determined that the facility failed to a.) adequately [redacted] a [redacted] NJ Exec Order 26.4b1 (Resident # 535) with NJ Exec Order 26.4b1 from [redacted] the facility. This posed the likelihood of [redacted] NJ Exec Order 26.4b1 for 1	F 689	F 689 - Free of Accident Hazards - J Part A 1. Resident #535 identified was discharged from facility. All other residents at risk for wandering or elopement were re-evaluated with a new wandering risk assessment completed and care plans updated as needed.	6/9/24	

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F 689	<p>Continued From page 20 of 3 residents reviewed for NJ Exec Order 26.4b1.</p> <p>A review of a closed record revealed a Progress Note (PN) dated NJ Exec Order 26.4b1 identified that staff were NJ Exec Order 26.4b1 Resident #535 in the facility for NJ Exec Order 26.4b1. Resident # 535 was NJ Exec Order 26.4b1 located near the facility. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on NJ Exec Order 26.4b1 and was identified on NJ Exec Order 26.4b1. The IJ template was given to the U.S. FOIA (b) (6) on 04/17/24 at 3:10 PM. An acceptable removal plan was received on 04/18/24 at 1:52 PM and was verified on-site on 04/18/24 at 2:00 PM.</p> <p>The removal plan indicated the facility took the following steps to prevent serious harm from occurring or recurring:</p> <ol style="list-style-type: none"> 1. Resident 535 was Discharged from the facility; 2. All 9 residents at risk for wandering or elopement had a wandering risk assessment completed and updated Care plans. Assessments reviewed by the Nursing administration, U.S. FOIA (b) (6), U.S. FOIA (b) (6), U.S. FOIA (b) (6), Activities, and Social Work team. The nine (9) residents indicated were reviewed; and 3. Staff education via facility wide text message portal which consisted of where to find all residents at risk for elopement within the electronic medical record, the requirement to review the at-risk residents, and interventions at each shift. Department heads with departments that don't have access to the electronic medical record, educated their staff that the electronic medical record list will be printed and posted at the time clock and the pictures of the residents at 	F 689	<ol style="list-style-type: none"> 2. All residents residing in the facility at risk for wandering or elopement have the potential to be affected. 3. Policy on Elopement was reviewed and updated as necessary. All Staff with access to Point Click Care were educated on where to find residents at risk for elopement within the electronic medical record. All Nursing staff were educated on the requirement to review at risk residents and interventions at each shift. Any Staff that don't have access to the electronic medical record have been educated that the elopement list from electronic medical record will be posted at each time clock and the pictures of the residents at risk will be kept in a book at the reception desk. 4. The Director of Nursing or designee will review 3 resident at risk elopement weekly for 4 weeks then monthly for 2 months to review compliance on staff education, elopement risk assessments and postings in electronic medical record and at time clock. The results of the audits will be reported at the monthly Quality Assurance Performance Improvement (QAPI) meeting for 3 months and as needed thereafter for any additional recommendations. <p>Part B</p> <ol style="list-style-type: none"> 1. Resident #24 was examined and 		

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F 689	<p>Continued From page 21</p> <p>risk will be kept at the reception desk. The lists will be updated with any changes through the weekly intervention meeting or as needed.</p> <p>F 689 remains a deficiency at a scope and severity of a D based on the following:</p> <p>The facility further failed to b.) maintain the safety of a resident who was identified as a [redacted] by not following the plan of care for 1 of 32 residents (Resident #24) reviewed for [redacted].</p> <p>The evidence was as follows:</p> <p>Part A</p> <p>A review of the facility policy for "Wandering, Unsafe Resident", undated, included but was not limited to: "The facility will strive to prevent unsafe wandering ... for residents who are at risk for elopement. ... 1. The staff will identify residents who are at risk ... because of unsafe wandering (including elopement). 2. The staff will assess at-risk individuals for potentially correctable risk factors related to unsafe wandering. 3. The resident's care plan will indicate the resident is at risk for elopement ... Interventions to try to maintain safety, such as a detailed monitoring plan will be included. ... 5. When the resident returns.. the Director of Nursing or charge nurse shall: f. document relevant information in the resident's medical record."</p> <p>On 04/17/24, the surveyor reviewed Resident #535's electronic medical record.</p> <p>A review of the Admission Record dated [redacted] documented that Resident #535 had diagnoses which included but were not limited to:</p>	F 689	<p>treated by Licensed Practical Nurse. Doctor and family notified. [redacted] did not follow the process and was in-serviced immediately by Unit manager to always check their assignment at the beginning of their shift to verify resident's transfer status.</p> <p>2. All residents residing in the facility who need 2 person transfer have the potential to be affected.</p> <p>3. Policy on transfers was reviewed and updated as necessary. Re-education provided to nurse aides by Assistant Director of nursing or designee on checking their assignment sheets at the beginning of each shift to verify resident's transfer status.</p> <p>4. The Director of Nursing or designee will audit 3 residents who require 2 person transfer weekly for 4 weeks and monthly for 2 months to ensure that this is being done. The results of the audits will be reported at the monthly Quality Assurance Performance Improvement (QAPI) meeting for 3 months and as needed thereafter for any additional recommendations.</p>		

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F 689	<p>Continued From page 22</p> <p>NJ Exec Order 26.4b1</p> <p>A review of a NJ Exec Order 26.4b1 Evaluation dated NJ Exec Order 26.4b1 included but was not limited to; resident was being referred for NJ Exec Order 26.4b1... staff says he/she is NJ Exec Order 26.4b1</p> <p>A review of the current Comprehensive Care Plan on NJ Exec Order 26.4b1, revealed that the resident was an NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1 with goals to NJ Exec Order 26.4b1, to ensure NJ Exec Order 26.4b1, and if NJ Exec Order 26.4b1 resident from NJ Exec Order 26.4b1, stay with resident.</p> <p>The Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated NJ Exec Order 26.4b1 reflected the resident had a Brief Interview for Mental Status (BIMS) of NJ ES out of 15, indicating NJ Exec Order 26.4b1.</p> <p>Review of the PN dated NJ Exec Order 26.4b1, indicated that the resident "tried to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 was applied to the NJ Exec Order 26.4b1".</p> <p>Review of the PN dated NJ Exec Order 26.4b1, revealed that the resident removed his/her NJ Exec Order 26.4b1, and it was not reapplied. There were no new interventions added to the care plan to prevent further NJ Exec Order 26.4b1.</p> <p>Review of the PN dated NJ Exec Order 26.4b1, reflected that the resident was NJ Exec Order 26.4b1. The resident stated, "NJ Exec Order 26.4b1" There were no new interventions added to the care plan to prevent further NJ Exec Order 26.4b1.</p> <p>Review of the Interdisciplinary Team notes dated</p>	F 689		

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F 689	<p>Continued From page 23</p> <p>NJ Exec Order 26.4b, revealed that the resident continued to NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 was discontinued. The document further revealed, NJ Exec Order 26.4b1 in place and resident not a NJ Exec Order 26.4b1 as [he/she] has a plan to NJ Exec Order 26.4b1 he/she NJ Exec Order 26.4b1. There were no new interventions added to the care plan to prevent further NJ Exec Order 26.4b1 or that the resident's NJ Exec Order 26.4b1 had been discontinued. The NJ Exec Order 26.4b1 revealed a NJ Exec Order 26.4b1 which indicated NJ Exec Order 26.4b1".</p> <p>Review of the PN dated NJ Exec Order 26.4b1, revealed that the resident stated he/she NJ Exec Order 26.4b1, had a NJ Exec Order 26.4b1 and was headed toward the NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1. There were no further interventions added to the care plan.</p> <p>A review of the facility's "Reportable Event Record/Report" dated NJ Exec Order 26.4b1, identified that Resident #535 NJ Exec Order 26.4b1 the facility NJ Exec Order 26.4b1 through the NJ Exec Order 26.4b1. The resident was NJ Exec Order 26.4b1 by staff NJ Exec Order 26.4b1. On NJ Exec Order 26.4b1, Resident # 535 was transferred to another facility that had a NJ Exec Order 26.4b1.</p> <p>Review of the NJ Exec Order 26.4b1 Treatment Administration Record, included an order for NJ Exec Order 26.4b1 every NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 -Start Date NJ Exec Order 26.4b1 1200 [12:00 PM]". The correlating PN dated NJ Exec Order 26.4b1, documented "resident is on NJ Exec Order 26.4b1 r/t [related to] NJ Exec Order 26.4b1</p> <p>On 04/17/24 at 10:46 AM, the surveyor interviewed the receptionist who stated she worked at the facility since NJ Exec Order 26.4b1 but she was</p>	F 689		

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F 689	<p>Continued From page 24</p> <p>not working on [redacted]. The receptionist stated residents who were [redacted] or [redacted] would [redacted]. She stated the [redacted] and [redacted] would [redacted] if a resident [redacted]. If a resident did not wear a [redacted], she could use a [redacted] to [redacted] the [redacted]. She stated there was a list and pictures at the front desk of residents who [redacted].</p> <p>On 04/17/2024, the U.S. FOIA (b) (6) provided a statement dated [redacted], from the receptionist who was working on [redacted] when the resident [redacted] which indicated, "I was at the front desk the entire time and did not see resident [redacted]. The receptionist who was working on [redacted] is no longer employed at the facility and could not be interviewed.</p> <p>On 04/17/24 at 10:54 AM, the surveyor interviewed the U.S. FOIA (b) (6) who worked on the unit the day Resident #535 [redacted]. She stated, "I think I remember the primary care nurse told me" that the [redacted] and that she thought [redacted]. The LPN stated the normal process for a [redacted] would be to [redacted].</p> <p>On 04/17/24 at 11:31 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated she has been at the facility since [redacted]. The [redacted] stated the process for a resident who was an [redacted] would be to do an assessment, [redacted] depending on the assessment, and ensure there was a photo at the reception desk. When asked if the resident were to remove the [redacted], the [redacted].</p>	F 689	

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F 689	<p>Continued From page 25</p> <p>stated it would be placed somewhere like the wheelchair or the walker if the resident used one. The [redacted] further stated that interventions for an [redacted] risk or [redacted] would include a [redacted], name, and photo at the reception desk, and to inform the staff. The [redacted] explained the day Resident #535 [redacted] was a [redacted] and the staff called her. She instructed the staff to do a 'NJ Exec Order 26.4b1 [redacted]'. She stated the police, physician, [redacted] (U.S. FOIA (b) (6)) and family were notified. She was unsure how long the resident [redacted] (NJ Exec Order 26.4b1), where he/she [redacted] (NJ Exec Order 26.4b1), or how he/she [redacted] (NJ Exec Order 26.4b1) to the facility.</p> <p>On 04/17/24 at 1:02 PM, the surveyor interviewed the then [redacted] (U.S. FOIA (b) (6)) current [redacted] (U.S. FOIA (b) (6)), who stated she did not remember when she was made aware that Resident #535 was identified as an [redacted] (NJ Exec Order 26.4b1). She stated the resident [redacted] (NJ Exec Order 26.4b1) was [redacted] (NJ Exec Order 26.4b1) and [redacted] (NJ Exec Order 26.4b1) to the facility by a staff member. The resident was transferred to a facility with a [redacted] (NJ Exec Order 26.4b1).</p> <p>On 04/17/24 at 1:11 PM, the then [redacted] (U.S. FOIA (b) (6)) stated the front desk has a board and folder with pictures of [redacted] (NJ Exec Order 26.4b1) residents and that "the camera was working but the views did not show what we needed to see". She stated the resident had a [redacted] (NJ Exec Order 26.4b1) on admission [redacted] (NJ Exec Order 26.4b1) and on [redacted] (NJ Exec Order 26.4b1), both with a score of [redacted] (NJ Exec Order 26.4b1) which indicated at [redacted] (NJ Exec Order 26.4b1). She stated she was not aware of any [redacted] (NJ Exec Order 26.4b1) behaviors but would have to check. She stated the resident "was never a [redacted] (NJ Exec Order 26.4b1) inside the facility". The surveyor reviewed the [redacted] (NJ Exec Order 26.4b1) PN and asked if the documentation constituted an [redacted] (NJ Exec Order 26.4b1) behavior. The [redacted] (U.S. FOIA (b) (6))</p>	F 689		

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F 689	<p>Continued From page 26</p> <p>stated, "I don't know if that constitutes an NJ Exec Order 26.4b1."</p> <p>On 04/22/24 at 10:39 AM, the surveyor in the presence of the survey team, interviewed the then [U.S. FOIA (b)] who stated, "I do not remember at that time" if Resident #535 was an NJ Exec Order 26.4b1 risk. She stated there was conflicting documentation in the medical record and that when the resident NJ Exec Order 26.4b1, he/she had a [NJ Exec Order 26.4b1] [he/she] was not a NJ Exec Order 26.4b1 because [he/she] NJ Exec Order 26.4b1".</p> <p>Part B</p> <p>According to the Admission Record, Resident #24 was admitted to the facility with the diagnoses which included but was not limited to NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>The quarterly Minimum Data Set (MDS) an assessment tool that facilitates a resident's care dated NJ Exec Order 26.4b1, indicated that Resident #24 had NJ Exec Order 26.4b1 required NJ Exec Order 26.4b1 assistance with activities of daily living (ADLs) and was dependent on staff for NJ Exec Order 26.4b1</p> <p>On 04/17/24 at 09:39 AM, the surveyor interviewed Resident #24 who stated that he/she recently NJ Exec Order 26.4b1 when a U.S. FOIA (b) (6) [REDACTED] was NJ Exec Order 26.4b1 him/her. The resident could not provide the surveyor with specifics due to NJ Exec Order 26.4b1.</p>	F 689			

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F 689	<p>Continued From page 27</p> <p>The resident did not appear to have [redacted] on the [redacted].</p> <p>On 04/17/24 at 09:43 AM, the surveyor interviewed the Certified Nursing Assistant (CNA #1) who stated that he had been employed in the facility for [redacted]. He described the resident as having [redacted] and was [redacted]. CNA #1 stated that the resident required assistance of two staff members for [redacted]. He stated that the resident required [redacted] care with all aspects of activities of daily living (ADLs). He continued to explain that the resident was at [redacted] and required the use of a [redacted] and utilized walker for [redacted] with assistance of two staff member for [redacted]. CNA #1 revealed that the resident [redacted]. He stated that the resident currently received [redacted]. CNA #1 then added that it took two staff members to assist Resident #24 with [redacted] due to the resident's [redacted] and because the resident was a [redacted]. CNA #1 stated that he applied an [redacted] to the resident's [redacted] and that it was indicated on CNA #1's assignment schedule. He revealed that a timeframe was not documented on the assignment as to when the [redacted] was to be applied or removed, "just that the resident was supposed to wear it".</p> <p>On 04/17/24 at 09:53 AM, the surveyor interviewed the [redacted] who stated that Resident #24 was on skilled [redacted]. She stated that [redacted] was working on [redacted] and [redacted]. She stated that the resident required two-person assistance with [redacted] and had [redacted] on the [redacted]. She stated that the resident had a</p>	F 689		

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F 689	<p>Continued From page 28</p> <p>history of a [redacted] NJ Exec Order 26.4b1 to [redacted] NJ Exec Order 26.4b1. She continued to explain that the resident received [redacted] NJ Exec Order 26.4b1 for [redacted] NJ Exec Order 26.4b1 of [redacted] NJ Exec Order 26.4b1 for the [redacted] NJ Exec Order 26.4b1. She stated that the resident wore [redacted] NJ Exec Order 26.4b1. She explained that it was a [redacted] NJ Exec Order 26.4b1 to wear the [redacted] NJ Exec Order 26.4b1 when [redacted] NJ Exec Order 26.4b1 to [redacted] NJ Exec Order 26.4b1.</p> <p>On 04/17/24 at 10:05 AM, the surveyor interviewed the primary care [redacted] U.S. FOIA (b) (6) [redacted] who stated that she had been employed in the [redacted] NJ Exec Order 26.4b1. The [redacted] U.S. FOIA explained that Resident #24 had [redacted] NJ Exec Order 26.4b1 and required [redacted] NJ Exec Order 26.4b1 care with all aspect of ADL's and required a two-person assistance with [redacted] NJ Exec Order 26.4b1. She stated that it was important that two staff members assisted the resident during [redacted] NJ Exec Order 26.4b1 to help [redacted] NJ Exec Order 26.4b1 and the staff from [redacted] NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed Resident #24's Care Plan (CP), which indicated that the resident had a [redacted] NJ Exec Order 26.4b1 to the [redacted] NJ Exec Order 26.4b1.</p> <p>The CP intervention dated [redacted] NJ Exec Order 26.4b1, indicated that the resident required extensive assistance of two staff members for [redacted] NJ Exec Order 26.4b1.</p> <p>The CP also indicated that the resident [redacted] NJ Exec Order 26.4b1 while [redacted] U.S. FOIA was [redacted] NJ Exec Order 26.4b1 the resident to the [redacted] NJ Exec Order 26.4b1, the resident [redacted] NJ Exec Order 26.4b1 and was [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1.</p> <p>The Progress note dated [redacted] NJ Exec Order 26.4b1 at 10:39 PM (22:39), indicated the following: Health Status Note Text: [redacted] NJ Exec Order 26.4b1 - notified by [redacted] U.S. FOIA that resident [redacted] NJ Exec Order 26.4b1 and was [redacted] NJ Exec Order 26.4b1 to the [redacted] NJ Exec Order 26.4b1.</p>	F 689		

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F 689	<p>Continued From page 29</p> <p>NJ Exec Order 26.4b1 by the U.S. FOIA while being NJ Exec Order 26.4b1 into NJ Exec Order 26.4b1. On assessment resident noted to have NJ Exec Order 26.4b1 which was treated with NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 Resident NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. Will continue to monitor.</p> <p>The 7:00 AM-7:00 PM, CNA Assignment Sheet dated NJ Exec Order 26.4b1 indicated that the resident required a 2-person assistance with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1</p> <p>On 04/17/24 at 10:23 AM, the surveyor interviewed the U.S. FOIA (b) (6) NJ Exec Order 26.4b1) on the NJ Unit NJ Exec Order 26.4b1 floor for a NJ Exec Order 26.4b1 and employed in the facility for NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) stated that Resident #24 was NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 and required extensive assist with ADLs. She stated that the resident required 2-person NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1. She explained that Resident #24 had NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1 so for his NJ Exec Order 26.4b1 and staff NJ Exec Order 26.4b1 he/she required two-person assistance with all NJ Exec Order 26.4b1. She stated that the NJ Exec Order 26.4b1 a NJ Exec Order 26.4b1. She revealed that the U.S. FOIA assigned to Resident #24 on NJ Exec Order 26.4b1 on the 3:00 PM-11:00 PM shift did not follow the resident's plan of care and NJ Exec Order 26.4b1 the resident by himself. She stated that the resident NJ Exec Order 26.4b1. She continued to explain that the resident had an NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1. She stated that the NJ Exec Order 26.4b1 was applied by the U.S. FOIA during morning care. She explained that the NJ Exec Order 26.4b1 was importance to wear to NJ Exec Order 26.4b1 the resident's NJ Exec Order 26.4b1. She also stated that the NJ Exec Order 26.4b1 was documented on the resident's care plan.</p>	F 689		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
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F 689	<p>Continued From page 30</p> <p>On 04/17/24 at 10:51 AM, the surveyor interviewed the CNA #2 who stated that he worked for the agency and worked [redacted] at the facility. He stated that he was familiar with the residents in the facility. He stated that he worked on [redacted] on the 3:00 PM-11:00 PM shift and provided care to Resident #24. He stated that while he was providing a [redacted] to Resident #24, he [redacted] the resident in the shower [redacted] and resident [redacted] and was [redacted] to the floor. He stated that the resident [redacted]. He admitted that he did not review the assignment sheet and did not know that the resident was a two-person [redacted]. He stated that he should have received a briefing from the other nurses prior to [redacted] and received help with [redacted] of the resident. The surveyor asked CNA #2 if there were facility documents that he could have referred to regarding how to care for the residents and he indicated that there was a section on the CNA assignment that indicated how many people were supposed to assist a resident [redacted]. He stated that the facility Administration educated CNA #2, and they also performed a shadowing with another CNA to observe him while he [redacted] a resident so that I didn't make that mistake again. CNA #2 added that the resident [redacted] during the [redacted] and was not wearing [redacted].</p> <p>On 04/17/24 at 01:17 PM, the surveyor interviewed the [redacted] who stated resident had a [redacted]. The [redacted] stated that Resident #24 Res was to wear when [redacted] and with [redacted]. She stated that the resident did not need to wear it at night in bed. The [redacted] provided the surveyor with a [redacted].</p>	F 689			

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F 689	Continued From page 31 NJ Exec Order 26-01 Treatment Encounter dated NJ Exec Order 26-01, which indicated that Resident #24 required NJ Exec Order 26-01 assistance with two staff members with NJ Exec Order 26-01 on the NJ Exec Order 26-01	F 689			
F 698 SS=E	NJAC 8:39-27.1 (a) Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent documentation, it was determined that the facility failed to complete and maintain an ongoing communication record between the facility and the NJ Exec Order 26-01 center for 1 of 2 residents (Resident #19) reviewed for NJ Exec Order 26-01 The deficient practice was evidenced by the following: A review of the facility policy "Hemodialysis Communication" undated, included but was not limited to: "to have effective communication ... between facility and dialysis center ... Steps ...	F 698	F698- dialysis - E 1. The communication book for NJ Exec Order 26-01 for resident #19 was completed by nursing and NJ Exec Order 26-01 center for missing information. All residents on dialysis books were checked for completion and updated as needed. 2. All residents who go to dialysis have the potential to be affected.	6/9/24	

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F 698	<p>Continued From page 32</p> <p>ensure the resident has their communication binder with them and filled out completely to include pre and post dialysis weights, vitals, and any medications provided ..."</p> <p>According to the Admission Record, Resident #19 was admitted with diagnoses which included but were not limited to NJ Exec Order 26.4b1 [REDACTED]</p> <p>The resident-centered comprehensive Care Plan (CP) included a focus area ... attend Tuesday, Thursdays, and Saturdays. Interventions included to ensure the resident has the communication book when going to treatments. The Quarterly Minimum Data Set (MDS) a tool used to facilitate care dated [REDACTED], documented a Brief Interview for Mental Status (BIMS) as "NJ Exec Order 26.4b1 [REDACTED]" and "NJ Exec Order 26.4b1 [REDACTED]"</p> <p>On 04/12/24 at 7:05 AM, the surveyor observed Resident #19 sleeping in bed. At that time, the surveyor reviewed the resident's communication binder which started [REDACTED] and documented the following:</p> <p>[REDACTED]: Included ten forms. Nine of ten were missing the resident's name; four of ten had incomplete [REDACTED] information from the facility; and two of ten had incomplete [REDACTED] information required from the [REDACTED] facility. Two of the twelve [REDACTED] treatment forms were missing.</p> <p>[REDACTED]: Included 10 forms. Nine of ten were missing the resident's name; two of ten had incomplete [REDACTED] information; and one of ten had incomplete [REDACTED] information. Two of the twelve [REDACTED] treatment forms were</p>	F 698	<p>3. Policy on Hemodialysis communication was reviewed and updated as necessary.</p> <p>Education was provided for nurses by Director of Nursing and/or designee on properly completing communication sheets in its entirety for dialysis patients, upon return to facility.</p> <p>4. The Unit managers, or designee, will review dialysis communication binders for 3 residents weekly for 12 weeks to ensure communication is received and being completed in its entirety. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.</p>		

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F 698	<p>Continued From page 33 missing.</p> <p>[NJ Exec Order 26.4b1] Included four forms. Four of four were missing the resident's name; Two of four had incomplete [NJ Exec Order 26.4b1] information; and eight of twelve [NJ Exec Order 26.4b1] treatment forms were missing.</p> <p>[NJ Exec Order 26.4b1], through [NJ Exec Order 26.4b1]: Included five forms. Five of five were missing the resident's name.</p> <p>On 04/16/24 at 9:22 AM, the surveyor interviewed the direct care [U.S. FOIA (b) (6)] who stated Resident #19 would be sent with the [NJ Exec Order 26.4b1] communication book to treatment. She stated that it was the nurse's responsibility to document the vitals and that the [NJ Exec Order 26.4b1] nurse would document the vitals when the resident was finished with the treatment. She further stated that the "vitals should be completely filled out so we can communicate with [NJ Exec Order 26.4b1] and provide the proper care needed".</p> <p>On 04/17/24 at 8:38 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated that the facility filled out the [NJ Exec Order 26.4b1] information and the [NJ Exec Order 26.4b1] center filled out the [NJ Exec Order 26.4b1] information. The [U.S. FOIA (b) (6)] stated that if that was not completely filled out, that it indicated that the [NJ Exec Order 26.4b1] information was incomplete, and the nurse must call the [NJ Exec Order 26.4b1] center to obtain all of the missing information. She stated the facility [NJ Exec Order 26.4b1] portion should be completed and that there should be a communication sheet for every [NJ Exec Order 26.4b1] visit. The surveyor asked to review the communication book for Resident #19 with the [U.S. FOIA (b) (6)]. The [U.S. FOIA (b) (6)] confirmed that there was no name on the pages and that it was important to have the resident name on all the pages in case a page was separated from the binder. The [U.S. FOIA (b) (6)]</p>	F 698			

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F 698	Continued From page 34 acknowledged there were many blank pages and stated it was the U.S. FOIA (b) (6) responsibility to check the NJ Ex666 Order 26 communication sheets to ensure completeness. On 04/17/24 at 8:45 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated she was responsible to check the NJ Ex666 Order 26 communication sheets to ensure they were complete and if there were orders or recommendations from the NJ Ex666 Order 26 center. At that time, the surveyor reviewed the facility policy with the U.S. FOIA and the U.S. FOIA (b) (6) Both confirmed the facility policy was not being followed. On 04/19/24 at 11:49 AM, the surveyor informed the facility Administration of the concern and was afforded the opportunity to provide additional information. On 04/22/24, the facility Administration had no additional information to provide.	F 698			
F 755 SS=E	NJAC 8:39-27.1(a) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures	F 755		6/11/24	

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F 755	<p>Continued From page 35</p> <p>that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined the facility failed to ensure an accurate ordering and receiving of narcotic medications on the required Federal narcotic acquisition forms (DEA 222 forms) were completed with sufficient detail to enable accurate reconciliation for 3 of 3 forms provided:</p> <p>This deficient practice was evidenced by the following:</p> <p>On 4/17/24 at 10:45 AM, the surveyor reviewed the facility provided DEA 222 forms which revealed on three of the three provided forms Part 5, had not been completed upon receipt of the medications from the Provider Pharmacy as</p>	F 755	<p>F755 - Pharmacy Services - E</p> <ol style="list-style-type: none"> 1. Federal narcotic acquisition forms (Drug Enforcement Administration 222 forms) were updated immediately to complete section 5 to include the number of packages received. 2. All residents residing in the facility who receive controlled medications have the potential to be affected. 3. In-service was provided for Director of Nursing & Assistant Director of Nursing on completing Federal narcotic acquisition forms (Drug Enforcement Administration 222 forms) by Chief Clinical Officer. 		

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F 755	Continued From page 36 instructed on the reverse of the ordering form. The forms were as follows: Order form number: NJ Exec Order 26.4b1 [REDACTED] On 4/17/24 at 10:50 AM, the surveyor and [REDACTED] reviewed the provided DEA 222 forms. The [REDACTED] acknowledged she should have completed in Part 5 as instructed on the reverse of the DEA 222 form as required. A review of the Instructions for DEA Form 222, under Part 5. Controlled Substance Receipt, 1. The purchaser fills out this section on its copy of the original order form. 2. Enter the number of packages received and date received for each line item... NJAC 8:39- 29.2(d), 29.7(c)	F 755	4. The Director of Nursing, or designee, will review all Federal narcotic acquisition forms (Drug Enforcement Administration 222 forms) weekly for 4 weeks then monthly for 2 months to ensure Federal narcotic acquisition forms (Drug Enforcement Administration 222 forms) are being completed appropriately. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.		
F 808 SS=J	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2) §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician. §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of pertinent documentation, it was determined that the facility failed to ensure that staff provided a resident with the appropriate	F 808	F 808 - Therapeutic Diet Prescribed by Doctor - J 1. Resident #24 identified was	6/9/24	

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F 808	<p>Continued From page 37</p> <p>physician ordered NJ Exec Order 26.4b1. This posed the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 of Resident #24. This resulted in an Immediate Jeopardy (IJ). This deficient practice occurred for 1 of 9 resident (Resident #24) reviewed for physician NJ Exec Order 26.4b1 and was evidenced by the following:</p> <p>On 04/12/24 at 8:40 AM, the surveyor observed a U.S. FOIA (b) (6) adding NJ Exec Order 26.4b1 to Resident #24's coffee, instead of the required NJ Exec Order 26.4b1 and then provided the coffee to the resident. Resident #24 was then observed drinking the coffee from the nine-ounce cup that was filled closely to the top, and Resident #24 then NJ Exec Order 26.4b1. The meal ticket on Resident #24's tray at that time identified Resident #24's NJ Exec Order 26.4b1 as NJ Exec Order 26.4b1 at the top and NJ Exec Order 26.4b1 " at the bottom.</p> <p>The IJ was identified and began on 04/12/24. The IJ template was provided to the U.S. FOIA (b) (6) at 04/12/24 at 12:51 PM. An acceptable removal plan was received on 04/12/24 at 3:35 PM, and was verified on-site on 04/17/24 at 12:09 PM.</p> <p>An acceptable removal plan was received on 04/12/24 at 3:37 PM, indicating the action the facility took to NJ Exec Order 26.4b1 from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including:</p> <ol style="list-style-type: none"> 1. Resident #24 was immediately examined by the U.S. FOIA (b) (6). 2. The physician was called and made aware. 3. The Nurse Aide was immediately in-serviced which included return demonstration. All other 	F 808	<p>immediately examined by nurse practitioner, physician notified and made aware, US FOIA (b)(6) involved was immediately in-serviced. All other residents with thickened liquids were reviewed with updated care plans as needed.</p> <ol style="list-style-type: none"> 2. All residents residing in the facility with thickened liquids have the potential to be affected. 3. All nursing Staff who may feed residents with thickened liquids have been in-serviced with return demonstration by Director of Nursing/ designee and Assistant director of Nursing/designee. 4. The Director of Nursing/designee and/or speech therapist designee, will audit 3 residents on thickened liquids weekly for 4 weeks and then monthly for 2 months to ensure the correctly thickened liquid is served by the staff. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations. 	

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F 808	<p>Continued From page 38</p> <p>staff who may serve Resident # 24 as well as any other staff who may serve other residents with NJ Ex Order 26.4b1 have been in-serviced with return demonstration.</p> <p>The evidence was as follows:</p> <p>On 04/12/24 at 8:31 AM, during a surveyor interview with Resident #24 a U.S. FOIA (b) (6) brought the resident's meal tray into the room and placed it on the bed-side table. The U.S. FOIA informed the resident he was going to get the resident coffee and then exited the room. The U.S. FOIA returned with a 9-ounce burgundy coffee cup that was filled close to the top of the mug with coffee.</p> <p>On 04/12/24 at 8:40 AM, the U.S. FOIA removed two packages of NJ Exec Order 26.4b1 from a drawer next to the resident's bed, then emptied the contents of both NJ Exec Order 26.4b1 into the coffee, stirred the contents and placed the cup in front of the resident. The U.S. FOIA told the resident, "go ahead and eat". The resident then proceeded to pick up the coffee cup, put his/her head back and proceeded to drink the coffee from the mug. Resident #24 again was NJ Exec Order 26.4b1. The U.S. FOIA then opened a coffee creamer, picked up the coffee and stirred in the creamer and again placed the coffee cup next to the resident. At that time, the surveyor observed a meal ticket on Resident #24's tray and asked the U.S. FOIA to show the surveyor the ticket. The ticket identified Resident #24's diet as "NJ Exec Order 26.4b1" at the top and NJ Exec Order 26.4b1 at the bottom. The surveyor asked the U.S. FOIA what type of NJ Exec Order the resident was supposed to consume, and the U.S. FOIA stated, "NJ Exec Order 26.4b1." The surveyor asked the U.S. FOIA if he looked at the ticket</p>	F 808			

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F 808	<p>Continued From page 39</p> <p>and the ^{U.S. FOIA} stated, "I looked at the ticket."</p> <p>On 04/12/24 at 8:45 AM, the surveyor exited the room to inform the ^{U.S. FOIA (b) (6)} of the surveyor's observations and asked what ^{NJ Exec Order 26.4b1} the resident was prescribed. The ^{U.S. FOIA (b) (6)} stated the resident was on ^{NJ Exec Order 26.4b1} and accompanied the surveyor to Resident #24's room. The ^{U.S. FOIA (b) (6)} looked at the coffee and proceeded to take a spoon and lift up the coffee and drop it back into the cup. The coffee was observed to freely flow back into the cup and was not ^{NJ Exec Order 26.4b1} in appearance. The surveyor asked if the coffee was the appropriate ^{NJ Exec Order 26.4b1}. The ^{U.S. FOIA (b) (6)} stated the coffee was not ^{NJ Exec Order 26.4b1} and was not appropriate for the resident. At that time, in Resident #24's room, affixed to the wall close to the bed, was an 8 ½ X 11-inch sheet of paper with large black printed instructions which indicated: ^{NJ Exec Order 26.4b1} ". ".</p> <p>A review of the "Thickened Liquids, Fluid Restrictions and NPO [nothing by mouth] Policy" dated 05/2023, included but was not limited to: "Staff Responsibilities... 5. Nurse's aides are able to use prepared thickened liquid preparation from the dietary department... 6. Staff who were educated on the process are able to use thickening packet to prepare appropriate fluids."</p> <p>On 04/12/24 at 9:00 AM, the surveyor reviewed Resident #24's electronic medical record.</p> <p>Review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate care, dated ^{NJ Exec Order 26.4b1} reflected the resident had a</p>	F 808			

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F 808	<p>Continued From page 40</p> <p>brief interview for mental status (BIMS) score of [redacted] out of 15, indicating that the resident had a [redacted] NJ Exec Order 26.4b1. Section [redacted] revealed the resident received a [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1. Section [redacted] was coded as [redacted] which indicated that the resident required [redacted] NJ Exec Order 26.4b1.</p> <p>Review of the Admission Record dated [redacted] NJ Exec Order 26.4b1, revealed that Resident #24 had diagnoses which included [redacted] NJ Exec Order 26.4b1 [redacted]</p> <p>Review of a Physician Order dated [redacted] NJ Exec Order 26.4b1, revealed a [redacted] NJ Exec Order 26.4b1 order for a [redacted] NJ Exec Order 26.4b1 [redacted]</p> <p>Review of the Resident's current Comprehensive Care Plan documented a Focus area for the resident having a [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 which was initiated on [redacted] NJ Exec Order 26.4b1. The Goal revealed the resident will [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 the [redacted] NJ Exec Order 26.4b1 without overt [signs and symptoms] of [redacted] NJ Exec Order 26.4b1 of the time given [minimum cues] which was initiated [redacted] NJ Exec Order 26.4b1 with a target date of [redacted] NJ Exec Order 26.4b1. The Intervention was to receive [redacted] NJ Exec Order 26.4b1 [redacted]</p> <p>[redacted] [patient] caregiver training and [discharge] planning which was initiated [redacted] NJ Exec Order 26.4b1.</p> <p>Review of the Key Information section of the electronic medical record revealed Precautions, [redacted] NJ Exec Order 26.4b1 " [redacted] NJ Exec Order 26.4b1".</p>	F 808		

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F 808	<p>Continued From page 42</p> <p>Review of a Registered ^{NJ Exec Order 26.4b1} Quarterly Note, dated ^{NJ Exec Order 26.4b1}, revealed ^{NJ Exec Order 26.4b1}.</p> <p>On 04/12/24 at 9:50 AM, the surveyor interviewed the J.S. FOIA (b) (6) who stated she worked at the facility for ^{NJ Exec Order 26.4b1} and was responsible for prescribing resident ^{NJ Exec Order 26.4b1}, working with residents on ^{NJ Exec Order 26.4b1} and education for staff and residents. The surveyor asked the ^{J.S. F} if she had been made aware of the observed concerns with Resident #24's ^{NJ Exec Order 26.4b1}. The ^{J.S. F} stated she had been informed by the nurse that the ^{NJ Exec Order 26.4b1} were not ^{NJ Exec Order 26.4b1} and did not observe the resident after the incident. The ^{J.S. F} confirmed that Resident #24's ^{NJ Exec Order 26.4b1} order was for ^{NJ Exec Order 26.4b1} and ^{NJ Exec Order 26.4b1} and staff was to use ^{NJ Exec Order 26.4b1}. The surveyor asked what would happen if Resident #24 did not receive the ^{NJ Exec Order 26.4b1}. The ^{J.S. F} stated there was a potential for ^{NJ Exec Order 26.4b1} as the physician ordered ^{NJ Exec Order 26.4b1}.</p> <p>On 04/12/24 at 8:53 AM, the surveyor interviewed the J.S. FOIA (b) (6) regarding Resident #24's physician ^{NJ Exec Order 26.4b1}. The ^{J.S. F} stated the resident had ^{NJ Exec Order 26.4b1} and the ^{NJ Exec Order 26.4b1}. The surveyor asked the ^{J.S. F} if it was important for Resident #24 to be on a ^{NJ Exec Order 26.4b1} and the ^{J.S. F} stated, if the resident had ^{NJ Exec Order 26.4b1} on the tray ticket, "absolutely, they should receive it". The surveyor asked if ^{NJ Exec Order 26.4b1} could be drunk from a cup and the ^{J.S. F} stated, "no, it should be by a spoon".</p> <p>On 04/12/24 at 9:17 AM, the surveyor interviewed</p>	F 808			

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F 808	<p>Continued From page 43</p> <p>the U.S. FOIA (b) (6)) regarding who was responsible for NJ Exec Order 26.4b1. The U.S. FOIA stated the nursing department was responsible to NJ Exec Order 26.4b1, NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1. The surveyor reviewed the NJ Exec Order 26.4b1 provided by the U.S. FOIA which revealed: Add 1 NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 stir with a spoon or fork for approximately 15 seconds or NJ Exec Order 26.4b1 is dissolved. Allow 1 to 4 minutes for product to reach NJ Exec Order 26.4b1. Products NJ Exec Order 26.4b1 over time. The amount of NJ Exec Order 26.4b1 may be adjusted to meet your individual needs. Results may vary depending on source of water, type, and temperature of beverages of foods. For NJ Exec Order 26.4b1; NJ Exec Order 26.4b1</p> <p>On 04/12/24 at 10:28 AM, the surveyor, in the presence of four other surveyors, interviewed the U.S. FOIA (b) (6)). The surveyor asked the U.S. FOIA to explain the process that was in place for staff to provide NJ Exec Order 26.4b1 to a resident. The U.S. FOIA stated the resident's meal tray would be delivered from the kitchen; a nurse would read the ticket to determine if the resident had a NJ Exec Order 26.4b1; if the resident had a NJ Exec Order 26.4b1 nursing was responsible to NJ Exec Order 26.4b1 as there were no NJ Exec Order 26.4b1 for the past few months and the NJ Exec Order 26.4b1 were available on the resident units. "We NJ Exec Order 26.4b1 it to the NJ Exec Order 26.4b1 and then take it to the resident, and "we pour the coffee as it doesn't come up on the tray". The U.S. FOIA further stated, "we are supposed to be completing competencies for NJ Exec Order 26.4b1." The surveyor then asked if</p>	F 808		
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F 808	<p>Continued From page 44</p> <p>all staff had been trained on NJ Exec Order 26.4b1 for the residents and the U.S. FOIA stated, "I don't want to say competencies, and then stated, "in services." The U.S. FOIA stated, "they should be doing NJ Exec Order 26.4b1 and the nurses know the NJ Exec Order 26.4b1 and should be monitoring that." The surveyor asked the U.S. FOIA if the nurses should be checking the NJ Exec Order 26.4b1 and she stated, "I would hope so". The surveyor asked if Resident #24's NJ Exec Order 26.4b1 should have NJ Exec Order 26.4b1 to make it NJ Exec Order 26.4b1, and the U.S. FOIA stated, "no". The surveyor asked if that was a concern and the U.S. FOIA stated, "yes."</p> <p>On 04/19/24 at 11:19 AM, the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) presented additional information to the survey team. The U.S. FOIA (b) stated, "I agree, they didn't follow the doctor order", and confirmed by the U.S. FOIA (b).</p>	F 808			
F 842 SS=D	<p>NJAC 8:39-17.4 (a)1-2; 27.1(a)</p> <p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p>	F 842		6/9/24	

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F 842	<p>Continued From page 45</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or 	F 842			

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F 842	<p>Continued From page 46</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review and review of pertinent facility documents, it was determined that the facility failed to accurately document in the medical records. This deficient practice was identified for 1 of 29 residents (Resident #183) medical records reviewed and was evidenced by the following:</p> <p>The surveyor reviewed the medical record for Resident #183.</p> <p>A review of the Admission Record face sheet reflected that the resident was admitted to the facility with diagnoses that included, [REDACTED] <small>NJ Exec Order 26.4b1</small></p> <p>A review of the Incident Report revealed that a staff member (U.S. FOIA (b) (6) [REDACTED] <small>NJ Exec Order 26.4b1</small>) resulting in the resident [REDACTED] <small>NJ Exec Order 26.4b1</small> on</p>	F 842	<p>F842 Resident Records identifiable information - D</p> <ol style="list-style-type: none"> 1. Resident # 183- late entry completed. Nurse was immediately educated. Review of all incidents completed by this nurse and no other late entries were found. 2. All residents who were cared for by this one nurse had the potential to be affected. 3. Policy on charting and documentation was reviewed and updated as necessary. Registered nurses and Licensed practical nurses were in-serviced on completing progress notes correctly when there is an incident report. 4. The Director of Nursing, or designee, will review and monitor the Skilled 		

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F 842	<p>Continued From page 47</p> <p>their NJ Exec Order 26.4b1 at 8:45 AM.</p> <p>A review of the Full QA [Quality Assurance] Report revealed investigative statements from the nurse, the resident, and the witnessed U.S. FOIA were obtained. It further indicated the U.S. FOIA immediately informed the nurse, the resident was assessed, a treatment was ordered, and the physician and family was notified.</p> <p>A review of the Progress Notes (PN) from NJ Exec Order 26.4b1, revealed there was no progress note in the electronic medical record (EMR) on NJ Exec Order 26.4b1 during the 7 AM to 3 PM regarding the incident not until NJ Exec Order 26.4b1 at 02:37 (2:37 AM), which indicated the resident had NJ Exec Order 26.4b1 noted to the NJ Exec Order 26.4b1 and the physician ordered an NJ Exec Order 26.4b1 treatment.</p> <p>On 04/17/24 at 09:30 AM, the surveyor interviewed Licensed Practical Nurse (LPN #1) who stated that they completed an accident/incident report and wrote a progress note in the electronic medical record (EMR) for any incident that occurred. She stated that it was important to document a progress note in the EMR because it was a communication tool from shift to shift, so everyone was aware of what happened with the resident.</p> <p>On 04/17/24 at 09:35 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated the process for any incident would be to call the nurse and to stay with the resident. The U.S. FOIA stated that she would then write a statement for the incident report and describe what she saw if it was witnessed. She further stated that if it was unwitnessed and the resident was her</p>	F 842	<p>Nursing Facility Metrics System and Point Click Care related to incidents weekly for 4 weeks then monthly for 2 months to ensure nursing note was completed. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.</p>		

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F 842	<p>Continued From page 48</p> <p>resident then she would describe what the resident was doing prior to the incident.</p> <p>On 04/17/24 at 11:03 AM, the surveyor interviewed LPN #2 who stated the process for any incidents was to assess the resident. She then stated that she would call the supervisor to complete a full head to toe assessment. LPN #2 stated that the nurses would get statements from staff regarding the incident, notify the family and the physician. She stated they would then complete an incident report and write a progress note in the EMR. When asked should there be a progress note of the incident. LPN #2 stated that a progress note should be done with the incident report. She explained it was important to also document a progress note in the EMR, so the oncoming shift knew what was happening. She further explained it was "our way of communicating and this way all staff that has access to it is aware of what occurred." LPN #2 concluded they documented for three (3) days after any incident in the EMR.</p> <p>On 04/17/24 at 11:04 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that the protocol for any incident at this facility was to get a full assessment of the resident, the nurses would complete the incident report and collect statements, and document a progress note in the EMR. The U.S. FOIA (b) (6) stated that there should be a progress note in the EMR because the progress note informs the facility and all staff of what occurred with the resident, so they are aware. She further stated that the progress notes are a communication tool for the staff and physicians as well as the resident and the power of attorney (POA) so the communication could be</p>	F 842			

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F 842	<p>Continued From page 49</p> <p>successful. She then stated that the nurses also document on the 24-hour report daily, so all the nurses were aware of what happened in those 24 hours. The [U.S. FOIA (b) (6)] stated that if a resident was bumped by a cart and received a skin tear then an incident report would be completed. She further stated that they would obtain statements from the resident if alert, from staff that was around, and from other staff to see what the resident was doing prior to the incident. When asked would there also be a progress note in the EMR? The [U.S. FOIA (b) (6)] emphasized "absolutely there should be a progress note" because it was an incident, and we need to know what happened. She stated that the resident assessment, and physician and family should be notified.</p> <p>On 04/18/24 at 09:31 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated that the process for any incidents was that staff would notify the supervisor, the physician, and the family. The nurses would assess the resident and an incident report was completed. She stated that the staff then wrote statements which were collected from anyone that witnessed the incident. She clarified if the incident was unwitnessed then the nurse would collect the statements from the staff that seen the resident prior to the incident. The [U.S. FOIA] stated that the nurses would write a progress note of the incident, or they would just write their note in the incident report. She then stated that if the nurses completed an incident report, then they did not have write a progress note in the EMR. She explained that they did not have a write a progress note, if they wrote in the incident report because the incident report could be printed out. When asked how would staff be aware of the</p>	F 842			

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F 842	Continued From page 50 incident? The ^{U.S. FOIA} stated that staff were aware of the incident from the 24-hour report. When asked when should a progress note be written? The ^{U.S. FOIA} stated it should be written for any change because it was communication tool for the staff to be informed about the resident. She stated that a progress note was considered a part of the medical record. On 04/19/24 at 11:12 AM, the ^{U.S. FOIA (b) (6)} stated in the presence of the survey team, the ^{U.S. FOIA (b) (6)} and the ^{U.S. FOIA (b) (6)} that it was correct the progress note was missing and should have been in the EMR. A review of the facility's undated Charting and Documentation policy, included, "All services provide to the resident, or any changes in the resident's medical or mental condition, shall be documented in the resident's medical record. 3. All incidents, accidents, or changes in the resident's condition will be recorded as soon as physically as close to the occurrence as possible. 5. Documentation of procedures and treatments shall include care-specific details and shall include at a minimum: c. The assessment data. f. Notification of family, physician, or other staff, if indicated."	F 842			
F 880 SS=D	NJAC 8:39-35.2 (d) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and	F 880		5/28/24	

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F 880	<p>Continued From page 51</p> <p>comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the</p>	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/26/2024
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
F 880	<p>Continued From page 52</p> <p>circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to adhere to accepted standards of control practices for the proper storage of [redacted] and [redacted] after use for 2 of 2 residents reviewed (Resident #40 and #241). The deficient practice was evidenced by the following:</p> <p>1. On 04/11/22 at 10:30 AM during the initial tour, the surveyor toured the [redacted] and observed Resident #241 in bed, the head of the bed was elevated and the resident was resting with their eyes closed. The resident was receiving [redacted] NJ Exec Order 26.4b1</p> <p>The surveyor observed the [redacted] NJ Exec Order 26.4b1</p>	F 880	<p>F880 - Infection Control - D</p> <p>1. Resident #241 [redacted] NJ Exec Order 26.4b1 was replaced. Resident #40 [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 were replaced. Audit of all residents with nebulizer and/or oxygen was immediately done with no further adverse findings.</p> <p>2. All residents using oxygen and/or humidification nebulizer have the potential to be affected.</p> <p>3. In-service was provided for all nursing staff on proper storage of oxygen and</p>		

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F 880	<p>Continued From page 53</p> <p>NJ Exec Order 26.4b1 stand, touching the NJ Exec Order 26.4b1 and in closed proximity of the resident's phone and toiletries items. The NJ Exec Order 26.4b1 was labeled and dated NJ Exec Order 26.4b1.</p> <p>On 04/12/24 at 9:45 AM, the surveyor returned to the room and observed that the NJ Exec Order 26.4b1 was on the night stand as observed the day before.</p> <p>On 04/16/24 at 9:30 AM, the surveyor returned to the room and observed the NJ Exec Order 26.4b1 directly placed on the night stand next to the NJ Exec Order 26.4b1. The surveyor observed the resident resting in bed. The surveyor attempted to interview the resident but the resident NJ Exec Order 26.4b1 with the interview. The surveyor returned to the room after the resident had been assisted with care and received morning medication and observed the NJ Exec Order 26.4b1 on the night stand face down and not protected. The NJ Exec Order 26.4b1 was dated NJ Exec Order 26.4b1.</p> <p>On 04/16/24 at 10:20 AM, the surveyor observed the NJ Exec Order 26.4b1 still on the night stand, not protected and exposed to the environment. The surveyor accompanied the U.S. FOIA (b) (6) NJ Exec Order 26.4b1 to the room where we both observed the NJ Exec Order 26.4b1 on the night stand and not protected. Upon inquiry, the U.S. FOIA (b) (6) informed the surveyor that the NJ Exec Order 26.4b1 should have been placed inside a plastic bag when not in use to prevent NJ Exec Order 26.4b1.</p> <p>On 04/16/24 at 11:30 AM, review of the medical record reflected that Resident #241 was admitted to the facility with diagnoses which included, but were not limited to; NJ Exec Order 26.4b1</p>	F 880	<p>nebulizer equipment.</p> <p>4. The Director of Nursing, or designee, will complete weekly rounds to ensure infection control protocols are in place to include oxygen equipment properly stored for 4 weeks then monthly for 2 months to ensure process followed. The results of these reviews will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.</p>		

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F 880	<p>Continued From page 54</p> <p>NJ Exec Order 26.4b1 .</p> <p>On 04/16/24 at 12:30 PM, the surveyor interviewed the U.S. FOIA (b) (6) assigned to the unit. She stated that after being used the NJ Exec Order 26.4b1 should be stored in a plastic bag to prevent NJ Exec Order 26.4b1.</p> <p>A review of the Order Summary Report for NJ Exec Or, revealed the following orders for Resident #241: NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 6 hours as needed for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>2. On 04/11/24 at 10:35 AM, the surveyor entered Resident #40's room. The resident was not in the room. The surveyor observed the NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 on the bed. The NJ Exec Order 26.4b1 was not protected. Another NJ Exec Order 26.4b1 was also noted on the night stand not protected. The NJ Exec Order 26.4b1 on the night stand was not labeled/dated.</p> <p>On the same day at 12:11 PM, the surveyor returned to the room and observed a staff from NJ Exec Order 26.4b1 assisting the resident to the room. The staff assisted the resident to switch from the NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 which was located behind the curtain next to the bed. The NJ Exec Order 26.4b1 was labeled and dated NJ Exec Order 26.4b1. The staff applied the NJ Exec Order 26.4b1 that was noted on the bed. The staff used the NJ Exec Or that was left on the bed and not protected.</p> <p>On 04/12/24 at 8:30 AM, the surveyor returned to the room and observed the NJ Exec Order 26.4b1 on the night stand as it was the day before, exposed to</p>	F 880			

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F 880	<p>Continued From page 55 the environment.</p> <p>On 04/17/24 at 9:42 AM, the surveyor interviewed the [REDACTED] assigned to provide care to the resident. The [REDACTED] stated that all [REDACTED] equipment including [REDACTED] and [REDACTED] should be disinfected after use and placed in a bag to prevent [REDACTED].</p> <p>On 04/17/24 at 11:30 AM, the surveyor reviewed Resident #40's clinical record which reflected that Resident #40 had diagnoses which included but were not limited to; [REDACTED]</p> <p>The Order Summary Report dated [REDACTED] reflected an order for [REDACTED] a [REDACTED] with an original date of [REDACTED]. The Order Summary Report also included an order to change and date [REDACTED] and [REDACTED] (if in use) every night shift every on [REDACTED] for [REDACTED] prevention. The order had an original date of [REDACTED] timed 23:00 [11:00 PM].</p> <p>On 04/16/24 at 1:15 PM, the facility was informed of the above concerns and the surveyor requested the policy for [REDACTED].</p> <p>On 04/17/24 at 8:08 AM the facility provided an undated policy, titled, "Respiratory Therapy Equipment" Purpose The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment among residents and staff. Steps 4 and 4 of the procedure indicated the</p>	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2024
FORM APPROVED
OMB NO. 0938-0391

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F 880	Continued From page 56 following: 4. Change the oxygen cannula and tubing weekly and/or as needed. 5. Keep the oxygen cannula and tubing used PRN[as needed] in a plastic bag when not in use. Under Infection Control Considerations related to Medication Nebulizers/ Continuous aerosols the following were noted: After completion of therapy: Remove the Nebulizer container Rinse the container with fresh tap water; and Dry on a clean paper towel or gauze sponge. Reconnect to the administration "set-up" when air dried. Wipe the mouth piece with damp paper towel or gauze sponge. Store in plastic bag. The policy was not being followed. NJAC 8:39-19.4 (a)1,2	F 880			

New Jersey Department of Health

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S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. 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 the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint # NJ 165621 Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratio, as mandated by the State of New Jersey, for 3 of 4 weeks of complaint staffing and 2 of 2 weeks of staffing prior to the recertification survey dated 04/25/24. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for	S 560	S560 Mandatory Access to Care 1. Current schedules were reviewed with no concerns. 2. All residents residing at the facility have the potential to be affected. 3. Staffing Coordinator was educated on meeting the state requirement for CNA to resident ratio. Job postings have been updated for CNA's and Nurses and Rates were reviewed. Recruitment ads and flyers were updated and posted. Open house for recruitment is scheduled in June. Payroll bonuses can be offered to encourage staff to pick up shifts. Recruiters were	6/9/24

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

TITLE

(X6) DATE

Electronically Signed

05/13/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One (1) care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>A review of the "Nurse Staffing Report" for the following weeks provided by the facility revealed the following:</p> <p>1. For the 2 weeks of Complaint staffing from 09/18/2022 to 10/01/2022, the facility was deficient in CNA staffing for residents on 4 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-09/18/22 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs. -09/24/22 had 16 CNAs for 141 residents on the day shift, required at least 18 CNAs. -09/25/22 had 11 CNAs for 141 residents on the day shift, required at least 18 CNAs. -09/25/22 had 17 CNAs for 143 residents on the</p>	S 560	<p>contacted to actively obtain staff.</p> <p>Daily staffing meetings with Director of Nursing/designee and Staffing Coordinator/Designee are held to review schedules, recruitment results & focused hiring. Based on the staff to resident ratio, Facility utilizes in house staff and agency staff to fulfill staffing needs.</p> <p>4. The Director of Nursing, or designee, will audit schedule weekly for staffing ratios. The results of these reviews will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations as determined by the QAPI Committee.</p>	

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S 560	<p>Continued From page 2</p> <p>day shift, required at least 18 CNAs. -09/25/22 had 9 total staff for 143 residents on the overnight shift, required at least 10 total staff.</p> <p>2. For the 2 weeks of Complaint staffing from 05/21/2023 to 06/03/2023, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows:</p> <p>-05/28/23 had 16 CNAs for 136 residents on the day shift, required at least 17 CNAs.</p> <p>3. For the 2 weeks of staffing prior to survey from 03/24/2024 to 04/06/2024, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts and deficient in total staff for residents on 3 of 14 overnight shifts as follows:</p> <p>-03/24/24 had 10 CNAs for 144 residents on the day shift, required at least 18 CNAs. -03/28/24 had 9 total staff for 139 residents on the overnight shift, required at least 10 total staff. -03/29/24 had 9 total staff for 139 residents on the overnight shift, required at least 10 total staff. -03/30/24 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-03/31/24 had 10 CNAs for 139 residents on the day shift, required at least 17 CNAs. -03/31/24 had 9 total staff for 139 residents on the overnight shift, required at least 10 total staff. -04/01/24 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs. -04/05/24 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs. -04/06/24 had 15 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>During an interview with the surveyor on 04/18/24 at 10:17 AM, the Staffing Coordinator stated that</p>	S 560		

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S 560	Continued From page 3 the New Jersey minimum requirements for staffing were one CNA for eight residents on the 7:00 AM - 3:00 PM shift, one CNA for 10 residents on the 3:00 PM - 11:00 PM shift, and one CNA for 14 residents on the 11:00 PM - 7:00 AM shift. During an interview with the surveyor on 04/18/24 at 10:22 AM, the Director of Nursing stated she was unsure of the New Jersey minimum requirements for staffing, but that she had that information posted in her office for reference.	S 560		
S1405	8:39-19.5(a) Mandatory Infection Control and Sanitation a) The facility shall require all new employees to complete a health history and to receive an examination performed by a physician or advanced practice nurse, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment by a registered professional nurse upon employment, the physician's or advanced practice nurse's examination may be deferred for up to 30 days from the first day of employment. The facility shall establish criteria for determining the completeness of physical examinations for employees. This REQUIREMENT is not met as evidenced	S1405		5/28/24

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S1405	<p>Continued From page 4</p> <p>by: Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure that newly hired employees had completed a health history and received an examination by a Physician, an Advanced Practice Nurse, or a Licensed Physician Assistant within two weeks prior to employment or upon employment, or within thirty days if a Registered Nurse (RN) completed an assessment upon employment, for 6 out of 10 newly hired employees reviewed</p> <p>This deficient practice was evidenced by the following:</p> <p>On 04/17/24 at 01:49 PM, the surveyor reviewed the employee files of the six (6) random newly hired individuals. The employee's [redacted] Examination forms revealed the following:</p> <ul style="list-style-type: none"> - Employee #1 date of hire (DOH [redacted] and the [redacted] form was signed by the examining physician and Registered Nurse (RN) on [redacted] -Employee #2 DOH [redacted] and the [redacted] form was signed by the examining physician and RN on [redacted] - Employee #3 DOH [redacted] and the [redacted] form was signed by the examining physician and RN on [redacted] - Employee #4 DOH [redacted] and the [redacted] form was signed by the examining physician and RN on [redacted] - Employee #5 DOH [redacted] and the [redacted] form was signed by the examining 	S1405	<p>S1405 - Mandatory Infection Control and Sanitation</p> <ol style="list-style-type: none"> 1. Physical to be completed timely, within 2 weeks of employment or on date of hire. 2. All residents who come in contact with new hired employees have the potential to be affected. 3. Human Resources and Infection Control educated. New process put into place - Physicals are to be completed by in-house Nurse Practitioner within 2 weeks of employment or on date of hire. 4. HR will audit all new hires for the next 12 weeks and the results of these reviews will be reported at the monthly QAPI meeting for 3 months & as needed thereafter for any additional recommendations as determined by the QAPI Committee. 	
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New Jersey Department of Health

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S1405	<p>Continued From page 5</p> <p>physician and RN on [redacted] NJ Exec Order [redacted].</p> <p>- Employee #6 DOH [redacted] NJ Exec Order [redacted] and the [redacted] NJ Exec Order [redacted] form was signed by the examining physician and RN on [redacted] NJ Exec Order [redacted].</p> <p>On 04/18/24 at 09:30 AM, the surveyor interviewed the Director of Nursing (DON) who started on [redacted] NJ Exec Order 26.4b1, and stated that a Registered Nurse (RN), and the Medical Director (MD) were responsible for completing the health physical for the new hires. She stated she believed it was a certain amount of time the physicals should be completed but was not sure. The DON then stated that once she started, she completed the assessments for the new hires and then the MD would sign it. She explained she would complete the physicals before their start date or upon hire. The DON concluded she would have to look back to confirm when she completed them.</p> <p>On 04/19/24 at 11:28 AM, the Assistant Licensed Nursing Home Administrator (LNHA) stated in the presence of the survey team, the LNHA and the Corporate Clinical Officer (CCO) that the new hire physicals should have be completed prior to the start date or upon hire.</p> <p>A review of the facility's undated Employee Health Records policy included, "A condition of employment requires you to have a physical assessment. Physicals may be completed up to two weeks prior to start date or upon hire. Assessment may be completed by a RN, the examination may be deferred for up to 30 days from the first day of employment to then be completed by a physician or nurse practitioner within 30 days of the employee's start date."</p>	S1405		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315196	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/24/2024	Y3
NAME OF FACILITY ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0656	Correction	ID Prefix F0689	Correction	ID Prefix	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.25(d)(1)(2)	Completed	Reg. #	Completed
LSC	06/09/2024	LSC	06/09/2024	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 4/26/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315196	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/24/2024	Y3
NAME OF FACILITY ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0656	Correction	ID Prefix F0658	Correction	ID Prefix F0689	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	06/09/2024	LSC	06/09/2024	LSC	06/09/2024
ID Prefix F0698	Correction	ID Prefix F0755	Correction	ID Prefix F0808	Correction
Reg. # 483.25(l)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.60(e)(1)(2)	Completed
LSC	06/09/2024	LSC	06/11/2024	LSC	06/09/2024
ID Prefix F0842	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	06/09/2024	LSC	05/28/2024	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 4/26/2024

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 61517	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/24/2024
NAME OF FACILITY ARISTACARE AT MANCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	06/09/2024	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 4/26/2024	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 61517	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/24/2024
NAME OF FACILITY ARISTACARE AT MANCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759	

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 S0560	Correction	ID Prefix S1405	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-19.5(a)	Completed	Reg. # _____	Completed
LSC _____	06/09/2024	LSC _____	05/28/2024	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 4/26/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2024
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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759
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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) COMPLETION DATE
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K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 4/25/24 and 4/26/24, was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy</p> <p>The Nursing home is a 3- story building with a partial basement, that was built in 80's, It is composed of Type I Fire Resistant properties. The facility is divided into 10 smoke zones. The interior diesel generator does approximately 50 % of the building as per the Maintenance Director. The facility has fire hydrants that are inspected annually by the township. The facility utilizes an electric fire pump with an upto date inspection log.</p> <p>The facility has 165 certified beds. At the time of the survey the census was 144.</p>	K 000		
K 131 SS=F	<p>Multiple Occupancies CFR(s): NFPA 101</p> <p>Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following:</p> <ul style="list-style-type: none"> o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by 	K 131		5/28/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/13/2024
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
K 131	<p>Continued From page 1</p> <p>construction having a minimum two hour fire resistance rating in accordance with Chapter 8.</p> <p>o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.</p> <p>Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 4/26/24, in the presence of the U.S. FOIA (b) (6), it was determined that the facility failed to provide two-hour fire resistance-rated elements and assemblies in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.1.3.3* between the Manchester Pediatric Medical Daycare and the LTC facility. The deficient practice could affect 144 of 144 residents. This deficient practice was evidenced by the following:</p> <p>At 10:11 AM, the Surveyor and U.S. FOIA (b) (6) observed the set of doors from the Manchester Pediatric Medical Daycare to the Long Term Care section of the building. The doors were labeled each on the hinge-side of each door with a 90 minute protection rating label, but when the set of doors were closed, a 1/8 to 1/4 gap was observed between the meeting edges of the doors. The wooden set of doors was worn and damaged on the bottom edges of both doors.</p> <p>The U.S. FOIA (b) (6) stated and confirmed</p>	K 131	<p>K 131 - Multiple Occupancies - F</p> <ol style="list-style-type: none"> Facility corrected the gap between the meeting edges of the door between the Long Term Care section and the Pediatric Medical Daycare section by installing a door astragal down the center line of both doors to eliminate the gap. Maintenance also repaired the bottom edges of both doors. All residents have the potential to be affected. The Maintenance Director/designee will inspect monthly for 3 months to ensure that there is no unacceptable gap and that the facility is in compliance. Maintenance Director/designee will report any findings immediately to the administrator and to monthly 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759	
(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) COMPLETION DATE
K 131	Continued From page 2 the findings during the observations. The U.S. FOIA (b) (6) was informed of the finding at the Life Safety Code exit conference on 4/26/24. NJAC 8:39-31.1(c) NJAC 8:39-31.2(e) NFPA 101, 2012 Edition, Section 19.1.3.4.	K 131	QAPI committee x 3 months and as needed thereafter for any additional recommendations.	
K 281 SS=F	Illumination of Means of Egress CFR(s): NFPA 101 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and interviews conducted on 4/26/24, in the presence of the U.S. FOIA (b) (6) , it was determined that the facility failed to provide emergency illumination that would operate automatically along the means of egress in accordance with NFPA 101, 2012 Edition, Section 19.2.8 and 7.8. This deficient practice was observed in 2 of 4 areas and had the potential to affect 51 residents who resided at the facility and was evidenced by the following: 1). At 9:37 AM, the surveyor, in the presence of the U.S. FOIA (b) (6) observed in the occupied dayroom on floor #4, that 1-wall switch shutoff all light fixtures. 2). At 10:28 AM, the surveyor, in the presence of the U.S. FOIA (b) (6) observed in the main occupied day room, (10- residents)	K 281	K 281 - Illumination of Means of Egress - F 1. Facility corrected the areas identified - main dining area and 4th floor day room - by providing automatic illumination that is continuous in operation and not able to be shut off manually by a wall switch. Any other areas in the building affected by this deficiency were corrected as necessary. The Facility had electrician rewire all the dayroom/dining room circuits so that adequate lighting remains on in the room even when light switches are turned off.	5/28/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
K 281	<p>Continued From page 3</p> <p>that 1-wall light switches shut-off all 16 light fixtures.</p> <p>3). At 11:20 AM, the surveyor, in the presence of the [U.S. FOIA] observed in the occupied main dining room, that 2-sets of wall light fixtures shut off all 30 light fixtures.</p> <p>The areas were not provided with any illumination of the means of egress continuously in operation or capable of automatic operation without manual intervention.</p> <p>The [U.S. FOIA] both confirmed the finding's at the time of observations.</p> <p>The [U.S. FOIA (b) (6)] was informed of these findings at the Life Safety Code survey exit conference on 4/26/24.</p> <p>NFPA 101-2012 edition Life Safety Code: 7.8 Illumination of Means of Egress: 7.8.1.3* (2) NJAC 8:39-31.2(e)</p>	K 281	<p>2. All residents have the potential to be affected.</p> <p>3. The Maintenance Director/designee will inspect monthly for 3 months to ensure that there is continuous lighting without manual interventions in all the day room/ dining areas to ensure the facility is in compliance.</p> <p>4. Maintenance Director/designee will report any findings immediately to the administrator and to monthly QAPI committee x 3 months and as needed thereafter for any additional recommendations.</p>		
K 355 SS=F	<p>Portable Fire Extinguishers CFR(s): NFPA 101</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 4/26/24, in the presence of the [U.S. FOIA (b) (6)], the facility failed to provide the required instructional placards near the Class K portable</p>	K 355	<p>K 355 - Portable Fire Extinguishers - F</p> <p>1. Immediately ordered and placed the required instructional placards near the</p>	5/28/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
K 355	Continued From page 4 fire extinguisher, ensure all portable fire extinguishers were checked monthly and ready for use in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.3.5.12, 9.7.4.1 and NFPA 10, 2010 Edition. The deficient practice could affect approximately 72 of 144 residents and was evidenced by the following: On 04/26/24, at approximately 10:28 AM, an observation during the Kitchen tour revealed one K- Type fire extinguisher that did not have the required instructional placard indicating the fire protection system must be activated prior to using the fire extinguisher. The [REDACTED] was interviewed at the time of the observation, where he stated that he was unaware of that requirement. The [REDACTED] U.S. FOIA (b) (6) was informed of the finding at the Life Safety Code exit conference on 4/26/24. NJAC 8:39-31.2(e) NFPA 10 2010 edition 5.5.5.3(a)	K 355	Class K portable fire extinguisher in the kitchen area. This is isolated incident. 2. All residents have the potential to be affected. 3. The Maintenance Director/designee will inspect monthly for 3 months to ensure that the required instructional placard near the Class K portable fire extinguisher is in place and facility is in compliance. 4. Maintenance Director/designee will report any findings immediately to the administrator and to monthly QAPI committee x 3 months and as needed thereafter for any additional recommendations.		
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that	K 363		5/28/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
K 363	<p>Continued From page 5</p> <p>do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 4/26/24, in the presence of the U.S. FOIA (b) (6) (), it was determined that the facility failed to ensure that corridor doors were able to resist the passage of smoke in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5.</p> <p>This deficient practice was identified for 8 of 36 resident rooms and 2 of 6 non-resident room, observed and had the potential to affect 72 residents who resided at the facility and was evidenced by the following:</p>	K 363	<p>K 363 - Corridor - Doors - E</p> <ol style="list-style-type: none"> 1. Immediately corrected the compromised doors by fixing the warped doors, adjusting doors that did not close properly and repairing loose hardware and holes in the doors identified 2. All residents have the potential to be affected. 3. Maintenance Director/designee will inspect the corridor/ resident doors 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
K 363	Continued From page 6 During the building tour, conducted from 9:15 AM to 12:45 PM, the surveyor, in the presence of the [REDACTED] toured the facility and observed the following compromised resident room doors in the following areas: # 110: loose door hardware # 208: wood door is warped, leaving a 1/2 gap at the top. # 214: wood door is warped, leaving a 1/2 gap at the top. # 215: wood door is warped, leaving a 1/2 gap at the top. # 218: wood door is warped, leaving a 1/2 gap at the top. # 314: wood door is compromised with 8 screws on the lower right-side. # 330: door has loose hardware. # 331: door needs to be adjusted to properly close. Floor #2 pantry by the nurse station, two 1/2 holes above the hardware on the door. Floor #1 kitchenette by the nurse station, two 1/2 holes above the hardware on the door. At the time of observations, the surveyor interviewed the [REDACTED] U.S. FOIA (b) (6), who confirmed the above findings. The [REDACTED] U.S. FOIA (b) (6) was informed of the findings at the Life Safety Code exit conference on 04/26/24. NJAC 8:39-31.1(c), 31.2(e) NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5.	K 363	monthly for 3 months to ensure facility is in compliance with this deficient practice. 4. Maintenance Director/designee will report any findings immediately to the administrator and to monthly QAPI committee x 3 months and as needed thereafter for any additional recommendations.		
K 531 SS=F	Elevators	K 531		6/21/24	

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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
K 531	<p>Continued From page 7 CFR(s): NFPA 101</p> <p>Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT is not met as evidenced by: During record review on 04/25/24, in the presence of the U.S. FOIA (b) (6), it was determined that the facility failed to test and inspect the elevator's annually with the New Jersey Department of Community Affairs Division of Codes and Standards Elevator Safety Division and/or AHJ. This deficient practice had the potential to affect 144 residents who resided at the facility and was evidenced by the following: At 10:45 AM, a review of the facility's elevator inspection certificate's, revealed that 2 of 2 elevator devices #1 and #2 were last inspected 9/22/22 and were good for use until 9/22/23, and was over 7-months overdue.</p>	K 531	<p>K 531 - Elevator - F</p> <p>1. Facility paid for annual required inspection in October 2023 see Exhibit A1- A4. Facility elevator service company - New Jersey Elevator - contacted New Jersey Department of Community Affairs (DCA) numerous times to set up the annual inspection. It was finally set for February 22, 2024 but they never came to inspect- see Exhibit B1 - B3. Facility New elevator service</p>		

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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
K 531	Continued From page 8 In an interview, at 11:00 AM, the facility's [US FOIA (b)(6)] stated he will communicate with DCA to schedule an inspection as soon as possible. The observation of the signed off elevator certificate in the elevator room confirmed the inspection was not up to date and was last inspected: 9/22/22. No further documentation was provided. The [US FOIA (b)(6)] was informed of the findings at the Life Safety Code exit conference on 04/26/24. NJAC 8:39-31.2(e) NFPA 101, 2012 Edition, Section 19.5.3, 9.4.2, 9.4.3.	K 531	company - [REDACTED] - has again requested the annual inspection from DCA on June 5, 2024 - see Exhibit C1 - C3. Facility is waiting for them to come inspect. 2. All residents have the potential to be affected. 3. Maintenance Director/designee will ensure that a test and inspection of the elevators is done annually and that the facility is in compliance. 4. Maintenance Director/designee will report any findings immediately to the administrator and to monthly QAPI committee.		
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 04/26/24, in the presence of the [US FOIA (b)(6)] [REDACTED] he facility failed to ensure the guarding of live parts of electrical equipment and controls within unlocked panels in resident accessible	K 911	K 355 - Electrical Systems - E 1. Immediately locked the electrical panels identified in this deficiency.	5/28/24	

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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
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K 911	<p>Continued From page 9</p> <p>areas in accordance with NFPA 101, 2012 Edition, Section 19.5.1, 19.5.1.1, 9.1, 9.1.2, NFPA 99 2012 Edition, Section 6.3.2.1, 15.5.1.2 and NFPA 70 2011 Edition, Section 110.26, 110.27 and 110.16. This deficient practice of electrical panels not guarded against accidental contact by approved enclosures and unlocked panels in resident accessible areas for 4 of 12 open electrical panels observed. This deficient practice had the potential to affect 72 residents who resided at the facility and was evidenced by the following:</p> <p>At 11:03 AM, the surveyor and [REDACTED] observed 4 open electrical wall panels in the exit/egress corridor by the main dining room(all were marked DANGER 120/208 volts).</p> <p>The observations were confirmed by the [REDACTED] during the tour of the facility.</p> <p>The [REDACTED] U.S. FOIA (b) (6) was informed of the findings at the Life Safety Code exit conference on 04/26/24.</p> <p>NJAC 8:39-31.2(e) NFPA 70, 99</p>	K 911	<p>2. All residents have the potential to be affected.</p> <p>3. Maintenance Director/designee will inspect the electrical panels monthly for 3 months to ensure all are locked and that the facility is in compliance.</p> <p>4. Maintenance Director/designee will report any findings immediately to the administrator and to monthly QAPI committee x 3 months. QAPI committee will determine timeline of need for continued monitoring through QAPI.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315196 Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing Y2	DATE OF REVISIT 6/24/2024 Y3
NAME OF FACILITY ARISTACARE AT MANCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0131	05/28/2024	LSC K0281	05/28/2024	LSC K0355	05/28/2024
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0363	05/28/2024	LSC K0531	06/21/2024	LSC K0911	05/28/2024
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 4/26/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		