

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

PRINTED: 05/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER CAREONE AT TEANECK			STREET ADDRESS, CITY, STATE, ZIP CODE 544 TEANECK ROAD TEANECK, NJ 07666	
(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
E 000	Initial Comments 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 NJ 155949, 158851, 162976, 163790, 164500, 166683, 168298, 170251, 170584, 171165 STANDARD SURVEY: 2/29/24 CENSUS: 87 SAMPLE SIZE: 21 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. Complaint investigations were also completed during this survey. Deficiencies were cited for this survey.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on the interview and record review, it was determined that the facility failed to code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care of all residents, accurately for 1 of 21 residents reviewed (Resident # 89).	F 641	Resident number 89 MDS titled Discharge Return anticipated Section A2105 was immediately modified to reflect resident being discharged to short term general hospital on [REDACTED]. The MDS was submitted and accepted by CMS on	5/1/24

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

TITLE

(X6) DATE

Electronically Signed

03/21/2024

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 641	<p>Continued From page 1</p> <p>The deficient practice was evidenced by the following:</p> <p>The surveyor reviewed Resident # 89's records. The resident was discharged from the facility and according to the Discharge Return Anticipated MDS, an assessment tool used to facilitate the management of care, dated [REDACTED], the resident was assessed as being discharged to home or lesser care.</p> <p>A review of Resident # 89's progress notes dated [REDACTED] revealed that the resident had a transfer to hospital, as the resident had an increase in NJ EX Order, 264b1 [REDACTED] which started on [REDACTED] and the symptoms had gotten worse.</p> <p>On 2/21/24 at 10:15 AM, the surveyor interviewed the MDS Coordinator, who stated that the MDS under section A for Resident # 89 should have indicated discharge to the hospital and that it was an error that it indicated discharge to home or lesser care.</p> <p>During an interview on 2/28/24 at 1:00 PM, the surveyor brought the above concerns to the attention of the Director of Nursing and Administrator.</p> <p>A review of the policy regarding accuracy of resident assessment, reviewed 1/2/24, revealed "Any person who completes any portion of the MDS assessment, tracking form, or correction request form is required to sign the assessment certifying the accuracy of that portion of that assessment."</p>	F 641	<p>2/28/24.</p> <p>All residents in the facility have the potential to be affected by the deficient practice.</p> <p>Education was provided to the entire MDS department on accurately coding the MDS, reviewing the MDS after completion and checking for accuracy of the MDS prior to signing and submitting. A facility wide audit was completed on all residents who discharged within the last month to ensure accurate coding of the MDS</p> <p>Education was provided to the entire MDS department on accurately coding the MDS, reviewing the MDS after completion and checking for accuracy of the MDS prior to signing and submitting. A facility wide audit was completed on all residents who discharged within the last month to ensure accurate coding of the MDS in section A.</p> <p>Audits will be monitored for completion by the DON/designee weekly for 4 weeks, every two weeks for 2 months and monthly x 2 months. Audits will be discussed during Quality Assurance Performance Improvement Committee meeting. QAPI committee will determine if continued auditing is necessary once 100% compliance threshold is met for two consecutive months. This plan can be amended when indicated. Adverse findings will be immediately addressed. Findings and trends will be reported to</p>		

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F 641	Continued From page 2	F 641	QAPI Committee at least quarterly.	
F 658 SS=E	<p>NJAC 8:39-11.2(e)1 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to maintain professional standards of nursing practice for not following physician orders for 3 of 21 residents reviewed (Resident # 19, #197, and #72) and b.) failed to document for accountability of medications and treatments administered for 3 of 21 residents reviewed (Resident #72, #196, and #197). The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, 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 tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. The surveyor reviewed the medical records for</p>	F 658	<p>F <input type="checkbox"/> 658</p> <p>SS = E Resident number 19 order for the NJ EX Order: 264b1 mg NJ EX Order: 264b1 was immediately updated to reflect the column for the Supplemental documentation of the NJ EX Order: 264b1 to be entered. The primary physician was also notified of the NJ EX Order: 264b1 not being added to the order and not having proof of NJ EX Order: 264b1 being taken prior to administration of the medication before NJ EX Order: 264b1.</p> <p>Resident number 72 Primary physician was notified of the 8 times in NJ EX Order: 264b1 and NJ EX Order: 264b1 the NJ EX Order: 264b1 was given outside of the NJ EX Order: 264b1. The Primary physician was also notified of the treatments not being administered for NJ EX Order: 264b1 including the NJ EX Order: 264b1, the NJ EX Order: 264b1 cream, and the NJ EX Order: 264b1. The physician was also notified of the dates in NJ EX Order: 264b1 when the nurse did document the NJ EX Order: 264b1 cream and the NJ EX Order: 264b1.</p>	5/1/24

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F 658	<p>Continued From page 3</p> <p>Resident #19 and revealed the following:</p> <p>According to the [REDACTED] Order Summary Report (OSR) for Resident #19 had an order dated [REDACTED] for [REDACTED] Oral Tablet [REDACTED] MG, Give [REDACTED] tablet by mouth [REDACTED] times a day for [REDACTED], Hold for [REDACTED] [REDACTED] > or equal to [REDACTED]</p> <p>The [REDACTED] electronic Medication Administration Records (eMAR) revealed that the order was written without a specified column to check the [REDACTED] and there was no proof that [REDACTED] was taken at the time that [REDACTED] was administered.</p> <p>On 2/28/24 at 10:39 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #1), who stated the resident's [REDACTED] was supposed to be checked prior to administration of [REDACTED], but after reviewing the eMAR, the LPN stated that nothing had come up which requested the resident's [REDACTED] was to be taken and she was not able to prove if [REDACTED] had ever been taken time of administration of the [REDACTED] for Resident #19.</p> <p>2. The surveyor reviewed the medical records for Resident #72 and revealed the following:</p> <p>According to the [REDACTED] OSR sheet, Resident #72 had an order dated [REDACTED] for [REDACTED] mg [REDACTED] times a day with parameters to hold the medication when the [REDACTED] is more than [REDACTED]</p> <p>The [REDACTED] and [REDACTED] eMAR revealed several dates the nurse gave the</p>	F 658	<p>[REDACTED]. For [REDACTED] the physician was notified of the [REDACTED] side effect tracking for the [REDACTED] and the [REDACTED], and the [REDACTED] not being documented.</p> <p>Resident number 196 and 197 were no longer at the center, however an audit was completed on residents Mars/Tars for missing signatures. And an audit was run on vasopressors to identify [REDACTED] being administered outside of holding parameters or being administered outside of the ordered times and pharmacy recommendations. All residents in the facility have the potential to be affected by the deficient practice. The Director of Nursing/designee conducted re-education to RNs and LPNs on documenting all medication and treatments administered to each resident in the medication administration record immediately after the medication or treatment is administered. The documentation of medication/treatment includes a minimum of the reason a medication/treatment was withheld, not administered, or refused.</p> <p>The Director of Nursing (and designee) conducted Audits of all residents [REDACTED] mars and tars for [REDACTED].</p> <p>The Director of Nursing (and designee) conducted audits of all residents with [REDACTED] orders, to ensure parameters and vital sign documentation is present. Audits will be monitored for completion by the DON/designee weekly for 4 weeks, every two weeks for 2</p>	

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F 658	<p>Continued From page 4</p> <p>NJ EX Order. 264b1 MG medication when the resident's NJ EX Order. 264b1 was above NJ EX Order. 264b1</p> <p>NJ EX Order. 264b1 MG was given when the NJ EX Order. 264b1 was above NJ EX Order. 264b1 by the 3-11 nurse on 1/11/24, 1/13/24, 1/19/24, and 2/11/24 and by the 7-3 nurse on 1/29/24, 1/30/24, 2/3/24, and 2/16/24.</p> <p>The surveyor interviewed LPN#2 on 2/22/24 at 10:48 AM. LPN#2 stated that the medication should not be given if it is outside of the ordered parameters.</p> <p>According to the NJ EX Order. 264b1 OSR, Resident #72 had physician orders for NJ EX Order. 264b1 to the NJ EX Order. 264b1 cream to the NJ EX Order. 264b1 treatments, and NJ EX Order. 264b1 therapy.</p> <p>The NJ EX Order. 264b1 electronic Treatment Administration Record (eTAR) revealed that the evening shift nurse did not document the treatment on NJ EX Order. 264b1 of the following:</p> <ol style="list-style-type: none"> NJ EX Order. 264b1 wipes are to be applied topically to the NJ EX Order. 264b1 every day and evening shift for NJ EX Order. 264b1 Apply NJ EX Order. 264b1 cream every shift for protection to the NJ EX Order. 264b1 post-care. Apply NJ EX Order. 264b1 cream every shift for protection to the NJ EX Order. 264b1 post-care. Apply NJ EX Order. 264b1 cream every shift for protection to the NJ EX Order. 264b1 post-care. NJ EX Order. 264b1 therapy every shift for NJ EX Order. 264b1 <p>According to NJ EX Order. 264b1 OSR, Resident #72 had physician orders for NJ EX Order. 264b1 mg capsule by mouth in the evening, NJ EX Order. 264b1 mg by</p>	F 658	<p>months and monthly x 2 months. Audits will be discussed during Quality Assurance Performance Improvement Committee meeting. QAPI committee will determine if continued auditing is necessary once 100% compliance threshold is met for two consecutive months. This plan can be amended when indicated. Adverse findings will be immediately addressed. Findings and trends will be reported to QAPI Committee at least quarterly.</p> <p>All residents in the facility have the potential to be affected by the deficient practice</p> <p>The Director of Nursing/designee conducted re-education to RNs and LPNs on documenting all medication and treatments administered to each resident in the medication administration record immediately after the medication or treatment is administered. The documentation of medication/treatment includes a minimum of the reason a medication/treatment was withheld, not administered, or refused.</p> <p>The Director of Nursing (and designee) conducted Audits of all residents' <input type="checkbox"/> mars and tars for NJ EX Order. 264b1.</p> <p>The Director of Nursing (and designee) conducted audits of all residents with NJ EX Order. 264b1 orders, to ensure parameters and NJ EX Order. 264b1 documentation is present.</p> <p>Audits will be monitored for completion by the DON/designee weekly for 4 weeks,</p>

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F 658	<p>Continued From page 5</p> <p>mouth in the evening, pain score every shift, NJ EX Order. 264b1 and NJ EX Order. 264b1 side effect tracking every shift, and NJ EX Order. 264b1 ointment one time a day for NJ EX Order. 264b1 apply to the NJ EX Order. 264b1 NJ EX Order. 264b1 wipes are to be applied topically to the NJ EX Order. 264b1 every day shift for NJ EX Order. 264b1 care, apply NJ EX Order. 264b1 cream every shift for protection to the NJ EX Order. 264b1 and NJ EX Order. 264b1 post-care, and NJ EX Order. 264b1 therapy.</p> <p>The NJ EX Order. 264b1 eMAR revealed that on NJ EX Order. 264b1 the evening shift nurse did not document the following medications:</p> <ol style="list-style-type: none"> NJ EX Order. 264b1 mg capsule by mouth in the evening. NJ EX Order. 264b1 mg capsule by mouth in the evening. NJ EX Order. 264b1 score every shift. NJ EX Order. 264b1 side effect tracking every shift. NJ EX Order. 264b1 side effect tracking every shift. NJ EX Order. 264b1 ointment one time a day for NJ EX Order. 264b1 apply to the NJ EX Order. 264b1 NJ EX Order. 264b1 ointment one time a day for NJ EX Order. 264b1 apply to the NJ EX Order. 264b1 <p>The NJ EX Order. 264b1 eTAR revealed that on NJ EX Order. 264b1, the day shift nurse did not document the following treatments:</p> <ol style="list-style-type: none"> NJ EX Order. 264b1 wipes are to be applied topically to the NJ EX Order. 264b1 every day shift for NJ EX Order. 264b1 care. Apply NJ EX Order. 264b1 cream every shift for protection to the NJ EX Order. 264b1 post-care. Apply NJ EX Order. 264b1 cream every shift for protection to the NJ EX Order. 264b1 post-care. Apply NJ EX Order. 264b1 cream every shift for protection to the NJ EX Order. 264b1 post-care. NJ EX Order. 264b1 therapy every shift NJ EX Order. 264b1 	F 658	<p>every two weeks for 2 months and monthly x 2 months. Audits will be discussed during Quality Assurance Performance Improvement Committee meeting. QAPI committee will determine if continued auditing is necessary once 100% compliance threshold is met for two consecutive months. This plan can be amended when indicated. Adverse findings will be immediately addressed. Findings and trends will be reported to QAPI Committee at least quarterly.</p>	

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F 658	<p>Continued From page 6 therapy.</p> <p>3. The surveyor reviewed the medical records for Resident #196 and revealed the following:</p> <p>According to the NJ EX Order, 264b1 OSR, Resident #196 had physician orders for quetiapine NJ EX Order, 264b1 mg tablet by mouth at bedtime, NJ EX Order, 264b1 every shift, NJ EX Order, 264b1 score every shift, NJ EX Order, 264b1 side effect tracking every shift, vital signs every shift, NJ EX Order, 264b1 apply to NJ EX Order, 264b1 area topically every day shift for NJ EX Order, 264b1 care, and NJ EX Order, 264b1 four times a day.</p> <p>The NJ EX Order, 264b1 eMAR revealed that on 12/15/23, the evening shift nurse did not document the following:</p> <ol style="list-style-type: none"> NJ EX Order, 264b1 mg tablet by mouth at bedtime. NJ EX Order, 264b1 every shift. NJ EX Order, 264b1 every shift. NJ EX Order, 264b1 side effect tracking every shift. NJ EX Order, 264b1 every shift. <p>The NJ EX Order, 264b1 eTAR revealed that on 12/21/23 and 12/27/23 respectively, the day and evening shift nurse did not document the following:</p> <ol style="list-style-type: none"> NJ EX Order, 264b1 is applied topically to the NJ EX Order, 264b1 area every day shift for NJ EX Order, 264b1 care. NJ EX Order, 264b1 four times a day. 	F 658			

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F 658	Continued From page 7 4. The surveyor reviewed the medical records for Resident #197 and revealed the following: According to the [REDACTED] OSR sheet, Resident #197 had an order dated [REDACTED] for [REDACTED] mg every [REDACTED] hours with parameters to hold the medication when the [REDACTED] is more than [REDACTED]. Do not administer after the evening meal or [REDACTED] hours from bedtime to avoid [REDACTED]. The [REDACTED] eMAR revealed that on 4/14/23, 4/15/23, 4/16/23, and 4/17/23, the [REDACTED] mg was given without the [REDACTED] written in the order. The [REDACTED] eMAR revealed that on 4/14/23, 4/15/23, 4/16/23, and 4/17/23, the [REDACTED] mg was given at 2200 (10:00 PM) [REDACTED] hours from bedtime. The [REDACTED] eMAR revealed that on 4/14/23, 4/15/23, 4/16/23, and 4/17/23, the [REDACTED] mg was given at 2200 after the evening meal or [REDACTED] hours from bedtime. The [REDACTED] eMAR revealed that the [REDACTED] mg was not documented on 4/14/23 at 1400 (2:00 PM), 4/15/23 at 0600 (6:00 AM), and 4/17/23 at 1400 (2:00 PM) and 2200. According to the [REDACTED] OSR sheet, Resident #197 had an order dated 4/18/2023 for [REDACTED] mg every [REDACTED] hours with parameters to hold the medication when the [REDACTED] is more than [REDACTED]. Do not give after 8:00 PM.	F 658			

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F 658	<p>Continued From page 8</p> <p>The [REDACTED] eMAR revealed that on 4/18/23, 4/19/23, and 4/20/23, the [REDACTED] mg was given at 2200 after 8:00 PM.</p> <p>The [REDACTED] eMAR revealed that the [REDACTED] mg was not documented on 4/20/23 at 1400.</p> <p>According to the [REDACTED] OSR sheet, Resident #197 had a physician order of [REDACTED] mg by mouth two times a day, vital signs every shift, [REDACTED] ointment to the [REDACTED] every day, [REDACTED] apply to [REDACTED] region topically every shift, [REDACTED] times a day.</p> <p>The [REDACTED] eMAR revealed that the [REDACTED] was not documented on 4/13/23 at 1800 (6:00 PM) and 2200.</p> <p>The [REDACTED] eMAR revealed that on 4/14/23 and 4/20/23, the day shift nurse did not document the [REDACTED] signs every shift.</p> <p>The [REDACTED] eTAR revealed that there were several dates that the nurse did not document the treatments was done on the following dates:</p> <ol style="list-style-type: none"> [REDACTED] ointment to the [REDACTED] every day on 4/14/23, 4/17/23, and 4/20/23 on day shift. [REDACTED] paste [REDACTED] apply to the [REDACTED] region topically every shift on 4/14/23 on the day shift. [REDACTED] (four) times a day on 4/13/23 at 1800 and 2200, on 4/14/23 at 1000 (8:00 AM) and 1400, and on 4/17/23 at 1000 and 1400. 	F 658			

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F 658	Continued From page 9 On 2/28/24 at 12:56 PM, the surveyors discussed the above concerns with the Administrator, Director of Nursing (DON), and interim DON. There was no information provided. A review of the facility's policy titled "Documentation of Medication Administration" with a revised date of November 2022 indicated under "Policy Interpretation and Implementation 1. A nurse or certified medication aide (where applicable) documents all medications administered to each resident on the resident's medication administration record (MAR). The medication administration record may be a paper record or an electronic equivalent. 2. Administration of medication is documented immediately after it is given. 3. Documentation of medication administration includes, as a minimum: f. reason(s) why a medication was withheld, not administered, or refused (as applicable); g. initials, signature, and title of the person administering the medication."	F 658			
F 842 SS=D	NJAC 8:39-27.1(a) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §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.	F 842		5/1/24	

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NAME OF PROVIDER OR SUPPLIER CAREONE AT TEANECK			STREET ADDRESS, CITY, STATE, ZIP CODE 544 TEANECK ROAD TEANECK, NJ 07666		
(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 842	Continued From page 10 §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §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- (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. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when	F 842			

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F 842	<p>Continued From page 11</p> <p>there is no requirement in State law; or</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> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, and record review, it was determined the facility failed to follow professional standards and practices to accurately document in the medical record the status of a resident's progress or changes in his/her condition. The resident was transferred from the facility to the hospital. The concern was cited for 1 (Resident #199) of 21 residents reviewed and is evidenced by the following:</p> <p>Resident #199 is not in the facility and will investigate the closed record and conduct interviews.</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 (ii) accurately documented. The medical record must contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of</p>	F 842	<p>Resident number 199 no longer resides in the facility; however, a review of the nursing documentation and the maintenance of medical records were reviewed with the nursing department and included the medical records designee/staff. The facility policy for charting and documentation and acute condition changes were reviewed by the nursing leadership team.</p> <p>All residents in the facility have the potential to be affected by the deficient practice.</p> <p>The Director of Nursing provided re-education to the entire nursing department (RNs and LPNs) on accurate and timely documentation when there is a</p>		

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F 842	<p>Continued From page 12</p> <p>the resident's progress, including his/her response to treatments and/or services, and changes in his/her condition, plan of care goals, objectives and/or interventions.</p> <p>A review of the 5 Day 5/1/23 Minimum Data Set (MDS), a facility assessment tool, revealed the resident's Brief Interview for Mental Status (BIMS) NJ EX Order: 26461 indicating NJ EX Order: 26461. The admission record indicated the resident was admitted to the facility with diagnoses that included but were not limited to NJ EX Order: 26461</p> <p>A review of the nursing progress notes revealed missing nursing documentations for NJ EX Order: 26461, and NJ EX Order: 26461, the day the resident was transferred to the hospital.</p> <p>On 2/20/23 at 1:50 PM, the surveyor discussed the concerns of lack of nursing documentation for Resident #199 on the day of change in condition NJ EX Order: 26461, with Director of Nursing (DON) in training, sitting DON/Regional Clinical Services, and the Licensed Nursing Home Administration (LNHA). The surveyor requested from the facility for any additional documentations, grievances, or investigations during the resident's stay.</p> <p>On 2/22/24 at 10:00AM, the DON and LNHA provided documentation of the timeline on the day resident was transferred to the hospital. The timeline revealed that on NJ EX Order: 26461 the resident was transferred on NJ EX Order: 26461 at 7:30 AM via 911 ambulance for complaint of NJ EX Order: 26461. The resident was admitted with NJ EX Order: 26461 and</p>	F 842	<p>change in resident's condition.</p> <p>The Director of Nursing (and designee) conducted an audit for all residents who had a change in condition in the last 30 days, to ensure appropriate documentation in the EHR.</p> <p>The Director of Nursing (and designee) conducted an audit for all residents who were transferred out to the hospital in the last 30 days to ensure appropriate documentation in the EHR, was completed for the changes in the residents' condition.</p> <p>Audits of residents who experience a change in condition, will be monitored for completion by the DON/designee weekly for 4 weeks, every two weeks for 2 months and monthly x 2 months. Audits will be discussed during Quality Assurance Performance Improvement Committee meeting. QAPI committee will determine if continued auditing is necessary once 100% compliance threshold is met for two consecutive months. This plan can be amended when indicated. Adverse findings will be immediately addressed. Findings and trends will be reported to QAPI Committee at least quarterly.</p>		

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

PRINTED: 05/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
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F 842	<p>Continued From page 13</p> <p>NJ EX Order: 26461 The timeline provided was not documented in the resident's EHR.</p> <p>On 2/23/24 at 9:50 AM, interviewed the sitting DON regarding nursing documentation and the DON stated, "It is the expectation that nursing will document every shift in the EHR under the progress notes." The surveyor reviewed with the DON and the LNHA, the missing nursing documentations on NJ EX Order: 264b1 and NJ EX Order: 26461. The professional standards of practices §483.70(i)(1), mentioned above was also reviewed with the DON and the LNHA.</p> <p>On 2/28/24 at 10:40 AM, interviewed the LPN on the 1027 floor, the LPN stated, "We do skilled nursing notes, we should document on residents that has something going on. I document on residents that go out, when the doctor was notified and of course the family and who I spoke to. I document on how the resident was transported, the reason that they're going out. I try to document on all the residents daily."</p> <p>The surveyor reviewed the current facility policy and procedures titled Charting and Documentation revised 5/27/22 and Acute Condition Changes revised 3/2018, which revealed "The following information is to be documented in the resident medical record: Changes in the resident's condition."</p> <p>NJAC 8:39-35.2(d)</p>	F 842			

New Jersey Department of Health

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S 000	Initial Comments Complaint #NJ 163790, 155949, 164500. 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 155949, 164500, 163790 Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey. Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18	S 560	The facility continues to follow a recruitment plan to attract Certified Nurse Assistant staff. Leadership has met and will continue to meet on an ongoing basis to identify staffing challenges and areas of improvement for licensed certified nursing needs. Staffing coordinator to meet with the DON 5 days a week to discuss opening Census and the state ratio requirements for Certified nursing assistance. All residents in the facility have the potential to be affected by this practice.	4/30/24

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

Electronically Signed

TITLE

(X6) DATE

03/21/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift.</p> <p>(2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties, and</p> <p>(3) one direct 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 certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than</p>	S 560	<p>The Director of Nursing conducted an audit of staffing schedules with the current facility census to ensure fulfillment of staffing requirements per shift.</p> <p>Ongoing efforts to recruit are in place and will be revised according to the center needs.</p> <p>The facility has implemented an incentive program including referral bonuses for employees referring staff where appropriate.</p> <p>Recruitment and referral of unlicensed individuals to the Company <input type="checkbox"/>s Certified Nursing Assistant training course in Bergen County.</p> <p>The facility will conduct Job fairs with immediate interviews and contingency offers with an expedited onboarding process of new hires.</p> <p>The DON/designee will meet with the staffing coordinator daily to review call outs and facility census vs staffing needs. The DON/designee will monitor ratios weekly until the requirement is met. Audits will be discussed during Quality Assurance Performance Improvement Committee meeting. QAPI committee will determine if continued auditing is necessary once 100% compliance threshold is met for two or more consecutive months. This plan can be amended when indicated. Adverse findings will be immediately addressed. Findings ad trends will be reported to QAPI committee at least quarterly.</p>	
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New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Reports for 16 weeks of staffing for 4 distinct time periods received from facility administration during the 2/29/2024 Standard survey with Complaints revealed deficient staffing ratios as evidenced by the following:</p> <p>For the week of Complaint staffing from 5/29/2022 to 6/4/2022, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:</p> <ul style="list-style-type: none"> - 5/29/22 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. - 6/2/22 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. <p>For 4 weeks of Complaint staffing from</p>	S 560		
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New Jersey Department of Health

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S 560	<p>Continued From page 3</p> <p>04/09/2023 to 05/06/2023, the facility was deficient in CNA staffing for residents on 8 of 28 day shifts as follows:</p> <ul style="list-style-type: none"> - 4/9/23 had 7 CNAs for 74 residents on the day shift, required at least 9 CNAs. - 4/14/23 had 9 CNAs for 79 residents on the day shift, required at least 10 CNAs. - 4/22/23 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs. - 4/23/23 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. - 4/28/23 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs. - 5/1/23 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs. - 5/4/23 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs. - 5/6/23 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. <p>For 9 weeks of Complaint staffing from 10/1/2023 to 12/2/2023, the facility was deficient in CNA staffing for residents on 31 of 63 day shifts as follows:</p> <ul style="list-style-type: none"> - 10/7/23 had 9 CNAs for 80 residents on the day shift, required at least 10 CNAs. - 10/8/23 had 9 CNAs for 80 residents on the day shift, required at least 10 CNAs. - 10/9/23 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. - 10/10/23 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. - 10/13/23 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. - 10/14/23 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. - 10/15/23 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. 	S 560		

New Jersey Department of Health

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S 560	<p>Continued From page 4</p> <ul style="list-style-type: none"> - 10/16/23 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. - 10/17/23 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs. - 10/21/23 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs. - 10/22/23 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs. - 10/23/23 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs. - 10/26/23 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. - 10/27/23 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. - 10/29/23 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. - 10/30/23 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs. - 10/31/23 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. - 11/1/23 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. - 11/2/23 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. - 11/3/23 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs. - 11/5/23 had 8 CNAs for 81 residents on the day shift, required at least 10 CNAs. - 11/10/23 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. - 11/12/23 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. - 11/15/23 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. - 11/18/23 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. - 11/19/23 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs. - 11/20/23 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. 	S 560		

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S 560	<p>Continued From page 5</p> <ul style="list-style-type: none"> - 11/22/23 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. - 11/24/23 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. - 11/26/23 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs. - 11/28/23 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. <p>For 2 weeks of staffing prior to the Standard Survey from 1/28/2024 to 2/10/2024, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> - 1/28/24 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs. - 1/29/24 had 8 CNAs for 93 residents on the day shift, required at least 12 CNAs. - 1/30/24 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. - 2/2/24 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. - 2/3/24 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. - 2/4/24 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. - 2/5/24 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs. - 2/6/24 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs. - 2/8/24 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. - 2/10/24 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. <p>The surveyor reviewed the facility policy and procedure for Staffing, Sufficient and Competent Nursing (revised August 2022) which was provided by the Director of Nursing (DON). Step 7 of the policy interpretation and implementation</p>	S 560		

New Jersey Department of Health

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S 560	<p>Continued From page 6</p> <p>indicated minimum staffing requirements imposed by the State are adhered to when determining staff ratios.</p> <p>On 2/29/24 at 1:15 p.m. the surveyor discussed with the DON and the Administrator the shifts which were below the minimum staffing ratios.</p>	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 02002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/2/2024
NAME OF FACILITY CAREONE AT TEANECK		STREET ADDRESS, CITY, STATE, ZIP CODE 544 TEANECK ROAD TEANECK, NJ 07666

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	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/30/2024	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 2/29/2024
 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 02002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/2/2024
Y1	Y2	Y3
NAME OF FACILITY CAREONE AT TEANECK		STREET ADDRESS, CITY, STATE, ZIP CODE 544 TEANECK ROAD TEANECK, NJ 07666

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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 _____	04/30/2024	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 2/29/2024
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