New Jersey Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.11.5 1 27.11 0			A. BUILDING: _			
		20A105	B. WING		C 11/06/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CONTINUI	NG CARE AT LANTERN	HILL	TAIN AVENUE VIDENCE, NJ	07974		
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A 000	Initial Comments		A 000			
	New Jersey Administ Standards for Licensi Residences, Compre	n substantial compliance with rative Code, Chapter 8:36, ure of Assisted Living hensive Personal Care Living Programs, based on				
A 310	1. Ensuring the c	or designee shall be ot limited to, the following:	A 310			
	This REQUIREMENT by: Complaint #: NJ0016	is not met as evidenced				

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

TITLE

(X6) DATE

12/01/23

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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A 310	Continued From page) 1	A 310			
	Based on interview are determined that the fairmplement a comprehe (HSP) that included the required for its review quarterly basis and as resident's change in condition, Resident #2. This deficient practice following: On 11/6/2023 at 1:15 Resident #2's Medical documented that the	acility failed to develop and hensive Health Service Plan he appropriate time frame of and revision, at least on a seneded based on condition, for 1 of 3 residents in behavioral pattern and 2. The was evidenced by the p.m., the surveyor reviewed all Record (MR) which resident was admitted to the with diagnoses which				
	Service Plan (HSP)" which revealed that the and west order 2046, but dressing, bathing, and During an interview of the Administrator stationident occurred wheelight is so she notified the dothere was a medical is continued to say "Resinteractions were becomes and "Date of the say and the say "Resinteractions were becomes and "Date of the say and the say "Resinteractions were becomes and "Date of the say and the say "Resinteractions were becomes and "Date of the say a	n needed assistance with d transferring. n 11/6/2023 at 10:18 a.m., ed when the en Resident #2 attempted to e staff member called her, octor [physician] to see if ssue with him/her. She sident #2's estimate to finterventions, and				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 310	Continued From page	e 2	A 310			
	Resident #2 had a his now [was] getting	story of NJ EX Order. 264b1, [but]				
	Director of Nursing (I service plan is [the] wholistic care plan (CP person-centeredhogeneral service plan holistic. [The] GSP wnursing interventions [the] pulled service planesident at that time, The DON continued to care plansthe HSP The RN assessment service plan." [The] For Living) Manager significant and written." During an interview and Administrator stated to the whole service plan.	blistic is very thorough, the (GSP) is pulled from the will show well and and and when the will show well and w				
	expressions there During an interview a Administrator, in the p	presence of the DON,				
		terventions or follow-up				
	p.m., in the presence Administrator stated t	vith the Administrator at 3:54 of the DON, the that the care plan generates DON said, "[the] RN signs off				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		OOMI LETED	
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A 310	Continued From page	3	A 310			
	every 6 months."					
	documented evidence had a behavioral HSF evidence that the HSF incident when hit a CNA while provide resident's care. A review of the policy Assisted Living/Memory Date: 4/2023" reveal will be residing in eith Memory Care neighbound assessed at time every 6 months and/ochange of condition to according to [facility] regulationsProced resident will be re-ass and Wellness Managocare needs and provide [facility] policy and statements of the series of the seri	orhoods will be evaluated of admission,				
		the policy titled with a Version Date: 5/2021 cope: Each guest/resident				
	will have an individua	lized Care/Service plan				
	guest/resident prefere	vice Plans will include ences, strengths, routines,				
	•	preferences and choices asProcedure: Assisted				
		revealed15. Care/Service by hand in-between				
	assessments/care/se	rvice plans. A. Care/Service be reviewed and/or revised,				

New Jersey Department of Health						
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
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				DEFICIENCY)		
A 310	Continued From page	Continued From page 4				
	as applicable, at the f					
		er admission/readmission [,]				
	-	n of the My Health and				
		mally very [every] 60 days				
		he completion of the Holistic				
		x months [,] iv. With any				
	significant change of	condition [,] v. In				
	accordance with state	e specific regulations. 16.				
	Each individual reside	ent's Service package/Care				
	Level will be reviewed	d with each assessment and				
	may be altered based	d on assessment. 17.				
		view will include input from				ı
	the guest/resident, re-	·				ı
	•	. 18. All interdisciplinary				
	team members will do					
	updates/changes on o					
		apartment or designated				
	_	nd review updated with				
		•				
		ociate. 19. Documentation				
		owed when documenting				
		., sign/date each entry,				
	• •	r items that have been				
	discontinued etc.)"	'				
	·					
	,	iews with the Administrator				
	and the DON and the	review of facility policies				
	and procedures on He	olistic Assessment and the				
	Care/Services Plan, o	confirmed that there is no				
	separate HSP and tha	at the RN and the AL				
	Manager sign this "ho	olistic" service plan every six				
		ory requirements, however,				
		ew and revision of the HSP				
	•	ed at least on a quarterly				
		for resident's condition				
	changes.	.s. rootdones condition				
	onanges.					
	N I A C + 0.00 7 0 /-)/b)/a)				
	N.J.A.C.: 8:36-7.3 (a))(p)(c)				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
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IAG	REGOLATORY OF	Lee Berri Tine in Grammien	IAG	DEFICIENCY)	W/ (12
A 709	Continued From page	e 5	A 709		
A 709	8:36-7.2(d)(1-18) Resident Assessments and		A 709		
	Care Plans				
	(d) Each health care	assessment by the			
	registered professional nurse shall include, at a				
	minimum, evaluation	of the following:			
	1 Nood for again	stance with "estivities of daily			
	Need for assistance with "activities of daily living";				
	living;				
	2. Cognitive patterns;				
	3. Communication/hearing patterns;				
	4. Vision patterns	s;			
	5. Physical functi	ioning and structural			
	problems;				
	6. Continence;				
	7. Psychosocial v	well heing:			
	7. 1 Sychosocial v	well-bellig,			
	8. Mood and beh	navior problems;			
	9. Activity pursuit	t patterns;			
	10. Disease diag	noses;			
		tions and preventive health			
	measures, including, but not limited to	, pain, falls, and lifestyle;			
	12. Oral/nutrition	al status;			
	13. Oral/dental s	tatus;			
	14. Skin conditio	ne:			
	14. SKIII CONDIIIO	110,			

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A 709	Continued From page	÷ 6	A 709			
	15. Medication u	se;				ı
	16. Special treatment and procedures;					İ
	17. Restraint use	<i>t</i> ;				
	18. Outside servi	ice utilization.				ı
						ı
	by: Complaint #: NJ0016 Based on interview at 11/6/2023, it was dete to have an assessme Nurse (RN) for 1 of 3					
	the Medical Record (I documented that the	p.m., the surveyor reviewed MR) of Resident #2 which resident was admitted to the with diagnoses which of limited to,				
	Service Plan (HSP), or revealed that the residual	dent was oriented and er, the resident needed				
		sident #2's MR revealed a ical Notes Report (CNR)" N, dated ^{WEX Order 20401} and				

A 709 Continued From page 7 timed 02:53 p.m., which documented, " this writer was notified by the nurse to go to AL (Assisted Living) to assist resident with the transfer to ER (Emergency Room) for Leval. (Evaluation) due to behavior during morning resident hit staff. Dr. (Doctor) [Medical Director (MD)] and family was made aware, Ambulance called, EMS (Emergency Medical Service) arrived, resident became calm and refused to go to Hospital. MD provided scrip (prescription) with the order to send resident out. Resident did not go to ER." During an interview with the Administrator on 11/6/2023 at 1:28 p.m., the surveyor asked if Resident #2 was assessed by the nurse after the level of the resident on the resident attempted to hit the CNA while providing morning care to the resident on the resident on the Administrator replied, "the nurse did assess, he/she wasn't medically complex." During surveyor's interview with the Director of Nursing (DON) at 2:12 p.m., the DON stated that the RN assessment is embedded in the holistic service plan and that the RN signs off on it. The DON stated that updates are handwritten. When	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE \$37 MOUNTAIN AVENUE NEW PROVIDENCE, NJ 07974 (A) 10 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 709 Continued From page 7 Timed 02:53 p.m., which documented, " this writer was notified by the nurse to go to AL (Assisted Living) to assist resident with the transfer to ER (Emergency Room) for leading and aware, Ambulance called, EMS (Emergency Room) for leading morning resident bit stansfer to ER (Emergency Room) or leading and aware, Ambulance called, EMS (Emergency Rodical Service) arrived, resident became calm and refused to go to Hospital. MD provided scrip (prescription) with the order to send resident out. Resident did not go to ER." During an interview with the Administrator on 11/6/2023 at 1:28 p.m., the surveyor asked if Resident #2 was assessed by the nurse after the leading the pheavior incident, when the resident attempted to hit the CNA while providing morning care to the resident on late of the pheavior incident, when the resident attempted to hit the CNA while providing morning care to the resident on late of the pheavior incident, when the resident attempted to hit the CNA while providing morning care to the resident on late of the pheavior incident, when the resident attempted to hit the CNA while providing morning care to the resident on late of the pheavior incident with the Director of Nursing (DON) at 2:12 p.m., the DON stated that the RN assessment is embedded in the holistic service plan and that the RN signs off on it. The DON stated that updates are handwritten. When				A. BUILDING:			
CONTINUING CARE AT LANTERN HILL CAN ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE A 709			20A105	B. WING		1	
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NEW PROVIDENCE, NJ 07974 SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	CONTINU	ING CARE AT I ANTERN	HILI	ITAIN AVENUE			
REGULATORY OR LSC IDENTIFYING INFORMATION) A 709 Continued From page 7 timed 02:53 p.m., which documented, " this writer was notified by the nurse to go to AL. (Assisted Living) to assist resident with the transfer to ER (Emergency Room) for Eval. (Evaluation) due to behavior during morning resident hit staff. Dr. (Doctor) [Medical Director (MD)] and family was made aware, Ambulance called, EMS (Emergency Room) for example of the called to go to Hospital. MD provided scrip (prescription) with the order to send resident out. Resident did not go to ER." During an interview with the Administrator on 11/6/2023 at 1:28 p.m., the surveyor asked if Resident #2 was assessed by the nurse after the behavior incident, when the resident attempted to hit the CNA while providing morning care to the resident on The Administrator replied, "the nurse did assess, he/she wasn't medically complex." During surveyor's interview with the Director of Nursing (DON) at 2:12 p.m., the DON stated that the RN assessment is embedded in the holistic service plan and that the RN signs off on it. The DON stated that updates are handwritten. When		THE SAIL AT EARTERN	NEW PRO	VIDENCE, NJ	T		
timed 02:53 p.m., which documented, " this writer was notified by the nurse to go to AL (Assisted Living) to assist resident with the transfer to ER (Emergency Room) for Eval. (Evaluation) due to behavior during morning resident hit staff. Dr. (Doctor) [Medical Director (MD)] and family was made aware, Ambulance called, EMS (Emergency Medical Service) arrived, resident became calm and refused to go to Hospital. MD provided scrip (prescription) with the order to send resident out. Resident did not go to ER." During an interview with the Administrator on 11/6/2023 at 1:28 p.m., the surveyor asked if Resident #2 was assessed by the nurse after the behavior incident, when the resident attempted to hit the CNA while providing morning care to the resident on The Administrator replied, "the nurse did assess, he/she wasn't medically complex." During surveyor's interview with the Director of Nursing (DON) at 2:12 p.m., the DON stated that the RN assessment is embedded in the holistic service plan and that the RN signs off on it. The DON stated that updates are handwritten. When	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
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surveyor asked for the facility's RN assessment policy, the DON stated that the facility do not have RN assessment policy. During a second interview with the DON at 3:16 p.m., in the presence of the Administrator, the DON stated that assessments are included and documented in the nurse's note. The DON stated that there were no separate forms to document an assessment, and no standard facility RN assessment form used.	A 709	timed 02:53 p.m., wh writer was notified by (Assisted Living) to a transfer to ER (Emergency Living) to a transfer to ER (Emergency Living) Eval. (E behavior during morn (Doctor) [Medical Dirmade aware, Ambula (Emergency Medical became calm and ref provided scrip (presc send resident out. Robuston at the service of the resident of the care to the resident of the Administrator replied he/she wasn't medical became to the resident of the RN assessment is service plan and that DON stated that upda surveyor asked for the policy, the DON stated that upda surveyor asked for the policy, the DON stated that assed documented in the nut that there were no sean assessment, and	tich documented, " this the nurse to go to AL ssist resident with the gency Room) for valuation) due to valuation due to valuation due to valuation due to due	A 709			

New Jersey Department of Health						
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A 709	Continued From page	e 8	A 709			
	. •					
	Wellness Review (MI					
		signed by the AL Manager,				
		d on NJ EX Order. 264b1 at 4:11 p.m.,				
	indicated, "Brief sumr	mary of this review period:				
	I have tendencies of	of saying ^{NJ EX Order. 264b1}				
	both residents and st	aff. There have been				
	conversations about l	how this is not kind or				
	respectful. I sometime	es will say I am upset at the				
	situation, not the indiv	vidual. I don't like to have to				
	remind my care team	of my preferences, it				
	escalates me. I'm ver	ry vocal about things that I				
	do not like. I am the	NJ EX Order. 264b1				
	and take a lot of pride	e and responsibility in my				
	NJ EX Order. 264b1 for o	others. My NJ EX Order. 264b1 visit me				
	often. I will ask staff f	or my tea and need it				
	promptly."	•				
	,					
	Further review of the	MHWR dated NEX Order.				
		a brief summary of changes				
	in my goals, NJ EX					
		riod: I have been up at night				
		sometimes need to get up				
		etween 4-6 am, I have				
	tendencies to be					
		nd residents, I will need my				
		through these situations				
	when they arise. I'm	•				
		ome escalated easily and				
		and can become verbally				
		e MHWR notes indicated				
	that the resident was					
		to others, including to staff				
	at the time on NJ EX Order. 2	660				
	at the time on					
	During an interviewe	with the Administrator on				
	_	vith the Administrator on				
	-	n. when asked if Resident #2				
	_	nurse after Resident #2				
		CNA who was providing care				
	and assisting the resi					
	Administrator replied,	, "the nurse did assess,				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		20A105	B. WING		11/0	6/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CONTINU	ING CARE AT LANTERN	HILL	TAIN AVENUE	77074		
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A 709	Continued From page	9	A 709			
	Resident #2 wasn't m	edically complex."				
	that the RN assessment holistic service plan at it, and that updates at "We [the facility] do not policy." During a second interpresence of the Admi "RN assessment is punursing standard of pform." She stated that assessment form to it needed to call the phynurse is called to the During another intervip.m., she stated that from the RN assessment.	ractice, not a separate t there is no standard RN nclude what information is ysician, and the "reason the room." iew with the DON at 3:54 the service plan is pulled nent, including a "holistic ontinued to say, "I know we				
	confirm that Resident resident exhibited attempted to hit the Commentation and not provide documentation Resident #2 had no not required nursing care monitoring of resident	n indicated resident's The RN did not on of an assessment that ursing care needs that intervention, including t's condition to ensure that lso require further medical				

New Jers	ey Department of Heal	itn				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 751	Continued From page	e 10	A 751			
A 751	8:36-7.3(b) Resident	Assessments and Care	A 751			
	reviewed, and if nece as needed, based up	th service plan shall be essary, revised quarterly, and on the resident's response and any changes in the cognitive status.				
	by: Complaint #: NJ0016' Based on interview at 11/6/2023, it was dete to update the Health 3 residents (Resident	nd record review on ermined that the facility failed Service Plan (HSP) for 1 of : #2) who had a change in d exhibited This deficient practice was				
	Resident #2's Medica documented that the	resident was admitted to the with diagnoses which				
	Service Plan (HSP)" v UEX 0166: 2540" and "Date of which revealed that the	needed assistance with d transferring.				

New Jers	sey Department of Heal	.lth				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		00.405	B. WING		C	
		20A105	B. WING		11/06/2023	4
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CONTINUI	CONTINUING CARE AT LANTERN HILL NEW PRO			07974		
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A 751	Continued From page	Continued From page 11				
	following: "1. My Pers Approaches included when someth when this happens, I disengage so I can de Living Manager) educ use I living Manager or any I listen to me vent. Son and need time to procum Service Plan Approximate particular about my A I living I l	sonal StoryService Plan II can become hing is not the way I wanted, believe staff will need to eescalate. ALM (Assisted cated staff to disengage if I NJ EX Order. 264b12. cialization includedwhat when you are upset? re team and someone to metimes I become cess and someone to listen bachesI continue to be M/PM routine and become staff when my routine is not the provide me patience when NJ EX Order. 264b1 unkind care team to talk meI will need my care team to s when I become escalated EX Order. 264b1 re my peers. I can use with staff, I will need to be ts not appropriate, but I der. 264b1, I forget. When rould try to talk through it effective then staff should e-escalate" the Behavior/Cognitive led that the entire section mentation review revealed, e Needs If an issue never skip to the next itemHow				
	Check a box to see h	now often the issue occurs				

New Jers	sey Department of Hea	lth				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
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		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 537 MOUNTAIN AVENUE NEW PROVIDENCE, NJ 07974 Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) Dage 12 A 751 A 7		С		
		204405	B. WING			
		20A 105			11/06/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE		
		537 MOU	NTAIN AVENUE			
CONTINU	ING CARE AT LANTERN	NEW PRO	OVIDENCE, NJ	07974		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
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	Comissos to Do Dres	ينط النبي تله من تله من النبي المناطقة				
	Provided."	rided & How They will be				
	Provided.					
	Continued review of t	he HSD revealed " 3				
	NJ EX Urder. 26 I become	-				
	themThis is the type					
	require when I am	EV O-J-NI F				
	care team is aware of	f my needs and preferences				
	exhibited: NJ EX Orde	er. 264b1, otheremotional				
	outburst and use of h	urtful words towards others				
	: Resident #2					
	Provide an environme	ent that is conducive to				
	NJ EX Order. 264	Wellbeing"				
	This is a brief summa	ury of the plan of				
		nosocial support/anxiety				
		aches (include individualized				
	approaches that will a					
	NJ EX Order. 264b1					
		ive to wait for requests to be				
	taken care of by the s	·				
		ell/scream at the staff and				
		the front desk (and) all				
	· · · · · · · · · · · · · · · · · · ·	(administration) and my				
		ents of escalation. Please				
	help me to NJ EX Order. 264	by talking me through the				
		courage me to be patient				
		nd peer group. If that is not				

New Jers	ey Department of Hea	itn				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
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A 751	Continued From page	e 13	A 751			
	effectove (effective),	disengage and allow me				
	time to deescalate. I	have a tendency to be				
	to my peers w					
		Order. 264b1 towards others.				
		be NJ EX Order. 26451 and/or pick on				
	my peers who perceiv	ve as NJ EX Order. 264b1 . I				
	typically decline care	, -				
	(Physician) and nursi					
		when it comes to my care				
	_	TransferringService Plan				
		individualized approaches				
		aintains independence with				
	G,	struct the care associates				
		lace the wheelchair and				
		In the bedroom the care				
		behind the chair when I				
	transfer"					
	Surveyor reviewed R	esident #2's Holistic				
		AL Manager signature, dated				
		"Cognitive Patterns, Mood,				
	and Expressions: the					
	Approaches as listed					
	• • • • • • • • • • • • • • • • • • • •					
	Review of Resident #	2's Clinical Notes Report				
	(CNR) revealed the fo	ollowing documentations:				
	1. A review of Reside					
	4/10/2 NJ EX Orde					
	• ,	d, "resident became				
	extremely escalated	,				
) was attempting to assist				
		ackage in her kitchen. CMA				
	•	rted to NJ EX Order. 264b1,				
		escalate resident and				
	N. I.	was trying to help, resident				
	continued to NJ EX Order	at OMA. INCOIDENT				
	was attempting to ope					
		uccessful causing increasing				
	frustration, resident the					
	room in the direction	OI LITE CIVIA	1			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATI A. BUILDING:			SURVEY LETED			
			7. BOILBING			С		
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E. ZIP CODE				
		537 MOU	INTAIN AVENUE					
CONTINU	ING CARE AT LANTERN	HILL NEW PR	OVIDENCE, NJ 07	7974				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
A 751	Continued From page	e 14	A 751					
	Practice Nurse (LPN) aware of NJ EX Order. therapy evaluation rerisk versus benefit ex 3. On 5/11/2023 at 4 stated, "When CMA wapartment, resident"	:03 PM [p.m,], the ALM vas leaving his/her at CMAOT by) offered to work on						
	4. On 5/12/2023 at 1 "LATE NOTE for 5/11 Resident #2 self-prop to the nurse's office to transfer to his/her arm help him/her with trans busy helping other res responded by saying hiding somewhere' ar assist him/her to trans them Resident #2's resident's room with to Resident #2 then wer picked up the phone as saying there is no one	2:27 PM, the LPN stated /23: At around 8:15 p.m., relled in his/her wheelchair o ask the asides to help her o chair. This writer offered to rester since both aides were sidents. Resident #2 'No they not, they must be ond declined my offer to rester, preferred to wait for rester assigned aide came out of repoxes on her hands. Into his/her apartment, rester to help me, when I rester to help. Resident was						
	"Resident came to nu specific CMA to make not assigned to him/h time to assist. Reside started to	all out for CMA in the ellness Manager offered to requested but the resident						

STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPLI	
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A 751	Continued From page	e 15	A 751			
	to become NJ EX Orde to request her assista ALM assured residen 6. On 6/2/2023 at 5:5	Due to resident continuing or. 264b1, ALM called to CMA ance in getting residents of that CMA was on her way." 55 PM, the Registered Nurse ALM was made aware of staff				
	complaint or CMA raised her voice CMA was verbally ab and said CMA was try continue making effor	Resident #2 reported e, when asked if resident felt using, Resident #2 denied ying to encourage him/her to rts to do his/her bedtime reed he/she was becoming				
	"ALM was made awa by way of st pm shift on became increasingly perform bedtime rout offered to assist multi declinedstarted yel shut-up and using	c:04 PM, the ALM stated are of staff complaint on tatement received from 3-11 CMA reported the Resident when attempting to ine. CMA reported she iple times and resident lling at CMA, telling her to Resident WEX Order. 264b1 to				
		3:04 PM, the RN #1 stated se discussed with resident again per OT and Dr. e/She declined.				
	"ALM attended sched with MD (Physician) . recent recommendati	sult and resident				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: C B. WING 11/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 537 MOUNTAIN AVENUE	
20A105 B. WING	
20A105 B. WING	
20A105 B. WING	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
537 MOUNTAIN AVENUE	
CONTINUING CARE AT LANTERN HILL	
NEW PROVIDENCE, NJ 07974	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLI	
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DEFICIENCY)	
A 751 Continued From page 16 A 751	
A731 Continued From page 10	
10. On 9/2/2023 at 02:53PM, the RN #2 stated,	
"This writer was notified by nurse to go to AL to	
assist resident with the transfer to ER	
(Emergency Room) for NEX Order. 264b1 Eval	
(Evaluation) due to NJ EX Order. 264b1 during	
morning care-resident hit the staff. Dr. and family	
was made aware, Ambulance called. EMS	
(Emergency Medical Service) arrived, resident became clam and refused to go to Hospital, MD	
provided scrip (prescription) with the order to	
send resident out. Resident did not go to ER."	
Sond resident ed.: Resident did not go to Ert.	
During an interview on 11/6/2023 at 10:18 a.m.,	
the Administrator stated when the Nex Order, 20400	
incident occurred when Resident #2 attempted to	
hit a staff member, the staff member called her	
so she notified the doctor [physician] to see if	
there was a medical issue with him/her. She	
continued to say "Resident #2's physical	
interactions were becoming a pattern, the	
Resident refused a lot of interventions and he/she	
was having more wextend behaviors. Resident #2 had a history of NJ EX Order. 264b1, [but] now [was]	
#2 had a history of getting western getting western getting western getting western getting getting western getting ge	
During an interview on 11/6/2023 at 2:12 p.m., the	
Director of Nursing (DON) stated, "the health	
service plan is [the] whole interdisciplinary team-	
holistic care plan (CP), we [facility] are	
person-centeredholistic is very thorough, the	
general service plan (GSP) is pulled from the	
holistic. [The] GSP will show incontinence and	
nursing interventions. We handwrite and date on	
[the] pulled service plan, [it] has to be accurate to	
resident at that time, there's just one GSP."	
The DON continued to say "there's not separate	
care plansthe HSP is [the] whole [care plan].	
The RN assessment is embedded in [the] holistic	
service plan." [The] RN and the AL (Assisted	

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
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		NEW PRO	OVIDENCE, NJ	0/9/4		ı
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A 751	Continued From page	e 17	A 751			
	Living) Managar sign	s off on it and abandos are				
	handwritten."	s off on it and changes are				
	nanownilen.					
	During on intervious	t 2:12 n m tha				
	During an interview a					
		the holistic service plan is				
	the whole service pla					
		he 6 months, notes are				
	handwritten on [the] s	•				
	Administrator continu					
		update, [for] actions and				
	expressions there	were no new interventions."				
	During an interview a					
	Administrator, in the					
		was NJ EX Order. 264b1, there				
	•	terventions or follow-up				
	needed after the incid	dent"				
	During an interview w	vith the Administrator at 3:54				
	p.m., in the presence	of the DON, the				
	Administrator stated t	that the care plan generates				
	the HSP. Then, the D	OON said, "[the] RN signs off				
	every 6 months."					
	•					
	At the time of survey	on 11/6/23, there was no				
	documented evidence	e provided that Resident #2				
		P. In addition, there was no				
		P was updated after the				
		en the resident attempted to				
		viding and assisting with the				
	resident's care.	riding and assisting with the				
	resident's care.					
	A review of the policy	titled "Holistic Assessment				
		ory Care" with a Version				
		led, "Policy: Residents who				
	will be residing in eith					
	-	orhoods will be evaluated				
		of admission, re-admission,				
	every 6 months and/o					
	change of condition to	o support their care needs				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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A 751	Continued From page	: 18	A 751			
	regulationsProced resident will be re-ass and Wellness Manage care needs and provic [facility] policy and sta	clinical policies and state ureEvery six months the sessed by the AL Manager er/nurse to support their de services according to ate regulations using the n resident's electronic				
	with a Version Date: 8 "Purpose/Scope: Eac individualized Care/Se Care/Service Plans w preferences, strength: cultural preferences a clinical needsProc. Living/Memory Care r Plan will be updated b completion of the holi: assessments/care/sei Plan approaches will as applicable, at the f Normally 30 days afte ii. With the completion Wellness Review norn thereafteriii. With t Assessment every six significant change of with state specific reg resident's Service pac reviewed with each as altered based on asse Plan review will includ guest/resident, respon	h guest/resident will have an ervice plan developed. ill include guest/resident s, routines, personal and and choices as well as edure: Assisted evealed15. Care/Service by hand in-between stic rvice plans. A. Care/Service be reviewed and/or revised, collowing intervals: i. er admission/readmission[,] and the My Health and mally very [every] 60 days the completion of the Holistic amonths[,] iv. With any condition[,] v. In accordance ulations. 16. Each individual exage/Care Level will be essessment and may be essessment. 17. Care/Service the input from the insible party and and county ocument any				
	ii. With the completion Wellness Review norm thereafteriii. With the Assessment every six significant change of with state specific regresident's Service pacteriewed with each as altered based on asseplan review will include guest/resident, responsite team members will do updates/changes on a guest/resident suite/a	n of the My Health and mally very [every] 60 days he completion of the Holistic months[,] iv. With any condition[,] v. In accordance ulations. 16. Each individual ckage/Care Level will be essessment and may be essment. 17 . Care/Service de input from the nsible party and . 18. All interdisciplinary ocument any				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
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A 751	standards will be follo changes/updates (i.e	ociate. 19. Documentation owed when documenting ., sign/date each entry, ritems that have been	A 751			
	to update the Health 3 residents (Resident behavioral pattern and to staff. To evidenced by the follow On 11/6/2023 at 1:15 Resident #2's Medical documented that the	nd record review on ermined that the facility failed Service Plan (HSP) for 1 of #2) who had a change in d exhibited First deficient practice was owing: p.m., the surveyor reviewed all Record (MR) which resident was admitted to the with diagnoses which				
	Service Plan (HSP)" and "Date of which revealed that the but dressing, bathing, and Further review of the					

New Jers	sey Department of Hea	lth			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 751	Continued From page	20	A 751		
	Approaches included when someth when this happens, I disengage so I can Living Manager) educ use NJ EX Order. Engagement and Sochelps you feel better attention from my car listen to me vent. Sor and need time to procService Plan Approparticular about my A very with si as expectedPlease I become escalated, I'll need my through the situation talk through situations and begin using NJ E towards care team or NJ EX Order. 264b told in real time that if I have been told this is become so escalated this happens, staff sh with me, if that's not e disengage so I can de Surveyor's review of the Needs section reveal was left blank. Docur "Behavioral/Cognitive occurs, check "N" & s often The Issue Occu O=Occasional [,] R=FBehavioral/Cognitive How Often (if Other p	I can become hing is not the way I wanted, believe staff will need to ALM (Assisted cated staff to disengage if I 264b1 y language2. cialization includedwhat when you are upset?1:1 e team and someone to metimes I become cess and someone to listen achesI continue to be M/PM routine and become taff when my routine is not e provide me patience when NJ EX Order. 264b1 care team to talk meI will need my care team to swhen I become escalated EX Order. 264b1 works my peers. I can use with staff, I will need to be as not appropriate language. I can use so not appropriate, but I and angry, I forget. When ould try to talk through it effective then staff should e-escalate"			

...Services to Be Provided & How They will be

New Jers	sey Department of Hea	itn				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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A 751	Continued From page	21	A 751			
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	Provided."					
		he HSP revealed, "3.				
		lood, and Expressions				
		an Goal(s)I will maintain				
	_	ntation to self, place, day,				
		mbersI have a history of:				
	I become	when: I feel that an				
		to assist me when I need				
		pe of NJ EX Order. 264b1				
	require when I am	: reassurance that the				
		f my needs and preferences				
		/expressions that may be				
	exhibited: NJ EX Orde					
		towards others				
	Mood: Resident #2					
	·	Makes NJ EX Order. 264b1				
]Friendly[,]Active[,] Verbally				
]Irrational[.]These are				
		approaches that may				
		stance in stepping away				
	from situations that N					
		ent that is conducive to				
		gical wellbeing This is a				
		plan of care/treatment:				
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	'''	individualized approaches				
	that will assist me wh					
	NJ EX Order NJ EX Order. 264b1	I become and				
		ive to wait for requests to be				
	taken care of by the s					
		er. 264b1 at the staff and				
		the front desk (IL and CC) all				
		(administration) and my				
	family in those mome					
	help me to NJ EX Order. 264	by talking me through the				
		courage me to be patient				
		d peer group. If that is not				
	effectove (effective),	and allow me				
	time to NJ EX Order. 264b1.	have a tendency to be				

New Jers	sey Department of Hea	itn				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					_	,
		20.4405	B. WING		C 44/0	
		20A105	B. Wille		11/0	06/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		537 MOUI	NTAIN AVENUE			
CONTINU	ING CARE AT LANTERN	HILL	VIDENCE, NJ			
						T
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
Λ 7F1	0	- 00	A 751			
A 751	Continued From page	e 22	A /51			
	NJEX Order. 28 to my peers w	rhen I am NJ EX Ordorder. 26401 and/or				
	upset-I may use NJ EX	Order. 264b1 towards others.				
	I have a tendency to	be NJ EX Order. 264b1 and/or pick on				
	my peers who NJ E	X Order. 264b1				
	typically decline care	teams (including MD				
	(Physician) and nursi	ng) rcomnedations				
	(recommendations) w	when it comes to my care				
	and well-being5b.	TransferringService Plan				
	Approaches (include	individualized approaches				
	which promotes or ma	aintains independence with				
	, J	struct the care associates				
	how to position and p	lace the wheelchair and				
	chair for my transfer.	In the bedroom the care				
	associate must stand	behind the chair when I				
	transfer"					
	Surveyor reviewed Ro					
		AL Manager signature, dated				
		"Cognitive Patterns, Mood,				
	and Expressions: the					
	Approaches as listed	on the NEX Order. 26461 HSP."				
		2's Clinical Notes Report				
		ollowing documentations:				
	1. A review of Reside					
		M [p.m.], written by the AL				
	J ,	d, "resident became				
	extremely escalated	,				
) was attempting to assist				
	to open a large pa					
	reported resident star					
	CMA was trying to	resident and				
		was trying to help, resident				
	oontinada to	at Own t. I tooldone				
		en the NJ EX Order. 264b1				
	and the second s	uccessful causing increasing				
	, resident th					
	room in the direction	of the CIMA"				
	2 On 4/10/2023 at 5	:09 PM [p.m.] the Licensed				
	2. On 7/10/2020 at 3	.oo i wilbiiiil aig Ficelised	1			

STATEMEN	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		20A105	B. WING		11/0	6/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CONTINU	ING CARE AT LANTERN	HII I	NTAIN AVENUE			
		NEW PRO	VIDENCE, NJ			1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
A 751	Continued From page	e 23	A 751			
	aware of NJ EX Order therapy evaluation re risk versus benefit ex 3. On 5/11/2023 at 4 stated, "When CMA vapartment, resident of (Occupational Therapposistiong (positionin 4. On 5/12/2023 at 1 "LATE NOTE for 5/11 Resident #2 self-propto the nurse's office to transfer to his/her help him/her with transponded by saying hiding somewhere' at assist him/her to transfer them Resident #2's	:03 PM [p.m,], the ALM vas leaving his/her cursed at CMAOT by) offered to work on bed g), but resident refused" 2:27 PM, the LPN stated /23: At around 8:15 p.m., celled in his/her wheelchair co ask the asides to help her . This writer offered to insfer since both aides were sidents. Resident #2 'No they not, they must be and declined my offer to ser, preferred to wait for se assigned aide came out of				
	picked up the phone saying there is no on	nt to his/her apartment, and called his/her NEX COURT 2010 e here to help me, when I y to help. Resident was NEX CO				
	5. On 5/19/2023 at 3 "Resident came to nu specific CMA to make not assigned to him/h time to assist. Residestarted to and of hallway. ALM and We help make the asdeclinedResident of CMA to make tea.	:59 PM, the ALM stated urse's station looking or this CMA was the and not present at the ent was complaining call out for CMA in the cellness Manager offered to requested but the resident				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		С	
		20A105	B. WING		_	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CONTINU	NG CARE AT LANTERN	HILL	TAIN AVENUE			
0/0/15	STIMMADV ST.	ATEMENT OF DEFICIENCIES	/IDENCE, NJ	PROVIDER'S PLAN OF CORRECTION		0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
A 751	Continued From page	24	A 751			
	ALM assured residen 6. On 6/2/2023 at 5:5 (RN #1) stated the "A complaint on 3.	t that CMA was on her way." 55 PM, the Registered Nurse LM was made aware of staff Resident #2 reported when asked if resident felt				
	CMA was verbally about and said CMA was try continue making effor	using, Resident #2 denied ving to encourage him/her to ts to do his/her bedtime reed he/she was becoming				
	"ALM was made awa by way of st pm shift on became increasingly perform bedtime routi offered to assist multi declinedstarted and using	204 PM, the ALM stated re of staff complaint on atement received from 3-11 CMA reported the Resident when attempting to ne. CMA reported she ple times and resident at CMA, telling her to Resident Resident Resident Resident Resident Town Res				
	NILEN/ O. L. COM	3:04 PM, the RN #1 stated se discussed with resident again per OT and Dr. e/She declined. NU EX Order, 26451				
	"ALM attended sched	, resident				
	10. On 9/2/2023 at 02:53PM, the RN #2 stated, "This writer was notified by nurse to go to AL to					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE S		
		A. BUILDING: _				
		20A105	B. WING		11/0	6/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CONTINU	ING CARE AT LANTERN	I HILL 537 MOUN	ITAIN AVENUE			
	T	NEW PRO	VIDENCE, NJ (
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
A 751	Continued From page	e 25	A 751			
	(Evaluation) due to morning care-resider was made aware, Am (Emergency Medical became NJ EX Order. 2 provided scrip (presc send resident out. Routing an interview of the Administrator statincident occurred who a staff member, the so she notified the dot there was a medical incontinued to say "Resident refused a lowas having more"	behavior during the hit the staff. Dr. and family inbulance called. EMS Service) arrived, resident service) arrived, resident to go to Hospital, MD cription) with the order to resident did not go to ER." on 11/6/2023 at 10:18 a.m., ted when the service at the service if issue with him/her. She sident #2's physical coming a pattern, the ot of interventions and he/she				
	Director of Nursing (I service plan is [the] wholistic care plan (CP person-centeredhogeneral service plan holistic. [The] GSP whousing interventions [the] pulled service planesident at that time, The DON continued to care plansthe HSP The RN assessment service plan." [The] F	olistic is very thorough, the (GSP) is pulled from the				

INEW JEIS	ey Department of Flea					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
20A105		B. WING		1		
		20A 103			1 11/0	6/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE		
		537 MOU	NTAIN AVENUE			
CONTINU	ING CARE AT LANTERN	NEW PRO	OVIDENCE, NJ	07974		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	 N	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
A 751	Continued From page	26	A 751			
,,,,,,	Continued From page	3.20	/ / / /			
	During an interview a					
		the holistic service plan is				
	the whole service pla	n, if there are new				
	interventions before t	he 6 months, notes are				
	handwritten on [the] s	service plan. The				
	Administrator continu	ed to say "on NJ EX Order. 264b1				
	there wasn't much to	update, [for] actions and				
		were no new interventions."				
	During an interview a	t 3:16 p.m., the				
		presence of the DON,				
		was NJ EX Order. 264b1 there				
		erventions or follow-up				
	needed after the incid	·				
	During an interview w	vith the Administrator at 3:54				
	p.m., in the presence					
		hat the care plan generates				
		OON said, "[the] RN signs off				
	every 6 months."					
	overy e memale.					
	At the time of survey	on 11/6/23, there was no				
		e provided that Resident #2				
	NU EV O L OO U A	P. In addition, there was no				
		P was updated after the				
		en the resident attempted to				
		riding and assisting with the				
	resident's care.	riding and assisting with the				
	resident's care.					
	A review of the policy	titled "Holistic Assessment				
	Assisted Living/Memory Care" with a Version "Date: 4/2023" revealed, "Policy: Residents who will be residing in either Assisted Living or Memory Care neighborhoods will be evaluated and assessed at time of admission, re-admission,					
	every 6 months and/o					
		o support their care needs				
		clinical policies and state				
regulationsProcedureEvery six months the						

		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
				С	
	20A105	B. WING		11/06/2023	
NAME OF PROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
CONTINUING CARE AT LANTERN HILL		TAIN AVENUE	27074		
		IDENCE, NJ (
PREFIX (EACH DEFICIENCY MUS	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLE	ETE
A 751 Continued From page 27		A 751			
resident will be re-assess and Wellness Manager/nu care needs and provide so [facility] policy and state re	resident will be re-assessed by the AL Manager and Wellness Manager/nurse to support their care needs and provide services according to [facility] policy and state regulations using the Holistic Assessment in resident's electronic				
with a Version Date: 5/202 "Purpose/Scope: Each guindividualized Care/Service Plans will in preferences, strengths, rocultural preferences and clinical needsProcedur Living/Memory Care reveal Plan will be updated by he completion of the holistic assessments/care/service Plan approaches will be reas applicable, at the follow Normally 30 days after ad ii. With the completion of the Wellness Review normally thereafteriii. With the completion of the Assessment every six mosignificant change of conceivith state specific regulation resident's Service packager reviewed with each assessable altered based on assessment every will include in guest/resident, responsible interdisciplinary team. 18 team members will document updates/changes on care	medical record." A review of the policy titled "Care/Service Plans" with a Version Date: 5/2021 revealed, "Purpose/Scope: Each guest/resident will have an individualized Care/Service plan developed. Care/Service Plans will include guest/resident preferences, strengths, routines, personal and cultural preferences and choices as well as clinical needsProcedure: Assisted Living/Memory Care revealed15. Care/Service Plan will be updated by hand in-between				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) I	(X3) DATE SURVEY COMPLETED				
						С			
		20A105	B. WING			11/06/2023			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CONTINU	ING CARE AT LANTERN	HIII	NTAIN AVENUE VIDENCE, NJ						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE			
A 751	changes/updates (i.e.	., sign/date each entry, items that have been	A 751	DEFICIENCY					
1									

		STATE	FORM: RE	VISIT REPORT				
PROVIDER / SUPPLIER / CLIDENTIFICATION NUMBER	.IA / MULTIPLE CONS	TRUCTION				D	ATE OF REVISIT	
20A105	Y1 B. Wing					_{Y2} 1	/23/2024 _{Y3}	
NAME OF FACILITY			STREET ADDRESS, CIT	Y, STATE, ZIP CODE				
CONTINUING CARE AT L	ANTERN HILL			537 MOUNTAIN AVENUE				
				NEW PROVIDENCE, NJ	07974			
This report is completed be corrective action was accordentification prefix code preport form).	omplished. Each deficiend	cy should be fully	identified usi	ing either the regulation	or LSC provision n	umber and the	·	
ITEM	DATE	ITEM		DATE	ITEM		DATE	
Y4	Y5	Y4		Y5	Y4		Y5	
ID Prefix A0310	Correction	ID Prefix		Correction	ID Prefix		Correction	
8:36-3.4(a)(1)	Completed	Reg.#		Completed	Reg.#		Completed	
LSC	12/23/2023	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	Completed	LSC			LSC			
ID Prefix	Correction	ID Prefix		Correction	ID Prefix		Correction	
Reg. #	Completed	Reg. #		Completed	Reg. #		Completed	
LSC		LSC			LSC			
			T					
STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATU	RE OF SURVEYOR		D	ATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE			D	DATE	
FOLLOWUP TO SURVEY CO			RRECTED DEFICIENCIES IENCIES (CMS-2567) SEN			Tyes □ NO		

Page 1 of 1 EVENT ID: VET412

		STATE	FORM: RE	VISIT REPORT			
PROVIDER / SUPPLIER / CLIDENTIFICATION NUMBER	.IA / MULTIPLE CONS	TRUCTION				D	ATE OF REVISIT
20A105	Y1 B. Wing					_{Y2} 1	/23/2024 _{Y3}
NAME OF FACILITY			STREET ADDRESS, CIT	Y, STATE, ZIP CODE			
CONTINUING CARE AT L	ANTERN HILL			537 MOUNTAIN AVENUE			
				NEW PROVIDENCE, NJ	07974		
This report is completed be corrective action was accordentification prefix code preport form).	omplished. Each deficiend	cy should be fully	identified usi	ing either the regulation	or LSC provision n	umber and the	·
ITEM	DATE	ITEM		DATE	ITEM		DATE
Y4	Y5	Y4		Y5	Y4		Y5
ID Prefix A0310	Correction	ID Prefix		Correction	ID Prefix		Correction
8:36-3.4(a)(1)	Completed	Reg.#		Completed	Reg.#		Completed
LSC	12/23/2023	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	Completed	LSC			LSC		
ID Prefix	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #	Completed	Reg. #		Completed	Reg. #		Completed
LSC		LSC			LSC		
			T				
STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATU	RE OF SURVEYOR		D	ATE
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE			D	ATE
FOLLOWUP TO SURVEY CO			RRECTED DEFICIENCIES IENCIES (CMS-2567) SEN			Tyes □ NO	

Page 1 of 1 EVENT ID: VET412