STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315201	A. BUILDING ______ B. WING ______	C 01/24/2024

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CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER	**255 EAST MAIN ST MOORESTOWN, NJ 08057**

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F 000	INITIAL COMMENTS Complaint NJ #: 160989, 163176, 164433, 165301, 165482, 166792, 168814, and 169962 STANDARD SURVEY: 01/24/2024 CENSUS: 156 SAMPLE SIZE: 31 + 8 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 553 SS=E	Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3) §483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iii) The right to be informed, in advance, of changes to the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care.	F 553		2/16/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Electronically Signed | TITLE | (X6) DATE 02/13/2024

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

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F 553	Continued From page 1 §483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must- (i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of other pertinent facility documentation, it was determined that the facility failed a.) conduct quarterly Interdisciplinary Care Plan (ICP) meetings and b.) to consistently maintain documentation showing that the resident's representative (RR) was invited or attended ICP meetings in accordance with the facility practice and policy. This deficient practice was identified for two (2) of 36 residents (Resident #67, #81) reviewed, and was evidenced by the following: On 01/22/23 at 10:30 AM, the surveyor reviewed the Admission Record (AR) for Resident # 67 which reflected that the resident was admitted to the facility with diagnoses that included but was not limited to NJ EX Order. 264b1 It further reflected that resident had a Power of Attorney (POA) with contact information listed on the AR. The surveyor reviewed Resident #67's medical record which revealed the following information:	F 553	1. Residents #67 and #81 were not affected by the facility not scheduling a required care plan meeting nor documenting attempts to invite the responsible party or Power of Attorney. Any missing meetings were scheduled, and invitations were sent to the responsible party or Power of Attorney. 2. All residents have the potential to be affected by the facility not scheduling a required care plan meeting nor documenting attempts to invite the responsible party or Power of Attorney. An audit was completed of all current resident care plan meetings. Any missing meetings were scheduled, and invitations were sent to the responsible party or Power of Attorney. 3. The Regional Clinical Nurse educated all social workers on the required scheduling of quarterly and annual care plan meetings and inviting responsible parties and Power of Attorney, with documenting the invitations. 4. The Administrator will audit documentation of scheduled and	

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F 553	Continued From page 2 A review of Resident #67's Care Plan Meeting Review (CPMR) form dated NJ EX Order. 264b1, reflected that the Resident Representative/Power of Attorney (RR/POA) did not attend the care plan meeting on this date. The CPMR dated NJ EX Order. 264b1 indicated that Resident #67's RR/POA attended the care plan meeting. The facility could not provide the surveyor with any additional CPMRs. There was no documentation found in the medical record that the POA was contacted, invited, refused, or attended the care plan meeting on NJ EX NJ EX Order. The surveyor could not find any other care plan meetings that were conducted in NJ EX Orde. A further review revealed that the care plan meetings should have been conducted in NJ EX Order. 264b1 and NJ EX Order. 264b1 for Resident #67. On 01/23/23 at 9:14 AM, the surveyor reviewed the AR for Resident # 81 which reflected that the resident was admitted to the facility with diagnoses that included but was not limited to unspecified NJ EX Order. 264b1 . It further reflected that resident has a POA with contact information listed on the AR. The surveyor reviewed Resident #81's medical record which revealed the following information: A review of the CPMRs for Resident #81 dated NJ EX Order. 264b1 and NJ EX Order. 264b1 indicated that both were conducted for a comprehensive (Annual, Admission, and Significant (Sig) change) care plan meeting. The surveyor could not locate any other care plan meeting documentation that was completed that year. Further record review revealed that the care plan meetings should have	F 553	executed quarterly and annual care plan meetings and invitations to the responsible party or Power of Attorney weekly times 4 and then monthly for 3 months to assure that meetings occur as required and notification/invitations are documented timely. Results will be presented to the Quality Assurance Performance Improvement team monthly for continued review and recommendations until compliance is maintained. The Quality Assurance Performance Improvement committee will determine the need for further and continued action. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing and Medical Director, as well as other interdisciplinary members.	

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F 553	Continued From page 3 been conducted in NJ EX Order: 26.4b1 and NJ EX Order: 26.4b1 of NJ EX Order for Resident #81. On 01/23/24 at 10:50 AM, the surveyor interviewed the Director of Nursing (DON) regarding care plan meetings and the process on how the meeting were conducted and who was in attendance. The DON stated that care plan meetings were to be completed quarterly and attendance was documented on either the CPMRs or in a separate progress note in the electronic medical record (EMR). The DON further stated she did not know why the care plan meetings were not completed quarterly on Resident #67 and Resident #81 and confirmed that there was no documentation showing that either resident POA/RR were consistently contacted or invited to attend care plan meetings. On 01/23/24 at 11:40 AM, the surveyor interviewed the Social Worker (SW) regarding the facility process when conducting care plan meetings. The SW stated that care plan meeting were to be completed quarterly. The SW also stated that family, RR and POA were to be contacted to attend and to arrange a time and date for the meetings. The SW stated that multiple attempts were made to contact resident representatives, and this was documented under progress notes in the EMR system. He explained that if the RR or POA attended meetings it would be documented under the evaluation's tab/care plans in the EMR. The SW elaborated further to include that care plan meetings were important in facilitating communication, making sure that the residents' families were informed from a holistic approach by keeping them up to date of any resident changes.	F 553		

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Reference: New Jersey Statutes Annotated, Title 8. Chapter 39 Subchapter 12(a)(b). "Advisory resident Assessment and care plans states:(a) The resident care plan is developed at a meeting held by an interdisciplinary team that includes professional and/or ancillary staff from each service providing care to the resident. (b) The facility makes care planning meetings available at mutually agreeable times, including evenings and weekends, for the convenience of families and significant others."

Reference: New Jersey Statutes Annotated, Title 8. Chapter 39 Subchapter 13.2(a) Mandatory resident communication services states: "Residents and their families shall be given the opportunity to participate in the development and implementation of the care plan, and their involvement shall be documented in the resident's medical record."

The facilities undated policy labeled "Resident Rights" with a reference number of 483.10 under 1(k) indicated that "Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: appoint a legal representative of his or her choice, in accordance with state law." The policy specified that residents were to be informed of and participate on his or her care plan meeting.

The facility policy statement labeled "Care Plans, Comprehensive Person -Centered" version October 2022, indicated under item #5 that the resident is informed of his or her right to participate in his or her treatment and is provided advance notice of care planning conferences". Under item #6 it further indicates, "that the

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F 553	Continued From page 5 participation of the resident and his/her resident representative in developing the resident's care plan is determined to not be practicable, an explanation is documented in the resident's medical record. The explanation should include what steps were taken to include the resident or representative in the process." Item #12 of the policy, indicates that "the interdisciplinary team reviews and updates the care plan; (a) when there has been a significant change in the resident's condition;(b) when the desired outcome is not met;(c) when the resident has been readmitted to the facility from the hospital stay; and (d) at least quarterly, in conjunction with the required quarterly MDS assessment". Item #13 of the facility policy, indicated that "the resident has the right to refuse to participate in the development of his/her care plan and medical and nursing treatments. Such refusals are documented in the resident's clinical record in accordance with established policies". NJAC 8:39 -12(a)(b) NJAC 8:39-13.2(a)	F 553		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.	F 584		2/16/24

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F 584	Continued From page 6 (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of other facility documentation it was determined that the facility failed to maintain the resident's environment, equipment and living areas in a safe, sanitary, and homelike manner. This deficient practice was identified for one (1) of four (4) units NJ EX Order. 264b1) was evidenced by the following:	F 584	1. No residents were affected by the facility not maintaining room NJ EX Order. 264b of splatters on the wall, smudges on the handrail at the end of hall NJ E and hall NJ E on NJ EX Order. 264b1 unit, linen carts with brown stains, room NJ EX O's radiator bottom exposed/broken and dried brown residue on the toilet in the bathroom. The observed concerns were	

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Continued From page 7

The surveyor conducted a tour of the [redacted] on 1/10/24 at 9:52 AM. The surveyor interviewed Registered Nurse/Unit Manager (RN/UM #1) who explained that the Stanwick Glen Unit was comprised of dementia (cognitively impaired) residents and some residents that had behavioral disturbances related to dementia. RN/UM #1 informed the surveyor that Housekeeping was responsible for cleaning/maintaining the resident rooms and daily touch surfaces and the certified nursing assistants (CNAs) were responsible for making beds, changing bed linens, and general cleanliness of the rooms.

During the tour the surveyor identified the following:

1.) In Room [redacted] beneath the window, brown drippings/splatter was observed on the wall.

2.) Towards the end of Hallway [redacted], near the fire exit, brown smudges, which presented as handprints, was observed on the handrail.

3.) Hallway [redacted] linen cart, located in between rooms [redacted] and [redacted] had brown stains/residue/drippings on the sides and debris across the top of the blue mesh cart cover. The handrail next to the linen cart was observed to have brown residue.

4.) In Room [redacted] the bottom of the radiator unit was broken open and exposed. In the bathroom, the toilet was observed to have dried brown brown substance, which appeared as feces, on the toilet seat.

On 1/12/24 at 11:31 AM, the surveyor interviewed

F 584

remediated at the time of the survey.

2. All residents have the potential to be affected by the facility not maintaining rooms free of splatters on the wall, smudges on the handrails, linen carts with brown stains, room radiator bottoms exposed/broken and dried brown residue on a toilet in the bathroom. An audit was completed of all resident rooms to identify similar concerns. Any findings were immediately corrected.

3. The Regional Plant Operations Assistant educated Maintenance Director and Housekeeping Director and all housekeeping and nursing staff on identifying areas requiring immediate remediation, via cleaning or repairs.

4. The Administrator, Maintenance Director and Housekeeping Director will audit by joint rounding weekly times 4 weeks and then monthly for 3 months to assure that the physical environment is maintained. Results will be presented to the Quality Assurance Performance Improvement team monthly for continued review and recommendations until compliance is maintained. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing and Medical Director, as well as other interdisciplinary members.

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CNA#1 who stated that unit cleanliness was approached as a team and everyone was responsible to ensure that the unit was clean/sanitary. CNA#1 reported that the housekeepers each take a hallway and were responsible for cleaning the resident rooms and high touch surfaces. If unknown substances were observed, they would use disinfectant to clean the area.

On 1/17/24 at 11:18 AM, the surveyor interviewed Housekeeper (HSK#1) who stated that their general responsibilities included dusting, cleaning the walls, taking out trash, sweeping the floor, and mopping. HSK#1 reported that they were to use disinfectant on high touch surfaces because they did not know what was "contagious". HSK#1 further confirmed that they cleaned the resident bathrooms, including the toilet, and all common areas of the unit. When asked the process of reporting broken items in resident rooms, HSK#1 confirmed that they then notify the Director of Housekeeping upon discovery of the item.

On 1/18/23 at 11:04 AM, the surveyor interviewed RN/UM#1, who reported that housekeeping would complete their thorough cleaning in the morning and continuously spot check throughout the remainder of the day. RN/UM#1 confirmed that housekeeping was responsible for the resident rooms, bathroom, walls, and railings. The surveyor and RN/UM#1 together observed the brown residue on the handrail at the end of Hallway [NJ Ex] by the fire exit; Hallway [NJ Ex] linen cart with the brown residue on the sides of the cover; and the exposed underside of the radiator in Room 521. In addition, the surveyor showed RN/UM#1 pictures of the brown residue on the handrail in between room [NJ Ex Order] and [NJ Ex Order] dried

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F 584	Continued From page 9 brown residue of toilet seat in Room NJ Ex Or and the drip/splatter marks beneath the window in Room 516. RN/UM#1 confirmed these areas should have been cleaned and acknowledged that the radiator in Room NJ Ex Or should have been reported and repaired. On 1/18/24 at 11:29 AM, the surveyors interviewed the Director of Housekeeping (DOH) who stated that the housekeepers have regular assignments and are guided in their tasks by a daily checklist. The DOH acknowledged that housekeepers were responsible for the common areas, resident rooms, including bathrooms, and hand rails. The DOH confirmed that housekeeping was to clean and disinfect any touchable surface daily. When asked about splatters or drippings on the walls, the DOH reported that this was to be wiped and cleaned. The DOH stated that on the Stanwick Glen Unit, housekeeping was expected to go "back and forth" and monitor the floor for cleaning. Upon reviewing the pictures obtained from the NJ EX Order, 26:4B1 NJ EX Ord Unit, the DOH confirmed that the pictured areas should have been cleaned. The DOH also confirmed that the radiator unit in Room NJ EX O should have been reported and maintenance work order submitted. The DOH acknowledged that the linen carts covers are able to be cleaned. On 1/18/24 at 12:08 PM, surveyors interviewed the Maintenance Director (MD), who confirmed that they were not made aware of the radiator's condition in room NJ EX O. The MD further stated that it was not acceptable and it should have been reported upon its discovery. On 1/23/24 at 12:03 PM, surveyors interviewed the Director of Nursing (DON) who stated that the	F 584		

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F 584	Continued From page 10 soiled areas should have been reported and were to be cleaned as soon as it is noticed. The DON stated that nursing can start to clean any area, but housekeeping was to be notified for proper cleaning and disinfecting of the area. The DON advised that all the linen carts were wipeable and expected to be cleaned. Upon review of the pictures, the DON confirmed that all areas should have been cleaned and that the radiator should not have been in that condition. A review of the facility provided undated "Homelike Environment" policy included... Residents are provided with a safe, clean, comfortable, and homelike environment [...] 2. 2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. clean, sanitary, and orderly environment. NJAC 8:39-4.1 (a), 11, 12, 21.3 (a) (b), 27.2 (j), 31.2 (a-e), 31.3, 31.4 (a-f)	F 584		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if	F 609		2/16/24

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F 609	Continued From page 11 the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility documents, it was determined that the facility failed to report an allegation of abuse to the New Jersey Department of Health (NJDOH) for 1 of 2 residents (Resident #103) reviewed for abuse. This deficient practice was evidenced by the following: On 01/16/24 at 10:25 AM, the surveyor observed Resident #103 ambulate into the day room and begin conversing with the other residents. At that time, the Assistant Director of Nursing (ADON) entered the day room and redirected the resident. According to the Admission Record, Resident #103 had diagnoses which included, but were not limited to, NJ EX Order. 264b1	F 609	1. Residents #23 and #103 were not affected by the facility not reporting the event timely. The facility reported the event of the allegation of NJ EX Order l abuse to the Department of Health on January 16, 2024. 2. All cases of residents with allegations of abuse can be affected by this deficient practice. The DON completed a comprehensive audit of all incident reports with a look-back period of NJ EX Order. 264b1 NJ EX Ord -current for allegations of NJ EX Order. 2 abuse to ensure timely reporting was completed. No additional cases were identified. 3. The NHA/DON initiated education on 1/16/2024 for all staff on the policy of Abuse, Neglect, Exploitation, and Misappropriation Reporting and Investigating. 4. The NHA/DON will audit incident	

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	315201	A. BUILDING ______ B. WING ______	C 01/24/2024

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F 609

Continued From page 12
NJ EX Order. 264b1.

Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ EX Order. 264b1, included the resident had a Brief Interview for Mental Status score of NJ EX Order which indicated the resident's cognition was NJ EX Order. 264b1. Further review of the MDS included the resident exhibited NJ EX Order. 264b1 behavior daily.

Review of the Care Plan, initiated NJ EX Order. 264b1 included a focus of, "I have a behavior problem. I like to go NJ EX Order. 264b1 other resident's rooms.' I like to NJ EX Order. 264b1 of resident's rooms. I believe another NJ EX Order resident is NJ EX Order. 264b1 and initiated NJ EX Order. 264b1 with NJ EX Order with an intervention to, "intervene as necessary to protect the rights and safety of others."

Review of a Progress Note, written by Licensed Practical Nurse (LPN) #1 on NJ EX Order. 264b1 at 12:19 AM, revealed, "Resident was observed by staff NJ EX Order. 264b1 another resident on the NJ EX Or, while that resident was asleep out in community requiring [Resident #103] to be redirected earlier in shift. The NJ EX O was reported to manager. An hour or so later [Resident #103] was observed attempting to NJ EX Or resident again by this nurse and coworker but was able to interseed [sic]. Resident continues to be NJ EX Order. 264b1 with NJ EX Order. 264b1 behaviors and with NJ EX Order. 264b1 NJ EX Order. 264b1. NJ EX Order. 264b1 place to NJ EX Order. 264b NJ EX Order. 264b1] and functioning well."

The surveyor requested all Facility Reportable Events (FRE) related to Resident #103.

On 01/16/24 at 10:59 AM, the Director of Nursing

F 609

reports daily x5, weekly x3, and then monthly x2 to ensure all allegations of abuse origin are reported timely. Results of the audits will be reviewed Monthly with QAPI to identify trends and additional areas of opportunity. The QAPI Committee consists of the NHA, DON and Medical Director.

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F 609	Continued From page 13 (DON) provided FRE's dated NJ EX Order. 264b1 and NJ EXEX Order. 26 and stated there were no additional FRE's for Resident #103. During an interview with the surveyor on 01/16/24 at 12:31 PM, the Certified Nursing Assistant (CNA) stated Resident #103 was a NJ EX Order. 264b1 and that staff monitor and redirect the resident. During an interview with the surveyor on 01/16/24 at 12:35 PM, LPN #2 stated Resident #103 had a history of NJ EX Order. 264b1 behaviors and that staff frequently monitor and redirect the resident. LPN #2 further stated that when abuse was witnessed or suspected, staff reported the incident to the nursing supervisor and the DON. During an interview with the surveyor on 01/16/24 at 12:38 PM, LPN #3 stated Resident #103 had NJ EX Order. 264b1 tendencies and that staff monitor and redirect the resident. LPN #3 further stated that when abuse was witnessed or suspected, staff immediately reported the incident to the nursing supervisor and the DON who then report it to the NJDOH "in a timely fashion." During an interview with the surveyor on 01/16/24 at 12:47 PM, the Registered Nurse/Unit Manager (RN/UM) stated Resident #103 had a history of being NJ EX Order. 264b1 and that staff monitor and redirect the resident. The RN/UM further stated that when abuse was witnessed or suspected, staff notify the UM, the ADON, the DON, and the Licensed Nursing Home Administrator (LNHA). On 01/16/24 at 1:52 PM, the surveyor attempted to call LPN #1 who wrote the Progress Note on NJ EX Order. 264b1. The surveyor left a message for the	F 609		

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F 609	Continued From page 14 LPN to call the surveyor back. During an interview with the surveyor on 01/16/24 at 2:14 PM, the DON stated that sexual abuse included any NJ EX Order: 264b1 that the resident reports was ill intent, including NJ EX Order: 264b1, and NJ EX Order: 264b1 touching. The DON explained that when abuse was witnessed or suspected, the facility ensures the residents are safe and staff report the incident to the immediate supervisor, the DON, and the LNHA. The DON further stated that the incident was reported to the NJDOH within two (2) hours. When asked about the incident documented in Resident #103's Progress Notes on NJ EX Order: 26, the DON stated she recently came across that progress note today NJ EX Order: 264b1 and was planning to report the allegation to the NJDOH, Long Term Care Ombudsman, and the police. The DON further stated that the incident should have been reported to the NJDOH on NJ EX Order: 264b1 when the incident was documented. During an interview with the surveyor on 01/16/24 at 3:25 PM, LPN #1 stated that on NJ EX Order: 264b1, she worked the 3:00 PM to 11:00 PM shift and that at the beginning of her shift, she overheard LPN #2 report to the RN/UM that Resident #103 NJ EX Order: Resident #23 who was seated in front of the nurse's station. LPN #1 further stated that about an hour after that, LPN #1 witnessed Resident #103 approach Resident #23 and bend over towards the resident, but that she was able to intervene before Resident #103 NJ EX Order: 26 Resident #23. When asked about reporting the incident, LPN #1 stated she reported the incident to the RN/UM and was instructed to monitor the resident and document the incident in a progress note. LPN #1 further stated the Progress Note was dated NJ EX Order: 264b1 at 12:19 AM, because she	F 609		

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F 609	Continued From page 15 documented the incident at the end of her 3:00 PM - 11:00 PM shift. During a follow-up interview with the surveyor on 01/17/24 at 9:38 AM, the DON, in the presence of the LNHA, stated the RN/UM should have reported the incident to the DON and the LNHA who would then make the final decision on reporting the incident to the NJDOH. During a follow-up interview with the surveyor on 01/17/24 at 10:30 AM, LPN #2 stated she did not recall the incident on NJ EX Order. 264b1 During a follow-up interview with the surveyor on 01/17/24 at 10:49 AM, the RN/UM stated that on NJ EX Order. 264b1, LPN #2 reported to her that Resident #103 NJ EX Order. Resident #23 on the cheek. The RN/UM further stated she should have reported the incident to the DON and the LNHA because Resident #23 had a diagnosis of NJ EX Order. 264b1 and was unable to NJ EX Order. 264b1 from Resident #103. Review of the facility's Abuse, Neglect, Exploitation and Misappropriation Prevention Program policy, dated October 2022, included, "Investigate and report any allegations within timeframes required by federal requirements." NJAC 8:39-9.4 (f)	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:	F 610		2/16/24

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F 610	Continued From page 16 §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility documents, it was determined that the facility failed to thoroughly investigate an allegation of abuse for 1 of 2 residents (Resident #103) reviewed for abuse. This deficient practice was evidenced by the following: On 01/16/24 at 10:25 AM, the surveyor observed Resident #103 ambulate into the day room and begin conversing with the other residents. At that time, the Assistant Director of Nursing (ADON) entered the day room and redirected the resident. According to the Admission Record, Resident #103 had diagnoses which included, but were not limited to, NJ EX Order. 264b1	F 610	1. Residents #23 and #103 wwere not affected by the facility not investigating the event timely. The facility investigated the allegation of NJ EX Order. 26 abuse and submitted it to the Department of Health on January 17, 2024. 2. All cases of residents with allegations of abuse can be affected by this deficient practice. A comprehensive audit of incidents with investigations was completed by the DON with a look-back period of January 1, 2024 □ current for allegations of sexual abuse to ensure timely investigating was completed. No additional cases were identified. 3. The NHA/DON initiated re-education on 1/16/24 for all the staff on the policy of Abuse, Neglect, Exploitation, and Misappropriation Reporting and Investigating. 4. The NHA/DON will audit incident reports with investigations daily x5, weekly	

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F 610	Continued From page 17 Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ EX Order. 264b1, included the resident had a Brief Interview for Mental Status score of NJ EX" which indicated the resident's cognition was NJ EX Order. 264b1. Further review of the MDS included the resident exhibited NJ EX Order. 264b1 behavior daily. Review of the Care Plan, initiated 08/17/23, included a focus of, "I have a behavior problem. I like to go NJ EX Order. 264b1 other resident's rooms.' I like to NJ EX Order. 264b1 resident's rooms. I believe another male resident is NJ EX Order. 264b1 and initiated NJ EX Order. 264 with him," with an intervention to, "intervene as necessary to protect the rights and safety of others." Review of a Progress Note, written by Licensed Practical Nurse (LPN) #1 on 01/06/24 at 12:19 AM, revealed, "Resident was observed by staff kissing another resident on the lips, while that resident was asleep out in community requiring [Resident #103] to be redirected earlier in shift. The NJ EX Or was reported to manager. An hour or so later [Resident #103] was observed attempting to NJ EX Or resident again by this nurse and coworker but was able to interseed [sic]. Resident continues to NJ EX Order. 264b1 with NJ EX Order. 264b1 behaviors and with very poor safety awareness. NJ EX Order Order. 264b1 in place to NJ EX Order. 264b1 NJ EX Order. 264b1] and functioning well." The surveyor requested all incident/accident investigations related to Resident #103. On 01/16/24 at 10:59 AM, the Director of Nursing (DON) provided incident reports dated NJ EX Order. 264b1 and NJ EXEX Order. 264 and stated there were no additional	F 610	x3, and then monthly x2 to ensure all allegations of abuse origin are investigated timely. Results of the audits will be reviewed Monthly with QAPI to identify trends and additional areas of opportunity. The QAPI Committee consists of the NHA, DON and Medical Director.	

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F 610	Continued From page 18 incident reports for Resident #103. During an interview with the surveyor on 01/16/24 at 12:31 PM, the Certified Nursing Assistant (CNA) stated Resident #103 was a NJ EX Order. 264b1 and that staff monitor and redirect the resident. The CNA further stated that when abuse is witnessed or suspected, the staff are required to fill out a written statement. During an interview with the surveyor on 01/16/24 at 12:35 PM, LPN #2 stated Resident #103 had a history of NJ EX Order. 264b1 behaviors and that staff frequently monitor and redirect the resident. LPN #2 further stated that when abuse is witnessed or suspected, staff complete an incident report and obtain written statements from the staff. During an interview with the surveyor on 01/16/24 at 12:38 PM, LPN #3 stated Resident #103 had NJ EX Order. 264 inappropriate tendencies and that staff monitor and redirect the resident. LPN #3 further stated that when abuse is witnessed or suspected, staff complete an incident report and obtain written statements from the staff. During an interview with the surveyor on 01/16/24 at 12:47 PM, the Registered Nurse/Unit Manager (RN/UM) stated Resident #103 had a history of being NJ EX Order. 264 inappropriate and that staff monitor and redirect the resident. The RN/UM further stated that when abuse is witnessed or suspected, staff complete an incident report which opens up an investigation that the DON and Licensed Nursing Home Administrator (LNHA) are involved in. The RN/UM added that staff statements are also collected and a summary of investigation is written.	F 610		

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F 610	Continued From page 19 On 01/16/24 at 1:52 PM, the surveyor attempted to call LPN #1 who wrote the Progress Note on NJ EX Order. 264b1 The surveyor left a message for the LPN to call the surveyor back. During an interview with the surveyor on 01/16/24 at 2:14 PM, the DON stated that sexual abuse includes any sexual act that the resident reports is NJ EX Order. 264b including NJ EX Order. 264b1, and NJ EX Order. 264b1. The DON explained that when abuse is witnessed or suspected, the facility ensures the residents are safe and staff report the incident to the immediate supervisor, DON, and Licensed Nursing Home Administrator (LNHA). The DON further stated that the nurse completes an incident report and the DON and LNHA obtain statements from staff and residents. The DON added that the investigation should be completed within five days. When asked about the incident documented in Resident #103's Progress Notes on NJ EX Order. 264b1, the DON stated she recently came across that progress note today (01/16/24) and was currently in the process of investigating the incident. The DON further stated that since the Progress Note was written on NJ EX Order. 264b1 investigation into that incident should have been started the same day the note was written. During an interview with the surveyor on 01/16/24 at 3:25 PM, LPN #1 stated that on 01/05/24, she worked the 3:00 PM to 11:00 PM shift and that at the beginning of her shift, she overheard LPN #2 report to the RN/UM that Resident #103 NJ EX Order. Resident #23 who was seated in front of the nurse's station. LPN #1 further stated that about an hour after that, LPN #1 witnessed Resident #103 approach Resident #23 and bend over	F 610		

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F 610	Continued From page 20 towards the resident, but that she was able to intervene before Resident #103 NJ EX Order. 264 Resident #23. LPN #1 added that she reported the incident to the RN/UM and asked if she should complete an incident report, however, the RN/UM instructed her to monitor the resident and document the incident in a progress note. LPN #1 stated she was never instructed to complete an incident report or provide a written statement. LPN #1 further stated the Progress Note was dated NJ EX Order. 264b1 at 12:19 AM, because she documented the incident at the end of her 3:00 PM - 11:00 PM shift. During a follow-up interview with the surveyor on 01/17/24 at 9:38 AM, the DON, in the presence of the LNHA, stated the RN/UM should have reported the incident to the DON and LNHA who would then make the final decision regarding the incident. During a follow-up interview with the surveyor on 01/17/24 at 10:30 AM, LPN #2 stated she did not recall the incident on NJ EX Order. 264b1 During a follow-up interview with the surveyor on 01/17/24 at 10:49 AM, the RN/UM stated that on NJ EX Order. 264b1, LPN #2 reported to her that Resident #103 NJ EX Order. Resident #23 on the cheek. The RN/UM further stated she should have reported the incident to the DON and LNHA because Resident #23 had a diagnosis of NJ EX Order. 264b1 and was unable to NJ EX Order. 264b1 from Resident #103. Review of the facility's Abuse, Neglect, Exploitation and Misappropriation Prevention Program policy, dated October 2022, included, "Investigate and report any allegations within	F 610		

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F 610	Continued From page 21 timeframes required by federal requirements." Review of the facility's Accidents and Incidents - Investigating and Reporting policy, dated July 2017, included, "All accidents and incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the administrator," and, "The nurse supervisor/charge nurse and/or department director or supervisor shall promptly initiate and document investigation of the accident or incident." Further review of the policy included, "The nurse supervisor/charge nurse and/or the department director or supervisor shall complete a Report of Incident/Accident form and submit the original to the director of nursing services within 24 hours of the incident or accident." NJAC 8:39-4.1(a)(5)	F 610		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of	F 657		2/16/24

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F 657	Continued From page 22 the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to develop and implement a comprehensive person-centered care plan that identified resident behavior and preferences. This deficient practice was identified for 1 of 36 residents (Resident #45) reviewed for care plans and evidenced by the following: On 1/10/24 at 10:44 AM, the surveyor observed the resident lying in bed, but permitted the surveyor to enter. The surveyor observed the bottom of the room's radiator unit broken, open and exposed. The surveyor located the resident's call bell in the bottom, closed nightstand drawer. The surveyor also observed a sign that depicted a call bell on Resident #45's closet door that stated, "press the red button for help from nurse." On 1/11/24 at 11:08 AM, the surveyor observed Resident #45's call bell in the bottom, closed nightstand drawer and the bottom of the radiator was broken, open and exposed.	F 657	1. Resident #45 was not affected by this deficient practice. The care plan was updated based on resident #45's observed behaviors. 2. All residents within the NJ EX Order. 26.4b1 unit with observed behaviors can be affected by this deficient practice. The DON/UM/ADON performed a comprehensive audit of all residents to ensure that the observed behaviors were updated to the care plan. 3. The DON/ADON/UM initiated re-education on 1/23/2024 with the interdisciplinary team on the policy of Care Plans, Comprehensive Person-Centered with revising the care plan timely. 4. The DON/ADON will audit five behavior care plans daily x5, ten behavior care plans weekly x3 and, then fifteen behavior care plans monthly x2 to ensure all behavior care plans have been revised timely. The results of the audits will be reviewed Monthly with QAPI to identify	

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F 657	Continued From page 23 On 1/12/24 at 11:22 AM, the surveyor observed Resident #45's call bell in the bottom, closed nightstand drawer and the bottom of the radiator was broken, open and exposed. On 1/12/24 at 11:31 AM, the surveyor interviewed the Certified Nursing Assistant (CNA#1) and brought them to room 521. The surveyor inquired about the radiator and call bell. CNA#1 described Resident #45 as a "fixer" and that they like to put things away. On 1/17/24 at 11:43 AM, the surveyor interviewed the Licensed Practical Nurse (LPN#1), who described a resident's individualized comprehensive care plan (ICCP) as an outline of the basic needs for the resident. LPN#1 stated that nurses could review the ICCP but could not access it. LPN#1 reported that the RN Supervisor or Unit Manager were in charge of the ICCP, but nursing staff could monitor the care plan for accuracy and updates. LPN#1 also confirmed that the care plan should have identified resident preferences and any behaviors that the resident may have exhibited. On 1/18/24 at 11:04 AM, the surveyor interviewed the Registered Nurse Unit Manager (RNUM#1), who stated that the purpose of an ICCP was to make everyone aware of the areas a resident may have needed help. RNUM#1 further stated that a care plan should have been personalized to the resident. When asked what type of things should be identified on a ICCP, RNUM#1 stated, "falls, room preferences, dietary needs, and behaviors." When asked if Resident #45's care plan should have identified their preference to have the call bell stored in the nightstand drawer and the Resident's tendency to disassemble	F 657	trends and additional areas of opportunity. The QAPI Committee consists of the NHA, DON and Medical Director.	

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F 657	Continued From page 24 equipment, RNUM#1 confirmed. On 1/23/24 at 12:03 PM, the surveyor interviewed the Director of Nursing (DON), who confirmed that the expectation for Resident #45 was that the care plan identified the behavior to take apart items and the preference to have the call bell in the drawer. The surveyor reviewed the medical record for Resident #45: A review of the Admission Record face sheet (an admission summary) reflected that the resident had diagnosis that included, but was not limited to, NJ EX Order. 264b1 . A review of the most recent Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate care, dated NJ EX Order. 264b1 reflected a brief interview for mental status (BIMS) score of NJ EX, which indicated that the resident was NJ EX Order. 264b1 NJ EX Order. 264b1 assessment. A review of Resident #45's individualized comprehensive care plan (ICCP) had focus areas that identified behaviors but did not identify the Resident's behavior of taking items apart or their preference to keep the call bell in a closed drawer of the nightstand. A review of the facility's undated policy, "Homelike Environment" included... b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well being ... 11. Assessments of residents are ongoing and	F 657		

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F 657	Continued From page 25 care plans are revised as information about the residents and the resident's condition change. NJAC8:39-11.2(e) thru (i); 27.1(a), (d)	F 657		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint NJ#: 165482 Based on observation, interview, record review, and review of facility-provided documentation, it was determined that the facility failed to a.) ensure that NJ EX Order. 264b1 care was provided to dependent residents in a timely manner for 3 of 6 residents (Residents #65, #84, #89) observed for incontinence care on 1 of 2 units NJ EX Order. 264b1 and NJ EX Order. 264b1 units) and b.) provide nail care to a resident who required NJ EX Order. 264b1 from the staff for activities of daily living (ADLs) for 1 of 5 residents, (Resident #114) reviewed for ADLs. a.) ensure that NJ EX Order. 264b1 care was provided to dependent residents in a timely manner for 3 of 6 residents (Residents #65, #84, #89) observed for NJ EX Order. 264b1 care on 1 of 2 units (NJ EX Order. 264b1 and NJ EX Order. 264b1 units). This deficient practice was evidenced by the following: 1. On 01/12/24 at 12:30 PM, the NJ EX Order. 264b1	F 677	1. Residents #65, 84 and 89 were not affected by NJ EX Order. 264b1 care that wasn't executed timely. Resident #114 was not affected by nail care not being performed. Residents #65, 84 and 89 were provided appropriate NJ EX Order. 264b1 care at the time of the surveyor observation. Resident #114 was provided appropriate NJ EX C care at the time of the surveyor observation. Skin checks were completed and no impairments were found. 2. All residents have the potential to be affected by ill-timed NJ EX Order. 264b1 and nail care. An audit of residents incontinence needs and nail care was completed. All observed needs were met. 3. The Director of Nursing educated all Certified Nursing Assistants and Licensed Nurses on timeliness of Activities of Daily Living (ADL) to include NJ EX Order. 264b1 and NJ EX Or care. 4. The Director of Nursing/Assistant Director of Nursing will complete audits for NJ EX Order. 264b1 and NJ EX C care, daily for 5 days, weekly for 4 weeks and then	2/16/24

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F 677	Continued From page 26 Unit Manager (UM) provided the surveyors with a list of NJ EX Order. 264b1 residents on the unit. On 01/18/23 at 07:38 AM, the surveyor met with the Certified Nursing Assistant (CNA#1) on NJ EX Order. 264b1 unit to complete an NJ EX Order. 264b1 tour. CNA #1 stated she was awaiting her assignment. On 01/18/24 at 07:41 AM, the surveyor and CNA #1 commenced an NJ EX Order. 264b1 tour, per the list provided on 01/12/24 by the UM, and observed the following: On 1/18/24 at 07:46 AM, CNA #1 and the surveyor greeted Resident #84 in their room, and CNA #1 informed the resident she was going to check his/her NJ EX Order. The NJ EX Order. was observed to be NJ EX Order. 264b1 A folded blanket under the resident had a NJ EX Order. 264b1 stain and the fitted sheet on the bed had a NJ EX Order. 264b1 stain. CNA #1 stated, "it should not be like that." During an interview at that time, CNA #1 was asked what it meant when the blanket and sheet under an NJ EX Order. 264b1 resident had dried stains and CNA #1 stated, "They haven't been touched. We do have heavy NJ EX Order. 264 but if there is a NJ EX Order. 264b1 ring it means they haven't been changed and it NJ EX Order. 264b1." The CNA stated that it was important to do NJ EX Order. 264b1 checks every 2 hours, and to check the NJ EX Order. 264b1 in between, to prevent skin break down or wounds from forming. She further stated that it was important to know your resident's needs. A review of Resident #84's Admission Record reflected that the Resident was admitted to the facility with diagnoses which included but were not limited to NJ EX Order. 264b1	F 677	monthly for 3 months. The Director of Nursing will report the results of the audits to the monthly Quality Assurance Performance Improvement committee for review. The Quality Assurance Performance Improvement committee will determine the need for further and continued action and recommendations until compliance is maintained. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing and Medical Director, as well as other interdisciplinary members.	

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F 677	Continued From page 27 NJ EX Order. 264b1). The Quarterly Minimum Data Set (MDS), an assessment tool, dated NJ EX Order. 264b1, revealed Resident #84's NJ EX Order. 264b1 skills for daily NJ EX Order. 264b1 were NJ EX Order. 264b1 The MDS further assessed that the resident required assistance from staff for personal hygiene and was always NJ EX Order. 264b1 of NJ EX Order. 264b1. On 01/18/24 at 07:49 AM, CNA #1 and the surveyor greeted Resident #65 in their room, and CNA #1 informed the resident she was going to check his/her NJ EX Order. 264b1 The diaper was observed to be NJ EX Order. 264b1. The resident was observed to have an NJ EX Order. 264b1 on their NJ EX Order. 264b1 NJ EX Order. 264b1 with a NJ EX Order. 264b1 on the area. There was a fitted sheet under the resident with a NJ EX Order. 264b1 CNA #1 stated that the NJ EX Order. 264b1 was NJ EX Order. 264b1" A review of Resident #65's Admission Record reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ EX Order. 264b1 . The Quarterly MDS dated NJ EX Order. 264b1, revealed Resident #65's cognitive skills for daily NJ EX Order. 264b1 were NJ EX Order. 264b1. The MDS further assessed that the resident required assistance from staff for personal hygiene and was always NJ EX Order. 264b1 of NJ EX Order. 264b1 On 01/18/24 at 08:00 AM, CNA #1 and surveyor greeted Resident #89 in their room, and CNA #1 informed the resident she was going to check	F 677		

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F 677	Continued From page 28 his/her NJ EX Order. 26 The diaper was observed to be dry. A folded blanket under the resident was observed to have a NJ EX Order. 264b1 stain and there was a blue fitted sheet with a NJ EX Order. 264 . CNA #1 stated that the sheet should not have been NJ EX Ord A review of Resident #89's Admission Record reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ EX Order. 264b1 ressive NJ EX Order. 264b1 The Quarterly MDS, dated NJ EX Order. 264b1 revealed Resident #89 had a Brief Interview for Mental Status (BIMS) score of NJ EX Order. 264b1 which indicated the resident had NJ EX Order. 264b1 NJ EX Order. 2 . The MDS further assessed that the resident required assistance from staff for personal hygiene and was always NJ EX Order. 264b1 of NJ EX Order. 264b1 . On 01/18/24 at 08:04 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #1) who stated that it was the CNA and nurse's responsibility to provide NJ EX Order. 264b1 care to the residents. LPN #1 stated the residents were changed every one to two hours if they were NJ EX Or and if they were not that they were asked if they needed to use the bathroom. LPN #1 stated that the staff constantly checked for NJ EX Order. 264b1 and that they knew which residents used the bathroom more often. LPN #1 stated that she expected the CNA to make sure the residents were taken care of, NJ EX Order. 264 were dry, that the bed was not NJ EX Order. 2 and that the residents were toileted. She further stated that a resident should not have been lying on NJ EX Order. 264b1 and that if the CNA found a resident with NJ EX Order. 264b1 , that	F 677		

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F 677	Continued From page 29 she would have expected them to have changed them. LPN #1 was informed of the surveyor's NJ EX Order. 264b1 rounds observations. LPN #1 acknowledged that the residents should not have had NJ EX Order. 264b1 and NJ EX Order and that it was important to make sure the residents were clean and dry to maintain dignity and to avoid skin breakdown. On 01/18/24 at 08:12 AM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM) who stated that she expected the incontinent resident's NJ EX Order. 26 to have been changed every two hours, on every shift, and for any NJ EX Order. 264b1 to also have been changed. The RN/UM was informed of the surveyor's NJ EX Order. 264b1 rounds observations. The RN/UM acknowledged that the resident's linens should not have been NJ EX Order. and stated that it was important to make sure the residents were clean and dry for the prevention of skin breakdown. On 01/23/24 at 12:07 PM, the surveyor interviewed the Director of Nursing (DON) who stated that the nurses and CNAs were responsible NJ EX Order. 264b1 care and that if a resident was identified as being NJ EX Order. 264b1 that the protocol was for the staff to change them every two hours. The DON was informed of the surveyor's NJ EX Order. 264b1 rounds observations. The DON stated that she would not have expected the residents to NJ EX NJ EX Order. 264b1" but if they were, that they should have received NJ EX Order. 264b1 care and the dirty linens should have been changed. The DON further stated it was important for residents to have clean linens and to stay clean and dry for overall skin health. A review of the facility policy, "NJ EX Order. 26	F 677		

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F 677	Continued From page 30 NJ EX Order. 264b1-Clinical Protocol", revised April 2018, does not speak to incontinence care. On 01/23/24 at 12:31, the surveyor inquired from the DON any additional policies on NJ EX Order. 264b1 care. The DON stated there were no other incontinence policies. A review of the facility documentation, Certified Nursing Assistant/Geriatric Nursing Assistant job description, provided on 01/18/24 at 08:42 AM by the DON, revealed Duties and Responsibilities, Personal Nursing Care Functions: Keep residents dry (i.e., change gown, clothing, linen, etc., when it becomes wet or soiled). Change bed linens. Complaint NJ #: 168814 b.) provide nail care to a resident who required extensive assistance from the staff for activities of daily living (ADLs) for 1 of 5 residents, (Resident #114) reviewed for ADLs. This deficient practice was evidenced by the following: 2. On 1/10/24 at 11:00 AM, the surveyor observed Resident #114 in bed. The surveyor observed the resident's NJ EX Order. 264b1 to be NJ EX Order. 264b1 and NJ EX Order. 264b1. Resident #114 stated they would like to have their NJ EX Order cleaned and trimmed. On 1/18/24 at 11:04 AM, the surveyor observed Resident #114 in bed. The surveyor observed the resident's NJ EX Order. 264b1 to be NJ EX Order. 264b1 and NJ EX Order. 264b1. The resident stated that they still needed their NJ EX Order. 264b1 and NJ EX Order. 264b1	F 677		

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F 677	Continued From page 31	F 677		

According to the Admission Record, Resident #114 had diagnoses which included, but were not limited to NJ EX Order. 264b1 and the need for assistance with ADL care.

Review of Resident #114's MDS, dated NJ EX Order. 2 reflected the resident had a BIMS score of NJ EX Orde NJ EX Orde which indicated the resident had a NJ EX Order. 264b1. The MDS further assessed that Resident #114 required assistance with ADLs.

On 1/18/24 at 11:10 AM, the surveyor interviewed LPN#2 who stated that NJ EX C care should have been provided by the CNAs on shower days and acknowledged that it was obvious that it had not been done since Resident #114's NJ EX Orde were observed to be NJ EX Order. 264b1 and NJ EX Order. 26

On 1/18/24 at 11:17 AM, in the presence of the RN/UM, the surveyor interviewed CNA #2 who stated that the CNAs were responsible for providing NJ EX Order. 264 "every two weeks." CNA #2 stated that she had not NJ EX Order. 264b1, or NJ EX Or resident #114's NJ EX Order. 264b1 but acknowledged that it should have been done as part of the resident's Activities of Daily Living (ADL) care daily. The RN/UM acknowledged that the resident's NJ EX Ord had not been cleaned or trimmed and stated that NJ EX Order. 264b1 should be assessed daily and NJ EX Or care should be provided as needed.

A review of the facility's policy, "Activities of Daily Living (ADLs), Supporting," with a revised date of 3/2018, reflected ...Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal care.

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F 677	Continued From page 32 On 1/23/24 at 1:30 PM, the survey team met with the Licensed Nursing Home Administrator, DON, Regional Nurse, and Regional Director of Operations to discuss the above observations and concerns. On 1/24/24 at 9:46 AM, the DON stated that the facility had no set schedule for providing NJ EX O care but that it was part of the residents daily ADL care and that nurses and CNAs were responsible for providing residents with NJ EX C care. NJAC 8:39-27.1 (a), 27.2 (g, h, j)	F 677		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Complaint NJ #: 168814 Based on interview, record review, and review of facility documents, it was determined that the	F 686	1. Resident #502 no longer resides in the facility. 2. All residents with NJ EX Order 26.4b1 injury NJ EX Order 26 can be affected by this deficient	2/16/24

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F 686	Continued From page 33 facility failed to address recommendations from the NJ EX Order. 26 Care Consultant (NJ EX Ord) in a timely manner for 1 of 5 residents (Resident #502) reviewed for NJ EX Order. 264b1. This deficient practice was evidenced by the following: According to the Admission Record, Resident #502 had diagnoses which included, but were not limited to, NJ EX Order. 264b1 Review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ EX Order. 264b1, included the resident's Brief Interview for Mental Status score was NJ EX O" which indicated the resident's NJ EX Order. 264b1. Further review of the MDS included the resident had NJ EX Order. 264b1 that were present upon admission to the facility. Review of the Care Plan, initiated NJ EX Order. 264b1 included a focus of, "the resident has a NJ EX Order. 264b1 development r/t [related to] immobility," with an intervention for, "Nutrition/Dietitian consult as needed." Review of the NJ EX Order report, dated NJ EX Order. 264b1 included the resident was seen for an initial evaluation of a NJ EX Order. 264b1 and an NJ EX Order. 264b1 to the NJ EX Order. 264b1. Further review of the NJ EX Order report included nutrition recommendations of, "Recommend increasing dietary NJ EX Order. 26 intake," and, "Recommend obtaining NJ EX Order. 264b1" The NJ EX Order added, "Will suggest increase in NJ EX Order. 264b1 to improve	F 686	practice. DON/ADON performed a comprehensive audit of all NJ EX Order. 2 consultant reports from January 2024 to ensure all recommendations were audited and updated in a timely manner. 3. The DON/ADON intitated reducation on 1/23/2024 for the Unit Managers on reviewing and updating recommendations to the resident□s medical chart timely by referencing the NJ EX Order. 264 Rounds Assessment and Documentation policy. 4. The DON/ADON will audit NJ EX Order. 2 consultant reports weekly x4 and monthly x2 to ensure all wound care recommendations have been reviewed and updated timely. The results of the audits will be reviewed Monthly with QAPI to identify trends and additional areas of opportunity. The QAPI Committee consists of the NHA, DON and Medical Director.	

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F 686	Continued From page 34 NJ EX Order. 264b1] to evaluate NJ EX Order. 264b1 NJ EX Order. 264b1)." Review of the resident's Electronic Medical Record (EMR) revealed there were no evaluations or progress notes completed by the Dietician or labs results for NJ EX Order. 264b1, and NJ EX Order. 264b1 level for the time period of NJ EX Order. 264b1 through NJ EX Order. 264b1 Review of the NJ EX Order report, dated NJ EX Order. 264b1 included the resident was seen for a follow-up evaluation for the NJ EX Order. 264b1 which were improving. Further review of the NJ EX Order report included nutrition recommendations of, "Recommend Dietician consult," "Recommend increasing dietary NJ EX Order. 26 intake," and, "Recommend obtaining NJ EX Order. 264b1 NJ EX Order. 264b1 5 level." The NJ EX Order added, "Will again suggest increasing NJ EX Order. 26 to improve NJ EX Order. 264b1 to evaluate NJ EX Order. 264b1) - will consult RD [Registered Dietician]." Review of the resident's EMR revealed there were no evaluations or progress notes completed by the RD or labs results for NJ EX Order. 264b1 level for the time period of NJ EX Order. 264b1 through NJ EX Order. 264b1. Review of the NJ EX Order report, dated NJ EX Order. 264b1, included the resident was seen for a follow-up evaluation for NJ EX Order. 264b1 s which were improving. Further review of NJ EX Order. 264b1 report included NJ NJ EX Order. 264b1 recommendations for NJ EX Order. 264b1, and NJ EX Order. 264b1.	F 686		

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F 686	Continued From page 35 Review of the resident's EMR revealed there were no evaluations or progress notes completed by the RD after the NJ EX Order report dated NJ EX Order. 264b1 but there were lab results, dated NJ EX Order. 264b1, for NJ EX Order. 264b1, and NJ EX Order. 264b1. Review of a progress note, dated NJ EX Order. 264b1 revealed the resident was discharged from the facility. During an interview with the surveyor on 01/22/24 at 10:43 AM, the Licensed Practical Nurse (LPN) stated that the NJ EX Order visited the facility once a week and submited the NJ EX Order report to the Unit Manager (UM). The LPN further stated that the any recommendations made by the NJ EX Order should be implemented as soon as they were received to "ensure the NJ EX Order. 264 are getting better." During an interview with the surveyor on 01/22/24 at 10:52 AM, the Registered Nurse/Unit Manager (RN/UM) stated that she started working at the facility in NJ EX Order. 264b1 When asked about the NJ EX Order, the RN/UM stated the NJ EX Order. 2 emailed her the NJ EX Order report with any recommendations and that the RN/UM put the orders in that night. The RN/UM further stated that if there was a nutrition recommendation, she would email the Dietician to let her know. The RN/UM added that NJ EX Order recommendations should be implemented within 24 hours to promote NJ EX Order. 26 healing. During an interview with the surveyor on 01/22/24 at 11:42 AM, the Dietician stated that the NJ EX Order visited the facility weekly and if there were any recommendations related NJ EX Order. 264b1, the UM would put in for a NJ EX Order. 264 consult that same week. The Dietician further stated that after she evaluated a resident, she would either document	F 686		

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F 686	Continued From page 36 under the progress notes or evaluations in the resident's EMR. When asked about Resident #502, the Dietician stated that she started working at the facility the last week of NJ EX Order: 26 and did not recall the resident because she was not involved with the NJ EX Order reports until NJ EX Order: 264b1 The Dietician added that if there was a nutrition recommendation made on NJ EX Order: 264b1 the Dietician at that time should have been notified by the UM and followed-up with the resident. During an interview with the surveyor on 01/22/24 at 1:07 PM, the Director of Nursing (DON) stated that the NJ EX Order visited the facility weekly and emailed the NJ EX Order report within 12 to 24 hours after the visit to the UMs and DON. The DON further stated the UM reviewed the NJ EX Order report, notified the physician, and implemented the recommendations once approved by the physician. The DON added that she was unsure of the timeframe that recommendations from the NJ EX Order should have been implemented, but that it was important to follow-up on NJ EX Order recommendations for "continuity of care." At that time, the surveyor notified the DON of Resident #502's NJ EX Order NJ EX Order: 264 recommendations that were not addressed on NJ EX Order: 264b1 and NJ EXEX Order: 264 During a follow-up interview with the surveyor on 01/23/24 at 12:45 PM, the DON stated she reviewed Resident #502's NJ EX Order reports and stated that when the nutrition recommendation was made on NJ EXEX Order: 26, the UM should have followed up with the physician to address the recommendations. Review of the facility's Nutrition Assessment policy, dated October 2017, included, "The	F 686		

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F 686	Continued From page 37 dietician, in conjunction with the nursing staff and healthcare practitioners, will conduct a nutritional assessment for each resident upon admission ... and as indicated by a change in condition that places the resident at risk for impaired nutrition," and, "Increased need for calories and/or NJ EX Order. 264b onset or exacerbation of diseases or conditions that result in a hypermetabolic state and an increased demand for calories and protein (e.g ... NJ EX Order. 26"	F 686		
F 697 SS=E	NJAC 8:39-27.1(a) Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to meet the professional standards of practice related to NJ EX Or management. Specifically not a.) obtaining a physician's order for NJ EX Order. 264b1 and administering NJ EX Or medication according to the appropriate NJ EX Or level, b.) administering pain medications as ordered by a physician and c.) appropriately assessing, monitoring, and recognizing NJ EX Order. 264b1 signs and symptoms of NJ EX Ord during a NJ EX Order. 2 care treatment. This deficient practice was identified for three (3) of 3 residents (Resident #52, #114 and #200)	F 697	1. Resident #52 was affected by the NJ EX Or medication order not having a severe category to accurately assess and manage NJ EX Or. The facility placed severe NJ EX Or medication order was placed. Resident #200 was affected by the NJ EX Ord medication not having a NJ EX Order. 264b1 or NJ EX Order. 264b1 category to accurately assess and manage NJ EX Or. The facility placed pain medications for NJ EX Order. 264b1 p NJ EX. Resident #114 is no longer in the facility. The facility implemented a numerical NJ EX Order. 264b1 to address assessing the NJ EX Order. 264b1	2/16/24

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reviewed for [NJ EX Or] management.

The deficient practice was evidenced by the following:

a.) On 01/10/24 at 11:07 AM, during the initial tour, the surveyor observed Resident #52 lying in bed watching the television. When asked if they had any concerns, Resident #52 stated that he/she did not feel like their [NJ EX Ord] was managed well. Resident #52 stated they had a standard [NJ EX Order. 264b1] medication) [NJ EX Order. 264b1] ordered for every [NJ EX] hours and a prn (as needed) medication as well but that it took a long time before it was administered.

The surveyor reviewed the medical record for Resident #52.

A review of the Admission Record (AR) face sheet (an admission summary) indicated that the resident had the diagnoses which included [NJ EX Order. 264b1]).

A review of the quarterly Minimum Data Set (MDS), an assessment tool dated [NJ EX Order. 264b1] reflected the resident had a Brief Interview for Mental Status (BIMS) score [NJ EX Order. 264b1], which indicated a fully [NJ EX Order. 264b1]. A further review indicated the resident received routine scheduled [NJ EX Ord] medications and as needed [NJ EX Ord] medications in the last five days. It also revealed that frequent [NJ EX Ord] limited day-to-day activities,

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[NJ EX Or] categories. The licensed nurses identified in inaccurately assessing and managing [NJ EX Ord] were re-educated. The licensed nurse was re-educated on proper assessing prior and during all wound care applications.

2. All residents with pharmacological pain management interventions and wound care management can be affected by this deficient practice. The DON/ADON audited all Order Summaries for residents on Analgesics- Opioids, Analgesics- Anti-Inflammatory, and Analgesics- Non-narcotic medications to ensure that the numerical scale was in place and assessing for [NJ EX Or] accurately is documented. The DON/ADON audited all resident [NJ EX Ord] levels with [NJ EX Order. 2] care orders and no discrepancies found.

3. The DON/ADON will re-educate the Licensed Nurses on Pain Assessment Management with a numerical scale to the pain medication orders and during Wound Care by utilizing the Wound Care Competency.

4. The DON/ADON/UM will audit the Analgesics- Opioids, Analgesics- Anti-Inflammatory, and Analgesics- Non-narcotic medications daily x5, weekly x3 and, then monthly x2 to ensure all pharmacological pain interventions have a numerical scale associated with the order. The IP/ADON will audit licensed nurses with Wound Care Competencies daily x5, weekly x3, and, then monthly x2 to capture 100% of all licensed nurses. The results of the audits will be reviewed Monthly with QAPI to identify trends and additional areas of opportunity. The QAPI

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F 697	Continued From page 39 and the intensity of the NJ EX Ord f NJ EX Order. 264b1. A review of the individualized comprehensive care plan (ICCP) included a focus area dated NJ EX Order. 26, for "I have pain and/or potential for NJ EX Or r/t [related to] NJ EX Order. 264b1 and rheumatoid arthritis." Interventions included to "administer analgesia (NJ EX Ord relieving medication) as per orders, observe for effectiveness and signs and symptoms of side effects; anticipate my need for NJ EX Ord relief and respond to reports and signs and symptoms of NJ EX Or; encourage me to use non-pharmacological interventions for NJ EX Or relief as applicable; evaluate the effectiveness of pain management interventions; monitor and record the presence of NJ EX Or daily and as needed." A further review of the ICCP included a focus area dated 1/10/24, for "I am on NJ EX Ord medication therapy." Interventions included to "administer medication as ordered and monitor for effectiveness and adverse effects; monitor for NJ EX Order. 264b1, NJ EX Order. 264b1..observe for adverse reactions with every interaction with the resident; monitor safety due to potential increased risk for falls; and NJ EX Order. 264b1 NJ EX Order. 264b1 can rapidly reverse NJ EX Order. 264b1, have available in case of emergency." A review of the NJ EX Order. 264b1 and NJ EX Order. 264 NJ EX Order Medication Administration Record (MAR), reflected the following: -Start date NJ EX Order. 264b1 evaluation every day shift for monitoring of patient's pain level. -Start date NJ EX Order. 264b1 hour abuse deterrent NJ EX milligrams (MG). Give NJ EX Order. 26 tablet by mouth every NJ EX	F 697	Committee consists of the NHA, DON and Medical Director.	

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hours for [NJ EX Order. 264b1].
-Start date NJ EX Order. 264b1 tablet [NJ EX Order. 264b1] mg. Give [NJ EX Order. 264b1] tablets by mouth every [NJ EX Order. 264b1] hours as needed for [NJ EX Order. 264b1].
-Start date NJ EX Order. 264b1 oral tablet [NJ EX Order. 264b1] mg. Give [NJ EX Order. 264b1] tablet by mouth every [NJ EX Order. 264b1] hours as needed for [NJ EX Order. 264b1] Discontinued [NJ EX Order. 264b1]
-Start date [NJ EX Order. 264b1] NJ EX Order. 264b1 tablet [NJ EX Order. 264b1] mg. Give [NJ EX Order. 264b1] tablet by mouth [NJ EX Order. 264b1] hours as needed for [NJ EX Order. 264b1].

A further review revealed that the resident had a documented [NJ EX Order. 264b1] level of [NJ EX Order. 264b1] to nine [NJ EX Order. 264b1] and was administered the [NJ EX Order. 264b1] for [NJ EX Order. 264b1] There were no as needed [NJ EX Order. 264b1] medications ordered for [NJ EX Order. 264b1]

On 01/17/24 at 10:37 AM, the surveyor interviewed the Licensed Practical Nurse (LPN#1) who stated that Resident #52 was alert and complained about [NJ EX Order. 264b1] and requested [NJ EX Order. 264b1] medication "every 4 hours on the dot" and had a standard [NJ EX Order. 264b1] medication [NJ EX Order. 264b1] mg every [NJ EX Order. 264b1] hours. LPN #1 further stated that the resident's prn [NJ EX Order. 264b1] medication was [NJ EX Order. 264b1] [NJ EX Order. 264b1] mg every [NJ EX Order. 264b1] hours for [NJ EX Order. 264b1] and that the resident "would tell you the time of the medication." At that time, LPN #1 and the surveyor reviewed the electronic medical record (EMR) together. LPN #1 confirmed she did not see anything for [NJ EX Order. 264b1]. The surveyor asked what was the numerical [NJ EX Order. 264b1] scale? LPN #1 stated that the [NJ EX Order. 264b1] scale level was "[NJ EX Order. 264b1] is anything over [NJ EX Order. 264b1] and [NJ EX Order. 264b1] was [NJ EX Order. 264b1] The surveyor asked was there a numerical number for [NJ EX Order. 264b1]? She then clarified and stated, "[NJ EX Order. 264b1] [NJ EX Order. 264b1] is [NJ EX Order. 264b1] NJ EX Order. 264b1 and [NJ EX Order. 264b1] is anything over [NJ EX Order. 264b1] LPN #1 stated she administered the prn medication based on the

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F 697	Continued From page 41 NJ EX Ord level that the resident would tell her. She further stated the prn NJ EX Order. 264b1 mg every NJ hours was for NJ EX Ord and was not specific on the NJ EX Or level but that it now was indicated for NJ EX Order. 264b1 . On 01/17/24 at 10:44 AM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) for the NJ EX Order. 264b1 unit who stated that the numerical NJ EX Or level was NJ EX Order. 264b1 NJ EX Order. 264b1; and NJ EX Order. 264b1. She stated that if the order was for NJ EX Order. 264b1, but the resident was complaining of NJ EX Order. 264b1 then the nurse would call the doctor to get a medication for NJ EX Order. 264b1. The RN/UM stated that it was important to get the appropriate medication for the type of NJ EX Ord because "everyone was different, and it should be individualized based on that resident." At that time, the RN/UM and the surveyor reviewed the EMR together which indicated a physician's order for NJ EX Order. 264b1 mg every NJ EX hours, NJ EX Order. 264b1, NJ EX Order. 264b1 mg NJ tablets every NJ E hours for NJ EX Order. 264b1 NJ EX mg every NJ hours for NJ EX Order. 264b1. She then confirmed she did not see anything for NJ EX Order. 2 NJ EX Ord The RN/UM and the surveyor review the MAR together which revealed the nurses documented "NJ EX Order. 264b and the NJ EX Order. 264b1 mg for NJ EX Order. 264b1 was administered. The RN/UM acknowledged that based on those numerical numbers, that the nurses should have notified the physician and there should have been an order for NJ EX Order. 264b1. The RN/UM then stated that Resident #52 was always on the call light every NJ hours for their NJ EX Or medication and for someone like that they "should have a medication for NJ EX Order. 264b1." The RN/UM concluded she just texted the physician to get an order for NJ EX Order. 2 NJ EX Ord	F 697		

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On 01/17/24 at 10:59 AM, the RN/UM informed the surveyor that the physician called back and stated they would keep the NJ EX Order. 264b1 mg every NJ hours for NJ EX Order. 264b1 but would now add NJ EX Order. 264b1 mg every NJ hours for NJ EX Order. NJ EX Ord

A further review of the NJ EX Order. 264b1 Medication Administration Record (MAR), reflected the medications listed above and the following:

-Start date NJ EX Order. 264b1 oral tablet NJ EX mg. Give NJ tablet by mouth every NJ EX Order. 26 hours as needed for NJ EX Or. Discontinued NJ EX Order. 26.
- Start date NJ EX Order. 264b1 oral tablet NJ EX mg. Give NJ E tablet by mouth every NJ E hours as needed for NJ EX Order. 264b1.
- Start date NJ EX Order. 264b1 oral tablet NJ EX mg. Give NJ E tablet by mouth every NJ E hours as needed for NJ EX Order. 264b1

A further review revealed that the NJ EX Order. 264b1 e order did not specify if it was for NJ EX Order. 264b1 until after surveyor inquiry.

On 01/17/24 at 11:16 AM, the surveyor interviewed the Director of Nursing (DON) who stated that the numerical NJ EX Ord scale was NJ EX Or NJ EX Order. 264b1 e NJ EX Order. 264b1. The surveyor inquired if a resident had a NJ EX Or level of NJ EX and only had an order for NJ EX Order. 264b1, what should be done? The DON stated that the nurses should call the physician and inform them that the resident's NJ EX Ord level was a NJ " and that they needed to give them something else for NJ EX Order. 264b1 When asked what was the importance of following the numerical NJ EX Or scale? The DON stated it was

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F 697	Continued From page 43 important to give in the parameters for effectiveness and to see if there were any adverse effects. On 01/17/24 at 11:21 AM, the DON and the surveyor reviewed the MAR together. The DON acknowledged that there should have been an order for NJ EX Order. 264b1 prior to surveyor inquiry. On 01/17/24 at 01:46 PM, the DON stated in the presence of the survey team that the facility did not have any type of numerical NJ EX Or scale for the nurses to follow and that they utilized the NJ EX Or assessment tool which was completed quarterly or when there was a significant change. A review of the Order Summary Report (OSR), indicated the following active orders as of NJNJ EX Order. : - NJ EX Order. 264b1 tablet NJ EX O mg. Give NJ tablets by mouth every NJ E hours as needed for NJ EX Order. 264b1 NJ E NJ EX Order. 264b1 . oral tablet NJ NJ hours NJ EX Order mg. Give NJ tablet by mouth every NJ EX hours for NJ EX Order. 264b1. - NJ EX Order. 264b1 mg. Give NJ tablet by mouth every NJ hours as needed NJ EX Order. 264b1 - NJ EX Order. 264b1 oral tablet NJ E mg. Give NJ E tablet by mouth every NJ hours as needed for NJ EX Order. 264b1 NJ EX O On 01/24/24 at 09:56 AM, the DON stated in the presence of the Licensed Nursing Home Administrator (LNHA) and the survey team, that a NJ EX Or management in-service was started. The DON concluded since the changes of the NJ EX Or medication that it had been effective for the resident.	F 697		

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F 697	Continued From page 44	F 697		

b.) According to Resident #200's AR, the resident was admitted with the diagnoses which included, but was not limited to, NJ EX Order. 264b1

The admission MDS, an assessment tool dated 01/04/24, indicated that Resident #200 scored a NJ out of NJ EX on the BIMS which indicated that the resident had NJ EX Order. 264b1. The MDS also indicate that the resident required NJ EX Order. 264b1 NJ EX Order. 264b1 with activities of daily living (ADL's) and had occasional complaints NJ EX Order. 26

On 01/10/24 at 10:17 AM, the surveyor observed Resident #200 in bed. The resident was observed to have NJ EX Order. 264b1 and NJ EX Orde NJ EX Order. 264b1 The surveyor interviewed the resident at this time and the resident stated that he/she had NJ EX Order. 264b1. The Resident stated that he/she did not have any NJ EX Or medications since yesterday. He/she stated that he/she did not know if any routine NJ EX Or medication were provided to manage his/her NJ EX Ord The surveyor reported the residents' complaints of NJ EX Or to the nurse.

On 01/10/24 at 11:00 AM, the surveyor reviewed Resident #200's medical record which revealed the following documentation:

The Physician Order Summary (POS) sheet indicated that Resident #200 had the following medications ordered for NJ EX Ord

-Order dated NJ EX Order. 264b1, for NJ EX J EX Order. 264b1 oral Tablet NJ EX O MG NJ EX Order. 2 Order. 264b1) Give NJ EX Order. 2 tablets by mouth every NJ E (four) hours as needed

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F 697	Continued From page 45 for as needed for NJ EX Order. 264b1 -Order dated NJ EX Order. 264b1, for NJ EX Order. 264b1 Apply to NJ EX Order. 264b1 topically in the morning for NJ EX Order for NJ EX hours then remove and remove per schedule. -Order dated NJ EX Order. 264b1, for NJ EX Order. 264b1 NJ EX Order. 264b1 oral Tablet NJ EX MG *Controlled Drug* Give NJ tablet by mouth every NJ EX Order. 264b1 hours as needed for as needed for NJ EX Order. 264b1 NJ EX Order According to the documentation on the Medication Administration Record (MAR) Resident #200 had a physicians order for: NJ EX Order. 264b1 mg give NJ EX tablets by mouth as needed for NJ EX Order. 264b1 on the NJ EX Or scale. The MAR indicated that on NJ EX Order. 264b1 and NJ EX Order. 264b1, Resident #200 complained that his/her pain was at a NJ EX Order level of NJ EX Order) on the NJ EX Or scale. The MAR indicated that the resident was administered NJ EX Order. 264b1 mg two tabs by mouth as needed for NJ EX Order. 264b1) on the NJ EX Or scale. This medication was administered out of the physician ordered parameters and was given when the resident complained of NJ EX Order at a level of NJ E According to the MAR, Resident #200 had a physician's order for NJ EX Order. 264b1 mg tab to be given every NJ EX Order. 264b1 hours as needed for NJ EX Order. 2 NJ EX Order. 264b1) on the NJ EX Ord scale. The MAR indicated that on NJ EX Order. 264b1, Resident #200 complained that his/her NJ EX Ord was at a NJ EX Orde NJ EX Order. 264b1) on the NJ EX Ord scale. The MAR indicated	F 697		

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F 697	Continued From page 46 that the resident was administered NJ EX Order. 264b1 mg. The medication was ordered to be given when the resident complained of NJ EX Order. 264b1) on the NJ EX Ord scale. The surveyor reviewed Resident #200's ICCP, dated NJ EX Order. 264b1, that indicated the resident had potential for NJ EX Ord The ICCP interventions included the following: Administer analgesia as per ordered. On 01/11/24 at 10:48 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #2) who stated that she had been employed in the facility for approximately NJ EX Order. 264b year. LPN #1 stated that if a resident had complaints of NJ EX Or, she would have asked the resident what their NJ EX Or level was using a NJ EX Ord scale of NJ EX Order. 264 being no NJ EX Or, and NJ EX being NJ EX Order. 264b1). She stated that she would question the resident on how much NJ EX Or they were having, the description of the NJ EX Ord, and where the NJ EX Ord was located. LPN #2 continued to explain that a NJ EX Order. 264 level was NJ EX Order. 264b1 was NJ EX Order. 264b1 level and NJ EX Or on the NJ EX Or scale indicated that the resident had NJ EX Order. 264b1 She explained that when a resident complained of NJ EX Or that it would have been documented on the MAR and on the NJ EX Or monitoring section of the MAR. LPN #2 stated that if the resident had complaints of NJ EX Order. 264b1 (NJ EX Or on the NJ EX Order. 264b1, then the nurse would have administered the NJ EX Or medication that was ordered for that NJ EX Or level. If the resident had NJ EX Order. 264b1 on the NJ EX Ord scale, then the nurse would have administered the NJ EX Or medication that was ordered for that NJ EX Or scale. If the resident had NJ EX Order. 264b1) the nurse would have then administered the NJ EX Or medication associated with that NJ EX Ord scale and	F 697		

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F 697	Continued From page 47 followed the physician's order. LPN #2 reviewed Resident #200's prn NJ EX Or medications in the presence of the surveyor and the LPN stated that the nurse should have called the primary care physician (PCP) when the resident complained of NJ EX Order. 264b1 and gotten an order for medication for NJ EX Order. 264b1. LPN#2 confirmed that the resident was administered NJ EX Ord medication out of the physician ordered parameters on NJ EX Order. 264b1 and NJ EX Order. 264b1. She continued to add that if a nurse administered the medication out of parameters that would have indicated that the nurse was not following physician orders. On 01/17/24 at 09:31 AM, the surveyor interviewed the RN/UM #2 on the NJ EX Order. 264b1 Unit NJ EX Order. 264b1) who stated that if a resident's NJ EX Order levels were higher than the NJ EX Or level of NJ EX Or on the NJ EX Ord scale NJ EX Ord and only had a NJ EX Ord level NJ EX Or medication ordered, then the nurse should reach out to the PCP to find out if the they wanted a different NJ EX Ord medication given to that resident. She stated this should have also been done with NJ EX Order. 264b1 and NJ EX Order. 2 NJ EX Ord level ordered medications. She stated that the nurses should have followed physicians' orders and should not give medication out of the physician ordered parameters. She stated that the nurse should have notified the PCP to get a different NJ EX Ord medication ordered if the resident was complaining of pain at a level higher than what the current medication order was to be used for. On 01/17/24 at 09:48 AM, the surveyor interviewed LPN #3, on the NJ EX Order. 264b1 Unit, regarding administration of pain medications.	F 697		

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F 697	Continued From page 48 LPN #3 stated that if a resident companied of [NJ EX O] above the pain level that a medication was ordered for that the nurse should have called the PCP and should have written it in the progress notes. LPN #3 confirmed that the nurse should not have given any medication out of the physician ordered parameter and should have called the PCP if a resident complained of [NJ EX O] out of the physician ordered parameters. On 01/17/24 at 12:39 PM, the Pharmacy Consultant (PC) stated that she came in monthly to review resident medications. The PC stated that if nurses gave [NJ EX O] medication out of the physician ordered parameters that the nurse would not be following physicians' orders. On 01/17/24 01:43 PM, the surveyor interviewed the DON who stated that the facility did not have a standardized [NJ EX O] scale that the staff could have utilized when they assessed the resident's [NJ EX O]. The DON stated that she could not provide any policy regarding the type of [NJ EX O] scale that the nursing staff used to assess a resident's [NJ EX O] A review of the facility's policy, "Pain Assessment and Management," revised October 2022, included, "Assessing pain 5. During the pain assessment gather the following information as indicated from the resident ...(2) intensity of pain (as measured on a standardized pain scale). Defining goals and appropriate interventions 1. The pain management interventions are consistent with the resident's goals for treatment which are defined and documented in the care plan. Implementing pain management strategies 1. Establish a treatment regimen that is specific to the resident based on consideration of the following: b. current medication regimen; d.	F 697		

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nature, severity, and cause of the pain."

c.) On 1/10/24 at 11:00 AM, the surveyor observed Resident #114 in bed. The resident told the surveyor that he/she had a NJ EX Order. 26 on their NJ EX Order. 264b1 that hurt NJ EX Order. 264b1 ."

On 1/11/24 at 11:05 AM, during an interview with the surveyor, LPN#5 stated that she had completed a NJ EX Order. 2 treatment to Resident #114's NJ EX Order. 264b1 that morning. The surveyor asked LPN#5 if she had medicated Resident #114 for NJ EX Or. LPN #5 replied that the resident had not complained of NJNJ EX so she did not administer NJNJ EX medication before the treatment. The surveyor asked LPN #5 if she had assessed the resident's NJ EX Ord level and documented it. LPN #5 reviewed Resident #114's Medication Administration Record (MAR) and Treatment Administration Record (TAR) with the surveyor and replied she had not assessed or documented the resident's NJ EX Or level.

On 1/18/24 at 11:04 AM, the surveyor observed Resident #114 in bed. The resident told the surveyor that he/she had NJ EX Or in their NJ EX Order. area and continued to have NJ EX Ord in their "NJ EX Order. 264b1 " The surveyor asked Resident #114 if he/she had informed the staff that they had NJ EX Or. Resident #114 replied that they could not remember.

On 1/22/24 at 10:00 AM, the surveyor observed the RN/UM #1 on the NJ EX Order. 264b1 unit perform a NJ EX Order. 26 treatment to Resident #114's NJ EX Order. 26 NJ EX Order. 264b1 LPN #6 was the assigned nurse for the resident and stated that she would be assisting with the Resident's positioning during the treatment. LPN #6 further stated that she had

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F 697	Continued From page 50 pre-medicated the resident for pain at approximately 8:00 AM, for a NJ EX Order level of NJ E which indicated the resident was in NJ EX Order. 264b1. LPN #6 stated that she usually did a NJ EX Ord assessment and medicated the residents before they received NJ EX Order. 2 treatments. The surveyor reviewed the resident's MAR which reflected that LPN #6 was assigned to Resident #114 on NJ EX Order. 264b1 NJ EX Order. 264b1 and NJ EX Order. 264b1 and had not documented that a NJ EX Or assessment had been completed, and had not administered any NJ EX Or medication prior to the wound treatments on any of those dates. LPN#6 could not speak to why she had not conducted a NJ EX Or assessment or administered pain medication on those days. On that same date, at that same time, during the wound treatment, the surveyor observed Resident #114 in a side-lying position with eyes closed; the resident appeared comfortable. When RN/UM #1 began cleaning the NJ EX Order. 26 the resident NJ EX Order. 264b and made a NJ EX Order. 264b1 forward which indicated NJ EX Or may have experienced NJ EX Ord The RN/UM #1 removed her gloves and went to wash her hands. The surveyor asked RN/UM #1 if she thought Resident #114 had experienced NJ EX Or when she cleaned the NJ EX Order. 26 RN/UM #1 stated that the resident had already been medicated with NJ EX Order. 264b1 and continued the treatment. The surveyor observed that RN/UM #1 had not assessed the resident for NJ EX Or throughout the entire NJ EX Order. 2 treatment. On 1/22/24 at 10:20 AM, during an interview with the surveyor, RN/UM #1 stated that she did not hear Resident #114 NJ EX Or n but did notice he/she NJ EX Order. 264b1 during the treatment. RN/UM #1acknowledged that she should have assessed the resident for NJ EX Ord during the treatment.	F 697		

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On 1/23/24 at 10:50 AM, during an interview, the surveyor asked the RN/UM #1 if she believed that Resident #114's [NJ EX Order] was being managed appropriately since the [NJ EX Order. 264b1] MAR reflected that Resident #114 had only received two doses of [NJ EX Ord] medication during the entire month of [NJ EX Order. 264b1] RN/UM #1 replied that she believed the resident needed routine [NJ EX Or] medication and had discussed it yesterday with Resident #114's primary care physician and obtained an order.

According to the admission record, Resident #114 had diagnoses which included, but were not limited to NJ EX Order. 264b1 , and the need for assistance with ADL care.

Review of Resident #114's Annual Minimum Data Set (MDS), an assessment tool, dated [NJ EX Order. 264b1], reflected the resident had a BIMS score of [NJ E] out of [NJ EX] which indicated the resident had a [NJ EX Order. 264b1] cognitive [NJ EX Order. 264b1]. The MDS further assessed that Resident #114 required assistance with ADLs.

Review of the [NJ EX Order. 264b1] 24 Physician Order Summary reflected a physician's order (PO), with a start date of [NJ EX Order. 264b], for NJ EX Order. 264b1 [NJ EX] mg tablet, give [NJ] tablet by mouth every [NJ] hours as needed for NJ EX Order. 264b1 7) and a PO for NJ EX Order. 264b1 oral solution [NJ EX O] mg [NJ E] ml, with a start date of [NJ NJ EX Order. 264b] give [NJ EX Or] ml by mouth every [NJ] hours as needed for [NJ EX Or]. This order did not indicate the [NJ EX Or] level at which this medication should have been administered. The surveyor observed that before the surveyor's inquiry, Resident #114 had not been administered any NJ EX Order. 264b1 from

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F 697	Continued From page 52 NJ EX Order. 264b1 nor had Resident #114 been administered NJ EX Order. 264b1 from NJ EX Order. 264b1 Review of the resident's current MAR reflected an order for NJ EX Order. 264b1 Oral Solution NJ EX O mg NJ E ml Give NJ EX Order. 2 by mouth every NJ hours as needed for NJ EX Ord, document NJ EX Or level with a start date of NJ EX Order. 264b1. There were no initials from NJ EX Order. 264b1 which indicated that the resident had not been evaluated for NJ EX Or and had not received any NJ EX Order. 264b1 for NJ EX Ord. Review of Resident #114's ICCP for pain reflected administering analgesia as per orders, anticipating the need for NJ EX Ord relief responding to any complaint of NJ EX Or, and monitoring and recording the presence of NJ EX Or daily and when needed. On 1/23/24 at 1:30 PM, the survey team met with the Licensed Nursing Home Administrator, Director of Nursing (DON), Regional Nurse, and Regional Director of Operations to discuss the above observations and concerns. NJAC 8:39-27.1 (a)	F 697		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.	F 812		2/16/24

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F 812	Continued From page 53 (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and review of facility documentation it was determined that the facility failed to a.) properly handle and store potentially hazardous foods in a manner that is intended to prevent the spread of food borne illnesses and b.) maintain equipment and kitchen areas in a manner to prevent microbial growth and cross contamination. This deficient practice was observed and evidenced by the following: On 01/10/24 at 09:43 AM, the surveyor toured the kitchen in the presence of the Food Service Director (FSD#1) for the Assisted Living unit and the Regional Director of Dining Services (RDDS). FSD#1 stated that the FSD#2 for the Long-Term Care unit would be on site shortly. The tour commenced and the following was observed: 1. At handwashing sink #1, there was a step-lid trashcan with no plastic trash bag, with trash and debris observed inside the can. During an interview at that time, FSD#1 acknowledged the unlined trashcan and stated that there should have been a plastic bag in the	F 812	1. No residents were affected by the facility not having; 1. Step-lid trashcan without a plastic trash bag. 2. Uncovered/unlabeled cream gravy on a sheet pan in the walk-in refrigerator. 3. Sealed boxes of bacon without a received by label. 4. A defrosted 10lb roasted turkey breast in a sealed package with no dates. 5. Chicken thighs exposed to air with no label or date. 6. Red peppers with wrinkled and visible black spots. 7. Wrinkled dried out asparagus. 8. Salmon without a pulled sticker. 9. Pork in the deep freezer with no received by date. 10. Frozen beef bologna with no received by or use by date. 11. A 10lb box of flounder filets with no received by or use by date. 12. Hoagie rolls in a cornstarch box with no labels on the bags and no dates. 13. Unwrapped cherry pies uncovered with no use by date. 14. Another clear bag of chicken thighs with no expiration date or label. 15. A slicer covered with brown debris on the base, and white debris on the blade. 16. Cutting boards with blank smudges and brown stains. 17. Stacked coffee muds	

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can. FSD#1 stated that a plastic bag would have made it easier for the trash to have been removed, the inside of the can would not have been contaminated and the trash would have been easier to dispose of.

2. In the walk-in refrigerator, on a rolling metal rack, there was an uncovered metal half pan that contained tan and cream colored gelatinous material, with no label or dates. FSD#1 identified it as cream gravy and stated that it should have been covered with clear plastic wrap and dated when it was made. The pan was removed.

3. On the same rolling metal rack, there were two sealed boxes of bacon with no dates observed on the box. FSD#1 stated she did not know when the bacon was pulled from the freezer and that it should have had a pulled date and a use by date.

4. On the cooked and raw meat rack, resting on a sheet pan, was one defrosted 10 pound (lb) pan roasted turkey breast in a manufacturer's sealed package with no sticker or dates. FSD#1 stated that it should have had a sticker when it was received.

5. On the bottom shelf of the same rack, resting in a four-inch half pan, was one unsealed, opened clear plastic bag with the tan meat visible and exposed to air. The meat was soft and resting in red liquid. There was no label nor dates. FSD#1 identified the meat as chicken thighs and acknowledged that the meat was not sealed correctly. FSD#1 stated that the meat should not have been exposed to air and that the bag should have had a label with a use by date, and dated when it was pulled from the freezer so staff would have known when it should have been

F 812

uncovered, upright and exposed to metal underside of the tray. 18. A handwashing sick with no trash can in the area. All concerns were remediated upon observation.

2. All residents have the potential to be affected by the facility not having 1. Step-lid trashcan without a plastic trash bag. 2. Uncovered/unlabeled cream gravy on a sheet pan in the walk-in refrigerator. 3. Sealed boxes of bacon without a received by label. 4. A defrosted 10lb roasted turkey breast in a sealed package with no dates. 5. Chicken thighs exposed to air with no label or date. 6. Red peppers with wrinkled and visible black spots. 7. Wrinkled dried out asparagus. 8. Salmon without a pulled sticker. 9. Pork in the deep freezer with no received by date. 10. Frozen beef bologna with no received by or use by date. 11. A 10lb box of flounder filets with no received by or use by date. 12. Hoagie rolls in a cornstarch box with no labels on the bags and no dates. 13. Unwrapped cherry pies uncovered with no use by date. 14. Another clear bag of chicken thighs with no expiration date or label. 15. A slicer covered with brown debris on the base, and white debris on the blade. 16. Cutting boards with blank smudges and brown stains. 17. Stacked coffee muds uncovered, upright and exposed to metal underside of the tray. 18. A handwashing sick with no trash can in the area. An audit was completed of all observed concerns. All deviations were corrected.

3. The Director of Food Service educated all dining staff on the food

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F 812	Continued From page 55 discarded. The RDDS stated that the meat would get discarded and removed the chicken from the refrigerator. 6. On the vegetable rack, there was one large clear plastic bin containing five red peppers. The peppers were wrinkled and had visible black spots. The sticker on the bin was marked received 12/28/23 and FSD#1 stated that they were good for a month. The surveyor inquired as to whether the peppers were still good to eat and FSD#1 stated, "no" and discarded the peppers. 7. On the same rack, there was one plastic bin containing asparagus. On the bin there was one sticker marked received 1/10/24 and one sticker marked received 12/19/23. The asparagus was thin, wrinkled and dried out. FSD#1 stated the asparagus should not have looked dried out and that they should have lasted for a month or longer. FSD#1 stated it was important to inspect produce to prevent spoilage. On 01/10/24 at 10:19 AM, FSD#2 joined the tour and observed the asparagus with the surveyor and staff. 8. On a metal rack, there were three sheet pans of defrosted, soft to touch, salmon. Each pan was covered with clear plastic wrap, and each had a sticker marked, "seafood raw/frozen, prep/open on 12/14/23, use by 3/12/24". FSD#1 stated that she prepped them on 12/14/23 when they came in fresh, and then she covered them and put them into the freezer. The surveyor inquired as to when the salmon was pulled from the freezer. FSD#1 stated that she was the one who pulled them, acknowledged there was no pulled sticker, and stated that there should have been a sticker	F 812	procurement, storage, preparation and serve-sanitary policies that includes labeling and dating of food and cleanliness of equipment. 4. The Regional Food Services Director and Registered Dietician will audit proper procurement, storage and safe food handling as well as maintaining equipment cleanliness weekly times 4 and then monthly for 3 months. Results will be presented to the Quality Assurance Performance Improvement team monthly for continued review and recommendations until compliance is maintained. The Quality Assurance Performance Improvement committee will determine the need for further and continued action. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing and Medical Director, as well as other interdisciplinary members.	

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when they were pulled because it would have told the length of time that the salmon could have been used. RDDS told FSD#1 to discard the salmon. FSD#1 left the tour.

9. On a rack in the deep freezer, there were six large, frozen, undated manufacturer sealed packages marked pork. FSD#2 acknowledged the packages of meat were not stickered with any dates and stated that they should have been marked the date that they were received. The RDDS stated that it was important to make sure the food items were marked with a received or use by date so staff would have known when the food was received and when it should have been discarded.

10. There was one frozen, manufacturer sealed package, marked beef bologna, with a manufacturer's stamp marked "sell by 6/21/23." There were no received or use by dates. FSD#2 stated, "it ain't got no label" and acknowledged that it should have had a received date. The surveyor inquired as to how old the bologna was and FSD#2 stated that it was "a couple months" but that we would have known if there was a received date. At that time, the Vice President (VP) joined the tour and told FSD#2 to discard the bologna in the trash.

11. There was one opened 10 lb box marked precooked breaded flounder filets, with an opened, clear plastic bag inside the box with the filets visible and exposed to air. FSD#2 acknowledged that the filets should not have been visible and that there should have been a received and use by date marked. She stated it was important to have a use by date so that the staff would have known when to use them, to use

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F 812	Continued From page 57 the first in and first out method, and that if they were no good that they would have been thrown away. 12. There was one opened box marked "cornstarch" that contained five individual clear bags of baked dough, that FSD#2 identified as hoagie rolls, with no labels on the bags and no dates. FSD#2 acknowledged that the bags should have had a label and use by date. The VP told FSD#2 to discard the rolls. 13. There was one metal tray that contained four unwrapped, unlabeled cooked pies. FSD#2 identified them as cherry pies and acknowledged that they were not covered correctly and that they should have been labeled with a use by date. The RDDS told FSD#2 to discard the pies. 14. There was one sealed clear plastic bag containing frozen tan pieces of meat, that FSD#2 identified as chicken thigh pieces, with no label and no dates. FSD#2 stated that the bag should have been labeled chicken and had an expiration date because it was important to use the chicken before the expiration date. The VP told FSD#2 to discard the chicken. 15. On a metal table in the kitchen, there was a slicer covered with a black plastic bag. FSD#2 stated that when the equipment was cleaned that it was then covered with the plastic bag. Brown debris was observed on the base of the slicer and white debris was observed on the back of the slicer blade. FSD#2 acknowledged the debris and stated that it should not have been there. FSD#2 stated it was important that the equipment was cleaned correctly so the residents were not exposed to bacteria.	F 812		

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16. On a rack under a metal table was one purple handled, white cutting board with black smudges, one blue handled, white cutting board with gouges and brown debris, one green handled, white cutting board with brown stains and black smudges, and one red handled, white cutting board with gouges and brown smudges. FSD#2 stated that the black smudges were, "not mold, it's from the stove, like something burned." The VP stated, "Sometimes the bottom of pans with the black char can get on there." The VP told FSD#2 to order new ones and the cutting boards were removed and discarded.

17. In the coffee area, there were four stacked metal trays containing upright coffee cups. The top row of cups were uncovered and exposed to air, and the remaining rows of cups were exposed to the metal underside of the tray. The VP acknowledged that the cups were exposed to air, and stated it was important to store them correctly to prevent debris exposure. The VP told a dietary aide to remove and rewash the cups and store them upside down on parchment paper.

18. Handwashing sink #2 was observed with no trash can in the area. FSD#2 acknowledged there was no trash can and stated it was important to have a trashcan because "they need to throw the napkin out."

A review of the facility policy, "Food Receiving and Storage," revised November 2022, revealed, Refrigerated/Frozen Storage 1. All foods stored in the refrigerator or freezer are covered, labeled and dated ("use by" date). 7. Refrigerated foods are labeled, dated and monitored so they are

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used by their "use-by" date, frozen, or discarded.

A review of the facility policy, "Food Preparation and Service," revised November 2022, revealed, General Guidelines: 2. Cross-contamination can occur when harmful substances, i.e., chemical or disease-causing microorganisms are transferred to food by hands (including gloved hands), food contact surfaces ... Food Preparation Area: 4.d. cleaning and sanitizing work surfaces (including cutting boards) and food contact equipment between uses, following food code guidelines.

A review of the facility policy, "Sanitization," revised November 2022, revealed, Policy Interpretation and Implementation: 2. All utensils, counters, shelves and equipment are kept clean ...3.All equipment, food contact surfaces and utensils are cleaned and sanitized ...4. Cutting boards are washed and sanitized between uses. 8. When cleaning fixed equipment (e.g., mixers, slicers, and other equipment that cannot readily be immersed in water), the removable parts are: a. washed and sanitized and non-removable parts cleaned with detergent and hot water, rinsed, air-dried and sprayed with a sanitizing solution ...b. the equipment is reassembled and any food contact surfaces that may have been contaminated during the process are re-sanitized ...14. Garbage and refuse containers are in good condition, without leaks, and waste is properly contained ...

NJAC 8:39-17.2(g)

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F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)	F 842		2/16/24

§483.20(f)(5) Resident-identifiable information.

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(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.

§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.

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F 842	Continued From page 61 §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 there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Complaint #160989 Based on observation, interview and review of the medical record and other facility documentation, it was determined that the facility failed to maintain medical records accurately and completely in accordance with acceptable standards and practices for one (1) of 36 residents reviewed (Residents #505). This deficient practice was evidenced by the following: On 1/10/24, the surveyor team entered the facility for the annual recertification survey. Resident	F 842	1. Resident #505 no longer resides at the facility. 2. All residents with required documentation, based on change in condition, can be affected by this deficient practice. The DON/ADON/UM audited MAR/TARs of residents with refusals and/or change in condition to ensure the requiring documentation is in place. 3. The DON/ADON initiated re-education on 1/23/2024 with the interdisciplinary team on the policy of Charting and Documentation.	

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F 842	Continued From page 62 #505 was not a resident in the facility and was discharged on NJ EX Order. 264b1 The Admission Record (AR) indicated that Resident #505 was admitted to the facility with the diagnoses which included but was not limited to NJ EX Order. 264b1 . The admission Minimum Data Set (MDS), an assessment tool dated NJ EX Order. 264b1, indicated that the resident was cognitively NJ EX Order and required limited assistance with activities of daily living (ADL's). The MDS also indicated that the resident had an NJ EX Order. 264b1 . The surveyor reviewed the Treatment Administration Record (TAR) dated NJ EX Order. 264b1, which reflected a physician's order for NJ EX Order. 264b1 NJ EX Order. 264b1 NJ EX Order. 264b1, Change as needed for signs and symptoms of infection or obstruction. every day shift every 28 day(s) change monthly for maintenance [sic]". The nursing signature spot on the TAR dated NJ EX Order. 264b1, reflected a nurse's signature with the code of NJ EX Order). The Chart Code graph located on the TAR, indicated that the code "2" meant that the resident refused to have the NJ EX Order. 264b1 . The surveyor reviewed the Progress Notes (PN) dated NJ EX Order. 264b1 and observed that there was no documentation as to why the NJ EX Order. 264b1 NJ EX Order. 264b1 was to be changed that day, nor was there documentation that Resident #505 refused to have the NJ EX Order. 264b1 . There was also no documentation that the primary care physician (PCP) was notified, or that the family was notified that the resident refused to have the	F 842	4. The NHA/designee will audit MAR/TARs daily x5, weekly x3 and, then monthly x2 to ensure all required documentation is completed. The results of the audits will be reviewed Monthly with QAPI to identify trends and additional areas of opportunity. The QAPI Committee consists of the NHA, DON and Medical Director.	

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F 842	Continued From page 63 NJ EX Order. 264b1 reinserted. On 01/11/24 at 09:28 AM, the surveyor interviewed the Director of Nursing (DON) who stated that she was not familiar with Resident #505 as it had been a while since the resident was in the facility. The DON also indicated that the nurse that cared for the resident was not employed by the facility any longer. She explained that the nurse who documented that the resident refused to have the NJ EX Order. 264b1 NJ EX Order. 264 changed on NJ EX Order. 264b1 should have written a nurses note explaining why the resident refused. The DON reviewed the PN and confirmed that there was no documentation regarding why the resident refused the NJ EX Order. 264 replacement and why the NJ EX Order. 264 needed to be replaced. The DON also explained that the nurse should have also documented if he/she notified the physician and the family of the refusal for treatment. On 01/11/24 at 10:28 AM, the surveyor interviewed a Licensed Practical Nurse (LPN) who stated that she had been employed in the facility for NJ EX years and primarily worked on the NJ EX Order. 264b1 Unit). The LPN stated that if a resident refused a medication or treatment that it should have been documented on the Medication Administration Record (MAR) or TAR and then also documented in the progress notes. The LPN explained that the nurse would be responsible to notify the PCP and family regarding the refusal. She continued to explain that if a resident was on a daily skilled noted then the nursing staff would be responsible to document daily, however if the resident was long term care the staff only documented by exception, meaning that the nurse was only	F 842		

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responsible to document if a resident had any change in condition or something was out of the ordinary with the resident.

On 01/11/24 at 10:33 AM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM) for the NJ EX Order. 264b1 Unit who stated that 24-report sheets had information regarding resident change in condition, behaviors, incidents, and accidents. When a resident was on the 24-hour report sheet the nurses were responsible to document on those residents and include pertinent information on the progress notes. The RN/UM explained that the nurses were responsible to document treatment or medication refusals on the MAR and TAR and in the progress notes. She explained the nurse should have included in the progress note the refusal, why the resident refused, education to resident on risk vs benefit, how many attempts were made to administer the med or treatment that the resident refused. She stated that the nurse would also have been responsible to document in the PN who was contacted regarding the resident's refusal, such as the family and the PCP. She continued to add that it would have been important to notify the MD so that the MD could have adjusted medication or treatment if needed. The RN/UM stated that any resident change in condition should have been documented in the medical record.

The surveyor continued to review the PNs which revealed the following:

On 1/19/2023 at 13:44 (01:44 PM), the Nurse Practitioner (NP) documented:
"Seen for NJ EX Order. 264b1. Patient is seen and examined in bed. There is a NJ EX Order in place

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with NJ EX Order. 264b1 with NJ EX Order. 264b1 denies any NJ EX Order. 264b1. There is NJ EX Order. 264b1 discharge from NJ EX Order. 264b1, white NJ EX Order. 264b1 surrounding NJ EX Order. NJ EX Order. 264b1 ordered (NJ EX Order. 264b1 and NJ EX Order. 264b1)" [sic]
.

On 1/20/2023 13:40 (01:40 PM) the NP documented: "Patient is seen and examined in bed. NJ EX Order. 264b1 e - NJ EX Order. 264b1. NJ EX Order. 264b1 from NJ EX Order. 264 where NJ EX Order is inserted. Unable to change NJ EX Order until NJ EX D. Order. apt on NJ EX O d/t NJ EX Order. 264b NJ EX Order. 264 NJ EX ONJ EX Order NJ EX Order. 26 r. Patient being sent out 911" [sic].

On 01/20/23 at 13:48 (01:48 PM) a Registered Nurse (RN) documented that Resident #505 was sent to the hospital for NJ EX Order. 264b1. The PN also indicated that the resident was not NJ EX Order. 264b1, was NJ EX Order. 264b1 and had a NJ EX Order. 264b1. The PN indicated that the resident's NP was made aware, and NJ E/EX Order was made aware. The PN had no other details regarding the resident's condition or if vital signs (VS) were taken for Resident #505.

The surveyor also questioned the DON regarding documentation for residents. The DON explained the RN should have documented the residents VS when the nurse found the resident NJ EX Order. 264b1

The surveyor reviewed the Universal Transfer Form (UTF) dated NJ EX Order. 264b1 at 13:30 (01:30 PM) which indicated that the resident was sent to the hospital. The documentation on the NJ EX Or indicated the last VS that were taken on Resident # 505 were:
-Blood Pressure (BP) NJ EX Order. 26 taken NJ EX Order. 264b1 at

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08:36 AM.
-Pulse NJ EX taken NJ EX Order. 264b1 at 08:36 AM.
-Respirations NJ EX taken NJ EX Order. 264b1 at 08:36 AM.
-Temperature NJ EX Or taken NJ EX Order. 264b1 at 08:13 AM.
-Oxygen saturation NJ EX Or taken NJ EX Order. 264b1 at 08:36 AM.
-Pain level "NJ" taken NJNJ EX Order. 264 at 08:33 AM.

On 01/16/24 at 12:33 PM, the surveyor interviewed the Registered Nurse Assistant Director of Nursing (ADON) who stated that she used to work the NJ EX Order. 264b1 Unit in NJ EX Order. 264b1 as a Unit Manager when Resident #505 was a resident. The ADON stated that she was the nurse that documented that the resident was sent to the hospital for NJ EX Order. 264b1 on NJ EX Order. 264b1 at 13:48 (01:48 PM). The ADON reviewed the progress note dated NJ EX Order. 264 at 13:48 (01:48 PM) and reviewed the UTF that she completed prior to the resident being sent to the hospital, however, could not recall any details of the event that had occurred. The ADON stated that the notes that she documented were all the information that she had regarding Resident #505's change in condition. The ADON did not have a response or explanation as to why the VS on the UTF were not documented at the actual time that the resident was found NJ EX Order. 264b1 The ADON also could not explain why the resident's VS were not documented in the PN.

The ADON stated that she was the nurse that documented in Resident #505's TAR, that the resident had refused an NJ EX Order. 264b1 NJ EX Order. 264 change on 01/06/23. She admitted to not documenting in the resident's medical record regarding why the NJ EX Order. 264b1 had to be changed. She also confirmed that she did not document the resident's refusal in the medical

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F 842	Continued From page 67 record. She stated that she should have documented that she notified the MD and the resident's family. The ADON stated that she did not recall the situation or why she did not document what had occurred on NJ EX Order and that why the resident refused to have the NJ EX Order: 264b1 NJ EX Order: 264b changed. On 01/16/24 at 01:02 PM, the surveyor telephone interviewed the NP regarding Resident #505. The NP stated that she was informed by an agency nurse on NJ EX Order: 264b1 that the resident was NJ EX Order: 264b1. The NP stated that she did not know the name of the nurse that notified her about the resident's change in condition. The NP stated that the nurse should have documented the change in condition in the progress notes. The NP stated that it would have been important to document a resident's medical condition in the PN to keep an accurate account of what was going on with the resident. She stated that the progress notes were also a good communication tool between disciplines. On 01/23/24 at 12:02 PM, the DON confirmed that the last documented VS on Resident #505's UTF, dated NJ EX Order: 26 at 1:38 PM, were not documented at being taken at the time the resident was found NJ EX Order: 264b1 The DON could not explain why the VS were not documented at the time the resident was found NJ EX Order: 264b1 however moving forward that the only thing that she could do was to educate the staff on accurate documentation. She also added that the staff were also educated on proper documentation if a resident refused treatment or services. The facility policy titled, "Requesting, Refusing and/or Discontinuing Care of Treatment," with a	F 842		

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F 842	Continued From page 68	F 842		

revised date of 2021, indicated that residents and resident representatives have the right to request, refuse and or discontinue treatment. The policy also indicated that detailed information relating to the request, refusal and or discontinuation of treatment are documented in the resident's medical record. The policy specified that the documentation of the refusal should include the following:
-The date and time the care or treatment was attempted.
-The type of care and treatment.
-The resident's response and reason of the refusal.
-The name of the person who attempted of administer the care and treatment.
-The resident was informed (to the extent that they understand) the purpose of the treatment of the potential outcome on not receiving the medication or treatment.
-The resident's condition and any adverse effects.
-The date and time the practitioner was notified was well as the practitioner's response.
-All other pertinent observations.
-The signature and title of the person recording the data.
The policy also specified that the healthcare practitioner must be notified of the refusal of treatment.

The facility policy titled, "NJ EX Order. 264b1 NJ EX Order. 264b1 Resident," with a revised date of August 2022, indicated that if the resident refused the procedure documentation must include the reasons why and the intervention taken. The policy also indicated that the supervisor and the physician must be notified.

The facilities policy titled, "Guidelines for Charting

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and Documentation," dated 2012, indicated that the purpose of charting and documentation is to assure a complete account of the resident's care, treatment, response to care, signs, symptoms etc.., and progress of the resident's care, a tool for measuring the quality of care provided to the resident, a legal record that protects residents, care providers and facility.

The facility policy titled, "Charting and Documentation," with a revised date of 2017, indicated that all services to the resident, progress toward the care plan goals, any changes in the resident medical, function, or psychological condition, shall be documented in the resident's medical record. It policy indicated that the medical record should facilitate communication between the interdisciplinary team regarding the resident condition and response to care. The policy also indicated that the documentation in the medical record will be accurate and will include care specific details. The following information is to be documented in the resident's medical record:
-Changes in resident's condition.
-Treatments or services performed.
-The assessment date and any unusual findings obtained during the procedure/treatment
-Whether the resident refused the treatment or procedures.
-Objective observations.

NJAC 8:39-35.2 (d)6, 16(e)

F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		2/16/24

§483.80 Infection Control
The facility must establish and maintain an

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F 880	Continued From page 70 infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and	F 880		

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F 880	Continued From page 71 (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Complaint NJ #: 168814 Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to maintain infection control standards and procedures to address the risk of infection transmission by failing to: a.) follow appropriate hand hygiene practices during a wound treatment observation by One (1) of two (2) nursing staff observed for 1 of 1 resident reviewed for NJ EX Order: 2 treatments (Resident # 114); b.) follow isolation precautions for a resident who was on NJ EX Order. 264b1 Precautions by 1 of 3 nursing staff for 1 of 2 Residents (Resident #102)	F 880	1. Residents #114, #102 and #38 were not adversely affected due to incorrect hand hygiene practice during wound care, not following isolation precautions of a resident with Enhanced Barrier Precautions, disinfecting multi use equipment between uses, and wearing gloves in hallways. Staff were corrected at the time of observation. 2. All residents have the potential to be affected due to incorrect hand hygiene practice during wound care, not following isolation precautions of a resident with NJ EX Order. 264b1 Precautions,	

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F 880	Continued From page 72 reviewed for transmission-based precautions c.) follow facility policy regarding not wearing gloves in the hallway by 2 of 2 nursing staff observed transporting soiled linens and trash on the NJ EX Order. 26.4b1 Unit and d.) clean and disinfect multiuse medical equipment prior to resident use for 1 resident (Residents #38) by 1 of 2 nurses on 1 of 2 nursing units observed during medication pass. This deficient practice was evidenced by the following: 1.) On 1/22/24 at 10:00 AM, the surveyor observed the Registered Nurse/ Unit Manager (RN/UM) on the NJ EX Order. 26.4b1 Unit perform a wound treatment for Resident #114. The RN/UM stated that the resident had been medicated with Morphine for NJ EX Or sometime between 8:00-8:30 AM. The RN/UM stated that the Licensed Practical Nurse (LPN#1) would be assisting with the resident's positioning. LPN#1 washed her hands for 20 seconds using acceptable technique and then donned (put on) a pair of gloves. The surveyor observed the RN/UM preparing to wash her hands. The RN/UM turned on the faucet, wet her hands with water, applied soap, lathered her hands for 10 seconds outside the running water, then dried her hands with a paper towel and used the same paper towel to turn off the faucet. The surveyor observed the RN/UM applied gloves and cleaned the overbed table with bleach wipes. The RN/UM removed her gloves applied soap to her hands, lathered for eight (8) seconds outside of the running water then dried her hands with a paper towel and used the same paper towel to	F 880	disinfecting multi use equipment between uses and wearing gloves in hallways. An audit was completed of all observed concerns. All deviations were corrected. 3. The Infection Preventionist and Department Heads completed In-service education with all staff on proper hand hygiene, following isolation precautions of residents with NJ EX Order. 26.4 NJ EX Precautions and wearing gloves in hallways. 4. The Infection Preventionist will audit hand hygiene practice during wound care, isolation precautions of residents with NJ EX Order. 26.4b1 Precautions and staff wearing gloves in hallways daily times 5 days, weekly times 4 and then monthly for 3 months. Results will be presented to the Quality Assurance Performance Improvement team monthly for continued review and recommendations until compliance is maintained. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing and Medical Director, as well as other interdisciplinary members.	

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F 880	Continued From page 73 turn off the faucet. The RN/UM applied a clean barrier to the overbed table, gathered all supplies which included a small bottle of NJ EX Order. 264b1 (NJ EX Order. 264b1 (heals and protects skin), a NJ EX Order. 264b1 dressing, and placed them onto the overbed table. The RN/UM wet her hands, applied soap and lathered her hands for 8 seconds outside of the running water, dried her hands and used the same paper towel to turn off the faucet. The RN/UM donned a pair of gloves and removed the resident's soiled dressing which she described as having a moderate amount of NJ EX Order. 264b1). The RN/UM removed her gloves, applied soap, lathered her hands outside of the running water for 12 seconds, dried her hands, and used the same paper towel to turn off the faucet. The RN/UM applied gloves but then stated that she had forgotten the gauze. The RN/UM removed her gloves, washed her hands for seven (7) seconds outside of the running water, dried her hands and used the same paper towel to turn off the faucet. The RN/UM obtained the gauze from the treatment cart, moistened it with NJ EX Order and cleansed Resident #114's NJ EX Order. 2 using a circular motion cleansing from the inside to the outside. At that time, the surveyor heard the resident NJ EX Order softly and observed the resident's NJ EX Order indicating she may have experienced NJ EX Order. The RN/UM removed her gloves and went to the bathroom to wash her	F 880		

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F 880	Continued From page 74 hands. The surveyor asked the RN/UM if she thought the resident had experienced NJ EX Or when she was cleaning the NJ EX Order. 2. The RN/UM stated that the resident had already had NJ EX Order. 264b1. The surveyor observed the RN/UM applied soap to her hands and lathered outside of the running water for nine (9) seconds; dried her hands and used the same paper towel to turn off the faucet. The RN/UM returned to the resident's bedside but did not assess the resident for NJ EX Ord. The RN/UM applied the NJ EX Order. 264b1 and NJ EX Order. 264b1 to the resident's NJ EX Order. 2, then applied a NJ EX Ord dressing that was not initialed or dated. The RN/UM did not assess the resident for NJ EX O at all during the treatment. The RN/UM discarded all the supplies, removed her gloves, and washed her hands for 12 seconds outside of the running water. The RN/UM left the water running for LPN #1 who washed her hands for 22 seconds and used acceptable technique. The RN/UM stated that she had completed Resident #114's NJ EX Order. 26 treatment and brought the trash to the soiled utility room. The RN/UM did not disinfect the overbed table after she completed the treatment. On 1/22/24 at 10:20 AM, after the wound treatment was completed the surveyor discussed the breaks in technique with the RN/UM. The RN/UM stated that she had not heard the resident NJ EX Order. but had observed that she had NJ EX Order. 264b during the treatment. The RN/UM further stated that she should have assessed the resident for NJ EX O during the treatment. The RN/UM acknowledged that she should have washed her hands for 20 seconds outside of running water and used a clean paper towel to turn off the faucet as that was the facility's policy. The	F 880		

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F 880	Continued From page 75	F 880		

Continued From page 75

RN/UM stated that she should have dated and initialed the dressing but that she had forgotten her sharpie. The RN/UM acknowledged that she should have disinfected the overbed table after she completed the treatment.

2.) On 1/10/24 at 11:30 AM, the surveyor observed Room 632 had signage on the door indicating that Resident #102 was on NJ EX Order: 26.4b1 Precautions; the signage instructed that everyone who entered the room must clean their hands including before entering and when leaving the room. The signage further instructed that Providers and Staff must also wear gloves and a gown for the following High-Contact Resident Care Activities: Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use; central line, urinary catheter, feeding tube, tracheostomy; wound care: any skin opening requiring a dressing; do not wear the same gown and gloves for the care of more than one person.

On 1/12/24 at 11:28 AM, the surveyor observed the Licensed Practical Nurse (LPN #2) entered room NJ EX O without performing hand hygiene. The surveyor observed the LPN organized items on the resident's bedside table. The LPN exited the room and without sanitizing or washing her hands, went and removed items from the linen cart.
At that same time, during an interview with the surveyor, the LPN#2 acknowledged that she should have sanitized her hands before she entered the resident's room and when she left.

3.) On 1/12/24 at 11:15 AM, the surveyor observed the NJ EX Order: 26.4 Aide in the hallway on the

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F 880	Continued From page 76 NJ EX Order: 26.4b1 unit wearing gloves and carrying two plastic bags which contained soiled linens and trash. The surveyor observed the NJ EX Order: 26.4b1 Aide touched the key pad lock with the soiled gloves and entered the soiled utility room. At that same time, during an interview with the surveyor, the NJ EX Order: 26.4 aide acknowledged that she should have removed her gloves inside the resident's room. On 1/12/24 at 11:48 AM, the surveyor observed the Nursing Assistant (NA) in the hallway on the NJ EX Order: 26.4b1 unit wearing gloves while carrying two plastic bags which contained soiled linens and trash. The surveyor observed the NA touched the key pad lock with the soiled gloves and entered the soiled utility room. At that time, during an interview with the surveyor, the NA acknowledged that she should have removed her gloves inside the resident's room. On 1/12/24 at 11:54 AM, during an interview with the surveyor, the RN/UM stated that all staff were aware of the facility's policy that no gloves were to be worn in the hallway. On 1/23/24 at 1:30 PM, the surveyor informed the Director of Nursing (DON) of the above observations and concerns. The DON stated handwashing was expected to be performed for at least 20 seconds; the resident should have been assessed for pain throughout the treatment; the NJ EX Order: 2 dressing should have been dated and initialed and the table should have been disinfected after the treatment was completed. The DON further stated that the LPN should have sanitized her hands before she entered and when she exited Resident #102's room as they were on Enhanced Barrier Precautions.	F 880		

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A review of the U.S. Centers for Disease Control and Prevention (CDC) guidelines, Clean Hands Count for Healthcare Providers, reviewed 1/8/2021, included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry."

A review of the facility's policy titled "Handwashing/Hand Hygiene" with a revised date of August 2019, instructs ...Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers ...rinse hands with water and dry thoroughly with a disposable towel ...use a towel to turn off the faucet.

A review of the facility's policy titled, "Enhanced Barrier Precautions" dated August 2022, reflected...Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms to residents...signs are posted in the door or wall outside the resident room indicating the type of precautions and Personal Protective Equipment required.

NJAC 8:39-27.1 (a) 19.4 (a) (n)

3). On 01/18/24 at 8:05 AM, the surveyor observed the Licensed Practical Nurse (LPN) check Resident #301's blood pressure (BP) using a wrist BP cuff. Afterwards, the LPN placed the

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BP cuff on the medication cart, dispensed the resident's medications, and administered the medications to the resident. The LPN did not clean the BP cuff after using it on Resident #301.

At 8:23 AM, the surveyor observed the LPN take the same BP cuff that was used on Resident #301 to check Resident #38's BP. Afterwards, the LPN placed the BP cuff on the medication cart, dispensed the resident's medications, and administered the medications to the resident. The LPN did not clean the BP after using it on Resident #38. The LPN then stated she was going to another unsampled resident's room to administer medications and pushed her medication cart in front of the unsampled resident's room.

At that time, at 8:40 AM, the surveyor stopped the LPN to interview her. When asked about medical equipment used on multiple residents, the LPN stated she was supposed to clean and disinfect the BP cuff with disinfectant wipes between use and acknowledged that she did not do so during the surveyor's medication pass observation. The LPN further stated that it was important to clean the BP cuff between use to prevent the spread of infection.

During an interview with the surveyor on 01/22/24 at 10:52 AM, the Registered Nurse/Unit Manager (RN/UM) stated that re-usable medical equipment was disinfected between resident use to prevent the spread of infection between residents.

During an interview with the surveyor on 01/22/24 at 1:07 PM, the Director of Nursing (DON) stated that re-usable medical equipment was cleaned before and after use with disinfectant wipes in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315201	A. BUILDING ______ B. WING ______	C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER	**255 EAST MAIN ST** **MOORESTOWN, NJ 08057**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 79 order to prevent the spread of infection. Review of the facility's Cleaning and Disinfection of Resident-Care Items and Equipment policy, undated, included, "Re-usable items are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical equipment)." NJAC 8:39-19.4	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	030305	A. BUILDING: ______ B. WING ______	C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE REHABILITATION AND HEALTHCARE CI	**255 EAST MAIN ST MOORESTOWN, NJ 08057**

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S 000	Initial Comments Complaint # NJ: 163176, 164433, 165301, 165482, and 169962 The facility was not in compliance with the standards in the New Jersey Administrative code, 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: 163176, 164433, 165301, 165482, and 169962 Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratio, as mandated by the State of New Jersey. This deficient practice was identified for 5 of 5 weeks of complaint staffing reviewed and 2 of 2 weeks of staffing prior to the recertification survey dated 1/24/23. This deficient practice was evidenced by the following:	S 560	1. No residents were affected by not meeting the State of NJ minimum staffing requirements as determined by routine monitoring and review on those dates that no significant changes were noted. 2. All residents could be affected by this area of concern. 3. HR, Staffing Coordinator and Recruitor recevied education on 1/24/24 with minimum staffing requirements. Recruitment and retention efforts continue to include: a. Job fairs b. Daily staffing meetings and weekly	2/16/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 02/13/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	030305	A. BUILDING: ____ B. WING ____	C 01/24/2024

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CAMBRIDGE REHABILITATION AND HEALTHCARE CI	255 EAST MAIN ST MOORESTOWN, NJ 08057

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 1	S 560		

Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:

One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.

One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and

One (1) care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.

A review of the "Nurse Staffing Report" for the following weeks provided by the facility revealed the following:

1. For the 2 weeks of Complaint staffing from 03/26/2023 to 04/08/2023, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts, deficient in total staff for residents on 1 of 14 evening shifts, deficient in CNAs to total staff on 1 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 overnight shifts as follows:

Regional Labor Management reviews
c. Sponsored orientees for 45 days toward retention of new hires
d. Care Champion mentor program to support retention
e. Culture committee to improve and maintain staff morale
f. Recruitment bonus and sign-on bonuses offered.
g. Certified Nursing Assistant classes held on campus
4. To monitor and maintain ongoing compliance the Director of Nursing or designee will monitor staffing daily for 1 week, weekly for 3 weeks and monthly for 3 months. Results will be presented to the Quality Assurance and Performance Improvement team monthly for continued review and recommendations until compliance is maintained.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CAMBRIDGE REHABILITATION AND HEALTHCARE C	255 EAST MAIN ST MOORESTOWN, NJ 08057

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S 560	Continued From page 2	S 560		

-03/26/23 had 11 CNAs for 157 residents on the day shift, required at least 20 CNAs.
-03/26/23 had 9 total staff for 157 residents on the overnight shift, required at least 11 total staff.
-03/27/23 had 14 CNAs for 157 residents on the day shift, required at least 20 CNAs.
-03/28/23 had 19 CNAs for 157 residents on the day shift, required at least 20 CNAs.
-03/29/23 had 17 CNAs for 156 residents on the day shift, required at least 19 CNAs.
-03/30/23 had 18 CNAs for 156 residents on the day shift, required at least 19 CNAs.
-03/3/23 had 16 CNAs for 154 residents on the day shift, required at least 19 CNAs.
-04/01/23 had 14 CNAs for 154 residents on the day shift, required at least 19 CNAs.
-04/01/23 had 7 CNAs to 16 total staff on the evening shift, required at least 8 CNAs.

-04/02/23 had 12 CNAs for 148 residents on the day shift, required at least 18 CNAs.
-04/03/23 had 16 CNAs for 148 residents on the day shift, required at least 18 CNAs.
-04/03/23 had 13 total staff for 148 residents on the evening shift, required at least 15 total staff.
-04/05/23 had 15 CNAs for 148 residents on the day shift, required at least 18 CNAs.
-04/06/23 had 17 CNAs for 150 residents on the day shift, required at least 19 CNAs.
-04/07/23 had 16 CNAs for 150 residents on the day shift, required at least 19 CNAs.
-04/08/23 had 13 CNAs for 150 residents on the day shift, required at least 19 CNAs.

2. For the 2 weeks of Complaint staffing from 06/25/2023 to 07/08/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:

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S 560	Continued From page 3 -06/25/23 had 14 CNAs for 142 residents on the day shift, required at least 18 CNAs. -06/26/23 had 15 CNAs for 142 residents on the day shift, required at least 18 CNAs. -06/27/23 had 16 CNAs for 142 residents on the day shift, required at least 18 CNAs. -06/28/23 had 16 CNAs for 142 residents on the day shift, required at least 18 CNAs. -06/29/23 had 16 CNAs for 142 residents on the day shift, required at least 18 CNAs. -06/30/23 had 16 CNAs for 138 residents on the day shift, required at least 17 CNAs. -07/01/23 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs. -07/02/23 had 15 CNAs for 136 residents on the day shift, required at least 17 CNAs. -07/03/23 had 14 CNAs for 136 residents on the day shift, required at least 17 CNAs. -07/04/23 had 16 CNAs for 136 residents on the day shift, required at least 17 CNAs. -07/05/23 had 15 CNAs for 136 residents on the day shift, required at least 17 CNAs. -07/06/23 had 15 CNAs for 140 residents on the day shift, required at least 17 CNAs. -07/07/23 had 12 CNAs for 140 residents on the day shift, required at least 17 CNAs. -07/08/23 had 10 CNAs for 138 residents on the day shift, required at least 17 CNAs. 3. For the week of Complaint staffing from 12/10/2023 to 12/16/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -12/10/23 had 15 CNAs for 143 residents on the day shift, required at least 18 CNAs. -12/11/23 had 13 CNAs for 143 residents on the day shift, required at least 18 CNAs. -12/12/23 had 13 CNAs for 143 residents on the	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 4	S 560		

day shift, required at least 18 CNAs.
-12/13/23 had 16 CNAs for 143 residents on the day shift, required at least 18 CNAs.
-12/14/23 had 16 CNAs for 154 residents on the day shift, required at least 19 CNAs.
-12/15/23 had 15 CNAs for 153 residents on the day shift, required at least 19 CNAs.
-12/16/23 had 16 CNAs for 153 residents on the day shift, required at least 19 CNAs.

4. For the 2 weeks of staffing prior to survey from 12/24/2023 to 01/06/2024, the facility was deficient in CNA staffing for resident on 14 of 14 day shifts as follows:

-12/24/23 had 15 CNAs for 148 residents on the day shift, required at least 18 CNAs.
-12/25/23 had 13 CNAs for 148 residents on the day shift, required at least 18 CNAs.
-12/26/23 had 14 CNAs for 148 residents on the day shift, required at least 18 CNAs.
-12/27/23 had 14 CNAs for 148 residents on the day shift, required at least 18 CNAs.
-12/28/23 had 14 CNAs for 148 residents on the day shift, required at least 18 CNAs.
-12/29/23 had 15 CNAs for 148 residents on the day shift, required at least 18 CNAs.
-12/30/23 had 16 CNAs for 147 residents on the day shift, required at least 18 CNAs.

-12/31/23 had 16 CNAs for 146 residents on the day shift, required at least 18 CNAs.
-01/01/24 had 11 CNAs for 146 residents on the day shift, required at least 18 CNAs.
-01/02/24 had 14 CNAs for 145 residents on the day shift, required at least 18 CNAs.
-01/03/24 had 16 CNAs for 145 residents on the day shift, required at least 18 CNAs.
-01/04/24 had 16 CNAs for 145 residents on the day shift, required at least 18 CNAs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE REHABILITATION AND HEALTHCARE C	**255 EAST MAIN ST MOORESTOWN, NJ 08057**

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S 560	Continued From page 5	S 560		

-01/05/24 had 16 CNAs for 145 residents on the day shift, required at least 18 CNAs.
-01/06/24 had 12 CNAs for 153 residents on the day shift, required at least 19 CNAs.

On 01/10/24 at 09:46 AM, during the entrance conference the Director of Nursing (DON) stated in the presence of the Licensed Nursing Home Administrator (LNHA) and Regional Nurse Clinical Director that they did not utilize any agency staff.

On 01/22/24 at 10:38 AM, the surveyor interviewed the Staffing Coordinator(SC) who stated she was responsible for staffing the nursing department. She explained she provided the nursing department with their scheduled and monitored call outs, their days off as well as vacations. The SC stated that the staffing ratios were 1 CNA to 8 residents for day shift, 1 to 10 evening shift, and 1 to 15 night shift. She stated that they did not use agency shift. The SC stated that on the weekends they offer bonuses sometimes to ensure they met their ratios for staffing and that Human Resources did the recruiting and the promotion for hiring. The SC stated that her main job responsibilities were to ensure all shifts met the required ratios. She stated that it was "hard on the weekends but pretty good during the week." She further stated that on the weekends there were a lot of call outs and that was why the offer the incentives for the weekends.

On 01/23/24 at 01:00 PM, the LNHA stated in the presence of the DON and survey team that the ratios were the 1:8 day shift, 1:10 evening shift, and 1:14 night shift. He stated that they tried their best to make sure they are meeting the appropriate staffing. They offer incentive for the

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S 560	Continued From page 6 staff especially for the weekend and that that offer bonuses. He explained they also offer programs for retention of their staff which included raffles for pick up shifts, a cultural committee, and a mentorship to help. A review of the facility's policy "Staffing New Jersey" dated April 2022 included, "2. Staffing numbers and skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care." A further review of the policy indicated the minimum direct care staff to resident ratios was according to NJ 30:13-18.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
030305		2/20/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER	255 EAST MAIN ST MOORESTOWN, NJ 08057

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 02/16/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
1/24/2024	☐ 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 (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
030305		2/20/2024

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FOLLOWUP TO SURVEY COMPLETED ON	
1/24/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315201	A. Building B. Wing	2/20/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER	255 EAST MAIN ST MOORESTOWN, NJ 08057

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ITEM (Y4)		DATE (Y5)
ID Prefix F0553	Reg. # 483.10(c)(2)(3)	LSC	Correction Completed 02/16/2024
ID Prefix F0584	Reg. # 483.10(i)(1)-(7)	LSC	Correction Completed 02/16/2024
ID Prefix F0609	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	LSC	Correction Completed 02/16/2024
ID Prefix F0610	Reg. # 483.12(c)(2)-(4)	LSC	Correction Completed 02/16/2024
ID Prefix F0657	Reg. # 483.21(b)(2)(i)-(iii)	LSC	Correction Completed 02/16/2024
ID Prefix F0677	Reg. # 483.24(a)(2)	LSC	Correction Completed 02/16/2024
ID Prefix F0686	Reg. # 483.25(b)(1)(i)(ii)	LSC	Correction Completed 02/16/2024
ID Prefix F0697	Reg. # 483.25(k)	LSC	Correction Completed 02/16/2024
ID Prefix F0812	Reg. # 483.60(i)(1)(2)	LSC	Correction Completed 02/16/2024
ID Prefix F0842	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	LSC	Correction Completed 02/16/2024
ID Prefix F0880	Reg. # 483.80(a)(1)(2)(4)(e)(f)	LSC	Correction Completed 02/16/2024
ID Prefix	Reg. #	LSC	Correction Completed
ID Prefix	Reg. #	LSC	Correction Completed
ID Prefix	Reg. #	LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
1/24/2024	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315201	A. Building B. Wing	2/20/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER	255 EAST MAIN ST MOORESTOWN, NJ 08057

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ID Prefix F0686 Reg. # 483.25(b)(1)(i)(ii) LSC	Correction Completed 02/16/2024	ID Prefix F0842 Reg. # 483.20(f)(5), 483.70(i)(1)-(5) LSC	Correction Completed 02/16/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
1/24/2024	☐ ☐ YES ☐ NO