

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

PRINTED: 04/04/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315479	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/13/2023
NAME OF PROVIDER OR SUPPLIER CAREONE AT LIVINGSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 68 PASSAIC AVENUE LIVINGSTON, NJ 07039		
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F 000	INITIAL COMMENTS Complaint #: NJ00152060 NJ00152213 NJ00153146 NJ00166633 Census: 57 Sample size: 7 The facility is not in compliance with the requirements of 42 CFR Part 483 Subpart B for Long Term Care facilities based on this complaint survey.	F 000			
F 620 SS=D	Admissions Policy CFR(s): 483.15(a)(1)-(7) §483.15(a) Admissions policy. §483.15(a)(1) The facility must establish and implement an admissions policy. §483.15(a)(2) The facility must- (i) Not request or require residents or potential residents to waive their rights as set forth in this subpart and in applicable state, federal or local licensing or certification laws, including but not limited to their rights to Medicare or Medicaid; and (ii) Not request or require oral or written assurance that residents or potential residents are not eligible for, or will not apply for, Medicare or Medicaid benefits. (iii) Not request or require residents or potential residents to waive potential facility liability for losses of personal property. §483.15(a)(3) The facility must not request or require a third party guarantee of payment to the	F 620		12/22/23	

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

TITLE

(X6) DATE

Electronically Signed

12/18/2023

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 620	<p>Continued From page 1</p> <p>facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may request and require a resident representative who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the resident's income or resources.</p> <p>§483.15(a)(4) In the case of a person eligible for Medicaid, a nursing facility must not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation, or other consideration as a precondition of admission, expedited admission or continued stay in the facility. However,-</p> <p>(i) A nursing facility may charge a resident who is eligible for Medicaid for items and services the resident has requested and received, and that are not specified in the State plan as included in the term "nursing facility services" so long as the facility gives proper notice of the availability and cost of these services to residents and does not condition the resident's admission or continued stay on the request for and receipt of such additional services; and</p> <p>(ii) A nursing facility may solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to a Medicaid eligible resident or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the facility for a Medicaid eligible resident.</p> <p>§483.15(a)(5) States or political subdivisions may</p>	F 620			

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F 620	<p>Continued From page 2</p> <p>apply stricter admissions standards under State or local laws than are specified in this section, to prohibit discrimination against individuals entitled to Medicaid.</p> <p>§483.15(a)(6) A nursing facility must disclose and provide to a resident or potential resident prior to time of admission, notice of special characteristics or service limitations of the facility.</p> <p>§483.15(a)(7) A nursing facility that is a composite distinct part as defined in §483.5 must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under paragraph (c)(9) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: C: #NJ00166633</p> <p>Based on interviews, record review, and review of other pertinent facility documents on 11/8/23, 11/9/23, 11/13/23, it was determined that the facility failed to implement the facility's policy titled, "Admission Agreement" (AG). This deficient practice was identified for 1 of 6 (Resident #3) residents reviewed as evidenced by the following:</p> <p>According to the facility "Admission Record (AR)," Resident #3 was admitted on [redacted] with diagnoses that included but were not limited to: Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>Resident was discharged on [redacted]</p> <p>The facility was unable to provide Resident #3's AG.</p>	F 620	<p>Resident #3 no longer resides in the facility. All residents have the potential to be affected by the deficient practice. Administrator conducted an in-service with the Admission Director on the importance and necessity of obtaining the Admission Agreement for all residents.</p> <p>An audit of all residents admitted in 2023 was conducted to identify any residents missing an admission agreement. Root Cause Analysis and Quality Assurance Plan of Improvement implemented to assist in addressing this deficient practice.</p> <p>Admission Director will discuss the Admission Agreement over the phone with representative prior to resident arriving in the facility to inform them about the</p>		

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F 620	Continued From page 3 On 11/9/23 at 11:59 a.m., the surveyors interviewed the facility's Admission Director (AD) who stated, AG for Resident # 3 can't be found. On 11/9/23 at 1:23 p.m., the surveyors interviewed the Administrator (LNHA) and AD. LNHA stated, "I'm unable to locate Resident # 3's AG." The AD stated, "there should be an AG done, but I can't to find it." A review of the facility's policy titled, "Admission Agreement", revised on 8/2018, indicated "all residents have a signed and dated Admission Agreement on file." Further review of the policy under Policy Interpretation and Implementation ...4. A copy of the Admission Agreement is provided to the resident ...and a copy is placed in the resident's permanent file. NJAC 8:39-4.1(a)8	F 620	necessary paperwork. Admission Director or Designee will visit with the resident the morning after their admission. If resident is alert and able to sign, then the Admission Director or Designee will review the agreement with them and have them sign. If the resident is unable, then Admission Director or Designee will ask the representative to visit the Admission office when they come to see their loved one. If the representative cannot physically come to the facility, the Admission Agreement will be emailed to them. Administrator or Designee will audit 100% of admissions weekly for 4 weeks to review agreements have been obtained by all admitting residents in their first week. Then monthly for 3 months. Review completion of Admission Agreements monthly with the Quality Assurance Committee for a period of 6 months, at which time it will be determined if continued monitoring is needed.		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.	F 623		12/22/23	

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F 623	<p>Continued From page 4</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights,</p>	F 623			

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F 623	<p>Continued From page 5</p> <p>including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the</p>	F 623			

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F 623	<p>Continued From page 6</p> <p>State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ00166633</p> <p>Based on interviews, and review of medical records (MR) and other facility documentation on 11/8/23, 11/9/23, and 11/13/23, it was determined that the facility failed to provide the resident's representative (RR) a 30-day written notice in advance of an impending discharge prior to the facility-initiated discharge. In addition, the facility failed to follow their policy on Discharging the Resident and Admission Agreement who was discharged on NJ Exec. Order 26:4.b.1 for 2 of 6 residents (Residents #3 and #4) reviewed for discharge. This deficient practice is evidenced by the following:</p> <p>The surveyor reviewed facility NJ Exec. Order 26:4.b.1 on 11/8/23. The NJ Exec. Order 26:4.b.1 Discharges revealed that Residents #3 was discharged from the facility (F1) to another facility (F2) on NJ Exec. Order 26:4.b.1 and Residents #4 was discharged from the facility (F1) to another facility (F3) on NJ Exec. Order 26:4.b.1.</p> <p>Review of the facility policy titled "Discharging the Resident," edited on 4/28/17, reflected "Purpose The purpose of this procedure is to provide guidelines for the discharge process ...4. F. Why the discharge is necessary ..."</p> <p>1. According to the admission record (AR), Resident #3 was admitted to the facility on</p>	F 623	<p>Resident #3 and Resident #4 no longer reside in the facility. All residents who are transferring have the potential to be affected by the deficient practice. Administrator conducted an in-service with the Administrative Staff (social services, director of nursing, rehabilitation director, administrator) on discharge planning and documentation of discharge.</p> <p>The Administrator conducted an in-service with Social Services and Nursing department on proper discharge planning procedure.</p> <p>Social Services Director or Designee will monitor the discharge planning process to ensure 30-day notice is provided to any long-term care resident being transferred unless requested by the resident or representative. Social Services will review 100% of discharges weekly for 4 weeks with results reported to the Administrator to ensure proper notification was provided. Thereafter, the audit will be monthly for 3 months with results reported to the Administrator.</p> <p>Review all discharge audits monthly with the Quality Assurance Committee for a period of 6 months, at which time it will be determined if continued monitoring is</p>		

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F 623	<p>Continued From page 7</p> <p>Exec Order 26, 4b and was discharged on Exec Order 26, 4 to F2. Diagnoses included but were not limited to: Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>The Minimum Data Set (MDS), an assessment tool dated Exec Order 26, 4 revealed a Brief Interview for Mental Status (BIMS) score of Exec Order 26, 4b which indicated that her/his cognition was Exec Order 26, 4b Exec Order 26, 4b1 NJAC 8:43E-2.1 with Activities of Daily Living (ADL). The quarterly assessment MDS, dated Exec Order 26, 4, revealed in "Section Q", the Resident, RP, and the Power of Attorney (POA) did not participate, however, the discharge plan under Q0400, the discharge plan was active and already occurring for the resident to return to the community.</p> <p>During the surveyor's interview on 11/13/23 at 11:43 with Social Worker (SW #1), who completed NJ Exec. Order 26, 4 Section Q MDS, revealed that he made a mistake of coding Q0400, he stated that he should have had coded to "0" to indicated that the discharge plan was not active.</p> <p>A care plan (CP), initiated on NJ Exec. Order 26, 4, indicated that Resident #3 was a NJ Exec. Order 26:4.b.1 Resident. Interventions included but were not limited to; Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>Exec Order 26, 4b</p> <p>The facility was unable to provide Resident #3's AG.</p> <p>The facility was unable to provide a Physician order to indicated that the Physician was notified and agreed for the Resident's discharge to F1 prior to Exec Order 26, 4b</p>	F 623	needed.	

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F 623	<p>Continued From page 8</p> <p>A review of Resident #3's progress notes (PN), documented by SW #2, on [redacted] at 10:46 p.m., documented that Resident #3 was recently approved for Medicaid and planned to remain for NJ Exec. Order 26:4.b.1 at 11:32 a.m. Resident #3 continued to be a [redacted] resident, on [redacted] at 10:52 a.m. documented "Plan remains to be NJ Exec. Order 26:4.b.1 at 9:33 pm, documented "Plan remains for [redacted] placement." Further review of the PN, SW #3 documented that Resident #3 remained appropriate for [redacted] on [redacted] at 2:45 p.m., [redacted] at 12:56 p.m., [redacted] at 3:25 p.m., and [redacted] at 3:45 p.m. The PN revealed that on [redacted] at 5:13 p.m., documented by registered nurse (RN) wrote "Resident transferred F2 at [redacted]"</p> <p>The Resident's PN and MR revealed no documented evidence that facility-initiated discharge requirements were given to the RR. The PN further revealed there was no documentation indicating the plans for discharge to F2.</p> <p>The "General Notes Report" (GNR), provided by the facility on [redacted], according to the Administrator the GNR was an internal staff communication and was not part of the resident's MR. The GNR, dated [redacted] at 10:16, documented by the facility's Regional Marketing and Business Development (RMBD), indicated that she spoke to the Resident's family member (RP) and left a message and texted the Resident's Power of Attorney with "message". The RMBD further documented "Told [RP] due to issue at the facility we have to transfer [Resident #3] to [F2]. RP asked if this will be permanent and let her know that we do not have a date as to</p>	F 623			

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F 623	<p>Continued From page 9</p> <p>when she can return. We do not know if the issue will ever be fixed, but we'll keep her posted. patient transferring today." The RMBD further documented at 10:46 "[POA], called me and [she/he] was concerned about [Resident #3's] transfer, but after I spoke to [her/him] [she/he] understands. [she/he] know that we do not have a transfer back dated, and I explained that I could not disclose the maintenance issue." At 4:20 p.m., RP further documented, "Spoke to [POA] and [RP], they both expressed concern about the transfer ..."</p> <p>The surveyor conducted a telephone interview with Resident #3's POA on [redacted] at 9:13 a.m. The POA stated that she/he received a call from the facility (unable to recall exact time and date) on the same day to inform her/him that Resident #3 was being discharged to F2. POA stated that when she/he arrived at the facility, Resident #3's was about to leave, Resident's belongings were already packed, and the transportation was already outside the building waiting for the Resident. The POA explained that the facility did not give her/him a chance to say no or to check other facility that was closer to his/her home. The POA further stated that the facility was unable to explain a reason for the discharge, according to the POA the facility stated, "maintenance issue."</p> <p>2. According to AR, Resident #4 was admitted to the facility on [redacted] and was discharged on [redacted] to F3. Diagnoses included but were not limited to: Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>The MDS, dated [redacted], revealed that Residents BIMS was not performed because the Resident was NJ Exec. Order 26:4.b.1. Section Q</p>	F 623			

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F 623	<p>Continued From page 10</p> <p>of the MDS revealed the Resident #4 participated and under Q0400 that an active discharge planning was not occurring for the resident to return to the community.</p> <p>A CP, initiated on ^{NJ Exec. Order 26-4, b.1}, indicated that Resident #4 was planning to remain in ^{NJ Exec. Ord}. There was no indication on the CP that the resident was to be discharged to F3.</p> <p>Review of the Resident #4's "ADMISSION AGREEMENT" (AG), signed on ^{Exec Order 26, 4b1 NJAC 8-43E.2} indicated that the Resident was acknowledging the involuntary and voluntary discharge requirement. The AG under "ARTICLE X1 TERMINATION OF AGREEMENT, TRANSFER AND DISCHARGE 1. Involuntary Discharge. Facility may transfer or discharge Resident upon thirty (30) days advance written notice for one or more of the following reasons: (a) the transfer or discharge is necessary for Resident's welfare and Resident's needs cannot be met in the facility; (b) Resident's medical condition no longer requires Facility's care or services; (c) the safety of individuals in the Facility is endangered; (d) the health of individuals in the Facility would otherwise be endangered; (e) Resident Parties have not paid (or made arrangements to have paid) the fees Resident Parties are obligated to pay for items and services Resident received; (f) Resident has been terminated to be mentally ill, in accordance with Federal or State law, and Resident requires specialized services for mental illness; (g) Facility ceases to operate; or (h) Facility ceases to participate in the Medicare or Medicaid programs, for any reason, and Resident's stay at the Facility is being paid for by Medicare or Medicaid ...4. Voluntary Discharge. Resident Parties may</p>	F 623			

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NAME OF PROVIDER OR SUPPLIER CAREONE AT LIVINGSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 68 PASSAIC AVENUE LIVINGSTON, NJ 07039		
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F 623	<p>Continued From page 11</p> <p>transfer or discharge Resident from the Facility upon the provision of thirty (30) days written notice to terminate this Agreement. All payments to the Facility for care and services to the Resident shall become immediately due and owing as of the Resident's final day at the Facility ..."</p> <p>The facility was unable to provide a Physician order to indicated that the Physician was notified and agreed for the Resident's discharge to F3 prior to [redacted].</p> <p>A review of Resident #4's PN, documented by SW #2, on [redacted] at 10:21 p.m. indicated that Resident #4's plan was to remain in [redacted]. On [redacted] at 10:43 p.m. indicated "Anticipated length of stay [redacted] on [redacted] at 6:07 p.m. indicated that Resident #4's legal guardian plans was for her/him to remain a [redacted] resident, on [redacted] at 10:44 a.m. documented, :Plan remains for [redacted] at this time as [Resident #4] [redacted] on [redacted] at 11:07 a.m., [redacted] at 12:38 p.m., and [redacted] at 9:19 indicated that Resident #4 remained [redacted].</p> <p>Further review of Resident #4's PN, dated [redacted] at 12:32 p.m. documented by the former Administrator indicated that she had spoken to Resident #4's Guardian and agreed for the transfer to F3. Resident #4 was discharge to F3 on [redacted].</p> <p>The Resident's PN and MR revealed no documented evidence that facility-initiated discharge requirements were given to the RR. The PN further revealed there was no documentation indicating the plans for discharge to F2.</p>	F 623			

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F 623	<p>Continued From page 12</p> <p>The surveyors conducted an interview with Maintenance Director (MD) on 11/9/23 at 9:15 a.m., the MD stated there was no "maintenance issues" between 8/2023 through 11/9/23.</p> <p>The review of facility's maintenance log sheet (MLS) from 7/23/23 to 10/3/23, the MLS revealed there was no indication in the MLS that the facility was having a "maintenance issue" in room [REDACTED] and [REDACTED].</p> <p>The surveyor conducted an interview with SW #1 on 11/8/23 at 1:20 p.m., the SW stated that the residents were discharged to another facility in [REDACTED] because the facility was transitioning from Long-term care to Subacute Rehabilitation. The SW further stated that he did not call or arranged the resident's discharges in August because he was new.</p> <p>The surveyor conducted an interview with RMBD on 11/9/23 at 11:31 p.m. RMBD stated that the Vice President of Operation (VPO) had provided her list of family members (FMs) to call for possible transfer to another facility because of a "maintenance issue," the RMBD was unable to explain what was the "maintenance issue" and to provide the list of residents who was discharged to another facility. The RMBD further stated that when the 4 FMs agreed, the former Administrator and Director of Nursing (DON #1) were informed and arranged for the transfer.</p> <p>The surveyor conducted a telephone interview with DON #1 on 11/9/23 at 1:25 p.m. DON #1 stated that she received a notification from the RMBD and VPO that Resident #3 and Resident #4 were moving to another facility. DON #1</p>	F 623			

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F 623	<p>Continued From page 13</p> <p>further stated that she instructed the Unit Clerk to set up the transportation on the same day when she received the instruction from the "Corporate." DON #1 revealed that the 30-day notice was not provided to the Residents or to their FMs and she was not aware that there was a "maintenance issue."</p> <p>The former Administrator was not available for interview on 11/8/23, 11/9/23, and 11/13/23.</p> <p>The surveyor conducted an interview with the VPO on 11/13/23 at 10:01 a.m. The VPO confirmed the transfers occurred on [REDACTED]. VPO explained that the discharges were "voluntary discharge" because when the facility "offered" the FMs agreed for the residents to be discharged to another facility. The VPO further explained due maintenance issue such as "sprinkler issues, trying to repair and remodel" the F1 was trying to condense to "opening up the rooms to repair of what was happening," "we barely have short term patient to cycle out, so we offered LTC patient to be transferred to another facility or a room change." The VPO further stated that a 30-day notice was not necessary because they were ready to go home and "agreed."</p> <p>The surveyor conducted an interview with Resident #4's Guardian on 11/13/23 at 3:26 pm. The Guardian revealed that F1 provided a list of facilities to choose from on [REDACTED] and Resident 4 was discharge to F3 on [REDACTED]. The Guardian stated that "there was no clear understanding or explanation of why [Resident #4] was being transferred" and there was no 30-day discharge notice given. The Guardian further stated that "I didn't have the choice, the discharge process was not there, and I wish more time was given."</p>	F 623			

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F 623	Continued From page 14 The surveyor conducted an interview with Resident #3 and Resident #4 primary physician on 11/13/23 at 4:03 p.m. The residents Primary Physician (PCP) stated that she/he was not aware that the residents were transferred to another facility. The PCP further stated that she/he was made aware when the residents was not in their rooms. NJAC 8:39- 4.1(a)31 NJAC 8:39- 4.1(a)32	F 623			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and review of other pertinent facility documents on 11/8/23, 11/9/23, 11/13/23, it was determined that the facility failed to accurately code resident's Minimum Data Set (MDS), an assessment tool used to facilitate the management of care. This deficient practice was identified for one 1 of 6 (Resident #3) residents reviewed. This deficient practice was evidenced by the following: According to the admission record (AR), Resident #3 was admitted to the facility on [redacted] and was discharged on [redacted], with diagnoses that included but were not limited to: [redacted]	F 641	Resident #3 no longer resides in the facility. Upon identifying the coding error, modification was made to Resident #3's [redacted] MDS Section Q. All residents have the potential to be affected by the deficient practice. Resident #4 MDS Section Q was also reviewed with no error in coding. Administrator conducted an in-service with the Social Services Director on proper coding of Section Q. Social Services Director and Administrator will audit 3 residents MDS Section Q weekly for 4 weeks to ensure coding is accurate. Thereafter, audits will be monthly for 3 months.	12/22/23	

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F 641	<p>Continued From page 15</p> <p>A review of Resident #3's care plan documented Resident #3 is a NJ Exec. Order 26:4.b.1 resident, initiated on NJ Exec. Order 26:4.b.1</p> <p>A review of the Progress Notes (PN) dated NJ Exec. Order at 11:08 a.m. documented under Care Conference Note, Resident #3 remains appropriate for NJ Exec. Ord</p> <p>Review of the Quarterly Minimum Data Set (Q/MDS), an assessment tool used to facilitate the management of care dated Exec Order 26:4, indicated that Resident #3 had a Brief Interview for Mental Status (BIMS) score of 1 indicating the resident had a Exec Order 26, 4b1 NJAC 8:43E-2.1. Further review of the MDS Section Q0400 Discharge Plan was coded 1, indicating an active discharge planning is already occurring for the resident to return to the community.</p> <p>During the surveyor's interview on 11/13/23 at 11:43 with Social Worker (SW), who completed 7/23/23 Section Q MDS, revealed that he made a mistake of coding Q0400, he stated that he should have had coded to "0" to indicated that the discharge plan was not active.</p> <p>NJAC 8:39-33.2(d)</p>	F 641	<p>Section Q audits will be discussed and reviewed monthly with the Quality Assurance Committee for a period of 6 months, at which time it will be determined if continued monitoring is needed.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315479	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/2/2024	Y3
NAME OF FACILITY CAREONE AT LIVINGSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 68 PASSAIC AVENUE LIVINGSTON, NJ 07039		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0620	Correction	ID Prefix F0623	Correction	ID Prefix F0641	Correction
Reg. # 483.15(a)(1)-(7)	Completed	Reg. # 483.15(c)(3)-(6)(8)	Completed	Reg. # 483.20(g)	Completed
LSC	12/22/2023	LSC	12/22/2023	LSC	12/22/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 11/13/2023

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