

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

PRINTED: 12/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315515	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2023
NAME OF PROVIDER OR SUPPLIER ATRIUM AT NAVESINK HARBOR, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 RIVERSIDE AVENUE RED BANK, NJ 07701		
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F 000	INITIAL COMMENTS Survey Date: 7/7/23 CENSUS: 37 SAMPLE SIZE: 12 + 3 closed records The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities. Deficiencies were cited for this survey.	F 000			
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: §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 observation, interview, and record review, it was determined that the facility failed to complete a NU Exec investigation for 1 of 2 residents (Resident #1) reviewed for NJ Exec Ord	F 610	F610 SS=D - Investigate/Prevent/Correct Alleged Violation 1. The Incident report for resident #1 was	8/18/23	

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

TITLE

(X6) DATE

Electronically Signed

07/28/2023

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 610	<p>Continued From page 1</p> <p>This deficient practice was evidenced by the following:</p> <p>On 6/29/23 at 9:59 AM, the surveyor observed Resident #1 EX Order 26 § 4b1 with a staff member.</p> <p>On that same day at 10:03 AM, the surveyor observed the resident seated a table with another resident. The resident had a EX Order 26 § 4b1 to the EX Order 26 § 4b1.</p> <p>The surveyor reviewed the medical record for Resident #1.</p> <p>Review of the face sheet (an admission summary) indicated that the resident was admitted to the facility on EX Order 26 § 4b1, with diagnoses which included but not limited to EX Order 26 § 4b1.</p> <p>Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 6/16/2023, reflected the resident had a Brief Interview for Mental Status (BIMS) score of EX Order 26 § 4b1 out of 15, indicating EX Order 26 § 4b1.</p> <p>On 06/29/23 at 12:11 PM, the surveyor reviewed the electronic Progress Notes (ePN) which indicated that the resident had EX Order 26 § 4b1 on the following dates: 11/22/22, 12/6/22, 12/21/22, and 12/24/22.</p> <p>On 7/6/23 at 9:40 AM, the surveyor requested EX Order 26 § 4b1 investigations for the above corresponding EX Order 26 § 4b1.</p>	F 610	<p>completed by the Director of Nursing as soon as it was noted that none was initiated on the date of the incident, 12/24/2023.</p> <p>2. All residents involved in a EX Order 26 § 4b1 or other incident are at risk of this deficient practice.</p> <p>A review of the incidents of EX Order 26 § 4b1 that occurred from EX Order 26 § 4b1 was completed. There were no other incidents of EX Order 26 § 4b1 that did not have an incident report and an investigation that was not completed.</p> <p>Resident #8 care plan was updated to include interventions done for the resident. In addition the Director of Nursing completed an investigation and included it in the incident report for trending for possible causative factor.</p> <p>3. In order to assure that the deficiency does not recur, the Nursing Director will inservice staff regarding completing an incident report after an incident of EX Order 26 § 4b1 has occurred. The Nursing Director, or designee, will review incidents that occurred in the facility and check to make sure that an incident report has been completed.</p> <p>4. In order to monitor that incident reports are completed after a EX Order 26 § 4b1 of any resident, the DON, or designee, will report the incidents of EX Order 26 § 4b1 and that an incident report has been filled out in the morning department head meeting for four weeks, then monthly for three months, then</p>		

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F 610	<p>Continued From page 2 from the Director of Nursing (DON).</p> <p>On that same day, the DON provided the surveyor with three ^{NJ Exec} investigations for 11/22/22, 12/6/22, and 12/21/22. There was no ^{NJ Exec} investigation provided for the 12/24/22 status post ^{NJ Exec}.</p> <p>On that same date, the surveyor reviewed the electronic medical record which indicated a ^{NJ Exec} progress note titled ^{NJ Exec, Ord} which indicated that the resident had a ^{NJ Exec} on 12/24/22 at 10:45 AM. Review of the note narrative indicated, "RN [Registered Nurse] notified by activity person that resident was calling for help. Observed resident sitting on floor in front of his/her lounge chair. EX Order 26 § 4b1</p> <p>Daughter refused transfer to hospital for evaluation. [medical doctor] and Don notified. Will continue to monitor."</p> <p>Further review of the 12/24/22, ^{NJ Exec} progress note indicated that existing interventions such as EX Order 26 § 4b1</p> <p>Activities in dining room.</p> <p>Review of the resident's comprehensive individualized care plans reflected a focus area for ^{NJ Exec, Order 26-4.b.1} created 9/14/22, with goal(s) not to have any EX Order 26 § 4b1 through the next review</p>	F 610	<p>quarterly x2. The results of these audits will be reported in the quarterly QAPI meetings to determine if further intervention/monitoring is required.</p>	

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F 610	<p>Continued From page 3 date.</p> <p>Further review of the care plan indicated that it was updated with new interventions status post the 12/24/22 [REDACTED]</p> <p>Review of the [REDACTED] Risk Assessment dated 12/24/22, indicated a [REDACTED] score of [REDACTED] which indicates a total score above [REDACTED] points represents "EX Order 26 § 4b1".</p> <p>On 7/6/23 at 10:45 AM, the DON stated that she failed to do an incident report and investigate the 12/24/22 [REDACTED]. She further stated that an incident report should have been done and she did not know what happened, but she will find out what why it wasn't done.</p> <p>On 7/6/23 at 2:00 PM, the survey team met with the Licensed Nursing Home Administrator and the DON and discussed the above findings.</p> <p>On 7/7/23 at 10:58 AM, the DON stated that the Registered Nurse on duty for 12/24/22 told her "I can't believe I didn ' t put it into Risk Watch our tracking tool."</p> <p>Review of the facility's policy for "Falls Management Program" revised 12/22/22 and provided by the DON included under "Pos [REDACTED] that post [REDACTED] investigation and incident report would be completed and entered into the "Risk Watch Analysis" and that "EX Order 26 § 4b1 [REDACTED]".</p> <p>There was no additional information provided.</p> <p>NJAC 8:39-27.1(a)</p>	F 610		

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F 655 F 655 SS=D	Continued From page 4 Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident.	F 655 F 655		7/10/23	

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F 655	<p>Continued From page 5</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to develop a person-centered baseline care plan for a resident within 48 hours of admission. This deficient practice was identified for 1 of 15 residents reviewed for person-centered baseline care plans (Resident #8) and was evidenced by the following:</p> <p>The evidence was as follows:</p> <p>On 6/28/23 at 10:55 AM, two surveyors observed Resident #8 in a [REDACTED] on the third activity room. This resident was noted to require [REDACTED] at meals.</p> <p>The surveyor reviewed the medical record for Resident # 8.</p> <p>Review of the resident's Face Sheet (an admission record) reflected the resident was admitted on [REDACTED], with diagnoses that included but were not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>Review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 5/22/23 reflected a</p>	F 655	<p>F655 SS=D - Base Line Care Plan - The Community intends to IDR this deficiency.</p> <ol style="list-style-type: none"> The complete Base Line Care Plan for resident #8 was done timely and time stamped to reflect the date of admission of [REDACTED] by an RN from the facility and was locked on [REDACTED], when the comprehensive care plan was completed. Although the Base Line Care Plan was found and in place timely post survey, we are acknowledging corrective action after the survey date as it is required and requested with the date of 7/10/2023. The Nursing Director reviewed the admissions to the facility from January 2023 to July 7th, 2023, there were no other admissions that did not have a basic care plan from their respective admission. To ensure that the deficient practice does not occur, the Nursing Director or designee, will review 24-hour clinical report and check the completion of the admission evaluation and basic care plan of residents admitted to the facility. In order to monitor that basic plans are addressed/completed, the Nursing Director, or designee, will check all new admissions the next day and will report the information in the department head 		

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F 655	<p>Continued From page 6</p> <p>Brief Interview for Mental Status (BIMS) score of 7 out of 15 which indicated the resident's EX Order 26 § 4b1. It further reflected that the resident was NJ Exec. Order 26:4.b.1 and required the NJ Exec. Order 26:4.b.1 of one person for the task of NJ Exec. Order 26:4.b.1.</p> <p>Review of the Physician's Orders (POs) from both the electronic medical record (EMR) and the paper chart for May 2023 included a PO dated 5/15/23, to NJ Exec. Order 26:4.b.1 for four weeks.</p> <p>Review of the resident's EMR and paper chart revealed there was no documented evidence that a person-centered baseline care plan was initiated for resident #8. Further review of the "Care Plan Report" initiated on 5/23/23, included a NJ Exec. Order 26:4.b.1 plan which was created on 7/3/23 by the RD.</p> <p>On 7/06/23 at 9:37 AM, the surveyor interviewed the Registered Dietitian (RD) in the presence of the survey team. She stated that she typically initiated a NJ Exec. Order 26:4.b.1 plan between five and seven days after admission. The RD acknowledged that there was no documented evidence of a NJ Exec. Order 26:4.b.1 plan in the EMR for Resident #8 until 7/3/23.</p> <p>On 7/06/23 at 12:01 PM, the surveyor interviewed the covering Registered Nurse/MDS Coordinator in the presence of the survey team. The MDS Coordinator reviewed the EMR for Resident #8 in the presence of the surveyor and acknowledged that there was no documented evidence of a baseline care plan for Resident #8 and that the NJ Exec. Order 26:4.b.1 was not initiated until 7/3/23, which was out of the regulatory time frame.</p>	F 655	<p>morning meeting for four weeks, then monthly for three months then quarterly x2. The QAPI committee will determine if further monitoring is needed.</p>		

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F 655	Continued From page 7 On 7/07/23 at 11:03 AM, the survey team met with the Director of Nursing (DON) and the Licensed Nursing Home Administrator (LNHA). The DON presented the surveyor with a copy of a baseline care plan that she then acknowledged had not been initiated until 7/6/23. In addition, she reviewed the EMR in the presence of the surveyor for Resident #8 and acknowledged that there was no documented evidence that a baseline care plan had been generated. Review of the facility policy "Resident Care Plan" with a revised date of 6/29/23, included that it is the policy of the facility to ensure that the care planning process was systematic, comprehensive, interdisciplinary and timely and directed toward achieving and maintaining each residents optimal physical, psychosocial and functional status. It further included that the care plan reflects measurable objectives/goals. It also included that interventions should serve as a "care guide."	F 655			
F 692 SS=G	NJAC 8:39 - 27.1(a) Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or	F 692		8/21/23	

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F 692	<p>Continued From page 8</p> <p>desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to identify and address a significant NJ Exec. Order 26:4.b.1 pounds (lbs.) which was NJ Exec. Order 26:4.b.1 in 20 days from admission on NJ Exec. Order 26:4.b.1 through 6/5/23 and an additional NJ Exec. Order 26:4.b.1 from 6/5/23 through 7/1/23. The facility failed to: a.) consistently ascertain and monitor NJ Exec. Order 26:4.b.1 for 4 weeks after admission and implement NJ Exec. Order 26:4.b.1 for 4 weeks after a significant NJ Exec. Order 26:4.b.1 occurred, b.) obtain a NJ Exec. Order 26:4.b.1 to verify a significant NJ Exec. Order 26:4.b.1, c.) implement a comprehensive admission NJ Exec. Order 26:4.b.1 assessment and care plan in a timely manner, d.) consistently record and monitor NJ Exec. Order 26:4.b.1 and e.) ensure a recommended NJ Exec. Order 26:4.b.1 supplement was prescribed and provided to the resident prior to surveyor inquiry. This deficient practice was identified for 1 of 4 residents reviewed for NJ Exec. Order 26:4.b.1 and resulted in a significant and avoidable NJ Exec. Order 26:4.b.1 (Resident #8).</p> <p>The evidence was as follows:</p> <p>On 6/28/23 at 10:55 AM, two surveyors observed</p>	F 692	<p>F692 SSG - Nutrition/Hydration The Community intends to IDR this deficiency</p> <ol style="list-style-type: none"> Once the NJ Exec. Order 26:4.b.1 was identified on resident #8, the weekly NJ Exec. Order 26:4.b.1 was continued and the dietician recommended to give NJ Exec. Order 26:4.b.1. The order for the NJ Exec. Order 26:4.b.1 was secured. The physician was notified of the NJ Exec. Order 26:4.b.1 and ordered EX Order 26 § 4b1 for hour sleep, along with additional supplements, i.e. NJ Exec. Order 26:4.b.1 for lunch and dinner. Residents with NJ Exec. Order 26:4.b.1 and NJ Exec. Order 26:4.b.1 are at risk for the deficient practice. The Nursing Director/designee will inservice staff regarding completion of documentation in residents medical record, especially regarding the meal consumption of each resident and importance of obtaining and documenting weekly NJ Exec. Order 26:4.b.1. The nurses will be inserviced by the nursing director on importance of notifying the physician on residents NJ Exec. Order 26:4.b.1 variation of 5 pounds if 	

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F 692	<p>Continued From page 9</p> <p>Resident #8 in a [REDACTED] on the third activity room. This resident was noted to require [REDACTED] at meals.</p> <p>On 6/29/23 at 9:16 AM, the surveyor observed the resident in bed with the head of the bed elevated and eyes closed. The surveyor then observed a completed breakfast tray on the food truck. The resident completed approximately 25% of a four-ounce bowl of bite sized melon, 50% of a four-ounce yogurt, less than 50% of a two-ounce portion of scrambled eggs, less than 50% of a one-ounce portion of ground ham, a minimal amount of an eight-ounce carton of reduced fat milk, 50% of a four-ounce portion of orange juice, a minimal amount of a four-ounce portion of applesauce, and the mug of the hot beverage appeared unopened.</p> <p>On 7/5/23 at 10:05 AM, the surveyor observed the resident in bed with his/her eyes closed. The resident did not rouse for the surveyor.</p> <p>On 7/07/23 at 8:40 AM, the surveyor observed the resident in bed with the head of the bed elevated. The resident's eyes were opened, and he/she smiled at the surveyor. The residents Certified Nurses' Aides (CNA) opened the residents breakfast tray, sat at the bedside and fed Resident #8. The CNA stated that she was familiar with the resident and [REDACTED]. She stated that on a "good day" the resident consumed 50% of the breakfast meal which could take up to 40 minutes to complete. The CNA stated that the resident [REDACTED] themselves and was "sometimes [REDACTED] at the breakfast meal in addition to being [REDACTED]. She had to remind the resident to open his/her mouth and introduced small sips of fluids and bites of</p>	F 692	<p>resident is greater than 100 pounds and 3 pound variation is less than 100 pounds.</p> <p>To ensure that the deficient practice does not recur, the Nursing Director, or designee, will audit all new admissions to ensure completion of all evaluation and assessment, particularly from the the dietitian, weekly and monthly [REDACTED]s to assure completion, and physician notification of changes that affect the resident.</p> <p>4. The Nursing Director will report the results of the audits to the QAPI committee quarterly x 6 month.</p>		

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F 692	<p>Continued From page 10</p> <p>mechanically altered consistency foods. She stated that items on the breakfast tray were typical and included an eight-ounce carton of reduced fat milk, and eight-ounce mug of coffee, a four-ounce portion of strawberry yogurt, a four-ounce portion of applesauce, a four-ounce portion of orange juice, a package of pancake syrup, a pat of margarine, two banana pancakes cut to bite size pieces and two sausage links cut into bite size pieces.</p> <p>On 7/07/23 at 9:10 AM, the surveyor observed the resident motion to the CNA and clearly stated that he/she did not want any more of the meal. The surveyor observed that the resident consumed approximately two ounces of a four-ounce portion of orange juice, five teaspoons of applesauce, one ounce of the eight-ounce carton of reduced fat milk, two ounces of a four-ounce portion of strawberry yogurt, 50% of the sausage links, and 25% of the banana pancakes.</p> <p>The surveyor reviewed the medical record for Resident # 8.</p> <p>Review of the resident's Face Sheet (an admission record) reflected the resident was admitted with diagnoses that included but were not limited to; EX Order 26 § 4b1</p> <p>Review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 5/22/23 reflected a Brief Interview for Mental Status (BIMS) score of 1 out of 15 which indicated the resident's cognition was EX Order 26 § 4b1. It further</p>	F 692			

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F 692	<p>Continued From page 11</p> <p>reflected that the resident was NJ Exec. Order 26:4.b.1 and required the NJ Exec. Order 26:4.b.1 of one person for the task of NJ Exec. Order 26:4.b.1. In addition, it reflected that the resident received a NJ Exec. Order 26:4.b.1. Review of the Care Area Assessment (CAA) Summary reflected the decision to care plan for NJ Exec. Order 26:4.b.1 status.</p> <p>Review of the Physician's Orders (POs) from both the electronic medical record (EMR) and the paper chart for May, June and July 2023, included a PO dated 5/15/23, to NJ Exec. Order 26:4.b.1 the resident weekly for four weeks, a PO dated 5/15/23, for EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>There was no PO for NJ Exec. Order 26:4.b.1 for four weeks after Resident #8's significant EX Order 26 § 4b1 on 6/5/23.</p> <p>Review of May and June 2023 electronic Treatment Administration Records (eTAR) reflected the PO to NJ Exec. Order 26:4.b.1 the resident weekly for four weeks to start 5/22/23. There was no documented evidence that a NJ Exec. Order 26:4.b.1 was obtained weekly on 5/22/23, 5/29/23 and 6/12/23 as ordered.</p> <p>Review of the July 2023 electronic Medication Administration Record (eMAR) included documented evidence that the NJ Exec. Order 26:4.b.1 supplement EX Order 26 § 4b1 was provided to the</p>	F 692		

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F 692	<p>Continued From page 12 resident on 7/6/23 and 7/7/23 at 12:00 PM and on 7/6/23 at 5:00 PM.</p> <p>The surveyor reviewed the ^{NJ Exec. Order 26} record in the EMR. ^{NJ Exec. Order 26A} documented were as follows:</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>Review of the Registered Dietitian's (RD) Admission ^{NJ Exec. Order 26:4.b.1} "Assessment" dated 7/3/23 at 10:05 AM, reflected that the resident was ^{NJ Exec. Order 26} lbs. on admission ^{EX Order 26 § 4}. It included that the resident's intake was variable but usually consumed 50-100%. The document also included a goal for the resident to ^{NJ Exec. Order 26:4.b.1} of meals and have no significant ^{NJ Exec. Order 26:4.b.1}. In addition, it included ^{NJ Exec. Order 26:4.b.1} interventions of monitoring ^{NJ Exec. Order 26:4} and intake. There was no documented assessment of the residents usual ^{NJ Exec. Order 26:4.b.1} range, pertinent medications, or pertinent lab values.</p> <p>Review of the RD's ^{NJ Exec. Order 26:4.b.1} "Miscellaneous Note" dated 7/3/23 at 10:11 AM, included the 7/1/23 weight of ^{EX Order 26 § 4b1}. She indicated there was a ^{EX Order 26 § 4b1} in one month. However, she did not acknowledge and document the 6/5/23 ^{EX Order 26 § 4b1}. She indicated that the resident's intake remained variable and recommended ^{NJ Exec. Order 26:4.b.1} for four weeks as well as a "clear ^{NJ Exec. Order 26:4} drink with lunch and dinner" which would have provided approximately 250 calories and nine grams of protein per eight ounces. She further documented that the staff would continue to monitor the resident's intake and ^{NJ Exec. Order 26:4}</p>	F 692			

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F 692	<p>Continued From page 13</p> <p>Review of the "Monthly Physician Visit" note dated and signed 6/13/23 by the resident's primary care physician (PCP), indicated that the resident had not experienced ^{NJ Exec. Order 26:4.b.1} or a decreased appetite. Furthermore, there was no ^{NJ Exec. Order 26:4.b.1} documented by the PCP.</p> <p>Review of Geriatric ^{NJ Exec. Order 26:4.b.1} Progress Note dated 6/7/23, included that the resident displayed no evidence of ^{NJ Exec. Order 26:4.b.1} symptoms, and that the resident's appetite and sleep were stable. The ^{NJ Exec. Order 26:4.b.1} included a diagnosis of ^{NJ Exec. Order 26:4.b.1}, and discontinued the PO for ^{EX Order 26 § 4b1} by mouth in the evening.</p> <p>Review of the electronic progress notes from admission to current revealed no documented evidence of ^{EX Order 26 § 4b1}.</p> <p>Review of the resident's "Care Plan Report" initiated on 5/23/23, included a ^{NJ Exec. Order 26:4.b.1} plan which was created on 7/3/23 by the RD. The "problem" area included that the resident had ^{NJ Exec. Order 26:4.b.1} related to variable intake, a modified consistency ^{NJ Exec. Order 26:4.b.1} and ^{NJ Exec. Order 26:4.b.1} at times. The RD's goals for the resident included intake to be at or above ^{NJ Exec. Order 26:4.b.1} % with no significant ^{NJ Exec. Order 26:4.b.1} changes. The RD's interventions included that the resident may need ^{NJ Exec. Order 26:4.b.1} at meals, that staff will monitor his/her ^{NJ Exec. Order 26:4.b.1}s, intake and labs, and that the resident was on a ^{NJ Exec. Order 26:4.b.1} diet. The ^{NJ Exec. Order 26:4.b.1} drink at lunch and dinner" was not included in the care plan until 7/6/23, after surveyor inquiry. The care plan did not reflect weekly ^{NJ Exec. Order 26:4.b.1} or the residents actual significant ^{NJ Exec. Order 26:4.b.1}.</p>	F 692			

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F 692	<p>Continued From page 14</p> <p>On 7/5/23 at 10:35 AM, the surveyor interviewed the third floor Registered Nurse (RN) #1 who stated that the [redacted] were only recorded in the EMR and that there was no [redacted] book.</p> <p>On 7/05/23 at 1:10 PM, the surveyor interviewed the Human Resources Director in the presence of a second surveyor. She stated that the RD worked part time at the facility and that she hurt her foot and thinks she "may be out."</p> <p>On 7/05/23 at 1:17 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) in presence of the survey team. He stated that the RD broke her toe and has been working remotely. He further stated that "it's the first I am hearing of it," he could not state how long she has been out or working remotely.</p> <p>On 7/06/23 at 9:37 AM, the surveyor interviewed the RD in the presence of the survey team. She stated that the Unit Manager (UM) was in charge of assigning the CNA's to [redacted] residents monthly during the first week of each month. She also stated that through the EMR she could ascertain a [redacted] report for a residents last 10 [redacted]. The RD and surveyor reviewed Resident #8's [redacted]. She stated that she reviewed [redacted] to determine if a [redacted] was needed and could not speak to why there was no [redacted] after the resident [redacted] on 6/5/23. The RD stated that if a resident was over 100 lbs. and there was a five-pound weight change or more from the previous weight she would have requested the nurses get a re-weight for verification. In addition, she would have done the same if a resident was under 100 lbs. and had a three-pound weight change or more from the previous weight. The RD also stated that weekly</p>	F 692			

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F 692	<p>Continued From page 15</p> <p>NJ Exec. Order 26.1 were implemented for four weeks after a resident was newly admitted or readmitted to the facility or if there was another nutritional concern such as a decreased appetite. She stated that if a resident refused to be weighed nursing would record zeros and write a progress note. She stated that UM covered both the second and third floors and was responsible to ensure weights were taken. The RD stated that the UM would have notified her if a resident had a NJ Exec. Order 26.4.b.1 but the UM was "out right now." She stated, "I do not check every day but once a week, I will look at weekly NJ Exec. Order 26.1."</p> <p>During that same interview, the RD stated that if she was unable to observe the resident herself, she would ask staff how the resident was eating in addition to viewing the percentage of meals consumed which was documented by the CNA's. She stated that the CNA documentation was "not always filled out." In addition, she stated that in the EMR she utilized a nutritional assessment form to document for new admissions, annual assessments and significant changes. She also stated that she utilized a miscellaneous note for follow up documentation. She stated that it was the facility policy to have a nutritional assessment completed by day 13 from the admission date, but her goal was to complete the nutritional assessment between five and seven days, at which time she also generated the care plan. She stated that she initiated nutritional care plans. The RD further stated that she would consider a resident at nutritional risk if they experienced a significant weight change. She stated that if a resident's weight was trending down, she would look "more closely" at weights and she considered a weight loss of five percent within one month and 10% within six months to be</p>	F 692			

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F 692	<p>Continued From page 16</p> <p>considered significant. The RD stated that if a resident had a significant weight loss she would "intervene immediately" and also stated "as soon as I know." She stated that if she made nutritional recommendations, she would fill out a form and email it to nursing, the Director of Nursing (DON), and food service (FS). The RD further stated that Boost Breeze was one of the supplements that the facility had available and was a non-milky juice-like beverage. The RD acknowledged that there was no documented evidence of a NJ Exec. Order 26:4.b.1 or care plan in the EMR for Resident #8 until 7/3/23. She stated that the facility contacted her about this and stated, "I don't know what happened, maybe it got deleted."</p> <p>On that same date and time, the RD reviewed the active POs in the presence of the surveyor and acknowledged that there was no PO for NJ Exec. Order 26:4.b.1 or weekly EX Order 26 § 4b1 for Resident #8. She acknowledged that the weekly NJ Exec. Order 26:4.b.1 for four weeks after admission were not completed and stated, EX Order 26 § 4b1</p> <p>NJ Exec. Order 26:4.b.1 She could not speak to why the protocol wasn't followed and a EX Order 26 § 4b1 was not obtained. The RD stated that she inquired if the Food Service Director (FSD) received the diet slip for the EX Order 26 § 4b1 two days ago and he had not. She stated that Resident #8 was EX Order 26 § 4b1</p> <p>NJ Exec. Order 26:4.b.1</p> <p>On 7/06/23 at 10:41 AM, the RD provided the surveyor with a printout of the EMR CNA worksheet for Resident #8's meal intake accountability from 5/16/23 dinner through 7/6/23.</p>	F 692		

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F 692	<p>Continued From page 17</p> <p>Review of this document revealed inconsistent documentation for percentages of meals consumed. During this time frame, there were 154 opportunities (meals) to record percentage consumed, there was only documented evidence for 35 meals.</p> <p>On 7/06/23 at 11:01 AM, the surveyor interviewed the RD in the presence of the survey team who stated that if meal accountability was not filled out properly, "I can't use it." She stated that she was not at the facility daily and that she expected the CNA's to fill out the document consistently and properly. She acknowledged that the goal she developed for the resident was for his/her intake to be at or above 75%. The RD reviewed the EMR in the presence of the survey team and acknowledged that there was no documentation from nursing for Resident #8's meal intake. She further acknowledged that she needed to know how much the resident was consuming to monitor if goals were met and to determine how many calories needed to be supplemented. She stated that if she noticed the intake worksheet was not being filled out consistently, she would have reported this to the UM and/or DON and stated, "I don't know if I told anyone." She also stated that she could not speak to why she did not notice the residents [redacted] since she reviewed the [redacted] every week and stated that it did not fall into the one month change time frame. In addition, the RD stated that there was a [redacted] and that she wanted to put supplements in place quickly. She also stated that nursing usually alerted her when a resident had a significant change in an email. She reviewed her emails in the presence of the surveyor and acknowledged she had not received an email from nursing regarding Resident #8.</p>	F 692			

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F 692	<p>Continued From page 18</p> <p>During this interview, the RD provided the surveyor with a copy of an email communication with the Food Service Department dated 7/3/23 at 9:53 AM. She requested that [REDACTED] EX Order 26 § 4b1 be added to Resident #8. On 7/4/23 at 9:46 AM the Healthcare/Independent Living Supervisor replied to the email, "We sure can, no problem." In addition, the RD provided the surveyor a copy of an email communication she sent to the DON regarding Resident #8, which included a recommendation for weekly [REDACTED] NJ Exec. Order 26 § for four weeks and [REDACTED] EX Order 26 § 4b1 for lunch and dinner. The RD asked if the DON could add that to the PO's. No documentation was provided that the DON acknowledged the email.</p> <p>On 7/06/23 at 11:19 AM, the Food Service Department provided copies of three "Dining Service Communication Forms" for Resident #8 dated 5/15/23 and two dated 5/18/23. No communication was provided that verified [REDACTED] EX Order 26 § [REDACTED] was ordered by the physician for Resident #8. The Food Service Department provided a copy of the third floor Diet List at this time yet dated 7/3/23. It indicated that Resident #8 was supposed to receive [REDACTED] EX Order 26 § 4b1 at lunch and dinner.</p> <p>On 7/06/23 at 11:49 AM, the surveyor conducted a telephone interview with RN #1. RN #1 was the nurse who entered Resident #8's weight of [REDACTED] NJ Exec. Order 26 § lbs. on 6/5/23 into the EMR. She stated that she did not recall if the resident was on weekly [REDACTED] NJ Exec. Order 26 § or if the resident should have been placed on weekly [REDACTED] NJ Exec. Order 26 § for four weeks after admission. She stated that weekly [REDACTED] NJ Exec. Order 26 § required a PO. The surveyor reviewed the residents' [REDACTED] NJ Exec. Order 26 § with RN #1, who stated that</p>	F 692			

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F 692	<p>Continued From page 19</p> <p>she would have reported a [redacted] of [redacted] lbs. to [redacted] to the DON but could not recall if she did or not. She also stated that she did not think she notified the physician. She further stated that she would not have written a note about the [redacted]. RN #1 stated that the resident's intake varied and that [redacted] needed to be fed. She further stated that someone discussed starting a supplement for Resident #8 due to poor intake at times but could not recall who discussed this with her, or if a supplement was started and if it should have been recorded on the eMAR/eTAR.</p> <p>On 7/06/23 at 12:01 PM, the surveyor interviewed the covering RN/MDS Coordinator in the presence of the survey team. She stated that the RD was responsible to fill out Section K of the MDS "Swallowing/Nutritional Status." She stated that the MDS opened on the day of admission and the facility had up to 14 days to complete the MDS and up to 21 days to complete the Care Plan. She stated that if the CAA summary section indicated to proceed to care plan for [redacted] status that it should have been completed by the 21st day after admission. She further stated that each discipline was responsible to initiate their own care plan. She also stated that it was the MDS Coordinator's responsibility to ensure that all triggered CAA's were addressed in the comprehensive care plan. The MDS Coordinator reviewed the EMR care plan in the presence of the surveyor and acknowledged that the [redacted] plan was not initiated until 7/3/23, which was out of the regulatory time frame.</p> <p>On 7/06/23 at 12:34 PM, the surveyor interviewed RN #2 who was the covering the UM in the presence of the survey team. She stated that she was mainly on the second floor but also covered</p>	F 692			

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F 692	<p>Continued From page 20</p> <p>the third floor. She stated that she trained with the previous UM for two weeks prior to taking the position and that the agency she worked for provided her with a job description for the UM position for this facility. She stated that the previous UM provided her with a list of tasks to complete each day. RN #2 stated that if the eTAR indicated a weight should be taken she ensured it was done. She stated that weekly weights were completed on Mondays and that she did not work on Monday. She further stated that if a weekly weight was not completed on Monday, "I would follow up myself." She stated that weekly weights were done for four weeks for newly admitted and readmitted residents and required a PO. She stated that she was instructed to obtain a re-weight for a resident who had a two or more pound weight change from the previous weight. She stated that she was instructed to oversee weights for the second floor and "only bigger things like falls for the third." RN #2 stated that Resident #8 was briefly admitted to the second floor and was transferred to the third floor. She reviewed the resident's ^{NJ Exec. Order 26-4} in the EMR in the presence of the surveyor. She stated that she was unaware of the significant ^{NJ Exec. Order 26:4.b.1} and acknowledged that the weekly ^{NJ Exec. Order 26} were not consistently recorded and that a ^{NJ Exec. Order 26 § 4b1} should have been done for the EX Order 26 § 4b1. In addition, she stated that she does not interact with the RD. At that same time, RN #2 reviewed the EMR PO's and acknowledged that there was no PO for weekly ^{NJ Exec. Order 26:4}.</p> <p>On 7/06/23 at 1:02 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) for the third floor in the presence of the survey team. She stated that she supervised the ^{NJ Exec. Order 26} processes. She stated that weekly ^{NJ Exec. Order 26} were done on</p>	F 692			

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NAME OF PROVIDER OR SUPPLIER ATRIUM AT NAVESINK HARBOR, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 RIVERSIDE AVENUE RED BANK, NJ 07701		
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F 692	<p>Continued From page 21</p> <p>Mondays and that she did not work on Monday's. She stated that it was "protocol" to weigh residents weekly for four weeks after admission. She further stated that weekly weights required a PO and would have been documented on the eMAR or eTAR which would have been "flagged to get done." The LPN stated that if a resident had a five-pound weight change that she would have obtained a re-weight and if that weight was verified it would be considered a significant weight loss. She stated that she would have notified the RD who then makes recommendations to start supplements and would have determined the cause of the weight loss. The LPN reviewed Resident #8's [REDACTED] in the EMR in the presence of the surveyor. She acknowledged that weekly [REDACTED] were not consistently obtained and recorded and that there was a EX Order 26 § 4b1. She acknowledged that she recorded the next [REDACTED], which was a further [REDACTED] and could not speak to why she did not notify the RD, DON or physician. She stated that when a resident had a [REDACTED] the RD, DON, physician and family should have been notified and it should have been documented on the 24-hour report. The LPN then reviewed the PO's in the presence of the surveyor, which indicated that she transcribed the PO for [REDACTED] 7/6/23, after surveyor inquiry. She further acknowledged that the resident enjoyed and consumed the entire carton of EX Order 26 § 4b1 at lunch. In addition, she acknowledged that currently there was no PO for weekly [REDACTED].</p> <p>On 7/06/23 at 1:22 PM, the surveyor interviewed the FSD and the Healthcare/Independent Living FS supervisor in the presence of the survey team. The FSD stated that once they received a "diet</p>	F 692			

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F 692	<p>Continued From page 22</p> <p>slip" (a communication tool) from nursing, which provided FS with a verified record that "it's been signed off on and it's ok to serve that [the nutritional supplement] to the resident" that they would have provided it. He stated that the diet slip ensured that there was a PO for that supplement. He further stated that Resident #8 typically consumed breakfast in his/her room and lunch and dinner in the dining room. He stated that FS would have provided the [redacted NJ Exec. Order 26:4.b.1] on the tray for breakfast and that the nurses would have provided the [redacted NJ Exec. Order 26:4.b.1] to the resident for lunch and dinner. The FSD stated that the RD sent an email on Monday 7/3/23, which indicated that she recommended [redacted EX Order 26 § 4b1] be given at lunch and dinner for Resident #8. However, food service had not received a diet slip. The FSD stated that the resident should have started to receive the [redacted NJ Exec. Order 26:4.b.1] on Tuesday 7/4/23. He further stated that the RD should have communicated that to the DON. The FSD stated that the [redacted NJ Exec. Order 26:4.b.1] came in an eight-ounce carton and was started "today" because he had not previously received a diet slip.</p> <p>On 7/07/23 at 9:16 AM, the surveyor reviewed the physician's documentation in Resident #8's paper chart with the LPN. The LPN acknowledged that the resident's "Monthly Physician's Visit" note dated 6/13/23, did not address the resident's [redacted NJ Exec. Order 26:4.b.1] or appetite.</p> <p>On 7/07/23 at 10:00 AM, the surveyor interviewed the DON in the presence of the survey team and LNHA. She stated that the facility did not conduct official [redacted EX Order 26 § 4b1] meetings. She further stated that if the RD made a recommendation for a [redacted NJ Exec. Order 26:4.b.1] that the nurse would call the physician for approval to implement the PO, the</p>	F 692			

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F 692	<p>Continued From page 23</p> <p>nurse would send a communication slip to FS, and this would be documented on the 24-hour report which would then be discussed in the morning meeting the next day with the team.</p> <p>On 7/07/23 at 10:19 AM, the surveyor conducted a telephone interview with the resident's representative in the presence of the survey team. She stated that the resident's usual [REDACTED] was [REDACTED], and that she was aware of the resident's [REDACTED] and was concerned. She stated that the resident was [REDACTED], required feeding and took a long time to eat. She stated that the resident required reminders to open his/her mouth and "seemed to prefer sweets." She stated that a juice like [REDACTED] was started for the resident yesterday and he/she [REDACTED]."</p> <p>On 7/07/23 at 10:37 AM, the surveyor attempted to conduct a telephone interview with the resident's primary care physician. The receptionist stated that the physician was away until Monday and stated that she would provide him with the message.</p> <p>On 7/07/23 at 11:03 AM, the survey team met with the DON and LNHA. The DON stated that Resident #8 was admitted to the facility [REDACTED]. She further stated that the resident was only supposed to be at the facility for a week and once the resident went to long term care weekly [REDACTED] should have been implemented. She stated, "that's the reason they probably did not do [REDACTED]." She acknowledged that [REDACTED] were not consistently obtained and documented and that a [REDACTED] it should have been obtained after the</p>	F 692			

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F 692	<p>Continued From page 24</p> <p>6/5/23 significant EX Order 26 § 4b1. In addition, she stated that she had not received the email sent to her by the RD regarding the supplement and EX Order 26 § 4b1.</p> <p>Review of the facility policy "EX Order 26 § 4b1" with a revised date of 11/7/17, included that regular monitoring of NJ Exec. Order 26 was necessary in order to screen residents for significant NJ Exec. Order 26 changes, which may indicate a resident was at NJ Exec. Order 26:4.b.1. It further included that significant NJ Exec. Order 26 changes would be reviewed by the DON or designee and referred to the RD and physician if indicated. It also included that residents would be NJ Exec. Order 26 d on admission and weekly for four weekly thereafter or more frequently per PO or RD recommendation. It included that a EX Order 26 § 4b1 must be obtained within 48 hours if a EX Order 26 § 4b1 change was considered significant or if there was a EX Order 26 § 4b1 for residents under EX Order 26 § 4b1. In addition, it included that DON/designee, or the RD would assess and document the NJ Exec. Order 26 changes, plan of action and any recommendations in the medical record; the care plan should be adjusted to include the dietary recommendations. If indicated the RD would discuss the NJ Exec. Order 26 change with the DON/designee and a NJ Exec. Order 26:4.b.1, follow up would be conducted as indicated.</p> <p>Review of the facility policy "Nutrition Screening, Assessment and Monitoring" with a revised date of 1/22, included that the RD will complete a comprehensive nutrition assessment according to the admission date and MDS schedule and clinical nutrition need. It further included that the individualized plan of care should be written and reviewed regularly when changes were noted. It</p>	F 692		

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F 692	<p>Continued From page 25</p> <p>further included that the nutrition assessment will include the following, but not limited to " ...usual body weight (UBW) ..." It also included that residents with a confirmed significant change in EX Order 263 should receive a reassessment as soon as possible but no longer than five days after notification, and a follow up note should be done a minimum of weekly until the EX Order 263 has stabilized.</p> <p>Review of the facility policy "Nutrition Interventions" with a revised date of 1/22, included that the RD should identify residents who are at risk and/or potential risk for nutrition-related problems due to insufficient/inappropriate intake of food and recommend interventions to improve the resident's intake based on resident preference and tolerance. It further included that the Rd should request a PO for additional monitoring parameters such as weekly EX Order 263. It also included that the RD should communicate the residents needs and progress to the interdisciplinary care team as well as monitor the resident's acceptance of nutritional interventions and outcomes on a regular basis.</p> <p>Review of the facility policy "Resident Care Plan" with a revised date of 6/29/23, included that it is the policy of the facility to ensure that the care planning process was systematic, comprehensive, interdisciplinary and timely and directed toward achieving and maintaining each residents optimal physical, psychosocial and functional status. It further included that the care plan reflects measurable objectives/goals. It also included that interventions should serve as a "care guide."</p>	F 692			

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F 692	Continued From page 26 Review of the facility's job description for "Clinical Nutrition Manager or Director Food & Nutrition Services" dated 2019, included that the position was responsible to provide clinical nutrition services, including nutrition assessment and nutrition interventions. The position is required to ensure resident satisfaction, quality of care and regulatory agency compliance. The RD is "responsible for nutrition screening, assessment, diagnosis, intervention, monitoring, evaluation and plan of care ..." "Complies with regulatory standards, including federal, state and accrediting agencies ..."	F 692			
F 710 SS=D	NJAC 8:39 - 11.2(e)(1)(f), 17.1(c), 17.2(c)(d), 27.1(a) Resident's Care Supervised by a Physician CFR(s): 483.30(a)(1)(2) §483.30 Physician Services A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs. §483.30(a) Physician Supervision. The facility must ensure that- §483.30(a)(1) The medical care of each resident is supervised by a physician; §483.30(a)(2) Another physician supervises the medical care of residents when their attending physician is unavailable. This REQUIREMENT is not met as evidenced	F 710		8/18/23	

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F 710	<p>Continued From page 27</p> <p>by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure the physician a.) addressed a significant [REDACTED] b.) monitored weekly [REDACTED], and c.) implemented NJ Exec. Order 26:4.b.1 in a timely manner for 1 of 4 residents (Resident #8) reviewed for nutrition.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 6/28/23 at 10:55 AM, two surveyors observed Resident #8 in a [REDACTED] on the third activity room. This resident was noted to require [REDACTED] at meals.</p> <p>On 7/07/23 at 8:40 AM, the surveyor observed the resident in bed with the head of the bed elevated. The resident's eyes were opened, and he/she smiled, appeared to be missing his/her top two teeth. The residents Certified Nurses' Aides (CNA) opened the residents breakfast tray, sat at the bedside and fed Resident #8. The CNA stated that she was familiar with the resident who had a [REDACTED]. She stated that on a "good day" the resident consumed 50% of the breakfast meal which could take up to 40 minutes to complete. The CNA stated that the resident could [REDACTED] themselves and was sometimes sleepy at the breakfast meal in addition to being [REDACTED]. She had to remind the resident to open his/her mouth and introduced small sips of fluids and bites of mechanically altered consistency foods. She stated that items on the breakfast tray were typical and included an eight-ounce carton</p>	F 710	<p>F710 SS=D - Resident Care Supervised by a Physician</p> <ol style="list-style-type: none"> The Nursing Director notified the physician or resident #8 regarding [REDACTED]. The physician reviewed the medical record and advised to continue with [REDACTED] and advise MD with further changes. Any resident with [REDACTED] are at risk of this deficient practice. Tje Nursing Director and dietician reviewed the medical records of other residents in the facility. No other resident was noted to have significant [REDACTED]. Medical Director will be provided with a list of all resident's [REDACTED] at the beginning of each month. <p>The Director of Nursing...</p> <ol style="list-style-type: none"> Will audit all monthly [REDACTED] on the two consecutive days post completion of the resident's [REDACTED] for three months. Will report any significant [REDACTED] to the Medical Director upon completion of her review. Will perform an audit of resident charts monthly after the 6th of the month to ensure all [REDACTED] are completed and documented one-time monthly for six months. <p>4. The results of the audits will be reviewed and reported on during the quarterly QAPI meeting.</p>	

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F 710	<p>Continued From page 28</p> <p>of reduced fat milk, and eight-ounce mug of coffee, a four-ounce portion of strawberry yogurt, a four-ounce portion of applesauce, a four-ounce portion of orange juice, a package of pancake syrup, a pat of margarine, two banana pancakes cut to bite size pieces and two sausage links cut into bite size pieces.</p> <p>On 7/07/23 at 9:10 AM, the surveyor observed the resident motion to the CNA and clearly stated that he/she did not want any more of the meal. The surveyor observed that the resident consumed approximately two ounces of a four-ounce portion of orange juice, five teaspoons of applesauce, one ounce of the eight-ounce carton of reduced fat milk, two ounces of a four-ounce portion of strawberry yogurt, 50% of the sausage links, and 25% of the banana pancakes.</p> <p>The surveyor reviewed the medical record for Resident # 8.</p> <p>Review of the resident's Face Sheet (an admission record) reflected the resident was admitted with diagnoses that included but were not limited to; EX Order 26 § 4b1 [REDACTED]</p> <p>Review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 5/22/23 reflected a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15 which indicated the resident's EX Order 26 § 4b1 [REDACTED]. It further reflected that the resident wa EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED] In addition, it</p>	F 710		

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F 710	<p>Continued From page 29</p> <p>reflected that the resident received a NJ Exec. Order 26:4.b.1.</p> <p>Review of the Physician's Orders (POs) from both the electronic medical record (EMR) and the paper chart for May, June and July 2023, included a PO dated 5/15/23, to NJ Exec. Order 26:4.b.1 the resident weekly for four weeks, and a PO dated 5/18/23, which indicated the residents diet was changed from a NJ Exec. Order 26:4.b.1 NJ Exec. Order 26:4.b.1. It further included a PO dated 7/6/23, to provide NJ Exec. Order 26:4.b.1, four ounces twice a day with lunch and dinner after surveyor inquiry. There was no PO for weekly NJ Exec. Order 26:4.b.1 for four weeks after Resident #8's significant NJ Exec. Order 26:4.b.1 on 6/5/23.</p> <p>Review of May and June 2023 electronic Treatment Records (eTAR) reflected the PO to NJ Exec. Order 26:4.b.1 the resident weekly for four weeks to start 5/22/23. There was no documented evidence that a NJ Exec. Order 26:4.b.1 was obtained for 5/22/23, 5/29/23 and 6/12/23.</p> <p>The surveyor reviewed the weight record in the EMR). Weights documented were as follows:</p> <p>5/15/23 NJ Exec. Order 26:4.b.1 6/1/23 NJ Exec. Order 26:4.b.1 6/5/23 NJ Exec. Order 26:4.b.1 7/1/23 NJ Exec. Order 26:4.b.1</p> <p>Review of the "Monthly Physician Visit" note dated and signed 6/13/23 by the resident's primary care physician (PCP), indicated that the resident had not experienced NJ Exec. Order 26:4.b.1 or a decreased appetite. Furthermore, there was no NJ Exec. Order 26:4.b.1 documented by the PCP.</p>	F 710			

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F 710	<p>Continued From page 30</p> <p>On 7/06/23 at 9:37 AM, the surveyor interviewed the Registered Dietitian (RD)in the presence of the survey team. During this interview the RD acknowledged that the resident had a significant [redacted] and did not notify the physician.</p> <p>On 7/06/23 at 11:49 AM, the surveyor conducted a telephone interview with the Registered Nurse (RN) #1. RN #1 was the nurse who entered Resident #8's weight of [redacted] on 6/5/23. She stated that weekly [redacted] required a PO. The surveyor reviewed the residents [redacted] with RN #1, who stated that she would have reported a [redacted] of [redacted] lbs. to the Director of Nursing (DON) but could not recall if she did or not. She also stated that she did not think she notified the physician.</p> <p>On 7/06/23 at 1:02 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) for the third floor in the presence of the survey team. The LPN reviewed Resident #8's [redacted] in the EMR in the presence of the surveyor. She acknowledged that weekly [redacted] were not consistently recorded and that there was a significant [redacted] on 6/5/23. She could not speak to whether or not the RN that recorded the [redacted] notified anyone. She then acknowledged that she recorded the next [redacted] of [redacted] on 7/1/23 which was a further [redacted] and could not speak to why she did not notify the RD, DON or physician. She stated that when a resident has a [redacted] the RD, DON, physician and family should have been notified and it should have been documented on the 24-hour report.</p> <p>On 7/07/23 at 9:16 AM, the surveyor reviewed the physician's documentation in Resident #8's paper</p>	F 710			

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F 710	<p>Continued From page 31</p> <p>chart with the LPN. The LPN acknowledged that the resident's "Monthly Physician's Visit" note dated 6/13/23, did not address the resident's NJ Exec. Order 26.4 or appetite.</p> <p>On 7/07/23 at 10:37 AM, the surveyor attempted to conduct a telephone interview with the resident's primary care physician. The receptionist stated that the physician was away until Monday and stated that she would provide him with the message.</p> <p>On 7/07/23 at 11:03 AM, the survey team met with the DON and Licensed Nursing Home Administrator (LNHA). The DON acknowledged that weekly NJ Exec. Order 26.4 were not consistently recorded and that the resident experienced a significant NJ Exec. Order 26.4.b.1 on 6/5/23.</p> <p>Review of the facility policy "Resident NJ Exec. Order 26.4 and NJ Exec. Order 26.4.b.1" with a revised date of 11/7/17, included that regular monitoring of NJ Exec. Order 26.4 was necessary in order to screen residents for significant NJ Exec. Order 26.4.b.1, which may indicate a resident was at NJ Exec. Order 26.4.b.1. It further included that significant NJ Exec. Order 26.4.b.1 would be reviewed by the DON or designee and referred to the RD and physician if indicated. It also included that residents would be NJ Exec. Order 26.4 on admission and weekly for four weekly thereafter or more frequently per PO or RD recommendation.</p> <p>Review of the facility policy "Resident Care Plan" with a revised date of 6/29/23, included that it is the policy of the facility to ensure that the care planning process was systematic, comprehensive, interdisciplinary and timely and directed toward achieving and maintaining each</p>	F 710			

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F 710	Continued From page 32 residents optimal physical, psychosocial and functional status. It further included that the care plan should be developed by the interdisciplinary team, which included but would not be limited to the resident's attending physician, the RN, RD, and DON.	F 710			
F 755 SS=D	NJAC 8:39-23.2 (b) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755		8/18/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315515	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2023
NAME OF PROVIDER OR SUPPLIER ATRIUM AT NAVESINK HARBOR, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 RIVERSIDE AVENUE RED BANK, NJ 07701		
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F 755	<p>Continued From page 33</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that a medication was administered according to physician orders and acceptable standards of practice in accordance with the New Jersey Board of Nursing. This deficient practice was identified in 1 (one) of 9 (nine) residents (Resident #9) observed during the medication observation pass.</p> <p>The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case</p>	F 755	<p>F 755- SS=D - Pharmacy Services</p> <p>1. The list of medications for resident #9 was reviewed and the physician was informed. The order for [redacted] NJ Exec. Order 26:4.b.1 was discontinued and [redacted] NJ Exec. Order 26:4.B was started.</p> <p>2. All residents receiving crushed medications are at risk of this deficient practice. The Director of nursing checked the medical records of the residents in the facility for medications that need to be crushed. The Nursing Director consulted with the respective physicians of the residents and changed the order of medications (s) that needed to be changed.</p> <p>3. The Nursing Director inserviced all licensed staff regarding the importance of reading the precautionary for the medication and conducted a medication administration observation with the nurses, monthly. The Nursing Director will review the list of physician order for newly admitted residents so that they can review the orders as well.</p> <p>4. In order to monitor that medications are given as ordered and within the precautionary measure(s), the nursing director or designee, will check all new</p>		

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F 755	<p>Continued From page 34</p> <p>finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 07/05/23 at 8:40 AM, during the medication administration observation, the surveyor observed the Registered Nurse (RN#1) in the room of Resident #9. The surveyor observed RN #1 checking the resident's identification bracelet and informing Resident #9 that she would be administering the resident's medications. The surveyor observed the resident seated in their bed and just finished eating breakfast.</p> <p>On 07/05/23 at 8:45 AM, the surveyor observed RN #1 preparing to administer three (3) medications to Resident #9 which included EX Order 26 § 4b1</p> <p>The surveyor observed RN #1 crush each medication separately and then adding the crush contents of each medication into a medication cup and then mixing the contents with apple sauce. The surveyor then observed RN #1 administer the medications to Resident #9.</p> <p>A review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but not limited to EX Order 26 § 4b1</p>	F 755	admissions the next day and will report the information in the department head morning meeting for four weeks, then monthly for three months, then quarterly x2. The QAPI committee will determine if further monitoring is needed.		

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F 755	<p>Continued From page 35</p> <p>EX Order 26 § 4b1</p> <p>A review of the Quarterly Minimum Data Set, an assessment tool used to facilitate the management of care, dated 5/30/23, reflected that the resident's cognitive skills for daily decision-making score was 1 out of 15, which indicated that the resident's EX Order 26 § 4b1</p> <p>A review of the July 2023 Physician Order Sheet (POS) revealed a physician order (PO) dated 3/6/23, for NJ Exec. Order 26:4.b.1) oral with the following note: May NJ Exec. Order 26:4.b.1 as per manufacture or pharmacy guidelines may administer NJ Exec. Order 26:4.b.1 together in apple sauce.</p> <p>Further review of the July 2023 POS revealed a PO dated 3/6/23, for EX Order 26 § 4b1</p> <p>A review of the July 2023 electronic Medication Administration Record (eMAR) revealed an order dated 3/6/23, for EX Order 26 § 4b1</p>	F 755			

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F 755	<p>Continued From page 36</p> <p>On 7/5/23 at 9:30 AM, the surveyor in the presence of RN #1 reviewed the July 2023 eMAR. After reviewing the eMAR, the surveyor interviewed RN #1, who acknowledge that the resident had an order to [REDACTED] and administer all their PO [by mouth] medications with apple sauce. She further stated that the resident's [REDACTED] EX Order 26 § 4b1</p> <p>On 7/6/23 at 1:30 PM, the surveyor discussed the above observations and findings with the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON).</p> <p>There was no additional information provided.</p> <p>A review of the facility's policy for "Administering Medication" dated 6/19/23, which was provided by the DON included the following: "The individual administering the medication must ensure that the right medication, the right dosage, the right time, and the right method of administration are verified before the medication is administered (e.g., review of the drug label, physician orders, etc.).</p> <p>NJAC 8:39-11.2 (b), 29.2 (d)</p>	F 755			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315515	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/24/2023	Y3
NAME OF FACILITY ATRIUM AT NAVESINK HARBOR, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 RIVERSIDE AVENUE RED BANK, NJ 07701		

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 F0610	Correction	ID Prefix F0655	Correction	ID Prefix F0692	Correction
Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.25(g)(1)-(3)	Completed
LSC	08/18/2023	LSC	07/10/2023	LSC	08/21/2023
ID Prefix F0710	Correction	ID Prefix F0755	Correction	ID Prefix	Correction
Reg. # 483.30(a)(1)(2)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. #	Completed
LSC	08/18/2023	LSC	08/18/2023	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 7/7/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315515	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2023
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E 000	Initial Comments	E 000			
	An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 06/29/2023. The facility was found to be in compliance with 42 CFR 483.73.				
K 000	INITIAL COMMENTS	K 000			
	A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 06/29/23 and was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.				
	The Atrium at Navesink is a 12-story building that was built in 1965. Skilled Nursing is located on the second and third floors of the building. It is composed of Type II protected construction. The facility is divided into four - smoke zones. The generator does approximately 50 % of the building as per the Maintenance Director. The current occupied beds are 38 out of 43.				
K 200 SS=E	Means of Egress Requirements - Other CFR(s): NFPA 101	K 200		8/18/23	
	Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.				

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

TITLE

(X6) DATE

Electronically Signed

07/28/2023

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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K 200	Continued From page 1 18.2, 19.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the means of egress was maintained to ensure the dependability of the method of evacuation selected in accordance with NFPA 101 (Life Safety Code) Edition 2012, Section 19.7.3.1. This deficient practice had the potential to affect 18 residents. Findings include: An observation at 2:50 PM on 06/29/23 revealed the exit door to the stairs, located on the third floor and adjacent to the TV Room, was equipped with a delayed-egress locking system. When the Maintenance Director applied force to the panic hardware, the door released immediately instead of the required delay of 15 seconds. During an interview at the time of the observation, the Maintenance Director confirmed the door released immediately instead of the required delay of 15 seconds. He stated he was unaware the delayed-egress locking system was not working properly. He further stated an electrician had recently installed a light next to the locking system and a wire could have been cut. NJAC 8:39-31.2(e)	K 200	K200 - Means of Egress Requirements NFPA 101 1. Upon discovery of the inoperable delayed egress door, the maintenance director initiated a contingency plan and installed a battery-operated audible device. This temporary device enabled the door to alarm upon opening and alert staff to respond. The facility vendor was immediately notified to order a replacement relay switch necessary to repair the door and the malfunction was corrected on July 14, 2023. Additional relay devices were purchased to ensure a more immediate repair of the delayed egress door. 2. All residents residing on the third floor of the facility were impacted by this deficient condition because the delayed egress functionality of the door was found inoperable. All residents could potentially be in danger accessing the stairwell via the third-floor hallway. 3. All staff were educated on the use, purpose and functionality of egress door operation. All newly hired employees and contract staff will be educated upon commencing employment here and re-inserviced annually at the employee and staff Inservice & Safety Fair. The maintenance director/designee monitors		

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K 200	Continued From page 2	K 200	and logs inspections daily x7 and will continue monthly for twelve months for all delayed egress doors during building rounds.		
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is	K 741	4. Inspection logs are maintained daily and reported monthly x twelve months as part of the departments preventative maintenance QAPI schedule. The maintenance director/designee will report at monthly QAPI meeting x twelve months.	8/31/23	

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K 741	<p>Continued From page 3 permitted. 18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a metal container with a self-closing cover device into which an ashtray could be emptied was readily available to the smoking area in accordance with NFPA 101 Life Safety Code (2012 Edition) section 19.7.4(6). This deficient practice had the potential to affect residents who may utilize the smoking area.</p> <p>Findings include:</p> <p>An observation on 06/29/23 at 3:15 PM revealed the smoking area had two Underwriters Laboratories (UL) listed freestanding cigarette butt receptacles but did not have a metal container with a self-closing cover device.</p> <p>During an interview at the time of the observation, the Maintenance Director confirmed there was not a metal container with a self-closing cover device.</p> <p>During an interview at 4:15 PM on 06/29/23, the Administrator stated the facility recently purchased the receptacles in February. He stated the facility is advertised as a smoke free facility, but they sometimes receive critical residents who need to smoke. He stated at this time they do not have any residents who currently smoke, but the smoking area is utilized by the staff.</p> <p>NJAC 8:39-31.2(e), 31.6(e)</p>	K 741	<p>K741 - Smoking Regulations</p> <ol style="list-style-type: none"> The facility is defined as smoke-free for all residents. Smoking is not permitted anywhere within the building. There is however an outdoor location where staff are permitted to smoke. At the time of survey, two "Smoker's Cease Fire" Cigarette Butt receptacles were in place. The innovative, self-extinguishing design of these covered receptacles are equipped with a metal internal base containing Sakrete, a non-flammable granular dry power. These type outdoor receptacles meet the highest property loss prevention product testing and certification standards. All individuals desiring to smoke in this designated outdoor area could potentially be in danger because of the absence of the suggested metal self-closing covered container cited by the surveyor. Until the recommended & suitable outdoor smoking container is purchased and in place, the existing receptacles will remain to ensure the highest level of fire safety as found acceptable by the local fire inspector. Informative signage to be placed alongside receptacle reminding users to appropriately extinguish their cigarette within the enclosed steel base container. Area will be monitored daily x7 days weekly for twelve months. The facility corrected this deficient practice by ordering the recommended outdoor 		

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K 741	Continued From page 4	K 741	self-closing covered metal receptacle. The maintenance director/designee and housekeeping director/designee will monitor the area daily x twelve months to ensure that the receptacle remains in use, in good condition, and emptied daily or as needed, and is free of rainwater that has the potential of filling up the receptacle. 4. Maintenance director/designee and housekeeping director/designee will incorporate monitoring data into their QAPI Plans monthly x twelve months.		
K 920 SS=F	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8	K 920		8/4/23	

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K 920	<p>Continued From page 5 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to ensure power strips and extension cords were not used as a substitute for fixed wiring in accordance with NFPA 70 (National Electrical Code) Edition 2011, Article 400.8. This deficient practice had the potential to affect 38 residents.</p> <p>Findings include:</p> <p>An observation at 1:49 PM on 06/29/23 revealed an extension cord was being used to supply power to the television located in the second floor TV Lounge.</p> <p>An observation at 2:46 PM on 06/29/23 revealed a power strip was being used to supply power to the television located in the third floor TV Lounge.</p> <p>During an interview at the time of the observations, the Maintenance Director confirmed the extension cord and power strip were being used to supply power to the televisions. He stated the power cords to the televisions were too short to reach the electrical outlets.</p> <p>NJAC 8:39-31.2(e) NFPA 70</p>	K 920	<p>K920 - Electrical Equipment - Power Cords and Extensions</p> <ol style="list-style-type: none"> 1. Upon discovery of the power strip extension cords in the two tv lounge locations, the maintenance director immediately re-plugged the electrical equipment directly into the existing available outlets. An electrical contractor was notified and instructed to install additional nearby electrical outlets in each deficient area to accommodate the occasional use of an electric piano and other electrical devices for entertainment purposes. 2. All residents accessing either TV lounge were impacted by this deficient practice because the extension cords were discovered in the two TV lounges designated common space areas for use by all residents. 3. Staff were inserviced and reminded how extension cords are prohibited from use in all areas within the licensed healthcare community. This education will be included during all safety training events, including new hires, orienting agency personnel, and annual employee inservice fair. Maintenance director/designee and housekeeping director/designee will monitor the area daily x twelve months. Maintenance director/designee and housekeeping director/designee will ensure daily for twelve months during safety surveillance rounds to include the monitoring and 		

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

PRINTED: 12/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315515	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2023
NAME OF PROVIDER OR SUPPLIER ATRIUM AT NAVESINK HARBOR, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 RIVERSIDE AVENUE RED BANK, NJ 07701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 920	Continued From page 6	K 920	proper use of supporting a power source for all electrical equipment. 4. Data collected during these surveillance rounds will be incorporated into the maintenance directors QAPI and housekeeping directors QAPI monthly for twelve months.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315515	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN (2ND AND 3RD FLOORS) B. Wing	Y2	DATE OF REVISIT 8/31/2023	Y3
NAME OF FACILITY ATRIUM AT NAVESINK HARBOR, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 RIVERSIDE AVENUE RED BANK, NJ 07701		

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 _____ Reg. # NFPA 101 LSC K0200	Correction Completed 08/18/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0741	Correction Completed 08/31/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0920	Correction Completed 08/04/2023
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	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

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 7/7/2023	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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