

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

PRINTED: 03/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315485	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2023
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NAME OF PROVIDER OR SUPPLIER CAREONE AT WALL	STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HIGHWAY 138 WALL, NJ 07719
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E 000	Initial Comments Survey: 10/17/23 This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000		
F 000	INITIAL COMMENTS Survey Date: 10/17/23 Census:95 Sample: 20 + 16 = 36 Complaint #: NJ #157522, NJ# 3157946, NJ #159449, NJ #162733, NJ #161469, NJ #162687, NJ #163369, NJ #165118 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey. THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT. The survey team identified an Immediate Jeopardy (IJ) situation which began on 09/10/23 when a resident (Resident #76) pulled out their hemo-dialysis catheter and required 911 transport to the emergency room. The facility was notified of the IJ situation on 10/10/23 at 2:42 PM. The Immediacy was removed upon verification by the	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/04/2023
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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 000	Continued From page 1 survey team on 10/12/23. The facility failed to: -Develop and implement interventions to prevent recurrence of the dislodged hemodialysis perma-catheter after the catheter was dislodged on 09/10/23 and required 911 transport to the emergency room. -Complete an investigation when Resident #76 was found with a dislodged hemodialysis perma-catheter on 09/10/23, and implement interventions to prevent recurrence. -Complete an investigation, and implement interventions to prevent recurrence when Resident #76 was observed trying to remove the hemodialysis perma-catheter on 09/15/23. -Resident #76 was found on 09/19/23 with a dislodged hemodialysis perma-catheter, required Cardio Pulmanary Resuscitation and expired at the facility.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in	F 609		10/30/23	

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F 609	<p>Continued From page 2</p> <p>serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§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:</p> <p>Based on interviews, review of electronic medical records (EMR), and review of facility provided documentation, it was determined that the facility failed to report an NJ EX Order. 264b1 to the New Jersey Department of Health (NJDOH) for 1 of 2 residents (Resident #76), reviewed for NJ EX Order. 264b1. The deficient practice was evidenced by the following:</p> <p>A review of the EMR revealed that Resident #76 had diagnoses which included but was not limited to; NJ EX Order. 264b1</p> <p>NJ EX Order. 264b1</p> <p>Resident #76 had a NJ EX Order. 264b1 located on the NJ EX Order. 264b1. The most recent Quarterly Minimum Data Set (MDS) an assessment tool to facilitate care, dated NJ EX Order. 264b1</p>	F 609	<p>F 609(D)</p> <p>How the corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Resident # 76 no longer resides at the center.</p> <p>Resident # 76 record review was performed pertaining to resident's NJ EX Order. 264b1. Statements were obtained by the licensed staff who attended to the resident.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>Residents expire in the facility due to an unusual occurrence have the potential to be affected.</p> <p>What measures will be put into place or</p>		

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F 609	<p>Continued From page 3</p> <p>documented a Brief Interview of Mental Status (BIMS) of [redacted] which indicated [redacted] NJ EX Order. 264b1. The MDS further documented that Resident #76 required [redacted] for Activities of Daily Living (ADL) except for eating which required supervision only. The MDS documented the resident received [redacted] while a resident at the facility. The Order Listing Report included an order to assess the [redacted] for signs and symptoms of [redacted] every shift, and that the resident was [redacted] NJ EX Order. 264b1 by [redacted] to [redacted]. The on-going patient centered Care plan included a focus area of [redacted] NJ EX Order. 264b1 initiated [redacted], with interventions that included to [redacted] NJ EX Order. 264b1 for evidence of [redacted] NJ EX Order. 264b1.</p> <p>A review of the Progress Notes (PN) included but were not limited to the following:</p> <p>Dated 09/19/23, a Licensed Practical Nurse (LPN) #1 documented a Situation Background Appearance and Review (SBAR - a summary), which included but was not limited to; Situation: 1. "patient [redacted] NJ EX Order. 264b1 was [redacted] NJ EX Order. 264b1" 3. Situation has gotten [redacted] NJ EX Order. 264b1. Appearance: 2. Pulse - [redacted] NJ EX Order. 264b1 O2 [oxygen] sats [saturation] [redacted] (normal saturation level would be between [redacted] NJ EX Order. 264b1 Interventions: 3.e. call for 911 and 3.f. emergency medical transport.</p> <p>A PN dated [redacted] NJ EX Order. 264b1, documented by the LPN included but was not limited to; "at around 11 PMa Certified Nursing Assistant (CNA) noticed [redacted] NJ EX Order. 264b1 on the resident's [redacted] NJ EX Order. 264b1 Observed [redacted] NJ EX Order. 264b1 with [redacted] NJ EX Order. 264b1 NJ EX Order. 264b1</p>	F 609	<p>systemic changes will be made to ensure that the deficient practice will not reoccur All leadership team was education on Rapid Response Protocol, Trigger events and reporting to state regulatory agencies The Director of Nursing or Designee educated all the licensed staff on Rapid Response Protocol, Trigger events and initiating an incident with investigation immediately.</p> <p>How the facility will monitor its corrective action to ensure that the deficient practice will not recur The Director of Nursing or Designee will audit incidents including deaths daily. The Director of Nursing or Designee will present the results of the audit to the Quality Assurance Committee Monthly X 3 months and then quarterly. The Quality Assurance Committee will determine the need for further performance improvement. Completion Date: 10/30/2023</p>	

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F 609	<p>Continued From page 4</p> <p>NJ EX Order, 264b1 ...ambulance personnel arrived and continued REDACTED, resident pronounced [deceased] by [name redacted] physician at 11:27 PM.</p> <p>On 10/06/23 at 12:17 PM, during an interview with the surveyor, the Director of Nursing (DON) stated that she had spoken to the nurse regarding the situation on NJ EX Order, 264b1 but did not document the conversation. The DON further stated it was not a usual occurrence and that she should have asked for an investigation. The DON stated that the incident had not been reported to the NJDOH.</p> <p>On 10/10/23 at 12:02 PM, the Licensed Nursing Home Administrator (LNHA) stated that Resident #76 had died at the facility because his/her NJ EX Order, 264b1 on REDACTED. The LNHA further stated there was no investigation completed to determine a causal factor and that the situation should have warranted an investigation. She stated that after thinking about it, she had realized it was an unusual occurrence and it should also have been reported to the NJDOH.</p> <p>On 10/10/23 at 1:35 PM, the DON stated, "I should have investigated, and I should have reported [to NJDOH]."</p> <p>A review of the facility provided, "Rapid Response Protocol", revised January 2017, included but was not limited to; Steps to Follow Immediately when an Event Occurs: determine if event is reportable to state regulatory agencies. Rapid Response "Trigger" Events: unexpected death.</p> <p>NJAC 8:39-9.4(f)</p>	F 609			
F 655 SS=D	Baseline Care Plan	F 655		11/3/23	

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F 655	<p>Continued From page 5 CFR(s): 483.21(a)(1)-(3)</p> <p>§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-</p> <ul style="list-style-type: none"> (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- <ul style="list-style-type: none"> (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <ul style="list-style-type: none"> (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). <p>§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:</p> <ul style="list-style-type: none"> (i) The initial goals of the resident. (ii) A summary of the resident's medications and 	F 655			

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F 655	<p>Continued From page 6</p> <p>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 facility provided documentation, it was determined that the facility failed to develop a person-centered baseline Care Plan (CP) for residents within 48 hours of admission/readmission. The deficient practice was identified for 2 of 20 residents (Resident #69 and #61) reviewed for CP and was evidenced by the following:</p> <p>a.) On 10/04/23 at 9:33 AM, Surveyor #1 observed Resident #69 lying in bed. The surveyor observed an NJ EX Order. 264b1 and NJ EX Order. 264b1 present [a NJ EX Order. 264b1 from the NJ EX Order. 264b1] and attached to the side of the bed.</p> <p>On 10/5/23 at 11:17 AM, Surveyor #1 observed Resident #69 in the facility therapy gym. The surveyor observed a NJ EX Order. 264b1 and NJ EX Order. 264b1 attached to the side of the resident's wheelchair.</p> <p>A review of the electronic medical record (EMR) revealed that Resident #69 had been recently readmitted to the facility. Resident #69 had diagnoses which included but was not limited to; NJ EX Order. 264b1</p> <p>NJ EX Order. 264b1. A review of the Order Listing Report, as of NJ EX Order. 264b1 included an</p>	F 655	<p>How the corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Resident # 69 was discharged and no longer resides at the facility.</p> <p>Resident # 61 care plans and orders were review and updated to include NJ EX Order. 264b1 care, the MAR and TAR was updated to reflect NJ EX Order. 264b1 care.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>Residents with NJ EX Order. 264b1 residing in the facility have the potential to be affected.</p> <p>What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not reoccur</p> <p>Education of the licensed staff on foley NJ EX Order. 264b1 was provided to the nursing staff which included updating care plans, orders for catheter care, policy on NJ EX Order. 264b1.</p> <p>How the facility will monitor its corrective action to ensure that the deficient practice will not recur</p>		

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F 655	<p>Continued From page 7</p> <p>order dated 09/13/23 for staff to monitor [REDACTED] on every shift. There were no further orders regarding Resident #69's [REDACTED] NJ EX Order: 264b1. A review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) for both [REDACTED] and [REDACTED] through discharge revealed that staff documented the [REDACTED] [REDACTED], however, the MARs and TARs failed to document and indicate any additional information, including care, regarding the [REDACTED] NJ EX Order: 264b1. A review of the Resident #69's person-centered on-going CP failed to include any information initiated upon readmission regarding the use of an [REDACTED] NJ EX Order: 264b1, goals, or interventions.</p> <p>On 10/06/23 at 8:39 AM, during an interview with Surveyor #1, the Director of Nursing (DON) stated the process of a CP was that upon a resident's admission the facility would identify things which included risks, pain, falls, diabetes, and [REDACTED] NJ EX Order: 264b1. She stated those things should be documented on the CP and that the purpose of the CP was for staff to know how to take care of resident. The DON further stated the CP would include interventions and goals so the staff would be able to evaluate and make changes as needed. The DON stated that care plans were reviewed on Thursdays by the Interdisciplinary Team which included nursing, therapy, and the social worker.</p> <p>On 10/10/23 at 8:27 AM, Registered Nurse Unit Manager (RN UM) stated that Resident #69 had an [REDACTED] NJ EX Order: 264b1 upon readmission. She stated that the staff would perform daily [REDACTED] care, monitor [REDACTED] NJ EX Order: 264b1, ensure the [REDACTED] and [REDACTED] would not touch the floor, and</p>	F 655	<p>The Director of Nursing or Designee will audit care plans of residents with [REDACTED] NJ EX Order: 264b1, and make corrections as needed. The Director of Nursing or Designee will randomly audit weekly x4 weeks, then monthly x2 months. The results of the audit will be presented to the Quality Assurance Committee quarterly. The Quality Assurance Committee will determine the need for further performance improvement. Completion Date: 11/3/2023</p>		

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F 655	<p>Continued From page 8</p> <p>perform NJ EX Order. 264b1 care. The RN UM stated the information would be documented on the TAR and also in the CP. The RN UM accessed the CP and then acknowledged the information regarding the was not documented.</p> <p>On 10/10/23 at 9:14 AM, the DON stated the NJ EX Order. 264b1 would be documented on the resident's CP. The CP would inform the staff how to take care of the</p> <p>On 10/12/23 at 2:02 PM, concerns were discussed with the Licensed Nursing Home Administrator (LNHA) and the DON.</p> <p>On 10/13/23 at 9:44 AM, the DON provided a "resolved" CP for Resident #69. The CP documented "date initiated: ". The DON acknowledged the CP was not developed upon Resident #69's readmission to the facility but it should have been.</p> <p>b.) On 10/04/23 at 9:13 AM, during the initial tour of the facility, the surveyor observed and interviewed Resident #61 in his/her room. The resident was NJ EX Order. 264b1 and able to be interviewed. At that time, the resident stated to the surveyor that he/she at home and was readmitted to the facility for follow up care. The surveyor observed a NJ EX Order. 264b1 along with the NJ EX Order. 264b1 lying on the floor.</p> <p>On 10/05/23 at 9:40 AM, the surveyor returned to the unit and observed the NJ EX Order. 264b1 hung on the bedrail and the was touching the floor.</p> <p>On 10/05/23 at 10:40 AM the surveyor reviewed</p>	F 655			

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F 655	<p>Continued From page 9</p> <p>the medical record of Resident #61 which revealed that the resident required the use of an NJ EX Order, 264b1, the rationale or the diagnosis for the NJ EX Order, 264b1 was not provided. The admission evaluation dated NJ EX Order, 264b1 reflected that Resident #61 had an NJ EX Order, 264b1 in place. The physician order sheet dated NJ EX Order, 264b1 reflected a telephone order dated NJ EX Order, 264b1 for NJ EX Order, 264b1 care and NJ EX Order, 264b1 every shift.</p> <p>A review of Resident #61's CP indicated that the resident did not have a CP related to the NJ EX Order, 264b1 care, or the care related for maintenance of the NJ EX Order, 264b1 NJ EX Order, 264b1.</p> <p>According to the (MDS) Minimum Data Set Assessment dated NJ EX Order, 264b1 Resident #61 had a BIMS score of NJ EX Order, 264b1 indicative of NJ EX Order, 264b1. According to the MDS dated NJ EX Order, 264b1 Resident #61 was not coded as having a NJ EX Order, 264b1.</p> <p>On 10/05/23 at 10:15 AM, the surveyor interviewed the Licensed Practical Nurse (LPN). The LPN stated that the resident had a NJ EX Order, 264b1 and had a NJ EX Order, 264b1 since admission. The LPN stated that if a resident had a NJ EX Order, 264b1 for NJ EX Order, 264b1 or NJ EX Order, 264b1, that it should be reflected in the CP.</p> <p>The surveyor reviewed the CP along with the LPN and the LPN was unable to locate a care plan for the NJ EX Order, 264b1 or any interventions and directives for the staff to follow to care for/and maintain the NJ EX Order, 264b1 and the NJ EX Order, 264b1 to prevent complications and maintain function.</p>	F 655			

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F 655	<p>Continued From page 10</p> <p>On 10/06/23 at 9:30 AM, the surveyor interviewed the Unit Manager (UM) regarding the [redacted] care. The UM provided a [redacted] consult which revealed that the resident had a [brand name] [redacted] in place and the UM could not provide the rationale for the [redacted].</p> <p>The UM reviewed the resident's CP in the presence of the surveyor. There was no focus, goals or interventions for the [redacted].</p> <p>A CP for the [redacted] was developed, after surveyor inquiry, on [redacted].</p> <p>On 10/10/23 at 10:39 AM, the surveyor interviewed the DON in the presence of the survey team and the Administrator. The DON stated if a resident had a [redacted] in place, a CP for catheter care should have been initiated.</p> <p>A review of the facility provided, "Care Plans, Comprehensive Person-Centered", edited 04/25/22, included but was not limited to; 7. The care planning process will: b. includes an assessment of the resident's strength and needs. 8. a. include measurable objectives and timeframes. b. describes the services to be furnished to attain or maintain the highest practicable physical, mental, and psychosocial well-being. f. includes goals upon admission and desired outcomes. h. incorporates identified problem areas. i. incorporates risk factors. L. reflects treatment goals, timetables, and objectives in measurable outcomes. m. identifies the professional services responsible for each element of care. n. aids in preventing or reducing</p>	F 655			

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F 655	Continued From page 11 decline in the resident's functional status. p. reflects recognized standards of practice for problem areas and conditions. q. includes medical or nonmedical care appropriate. 10. Identifying problem areasdeveloping interventions that are targeted and meaningful to the resident are the endpoint of the interdisciplinary process. 14. The Interdisciplinary Team must review and update the care plan: c. when the resident has been readmitted to the facility from a hospital stay.	F 655			
F 657 SS=D	NJAC 8:39-27.1(a) Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs	F 657		11/4/23	

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F 657	<p>Continued From page 12 or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility provided documentation, it was determined that the facility failed to revise comprehensive person-centered Care Plans for 2 of 20 residents (Resident #76 and #63) reviewed for care planning.</p> <p>The deficient practice was evidenced by the following:</p> <p>a.) A review of the electronic medical record (EMR) revealed that Resident #76 had diagnoses which included but were not limited to; NJ EX Order, 264b1 [REDACTED] [REDACTED]. The most recent Quarterly Minimum Data Set (MDS) an assessment tool used to facilitate care, dated [REDACTED], included but was not limited to; a Brief Interview of Mental Status (BIMS) of [REDACTED] which indicated the resident was NJ EX Order, 264b1. Section [REDACTED] indicated the resident had no [REDACTED]. The Order Listing Report dated [REDACTED] through [REDACTED], included but was not limited to; NJ EX Order, 264b1 [REDACTED] to [REDACTED]. A review of the on-going patient centered Care Plan included but was not limited to; a focus area of at risk for adverse effects related to the use of [REDACTED] medication initiated [REDACTED]. The CP revealed a focus area</p>	F 657	<p>How the corrective action will be accomplished for those residents found to have been affected by the deficient practice Resident #76 is no longer in the facility Resident #76 review of records indicated that comprehensive care plan was not updated to reflect resident's [REDACTED] with interventions Resident #63 review of records indicated that comprehensive care plan was not updated to reflect resident's change of [REDACTED] condition.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice Residents residing in the facility have the potential to be affected.</p> <p>What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not reoccur Nursing staff was educated immediately on comprehensive care planning specific to resident's needs, behaviors, and conditions with proper interventions</p> <p>How the facility will monitor its corrective action to ensure that the deficient practice will not recur The Director of Nursing or Designee will</p>		

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F 657	<p>Continued From page 13</p> <p>of NJ EX Order. 264b1 and NJ EX Order. 264b1 initiated NJ EX Order. 264b1. The CP revealed a focus area of at risk for NJ EX Order. 264b1 symptoms related to NJ EX Order. 264b1 initiated NJ EX Order. 264b1. The CP revealed a focus area of NJ EX Order. 264b1. A goal was to have no complications related to NJ EX Order. 264b1 or treatments, initiated NJ EX Order. 264b1 and revised NJ EX Order. 264b1. The CP failed to be revised to identify the resident's behaviors of NJ EX Order. 264b1 his/her NJ EX Order. 264b1 or the NJ EX Order. 264b1 towards not NJ EX Order. 264b1.</p> <p>A review of the EMR Progress Notes (PN) revealed the following:</p> <p>On NJ EX Order. 264b1 the Social Worker (SW) documented she had spoken to the resident's family regarding the resident's NJ EX Order. 264b1. "At this time, resident will continue NJ EX Order. 264b1 and IDT [Interdisciplinary Team] and the family will continue communication."</p> <p>On NJ EX Order. 264b1 the Licensed Practical Nurse (LPN) #1 documented the resident had NJ EX Order. 264b1 his/her NJ EX Order. 264b1 located to the NJ EX Order. 264b1. The resident was noted to be bleeding profusely.</p> <p>On NJ EX Order. 264b1, LPN #1 documented resident was found trying to remove his/her NJ EX Order. 264b1 r NJ EX Order. 264b1].</p> <p>On NJ EX Order. 264b1 LPN #2 documented that Resident #76 had been found with his/her NJ EX Order. 264b1 NJ EX Order. 264b1, 911 emergency services called, and the resident was pronounced deceased by the emergency services physician.</p>	F 657	<p>perform an audit on resident care plans with behaviors potential to self-harm weekly for 2 weeks, then randomly audit weekly x4 weeks, then monthly x2 months. The results of the audit will be presented to the Quality Assurance Committee quarterly. The Quality Assurance Committee will determine the need for further performance improvement.</p> <p>Completion Date: 11/4/2023</p>		

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F 657	<p>Continued From page 14</p> <p>The resident was also noted with "occasional NJ EX Order. 264b1</p> <p>On 10/10/23 at 11:38 AM, the LPN Unit Manager (LPN UM) stated the resident was very NJ EX Order. 264b1 and would try to ambulate unassisted. She further stated that the NJ EX Order. 264b1 center reported a behavior that the resident attempted to NJ EX Order. 264b1 his/her NJ EX Order. 264b1 NJ EX Order. 264b1].</p> <p>On 10/10/23 at 11:39 AM, the Certified Nursing Assistant (CNA) stated that Resident #76 would try to pull out his/her NJ EX Order. 264b1. The CNA stated, "I would tell him/her not to touch it." The CNA stated that before the resident's privately hired companion aide would arrive, the CNA would bring Resident #76 to the nurse's station to be monitored for trying to pull out the NJ EX Order. 264b1</p> <p>On 10/10/23 at 11:38 AM, during an interview with a surveyor, the SW stated the resident NJ EX Order. 264b1 and at times did not want to go to NJ EX Order. 264b1. The SW stated the resident only verbalized this NJ EX Order. 264b1. She further stated she was not aware that the resident had ever pulled out his/her NJ EX Order. 264b1 and that if that had happened, she would expect there to have been an Interdisciplinary Team meeting.</p> <p>On 10/10/23 at 12:02 PM, the Licensed Nursing Home Administrator (LNHA) stated that Resident #76 had been sent to the hospital on NJ EX Order. 264b1, for NJ EX Order. 264b1. She stated that she did not recall if she was present in the morning meeting for clinical issues regarding NJ EX Order. 264b1 but that she would expect that issue to have been discussed. The LNHA stated that</p>	F 657			

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F 657	<p>Continued From page 15</p> <p>when a resident was sent to the hospital, the team would discuss if anything could have been done "in house" prior to the transfer. The LNHA stated that she had been aware of other instances when the resident [REDACTED] NJ EX Order. 264b1 [REDACTED] and that if an investigation had been completed, there would be a rationale and interventions would have been put into place to prevent recurrence.</p> <p>On 10/10/23 at 1:35 PM, the LPN UM stated that there was documentation in the EMR that Resident #76 would pull at the [REDACTED] NJ EX Order. 264b1 and that "it was like a behavior".</p> <p>A review of the facility provided email Subject "Clinical Rounds [REDACTED] sent [REDACTED] included but was not limited to; [Resident #76] pulled [REDACTED] NJ EX Order. 264b1 last night and went to emergency room.</p> <p>A review of the facility provided email Subject "11-7 Shift rep [report] [REDACTED] NJ EX Order. 264b1, sent [REDACTED] NJ EX Order. 264b1 included but was not limited to; [Resident #76] Admission [REDACTED] NJ EX Order. 264b1 - still attempts to pull out [REDACTED] NJ EX Order. 264b1</p> <p>A review of the facility provided email Subject "3-11 report", sent [REDACTED] NJ EX Order. 264b1 included but was not limited to; [Resident #76] pulled his/her [REDACTED] NJ EX Order. 264b1 and then he/she was [REDACTED] NJ EX Order. 264b1] at 11:27 PM.</p> <p>2. The surveyor reviewed Resident #63's clinical record on [REDACTED] NJ EX Order. 264b1 at 12:55 PM. The Admission Face Sheet reflected that Resident #63 was admitted to the facility with diagnoses which included but were not limited to; [REDACTED] NJ EX Order. 264b1 [REDACTED] NJ EX Order. 264b1</p>	F 657			

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F 657	<p>Continued From page 16</p> <p>NJ EX Order. 264b1.</p> <p>The Admission Minimum Data Set (MDS) an assessment summary dated NJ EX Order. 264b1 revealed that Resident #63 was NJ EX Order. 264b1 NJ EX Order. 264b1 Resident #63 scored NJ EX Order. 264b1 on the Brief Interview for Mental Status (BIMS).</p> <p>Section G of the MDS which addressed ADLs revealed that Resident #63 required NJ EX Order. 264b1 persons physical assist for bed mobility and transfer and one person physical assist for personal hygiene. Section M of the MDS which addressed skin condition, revealed that Resident #63 was assessed as being at NJ EX Order. 264b1. Resident #63 scored NJ EX Order. 264b1 on the NJ EX Order. 264b1 Scale indicative of being at high risk. According to the NJ EX Order. 264b1 assessment performed on admission NJ EX Order. 264b1 Resident #63 was admitted with NJ EX Order. 264b1. There was no documented NJ EX Order. 264b1.</p> <p>The surveyor reviewed Resident #63's Care Plan (CP). The CP initiated on NJ EX Order. 264b1 contained a Focus area for :At risk for NJ EX Order. 264b1 NJ EX Order. 264b1 related to NJ EX Order. 264b1. The Goal was for Resident #63 to remain free of NJ EX Order. 264b1 within limits of disease process.</p> <p>The CP Interventions included: NJ EX Order. 264b1 to NJ EX Order. 264b1 as needed. Initiated NJ EX Order. 264b1 Encourage and assist to reposition; use assistive devices as needed. Initiated NJ EX Order. 264b1; and Therapy evaluation and treatment per physician orders. Initiated NJ EX Order. 264b1.</p> <p>Further review of the Progress Notes revealed the following entries dated:</p>	F 657			

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F 657	<p>Continued From page 17</p> <p>[REDACTED], timed 15:34 [3:34 PM], Resident is dependent with all care. [REDACTED] for transfers from bed to [REDACTED]; [REDACTED] timed 17:26 PM [5:26 PM], [REDACTED] (NJ EX Order. 264b1), no open [REDACTED] NJ EX Order. 264b1</p> <p>[REDACTED], timed 15:36 PM [3:36 PM], Resident #63 was seen on [REDACTED] rounds on [REDACTED] noted with [REDACTED] with [REDACTED] Measures [REDACTED] Recommendations: [REDACTED] to wheelchair and repositioning. [REDACTED] Note: Resident was seen on [REDACTED] round for evaluation and treatment of [REDACTED] Noted with [REDACTED] Discussed with staff to continue to [REDACTED] Recommendations: [REDACTED] and repositioned.</p> <p>Skin Note of [REDACTED] Visited by [REDACTED] care [REDACTED] injury measures [REDACTED] [REDACTED] performed ([REDACTED]). Mattress and [REDACTED] The facility provided the [REDACTED] on [REDACTED] after the resident developed an [REDACTED] . The [REDACTED] care order was to change the dressing daily and when soiled. Review of the nurses' notes from [REDACTED] through [REDACTED] did not reflect when [REDACTED] care was provided and the [REDACTED] condition and was only documented when the [REDACTED] Care Team visited.</p> <p>On [REDACTED] Resident #63 developed an additional [REDACTED] area with the following measurements: [REDACTED] The wound was classified as an [REDACTED] , with [REDACTED] .</p>	F 657		

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F 657	<p>Continued From page 18</p> <p>Recommendations: Increase dietary ^{NJ EX Order. 264b1} and dietary supplement. ^{NJ EX Order. 264b1}: Recommend turning and positioning as per standard of care. Avoid positioning which places direct ^{NJ EX Order. 264b1} the ^{NJ EX Order. 264b1} with turning and positioning measures in place. Recommend limiting continuous time spent ^{NJ EX Order. 264b1} to less than ^{NJ} hours per session on an appropriate pressure reducing surface. The recommendations were not added to the CP for Resident #63.</p> <p>On 06/04/23 the surveyor observed Resident #63 in bed positioned in ^{NJ EX Order. 264b1} position from 10:49 AM to 12:30 PM. The facility did not have measures in place to evaluate when the resident was last turned or cared for.</p> <p>On 10/11/23 at 10:52 AM, the surveyor observed wound care with the Licensed Practical Nurse. The ^{NJ EX Order. 264b1} had the following measures: ^{NJ EX Order. 264b1} The ^{NJ EX Order. 264b1} on the ^{NJ EX Order. 264b1} measures: ^{NJ EX Order. 264b1}. Both ^{NJ EX Order. 264b1} were noted with ^{NJ EX Order. 264b1} and ^{NJ EX Order. 264b1}. The observed ^{NJ EX Order. 264b1} conditions were not documented after ^{NJ EX Order. 264b1} care. The nurses only initialed that ^{NJ EX Order. 264b1} care was completed.</p> <p>Following the ^{NJ EX Order. 264b1} care, the surveyor interviewed the UM regarding the ^{NJ EX Order. 264b1}. Upon inquiry she stated she had not observed the ^{NJ EX Order. 264b1} for two weeks.</p> <p>An interview with the Infection Preventionist on 10/11/23 at 12:15 PM, revealed that stated she constantly reminded staff the importance of following the recommendations from ^{NJ EX Order. 264b1} care</p>	F 657			

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F 657	<p>Continued From page 19</p> <p>practitioners. Upon inquiry, she could not comment on the rationale for not having measures in place to prevent the [REDACTED] from worsening.</p> <p>10/10/23 at 10:44 AM, the surveyor interviewed the Registered Nurse IP regarding how Resident #63's Plan of Care was communicated to the CNA. The IP stated that that in the morning the Unit Manager gave reports to the nurses and the CNAs. She further added that all information regarding a residents care was entered and accessible to staff under "Task" on the Electronic Plan of Care (E-POC).</p> <p>On 10/12/23 at 2:02 PM, the above concerns were addressed again with the LNHA and the DON.</p> <p>The facility had no additional information to provide.</p> <p>A review of the facility provided, "Care Plans, Comprehensive Person-Centered", edited 04/25/23, included but was not limited to; Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and function needs is developed and implemented for each resident. Policy Interpretation and Implementation: 8. h. incorporate identified problem areas. n. Aid in preventing or reducing decline in the resident's functional levels. 10. Identifying problem areas and their causes and developing interventions that are targeted and meaningful to the resident. 11. Care Plan interventions are chosen after careful data gathering, proper sequencing of events, careful consideration between the</p>	F 657			

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F 657	Continued From page 20 resident's problem areas and their causes, and relevant clinical decision making. 14. The Interdisciplinary Team must review and update the care plan: a. when there has been a significant change in the resident's condition.	F 657			
F 658 SS=D	NJAC 8:39-11.1; 11.2(e)(i); 27.1(a) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of medical records and other facility documentation, it was determined that the facility failed to follow professional standards of clinical practice with respect to: a.) the administration of medications and b.) adhering to facility policy for Medication Administration. The deficient practice was identified on 2 of 2 Units observed for medication pass administration. The deficient practice was evidenced by the following: 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,	F 658	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice No residents were affected by the deficient practice. Medications were pre poured and left untended How the facility will identify other residents having the potential to be affected by the same deficient practice Any resident in the facility has the potential to be affected. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not reoccur Licensed nurses that were identified during the medication pass where medications were left unattended and/or pre poured were provided re-education	10/30/23	

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F 658	<p>Continued From page 21</p> <p>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 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>a . On 10/07/23 at 7:18 AM, during an observation of the medication administration cart on the Marina Unit with the Licensed Practical Nurse (LPN) who worked the 11:00 PM -7:00 AM shift and the Registered Nurse (RN) assigned to the 7:00 AM-3:00 PM shift, revealed an orange pill was stored in a medication cup inside the top drawer. Both nurses were at the medication cart ready to start the narcotic count. The Licensed Practical Nurse (LPN) who worked the night shift stated that the medication could have been [REDACTED], but the RN then identified the medication as [REDACTED] NJ EX Order: 264b1 medication). The RN pulled a box from the middle drawer and opened one of the pills and verified that the pill as [REDACTED]. Both nurses declined that they placed the open medication inside the medication cart.</p> <p>b. On 10/06/23 at 7:45 AM, the surveyor informed the Registered Nurse (RN) 07:00-3:00 PM shift she would be followed for medication pass</p>	F 658	<p>with return demonstration.</p> <p>Licensed nurses that were identified were med passed by the pharmacy consultant immediately.</p> <p>The Director of Nursing or Designee will re-educate the licensed staff on medication storage and the facility's policy.</p> <p>How the facility will monitor its corrective action to ensure that the deficient practice will not recur</p> <p>The Director of Nursing or Designee will audit medication administration and make corrections as needed. The Director of Nursing or Designee will randomly audit weekly x4 weeks, then monthly x2 months. The results of the audit will be presented to the Quality Assurance Committee quarterly. The Quality Assurance Committee will determine the need for further performance improvement.</p> <p>Completion Date: 10/30/2023</p>		

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

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F 658	<p>Continued From page 22</p> <p>administration. The Registered Nurse (RN) poured 1 tablet of NJ EX Order: 26481 (medication used to control NJ EX Order: 26481) for Resident #60. Resident #60 was in the hallway. The nurse escorted the resident to the room and left the medication on top of the medication. cart. The surveyor observed one resident in the hallway and one ancillary staff. The surveyor remained next to the medication cart and informed the Unit Manager who just exited from another room in the hallway. The Unit Manager verified that one pill was in the medication cup and the nurse was not around. The Unit Manager removed the cup from the medication cart and went to the room to get the nurse. The nurse indicated that she forgot. On 10/07/23 at 9:15 AM during an interview with the Unit Manager, she stated that was not the facility protocol. She went on to state that medications should not be left unattended on top of the medication cart.</p> <p>c.) On 10/06/23 at 6:30 AM, Surveyor #2 observed a staff member standing in front of a medication cart in the middle hall of the first unit. The staff member was identified as the Registered Nurse Supervisor (RNS) who had been working the 11:00 PM to 7:00 AM shift. The RNS had his computer open and informed Surveyor #2 that he was in the middle of preparing and pouring a NJ EX Order: 26481 medication for a resident. Surveyor #2 asked if he would be administering any other residents any medication and the RNS stated he would be administering a NJ EX Order: 26481 and NJ EX Order: 26481 medication) to a different resident.</p> <p>On 10/06/23 at 6:33 AM, the RNS exited the first resident room and documented in the computer. The RNS next walked into another resident's</p>	F 658			

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F 658	<p>Continued From page 23</p> <p>room. Surveyor #2 stood by the medication cart and could hear the RNS talking to the resident.</p> <p>On 10/06/23 at 6:37 AM, the RNS exited the second resident room. Surveyor #2 was still standing at the medication cart. Surveyor #2 asked about observing the administration of the [REDACTED]. The RNS stated he had already administered the medication. When inquired how that was done since he had not returned to the medication cart to obtain the medication, the RNS stated he had it ready and with him. Surveyor #2 asked for clarification. The RNS stated, "it was pre-poured".</p> <p>At that time, the RNS stated that it was not the facility procedure to pre-pour medications and carry them around because the medications could easily get mixed up.</p> <p>On 10/06/23 at 9:42 AM, the DON was made aware and stated that the nurses know better and should never pre-pour medication. The DON stated that by pre-pouring medication, the medications could become mixed up and possibly be given to the wrong resident.</p> <p>On 10/10/23 at 11:13 AM, the DON stated that the pharmacy consultants would assess the nurses yearly with medication administration competencies. The DON stated that she was unable to find a previous competency for the RNS, but that the consultant pharmacy conducted an observation with him on 10/06/23.</p> <p>A review of the facility provided, "Administering Medications" policy edited 5/21/19, included but was not limited to; 10. Check the label three times to verify the right resident, right medication, right</p>	F 658			

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F 658	Continued From page 24 dosage, right time, and right method before giving the medication. 12. The expiration/beyond use date is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container. 19. The medication cart is kept closed and locked when out of sight. No medications are kept on top of the cart.	F 658			
F 677 SS=E	NJAC 8:39-11.2(b), 29.4 (a)(b) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint NJ #162687 Based on observation, interview, review of records, and review of pertinent documents, it was determined that the facility failed to: a) provide appropriate [REDACTED] care, and personal hygiene care for 2 of 20 residents (Resident #55 and #63) on 1 of 2 resident units, and b) failed to offer [REDACTED] care to a resident who was dependent assistance from staff for care (Resident #61). The deficient practice was evidenced by the following: 1. On 10/04/23 at 10:05 AM, the surveyor observed Resident #55 in bed, the head of the bed was elevated, and the resident was able to answer questions. Upon inquiry the resident stated he/she had not been provided with [REDACTED] e care since last night.	F 677	1.How the corrective action will be accomplished for those residents found to have been affected by the deficient practice Resident #55 was immediately provided incontinence care; [REDACTED] clothing and bedding were changed. Resident #63 was immediately provided [REDACTED] care, and [REDACTED] clothing and bedding were changed. Nurse also administered treatment and changed the dressing on resident's [REDACTED] Resident #61 was immediately provided incontinence and [REDACTED] care. Unit manager addressed Resident #61 [REDACTED].	11/10/23	

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F 677	<p>Continued From page 25</p> <p>At 10:20 AM, while conversing with the resident, a Certified Nursing Assistant (CNA) entered the room, informed the surveyor that she was from Hospice and would provide care to the resident. The surveyor informed both the resident and the CNA the purpose of the visit. The Resident agreed to be checked for NJ EX Order. 264b1 care. The CNA positioned the resident to the left side and removed the sheet to expose the resident's NJ EX Order. 264b1 brief. The NJ EX Order. 264b1 brief was soaked with urine. The resident had a NJ EX Order. 264b1 T-shirt on which was also NJ EX Order. 264b1. The bedding including the NJ EX Order. 264b1 to protect the bed was also NJ EX Order. 264b1.</p> <p>That same day, at 10:45 AM, the surveyor entered Resident #63's room. The surveyor observed the resident in bed. Resident #63 was NJ EX Order. 264b1 and the head of bed was elevated. The room was untidy. The surveyor left the room and informed the Registered Nurse (RN) that she would like to check Resident #63 for NJ EX Order. 264b1 care. The CNA reported to the room and informed the surveyor that Resident #63 was a "NJ EX Order. 264b1 r." The CNA positioned the resident to the left side and the surveyor observed that Resident #63 was NJ EX Order. 264b1. The blue pads including the bedding were NJ EX Order. 264b1. The surveyor also observed that the resident had some NJ EX Order. 264b1 on the NJ EX Order. 264b1. The resident had NJ EX Order. 264b1, one on the NJ EX Order. 264b1 and the NJ EX Order. 264b1) and the dressings were NJ EX Order. 264b1.</p> <p>On 10/04/23 at 12:30 PM, the surveyor returned to the room and observed the resident was in the same position. The surveyor observed the resident had not been provided with NJ EX Order. 264b1 care yet.</p>	F 677	<p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>All residents have the potential to be affected.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not reoccur</p> <p>The DON conducted an audit on residents under NJ EX Order. 264b1 care to ensure staffing coverage and coordination of care were in place by hospice and facility staff.</p> <p>The DON conducted an audit on residents who are dependent on staff with activities of daily living, including dressing, grooming and NJ EX Order. 264b1 care. Rounds were performed to ensure all residents received the necessary services related to ADL care and any changes were updated in the plan of care.</p> <p>On 10/11-12/2023 the DON/designee provided education to the nurses and certified nursing aides on the importance of hygiene, grooming and NJ EX Order. 264b1 care of dependent residents. Education also included person-centered care plan to reflect the resident's needs.</p> <p>4. How the facility will monitor its corrective action to ensure that the</p>		

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F 677	<p>Continued From page 26</p> <p>At 11: 45 AM, the surveyor continued the unit tour. The surveyor observed Resident #61 in bed, the resident was alert and able to maintain a conversation. The surveyor observed that Resident #63's nails were NJ EX Order. 264b1 NJ EX Order. 264b1 NJ EX Order. 264b1 the NJ EX Order. 264b1.</p> <p>On 10/05/23 at 10:42 AM, the surveyor performed an NJ EX Order. 264b1 round with the CNA and noted that Resident #63 was soiled with NJ EX Order. 264b1 on the NJ EX Order. 264b1. The resident indicated that he/she had not received care yet.</p> <p>On 10/04/23 at 9:13 AM, the surveyor observed Resident #61 in bed, the NJ EX Order. 264b1 were long an NJ EX Order. 264b1 the NJ EX Order. 264b1.</p> <p>On 10/05/23 at 10:42 AM, the surveyor observed Resident #61 in bed, the CNA was at the bedside providing care and observed the resident's NJ EX Order. 264b1 were not NJ EX Order. 264b1 or NJ EX Order. 264b1.</p> <p>On 10/06/23 at 8:45 AM, the surveyor observed Resident #61, after morning care had been provided, with NJ EX Order. 264b1, and a NJ EX Order. 264b1 the NJ EX Order. 264b1.</p> <p>On 10/06/23 at 9:09 AM the surveyor interviewed a random CNA who stated, "for dependent residents, she provided care from head to toe. It is important for the residents to get care to prevent decline and help with the quality of life. ADLs (Activities of Daily Living) covered hygiene, dressing, and NJ EX Order. 264b1 care as needed. NJ EX Order. 264b1 care entailed NJ EX Order. 264b1 and NJ EX Order. 264b1 the NJ EX Order. 264b1. NJ EX Order. 264b1 care was explained during orientation. NJ EX Order. 264b1 care was not included in the documentation in the</p>	F 677	<p>deficient practice will not recur</p> <p>The DON or designee will conduct an audit on 3 NJ EX Order. 264b1 residents' charts, including care plans 1X a week for 1 month then 2X week for 2 months and then quarterly.</p> <p>The DON or designee will conduct an audit on 3 NJ EX Order. 264b1 care dependant residents 1X a week for 1 month then 2X a week for 2 months and then quarterly.</p> <p>The DON or designee will review staffing with staffing coordinator daily X 1 month and then twice weekly X 2 months.</p> <p>The Director of Nursing will present the results of the audits at the Quality Assurance Committee meeting monthly X 3 months then quarterly X3. Adjustments to the plan will be made based on the results of the audit with recommendations presented to the QA Committee to ensure sustained results.</p> <p>Completion Date: 11/10/2023</p>	

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F 677	<p>Continued From page 27</p> <p>electronic medical record. [REDACTED] care was not also covered under ADLs."</p> <p>On 10/06/23 at 9:23 AM, the surveyor interviewed the Unit Manager (UM) who stated that she was not aware of a policy for [REDACTED] care and where it would be documented. She stated that is basic care. The surveyor escorted the UM to the room where we both observed that Resident #61's [REDACTED] were NJ EX Order. 264b1 e noted [REDACTED] the [REDACTED]. The UM stated, to the resident "your [REDACTED] needed to be [REDACTED]" and the resident responded, "yes."</p> <p>On 10/11/23 at 10:15 AM, during a second interview with the UM she confirmed the CNAs were to provide [REDACTED] care during morning care.</p> <p>An interview with the CNA who cared for Resident #61 revealed that [REDACTED] care was not included in the Kardex [resident care guide] but [REDACTED] should be checked and cleaned as part of the morning care.</p> <p>On 10/11/23 the surveyor visited Resident #61 and observed that the [REDACTED] were [REDACTED] and [REDACTED]. The resident stated, "it feels good" and showed their [REDACTED] to the surveyor.</p> <p>On 10/12/23 at 10:10 AM the surveyor returned to the [REDACTED] Unit. A [REDACTED] [REDACTED] was [REDACTED] from the hallway while approaching Resident #55's room. The surveyor entered the room and observed a CNA at the bedside. The CNA informed the surveyor that he just reported to the room to care for Resident #55 and observed that the bedding including the [REDACTED] was NJ EX Order. 264b1. The surveyor left the room and asked the Licensed Practical Nurse</p>	F 677		

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F 677	<p>Continued From page 28</p> <p>(LPN) to verify the condition of the room. The LPN stated, "it [redacted] like [redacted] to me." The CNA had the resident positioned to the left side. The resident's [redacted] was NJ EX Order. 264b1 and covered with [redacted]. The [redacted] was NJ EX Order. 264b1. The CNA informed the surveyor that the [redacted] aide had not reported to work this morning and he would care for Resident #55.</p> <p>On 10/12/23 at 11:30 AM, an interview with the UM revealed that the [redacted] Aide reported to work at 12:00 PM on [redacted] and today did not report to work yet. She could not comment on whether or not the facility's staff had provided care to the resident this morning.</p> <p>On 10/12/23 at 10:19 AM, the surveyor entered Resident #61's room. The surveyor performed an [redacted] care with the CNA. The surveyor observed that Resident #61 [redacted] was NJ EX Order. 264b1 although Resident #61 had an NJ EX Order. 264b1 in place. Also noted [redacted] in the [redacted].</p> <p>On 10/12/23 at 10:25 AM, during an interview with the CNA, the CNA revealed that she provided care to Resident #61 this morning and the [redacted] was NJ EX Order. 264b1. Upon inquiry, the CNA stated that she forgot to report to the nurse that the [redacted]. Resident #61 had an NJ EX Order. 264b1 and the dressing was observed [redacted]. The surveyor left the room and informed the Unit Manager that the [redacted] was [redacted].</p> <p>On 10/12/23 the surveyor reviewed the resident's electronic medical record (EMR) for Resident #55.</p>	F 677			

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F 677	<p>Continued From page 29</p> <p>Resident #55's Admission Record (AR) revealed, Resident #55 was admitted to the facility with diagnoses which included but were not limited to: NJ EX Order. 264b1</p> <p>The Quarterly Minimum Data Set (MDS) assessment tool dated NJ EX Order. 264b1, revealed that Resident #55 was NJ EX Order. 264b1. Resident #55 received a score of NJ EX Order. 264b1 on the Brief Interview for Mental Status (BIMS). NJ EX Order. 264b1 of the MDS which referred to Activities of Daily Living (ADLs) revealed that Resident #55 was totally dependent on staff for care.</p> <p>Review of the Care Plan for Resident #55 initiated on NJ EX Order. 264b1, included a "Focus" for ADL Self Care Deficit related to: NJ EX Order. 264b1 post hospitalization. The goal was for Resident #55 to be clean, dressed and well-roomed daily to promote dignity and psychosocial well-being. The interventions were to assist with daily hygiene, grooming, dressing, oral care and eating as needed. The care plan did not indicate when staff were to provide care to the resident, or the frequency for staff to turn and reposition the resident.</p> <p>On 10/12/23 the surveyor reviewed Resident #61's EMR which revealed the following:</p> <p>Resident #61 was admitted to the facility with diagnoses which included but were to limited to: NJ EX Order. 264b1</p> <p>According to the (MDS) Minimum Data Set dated</p>	F 677			

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F 677	<p>Continued From page 30</p> <p>NJ EX Order. 264b1 Resident #61 had a BIMS score of NJ EX out of NJ EX indicative NJ EX Order. 264b1</p> <p>NJ EX Order. 264b1 The MDS also indicated that Resident #61 required NJ EX Order. 264b1 for Activities of Daily Living (ADL) and was always NJ EX Order. 264b1. However, a conversation with Resident #61 revealed that he/she was awake and NJ EX Order. 264b1 his/her NJ EX Order. 264b1. The CNA confirmed that Resident #61 was NJ EX Order. 264b1 and able to participate with care.</p> <p>Review of the Care Plan for Resident #61 initiated on NJ EX Order. 264b1 with no revision date, revealed a focus for ADL NJ EX Order. 264b1 related to NJ EX Order. 264b1 limitation and NJ EX Order. 264b1 related to NJ EX Order. 264b1. The goal was for Resident #61 to be clean, dressed and well-groomed daily to promote dignity and psychosocial well-being. To have ADL (Activity of Daily Living) met with staff assistance. The interventions included: Assist to bathe and shower as needed. Assist with daily hygiene, grooming, dressing, oral care and eating as needed.</p> <p>On 10/12/23 at 10:30 AM, the surveyor interviewed the CNA who cared mostly for the resident on NJ EX Order. 264b1 regarding Resident #61's care. The CNA revealed that Resident #61 was able to feed her/his self after set-up, able to assist with turning and able to make his/her needs known. When asked regarding the resident nail care, the CNA did not have any comments.</p> <p>On 10/12/23 the surveyor reviewed Resident #63's EMR which revealed the following:</p> <p>Resident #63 was admitted to the facility with diagnoses which included but were not limited to:</p>	F 677			

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F 677	<p>Continued From page 31</p> <p>NJ EX Order. 264b1</p> <p>The Admission Minimum Data Set (MDS) dated NJ EX Order. 264b1, revealed that Resident #63 was NJ EX Order. 264b1. Resident #63 scored NJ EX Order. 264b1 on the Brief Interview for Mental Status (BIMS) NJ EX Order. 264b1 of the MDS which addressed ADLs revealed that Resident #63 required NJ EX Order. 264b1 of NJ EX Order. 264b1 persons physical assist for bed mobility and transfer and one person physical assist for personal hygiene.</p> <p>Resident #63 had a care plan initiated on NJ EX Order. 264b1 and revised NJ EX Order. 264b1 for NJ EX Order. 264b1. The goal was for resident #63 will have no complications due to NJ EX Order. 264b1. Resident #63 also had a care plan for ADL NJ EX Order. 264b1 related to recent hospitalization NJ EX Order. 264b1 with NJ EX Order. 264b1 with the following goal: Resident #63 will be NJ EX Order. 264b1 with bed mobility upon discharge. Resident #63 will be clean, dressed and well-groomed daily to promote dignity and psychosocial well-being. The interventions included bilateral upper 1/4 rails, occupational and physical therapy evaluation and treatment per physician's orders.</p> <p>Resident #63 had a care plan for palliative care initiated NJ EX Order. 264b1 with the following goals: Will be comfortable, will have advance directives honored by staff. One of the interventions included to encourage and assist to reposition as needed for comfort. Staff confirmed that Resident #63 was NJ EX Order. 264b1 on staff for care, was nonverbal and all needs must be anticipated. (The care plan did not include any directive to direct care staff regarding Resident #63's specific person-centered care requirements for ADL</p>	F 677			

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

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F 677	<p>Continued From page 32 care).</p> <p>On 10/06/23 at 3:47 PM the surveyor conducted a telephone interview with Resident #63's Representative (RR). The RR stated she had concerns with the care and discussed the concerns with the Registered Nurse (RN) on the [REDACTED]. The RR stated that he/she had noticed a decline in the care and that Resident #63 would be soiled and observed [REDACTED] of [REDACTED]s on the clothing when he/she had visited in the evening. The RR further stated that Resident #63 did not have any [REDACTED] upon admission and was informed that the resident had the [REDACTED] after Resident #63 was left in the chair for extended periods of time. The [REDACTED] was also developed at the facility per the RR. The RR stated during visits in the evening, the resident would be soiled and needed to be changed. When the RR informed the staff, the staff would state that this is not their time yet and Resident #63 would have to wait. When inquired if the issue was reported to the nurse, the RR stated when the resident was on the [REDACTED] floor, that he/she had reported the incident to the nurse.</p> <p>On 10/10/23 at 09:38 AM, the surveyor interviewed the RN that the RR reported the concerns regarding the care. The RN indicated that she could not recall the incident and did not inform the Director of Nursing of the RR concerns with the care.</p> <p>The above concerns with [REDACTED] and [REDACTED] care were discussed with the DON and the Licensed Nursing Home Administrator during the survey, and again on [REDACTED] at 2:20 PM. The surveyor then asked the DON who was</p>	F 677			

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F 677	Continued From page 33 responsible to coordinate the [REDACTED] care with the facility as Resident #55 was observed soiled for [REDACTED] days, and staff indicated that the [REDACTED] aid did not report to the facility on time for 2 days. The DON stated that the UM was responsible to monitor and ensure that residents were provided with [REDACTED] care.	F 677			
F 686 SS=E	NJAC 8:39- 27.1(a) Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed to ensure that preventive measures to prevent and promote healing of [REDACTED] were in place and consistently followed. This deficient practice was identified for (Resident #63), 1 of 4 residents reviewed for [REDACTED] and was evidenced by the following:	F 686	1.How the corrective action will be accomplished for those residents found to have been affected by the deficient practice Resident # 63 [REDACTED] dressing were immediately changed and treatment applied. 2. How the facility will identify other	10/30/23	

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F 686	<p>Continued From page 34</p> <p>During the initial tour on 10/04/23 at 10:45 AM, the surveyor observed Resident #63 lying in bed. Resident #63 was [REDACTED] the head of the bed was elevated with the side rails in the upper position. The surveyor performed an incontinence tour with the Certified Nursing Assistant (CNA) and observed that Resident #63 was [REDACTED]. The [REDACTED] t [REDACTED] was [REDACTED] the [REDACTED] s to protect the bed along with the pull sheet was saturated. Resident #63 had two dressings, the [REDACTED] dressing and the dressing on the [REDACTED] which were both NJ EX Order. 264b1 [REDACTED].</p> <p>The CNA informed the surveyor that Resident #63 was a [REDACTED] " when inquired regarding the last time Resident #63 was changed, the CNA stated that she changed the resident at 8:00 AM.</p> <p>The surveyor reviewed Resident #63's electronic medical record (EMR) on [REDACTED] at 12:55 PM. The Admission Face Sheet reflected that Resident #63 was admitted to the facility with diagnoses which included but were not limited to: NJ EX Order. 264b1 [REDACTED].</p> <p>The Admission Minimum Data Set (MDS) an assessment summary dated [REDACTED], revealed that Resident #63 was NJ EX Order. 264b1 [REDACTED]. Resident #63 scored [REDACTED] on the Brief Interview for Mental Status (BIMS).</p> <p>Section G of the MDS which addressed ADLs revealed that Resident #63 required [REDACTED] o persons physical assist for bed mobility and transfer and one person physical</p>	F 686	<p>residents having the potential to be affected by the same deficient practice</p> <p>Residents at risk for NJ EX Order. 264b1 have the potential to be affected by this practice.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not reoccur</p> <p>The DON conducted an audit on residents who are NJ EX Order. 264b1 and reviewed that the orders, treatments and interventions were updataed to reflect person-centered care plans.</p> <p>On 10/12/2023 the DON implemented second day [REDACTED] checks on new admissions and biweekly [REDACTED] checks on admitted existing residents high risk of NJ EX Order. 264b1.</p> <p>The DON and designee provided education to the nurses and certified nursing assistants on the importance of adhering to the facility's [REDACTED] clinical protocol.</p> <p>The DON and designee provided re-education on the importance of [REDACTED] of consults, report review and documentation of implemented interventions and treatments.</p> <p>The DON and DOR provided education to nursing and rehabilitation staff on the importance of NJ EX Order. 264b1 device, turning and positioning.</p>	

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F 686	<p>Continued From page 35</p> <p>assist for personal hygiene. NJ EX Order. 264b1 of the MDS which addressed NJ EX Order. 264b1, revealed that Resident #63 was assessed as being at NJ EX Order. 264b1. Resident #63 scored NJ EX Order. 264b1 on the NJ EX Order. 264b1 Scale indicative of being at high risk. According to the NJ EX Order. 264b1 assessment performed on admission (NJ EX Order. 264b1), Resident #63 was admitted with NJ EX Order. 264b1 to the NJ EX Order. 264b1. There was no NJ EX Order. 264b1. The surveyor reviewed Resident #63's Care Plan (CP). The CP formulated on NJ EX Order. 264b1 had a Focus for: At risk for NJ EX Order. 264b1 related to NJ EX Order. 264b1. The Goal was for Resident #63 to remain free of NJ EX Order. 264b1 within limits of disease process.</p> <p>Interventions included: NJ EX Order. 264b1 to NJ EX Order. 264b1 as needed. Initiated NJ EX Order. 264b1. Encourage and assist to reposition; use assistive devices as needed. Initiated NJ EX Order. 264b1. Therapy evaluation and treatment per physician orders. Initiated NJ EX Order. 264b1. Laboratory values dated NJ EX Order. 264b1 revealed NJ EX Order. 264b1 normal NJ EX Order. 264b1. NJ EX Order. 264b1 normal NJ EX Order. 264b1. NJ EX Order. 264b1 dated NJ EX Order. 264b1 was NJ EX Order. 264b1 normal value NJ EX Order. 264b1 mg/dl.</p> <p>Further review of the Progress Notes revealed the following entries in the EMR: - NJ EX Order. 264b1 timed 15:34 Resident is dependent with all care. Hoyer lift for transfers from bed to NJ EX Order. 264b1. 17:26, NJ EX Order. 264b1, no open NJ EX Order. 264b1.</p> <p>NJ EX Order. 264b1 timed 15:36 PM, Resident #63 was seen on NJ EX Order. 264b1 rounds on NJ EX Order. 264b1 noted with NJ EX Order. 264b1 with NJ EX Order. 264b1. Measures</p>	F 686	<p>4. How the facility will monitor its corrective action to ensure that the deficient practice will not recur</p> <p>The DON or designee will conduct skin check audit on 5 residents' charts 1X week for 1 month, then 2X a month for 2 months and then quarterly.</p> <p>The DON or designee will review wound reports weekly for 1 month then 2X a month for 2 months and then quarterly to ensure recommended interventions and treatments are reflected in the orders and residents' plan of care.</p> <p>The DON will present the results of the audits to the Quality Assurance Committee monthly X3 and then quarterly X3. Changes will be made to the plan if necessary based on the results of the audits and reviewed by the QA committee. Completion Date: 10/30/2023</p>	

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F 686	<p>Continued From page 36</p> <p>NJ EX Order. 264b1 Recommendations: NJ EX Order. 264b1 to wheelchair and repositioning.</p> <p>NJ EX Order. 264b1 Note: Resident was seen on NJ EX Order. 264b1 round for evaluation and treatment of NJ EX Order. 264b1 measures NJ EX Order. 264b1. Noted with NJ EX Order. 264b1. Discussed with staff to continue to NJ EX Order. 264b1. Recommendations: NJ EX Order. 264b1 and repositioned.</p> <p>-Skin Note dated NJ EX Order. 264b1 NJ EX Order. 264b1 Area NJ EX Order. 264b1 in color.</p> <p>-Skin Note of NJ EX Order. 264b1 Visited by NJ EX Order. 264b1 care NJ EX Order. 264b1 measures: NJ EX Order. 264b1 performed (removal of NJ EX Order. 264b1</p> <p>On NJ EX Order. 264b1 the NJ EX Order. 264b1 care recommendations were to have a NJ EX Order. 264b1 and NJ EX Order. 264b1. The facility provided the NJ EX Order. 264b1 NJ EX Order. 264b1 on NJ EX Order. 264b1 after the resident developed an NJ EX Order. 264b1. A NJ EX Order. 264b1 care order was to change the dressing daily and when soiled. Review of the nurses' notes from NJ EX Order. 264b1/23 did not reflect when NJ EX Order. 264b1 care was provided and the NJ EX Order. 264b1 condition except when the NJ EX Order. 264b1 Care Team visited.</p> <p>On NJ EX Order. 264b1 Resident #63 developed another NJ EX Order. 264b1 on the NJ EX Order. 264b1 area with the following measures: NJ EX Order. 264b1. The NJ EX Order. 264b1 was classified as an NJ EX Order. 264b1, with NJ EX Order. 264b1. Recommendations: Increase NJ EX Order. 264b1, and NJ EX Order. 264b1. NJ EX Order. 264b1: Recommend turning and positioning as per standard of care.</p>	F 686		

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F 686	<p>Continued From page 37</p> <p>Avoid positioning which places [redacted] to the [redacted] site. NJ EX Order. 264b1 with turning and positioning measures in place. Recommend limiting continuous time spent [redacted] to less than [redacted] hours per session on an appropriate pressure reducing surface. The recommendations were not added to the care plan. On [redacted] the surveyor observed Resident #63 in bed positioned in [redacted] e [redacted] did not have a system in place to evaluate when the resident was last turned or cared for per the recommendations.</p> <p>On 10/11/23 10:52 AM, the surveyor observed [redacted] care with the Licensed Practical Nurse. The [redacted] had the following measures: NJ EX Order. 264b1 The [redacted] on the [redacted] measures: NJ EX Order. 264b1</p> <p>Both [redacted] were noted with NJ EX Order. 264b1 [redacted] e. The [redacted] had a [redacted] when the dressing was removed. None of the observed [redacted] conditions were documented after the observed [redacted] care. The nurses only initialed [redacted] care was completed.</p> <p>Following the [redacted] care, the surveyor interviewed the UM regarding the [redacted]. Upon inquiry she stated she had not observed the [redacted] for 2 weeks.</p> <p>An interview with the Infection Preventionist on 10/11/23 at 12:15 PM, she stated that she constantly reminded staff the importance of following the recommendations from [redacted] care. She could not comment on the rationale for not having measures in place to prevent the [redacted] from [redacted]</p>	F 686			

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

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F 686	<p>Continued From page 38</p> <p>On 10/10/23 at 10:44 AM, the surveyor interviewed the Registered Nurse IP regarding how Resident #63's Plan of Care was communicated to the CNA. The IP stated that that in the morning the Unit Manager gave reports to the nurses and the CNAs. She further added that all information regarding a resident care was entered and accessible to staff under Task on the Electronic Plan of Care (E-POC).</p> <p>On 10/12/23 at 11:28 AM, the surveyor again interviewed the Unit Manager regarding the order on the [REDACTED] care recommendations to [REDACTED] and reposition Resident #63. The Unit Manger stated that staff should check and reposition the resident every [REDACTED] hours and as needed. The surveyor asked the Unit Manager how she would know if the resident was checked and repositioned every [REDACTED] hours, she did not have any comment. On 10/12/23 at 12:30 PM the Unit Manager provided a log where the CNAs documented that Resident #63 was turned and repositioned x 1 every shift. There was no documentation in the clinical record regarding Resident #63's being checked and repositioned every [REDACTED] hours.</p> <p>The facility was informed of the above concerns for Resident #63 on [REDACTED] at 2:20 PM.</p> <p>A review of the facility's policy for [REDACTED] [REDACTED] Breakdown- Clinical Protocol revised April 2018, indicated the following:</p> <p>Assessment and Recognition The nursing staff and practitioner will assess and document an individual's significant risk factors for developing [REDACTED]; for example,</p>	F 686			

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F 686	Continued From page 39 immobility, recent weight loss and a history of NJ EX Order. 264b1 (s). In addition, the nurse shall describe and document/ report the following: Full assessment of pressure sore including NJ EX Order. 264b1 NJ EX Order. 264b1 . Pain assessment; Resident's mobility status; Current treatments, including support surfaces; and All active diagnoses. Monitoring During resident visits, the physician will evaluate and document the progress of NJ EX Order. 264b1 healing-especially for those with complicated extensive, or NJ EX Order. 264b1 . The physician will guide the care plan as appropriate, especially when NJ EX Order. 264b1 are not healing as anticipated or new NJ EX Order. 264b1 develop despite existing interventions. (The policy was not being followed. Staff failed to review the care plan and implement interventions identified to reduce/prevent NJ EX Order. 264b1 . Resident #63 NJ EX Order. 264b1 had not improved. Resident #63 developed another NJ EX Order. 264b1 on NJ EX Order. 264b1 . There was no revision made to the care plan.)	F 686			
F 688 SS=D	NJAC 8:39-27.1 (e) Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited	F 688		11/10/23	

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F 688	<p>Continued From page 40</p> <p>range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and interview it was determined that the facility failed to ensure a resident with NJ EX Order. 264b1 (NJ EX Order) received appropriate treatment and services to increase NJ EX Order. 264b1 and/or prevent further decrease in NJ EX Order. 264b1. This deficient practice was identified for 1 of 1 resident (Resident # 47) reviewed for NJ EX Order and was evidenced by the following:</p> <p>On 10/04/23 at 09:30 AM, during the initial tour, the surveyor observed Resident (R #47) in bed watching television and the resident expressed some concerns with receiving NJ EX Order. 264b1 care to maintain physical function. During the lunch meal R #47 was observed in bed with his/her meal tray and was observed eating independently.</p> <p>On 10/05/23 at 9:15 AM, observation revealed some possible NJ EX Order. 264b1 to NJ EX Order. 264b1 and increase NJ EX Order. 264b1 and increase NJ EX Order. 264b1 observed during resident interview. Resident #47</p>	F 688	<p>1.How the corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Resident #47 was transferred out of bed on 1 NJ EX Order. 264b1 and remained in a special chair for 1 NJ EX Order hours.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>Residents with limited mobility on restorative nursing program have the potential to be affected.</p> <p>3.What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not reoccur</p> <p>The DON and designee conducted an</p>		

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F 688	<p>Continued From page 41</p> <p>stated that he/she would like to get out of the bed and attend physical therapy, and get out of the room. Resident #47 indicated that he/she informed the Unit Manager that he/she would like to get out of the bed two weeks ago and nothing was done.</p> <p>The surveyor reviewed Resident# 47's electronic medical record (EMR). Resident (R #47) was admitted to the facility with diagnoses which included but were not limited to: NJ EX Order. 264b1</p> <p>[REDACTED]</p> <p>A review of the Quarterly Minimum Data Set with assessment reference date (ARD) of NJ EX Order. 264b1, found R #47 was coded with functional in NJ EX Order. 264b1 to the NJ EX Order. 264b1</p> <p>In NJ EX Order. 264b1 Special Treatment and Program, the coding for NJ EX Order. 264b1 Nursing Program found R #47 was NJ EX Order. 264b1 for the number of days each of the following NJ EX Order. 264b1 programs were performed for at least 15 minutes a day in the last 7 (seven) calendar day, NJ EX Order. 264b1, NJ EX Order. 264b1, and NJ EX Order. 264b1 application.</p> <p>A review of the NJ EX Order. 264b1 Nursing Communication Form dated NJ EX Order. 264b1 had the following recommendations: NJ EX Order. 264b1</p> <p>NJ EX Order. 264b1 and NJ EX Order. 264b1. The goal was to maintain and prevent decline in the resident's NJ EX Order. 264b1 to enable good hygiene and prevent NJ EX Order. 264b1 breakdown.</p> <p>On 10/10/23 at 10:12 PM, following the</p>	F 688	<p>audit on residents with NJ EX Order. 264b1 and NJ EX Order. 264b1 on NJ EX Order. 264b1 nursing program</p> <p>The DON or designee will meet with the DOR or his/her designee and review residents on NJ EX Order. 264b1 nursing program and their progress.</p> <p>The DON provided education to the nursing and certified nursing staff regarding facility NJ EX Order. 264b1 nursing service policy. Education also included reinforcement of incorporating the session such as NJ EX Order. 264b1 exercises during provision of activities of daily living and documentation in residents' charts.</p> <p>The DON or designee will review staffing and unit assignments to ensure fulfillment of NJ EX Order. 264b1 program.</p> <p>4. How the facility will monitor its corrective action to ensure that the deficient practice will not recur</p> <p>The DON or designee will audit 5 residents' charts on NJ EX Order. 264b1 nursing program including progress and documentation weekly for 1 month then 2X a month for 2 months and then quarterly to ensure recommended exercises/interventions are reflected in the residents' plan of care.</p> <p>The Director of Nursing will present the results of the audit to the Quality Assurance Committee once a month x 3 months and then every quarter x 3.</p>	

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F 688	<p>Continued From page 42</p> <p>conversation with Resident #47 regarding their concerns, the surveyor interviewed the CNA who cared for Resident #47. The surveyor asked when was Resident #47 was last transferred out of bed to the [REDACTED] NJ EX Order: 26467. The CNA stated, "It had not been done since I have been here." The CNA added, usually he/she would get out of the bed with physical therapy. Upon further inquiry, the CNA added that [REDACTED] NJ EX Order: 26467 care had not been completed due to not having enough staff since the CNA assigned to complete [REDACTED] NJ EX Order: 26467 care had to take on a resident assignment and could not perform [REDACTED] NJ EX Order: 26467 care duties.</p> <p>On 10/10/23 at 10:15 AM, the surveyor interviewed the Unit Manager regarding [REDACTED] NJ EX Order: 26467 care and out of the bed and [REDACTED] NJ EX Order: 26467). The UM revealed that the facility had a [REDACTED] NJ EX Order: 26467 program that could not be fulfilled due to staffing issues. The UM stated that following admission, Resident #47 refused to get out of the bed with a [REDACTED] NJ EX Order: 26467 due to an incident that occurred that day. However, the UM confirmed that Resident #47 requested to get out of the bed [REDACTED] NJ EX Order: 26467 weeks ago but there was no chair to accommodate the request. The UM further stated that Resident #47 needed a [REDACTED] NJ EX Order: 26467 to get out of the bed. Regarding [REDACTED] NJ EX Order: 26467 of [REDACTED] NJ EX Order: 26467 exercise, The UM stated that the Certified Nurse Aides (CNAs) were responsible for performing [REDACTED] NJ EX Order: 26467 and would document [REDACTED] NJ EX Order: 26467 Care in the computer software.</p> <p>On 10/10/23 at 10:15 AM, the UM provided a copy of the [REDACTED] NJ EX Order: 26467 care and it had not been completed for Resident #47. According to the order, Resident #47 was transitioned to [REDACTED] NJ EX Order: 26467 care on [REDACTED] NJ EX Order: 26467.</p> <p>On 10/10/23 at 11:07 AM, the surveyor</p>	F 688	<p>Adjustments will be made to the plan as needed after review of the results of the audit.</p> <p>Completion Date: 11/10/23</p>		

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F 688	<p>Continued From page 43</p> <p>interviewed the Physical Therapy (PT) Director and inquired regarding the restorative process. The PT Director confirmed that Resident #47 was transitioned from Occupational therapy to [REDACTED] process on [REDACTED]. Prior to discharge, the [REDACTED] CNA would be trained and the contract will be presented to the UM who will sign also the contract. The PT Director stated that he was not made aware of a request for a [REDACTED] and would assist if he was made aware. The PT Director informed the surveyor that he would address the concern today referring to [REDACTED].</p> <p>On 10/10/23 at 11:30 AM, with the assistance of the CNA, the Kardex (CNA software where care was documented) was reviewed. CNA reported entries were made when [REDACTED] care was completed. The surveyor reviewed the documentation and could not find any entries for [REDACTED] care. The surveyor then inquired if the software included refusal. The CNA demonstrated that they could document refusal. The surveyor then inquired if [REDACTED] was documented for the month of September, the CNA confirmed that there was no documentation for [REDACTED] care.</p> <p>On 10/10/23 at 11:45 AM, the surveyor requested the restorative documentation book for review, there was no documentation regarding Resident #47 receiving [REDACTED] care as ordered. The UM confirmed there was no documentation. She elaborated that restorative nursing could not be assigned due to staffing shortages. The UM stated, if they do not have enough CNAs on the floor, the restorative CNA had to provide resident care. According to the document provided, Resident #47 received one session of [REDACTED].</p>	F 688			

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F 688	Continued From page 44 care on [REDACTED] On 10/11/23 at 10:38 AM, the surveyor observed Resident #47 in bed. Resident #47 stated that he/she was very happy. Resident #47 informed the surveyor that he/she was out of the bed for [REDACTED] hours yesterday. The surveyor observed there was now a [REDACTED] in the room. The resident stated, "it feels very good to get out of the bed. The CNA and the PT director facilitated the transfer out of the bed. I have been waiting for 3 months for that." On 10/12/23 at 2:20 PM, the facility was made aware of the concerns with [REDACTED] care. On 10/13/23 at 9:54 AM, during an exit interview with the DON and Licensed Nursing Home Administrator (LNHA). They confirmed they were unaware that [REDACTED] care was not being completed. The LNHA stated every CNA was responsible for completing [REDACTED] care.	F 688			
F 689 SS=J	NJAc 8:39-27.1(a) Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of	F 689	1. How the corrective action will be	11/30/23	

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F 689	<p>Continued From page 45</p> <p>facility provided documentation, it was determined that the facility failed to: a) follow their Accident/Incident Policy and complete an investigation when a resident was found with a NJ EX Order. 264b1 [the clinical NJ EX Order. 264b1 for the NJ EX Order. 264b1 on NJ EX Order. 264b1 and required emergency transport to the hospital, and b) document and consistently implement interventions to prevent recurrence. This deficient practice occurred for 1 of 5 residents reviewed for accidents/incidents (Resident #76), when on NJ EX Order. 264b1 3 Resident #76 was observed by staff trying to remove the NJ EX Order. 264b1, and on NJ EX Order. 264b1 Resident #76 was found NJ EX Order. 264b1 with the NJ EX Order. 264b1 and was pronounced deceased.</p> <p>Resident #76 had diagnoses which included but were not limited to: dependence on NJ EX Order. 264b1.</p> <p>A review of the Progress Notes (PN) revealed a Licensed Practical Nurse (LPN) #1 documented on NJ EX Order. 264b1, that Resident #76 NJ EX Order. 264b1 his/her NJ EX Order. 264b1, was NJ EX Order. 264b1 and was sent to the Emergency Room (ER). A PN by LPN #1 dated NJ EX Order. 264b1 documented that Resident #76 was trying to remove his/her NJ EX Order. 264b1 NJ EX Order. 264b1. A PN by LPN #2 dated NJ EX Order. 264b1, revealed Resident #76 was again found with his/her NJ EX Order. 264b1, was NJ EX Order. 264b1 a significant amount, required NJ EX Order. 264b1 and was pronounced deceased by the emergency response physician.</p>	F 689	<p>accomplished for those residents found to have been affected by the deficient practice</p> <p>Resident # 76 is no longer in the facility. Resident passed on NJ EX Order. 264b1</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>Residents with dialysis access have the potential to be affected by this practice.</p> <p>What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not reoccur</p> <p>On 10/7/2023, the DON and designee completed an audit of all residents with NJ EX Order. 264b1.</p> <p>Audits completed of residents with dialysis catheters to validate appropriate identification of behaviors, update/revision of care plans to reflect current needs.</p> <p>The DON met with Medical Director and reviewed the incident that transpired on NJ EX Order. 264b1 and reinforced the use of generic template order set customized for each patient in PCC (Point Click Care) for residents on NJ EX Order. 264b1 that is specific to NJ EX Order. 264b1 location, pick up time, chair time, diagnosis, NJ EX Order. 264b1 monitoring, and NJ EX Order. 264b1 precautions.</p> <p>The DON and designee also performed a quality assurance audit and completed</p>	

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F 689	<p>Continued From page 46</p> <p>The facility's failure to follow their Accident/Incident policy, complete an investigation and implement interventions resulted in an Immediate Jeopardy (IJ) situation. The IJ situation began on [REDACTED] and was identified on [REDACTED] at 2:42 PM, and the Licensed Nursing Home Administrator (LNHA) was notified of the IJ situation. An acceptable removal plan was received on [REDACTED] at 3:20 PM and was verified as implemented on [REDACTED] at 11:42 AM.</p> <p>The evidence was as follows:</p> <p>On 10/06/23 at 12:05 PM, Surveyor #1 requested and reviewed Accident/Incident reports for Resident #76. The facility provided two Accident/Incident reports dated [REDACTED] and [REDACTED]. A review of additional PNs revealed documentation dated [REDACTED] by the Social Worker (SW). The SW documented a phone call with the resident's family about the resident's "expressed feelings towards [REDACTED] but that the resident would continue with [REDACTED].</p> <p>Surveyor #1 reviewed the electronic medical records (EMR) for Resident #76. Resident #76's most recent Quarterly Minimum Data Set (MDS) an assessment tool used to facilitate care, dated [REDACTED], which included but was not limited to; a Brief Interview of Mental Status (BIMS) of [REDACTED] t [REDACTED] which indicated the resident was [REDACTED]. [REDACTED] NJ EX Order. 264b1 documented the resident had no behaviors. Resident #76 required NJ EX Order. 264b1 for Activities of Daily Living (ADLs) except eating which was supervision only. [REDACTED] NJ EX Order. 264b1 documented that the resident received [REDACTED] while a resident.</p>	F 689	<p>education with the licensed nurses on the following:</p> <ul style="list-style-type: none"> -Incident reporting and investigation policy and process -Importance of daily review of incident reports in morning clinical meeting process. -Enforcing rapid response protocol <p>Education was performed with nurses and certified nursing assistants regarding NJ EX Order. 264b1 care, response to NJ EX Order. 264b1 t and change in site condition, and reporting and interventions when behaviors occur.</p> <p>4. How the facility will monitor its corrective action to ensure that the deficient practice will not recur</p> <p>The DON or designee will review the 24 hour report daily to ensure all unusual occurrences have been documented on the appropriate accident and incident report.</p> <p>The DON or designee will review all incident reports daily to ensure that all investigations are completed, and interventions implemented via the care plan for 1 month, then 1X a week 2 months and then monthly.</p> <p>The Director of Nursing will present the results of the audit to the Quality Assurance Committee monthly X3 then quarterly X3. Adjustments to the plan will be made based on the results of the audit and reviewed at the QA meetings.</p>	

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F 689	<p>Continued From page 47</p> <p>The Order Listing Report dated [REDACTED] through [REDACTED] included but was not limited to; an order to [REDACTED] NJ EX Order. 264b1 for signs and symptoms of [REDACTED] NJ EX Order. 264b1 every shift. A notation was documented that the resident was socially [REDACTED] NJ EX Order. 264b1 NJ EX Order. 264b1.</p> <p>A review of the on-going patient centered Care Plan (CP) included but was not limited to; a focus area of at risk for adverse effects related to the use of antianxiety medication dated [REDACTED] NJ EX Order. 264b1 with interventions including notify physician of decline in ADL or [REDACTED] NJ EX Order. 264b1 consult and follow-up as needed, and both initiated on [REDACTED] with no revisions. A focus area of at risk for behavior symptoms related to [REDACTED] NJ EX Order. 264b1 initiated [REDACTED] with no revisions. A focus area of [REDACTED] NJ EX Order. 264b1 initiated [REDACTED], with interventions which include [REDACTED] NJ EX Order. 264b1. There were no revisions to include the [REDACTED] NJ EX Order. 264b1 on [REDACTED] or [REDACTED] NJ EX Order. 264b1 nor interventions to prevent recurrence. The CP did not contain focus area or interventions regarding the documentation of the event that occurred when Resident #76's [REDACTED] NJ EX Order. 264b1 was dislodged on 09/10/23, and when the resident was observed trying to pull the [REDACTED] NJ EX Order. 264b1 out on [REDACTED] NJ EX Order. 264b1. In addition, there were no focus areas, goals or interventions regarding the documentation of Resident #76's "e" [REDACTED] NJ EX Order. 264b1 towards [REDACTED] NJ EX Order. 264b1.</p> <p>A review of the PN Situation Background Appearance and Review (SBAR - a summary) dated [REDACTED] NJ EX Order. 264b1, included but was not limited to;</p>	F 689	Completion Date: 10/10/2023	

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F 689	<p>Continued From page 48</p> <p>Situation: 1. 'NJ EX Order. 264b1 NJ EX Order. 264b1". 4. Has this condition, symptom or sign occurred before? "yes". 4a. If yes, treatment for last episode: NJ EX Order. 264b1. Resident was sent out to [name redacted] for insertion". Appearance: Mental Status Evaluation: 8. Compared to baseline; b. increased NJ EX Order. 264b1 or NJ EX Order. 264b1. 10. Are there any behavioral issues noted? a. Yes. 10b. Describe symptoms or signs: NJ EX Order. 264b1Order. 264b1. Call for 911, Emergency medical transport.</p> <p>On 10/06/23 at 12:17 PM, during an interview with the surveyor, the Director of Nursing (DON) stated that she "only" had two Accident/Incident reports for Resident #76. The DON stated that the process was to do Accident/Incident reports for situations such as falls, bruising, injuries, unusual occurrences, skin breakdown, and new NJ EX Order. 264b1. The DON stated Resident #76 had a NJ EX Order. 264b1 and had been sent to the hospital a few times because he/she pulled out the NJ EX Order. 264b1. The DON clarified that, "well the staff found it [the NJ EX Order. 264b1 NJ EX Order. 264b1 but nobody actually saw him/her pull it out. It was possible it could have come out some other way." The DON stated that Resident #76 was not alert but could say that he/she doesn't want NJ EX Order. 264b1. The DON stated that she had spoken to the nurse regarding the NJ EX Order. 264b1 incident, but did not document the conversation. The DON further stated she had no documented statements from any of the staff. She acknowledged, "that's not the normal" procedure when there was an incident. The DON stated there "should have been an investigation, but it was not done." The DON further stated, "I did ask staff to provide statements, but I was not given anything." She stated the NJ EX Order. 264b1</p>	F 689			

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F 689	<p>Continued From page 49</p> <p>NJ EX Order. 264b1 was not considered a usual occurrence and she should have requested an investigation. She stated the supervisor on duty documented in the EMR and in the communication report. When asked about a review of the CP, the DON stated, "I don't remember", but I would expect that NJ EX Order. 264b1] to be on the care plan since there was a history of the resident pulling out NJ EX Order. 264b1." The DON further stated the incident had not been reported to the New Jersey Department of Health (NJDOH). The DON stated, "I don't remember if this was discussed in morning meeting. We would usually review the incidents."</p> <p>On 10/10/23 at 11:34 AM, during an interview with Surveyor #2, the Certified Nursing Assistant (CNA) #1 revealed that the resident was not on her assignment. CNA #1 stated she was aware that Resident #76 was a NJ EX Order. 264b1 patient and had a NJ EX Order. 264b1 for companionship that would sit with him/her. She stated that when the private aide was not at the facility, the resident would be placed by the nursing station for monitoring.</p> <p>On 10/10/23 at 11:38 AM, during an interview with Surveyor #2, the LPN Unit Manager (UM) stated that the resident had a NJ EX Order. 264b1 hired by the family for NJ EX Order. 264b1 days a week from NJ EX Order. 264b1. She stated Resident #76 had a behavior of NJ EX Order. 264b1, would try to NJ EX Order. 264b1, was NJ EX Order. 264b1, and attended NJ EX Order. 264b1 times weekly. She stated that the NJ EX Order. 264b1 center reported a behavior of the resident NJ EX Order. 264b1, had attempted to remove his/her NJ EX Order. 264b1 was very NJ EX Order. 264b1 and</p>	F 689			

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F 689	<p>Continued From page 50</p> <p>NJ EX Order. 26461. The LPN UM stated that the resident was scheduled to receive an NJ EX Order. 26461 medication prior to receiving NJ EX Order. 26461.</p> <p>On 10/10/23 at 11:39 AM, during an interview with Surveyor #3, CNA #2 stated that the resident "went back and forth to NJ EX Order. 26461, his/her behaviors included NJ EX Order. 26461 CNA # 2 stated, "If I noticed anything with his/her NJ EX Order. 26461 site, I would go directly to his/her nurse and let them be aware. About a few weeks before he/she passed, he/she would try to pull out his/her NJ EX Order. 26461. I would tell him/her not to touch it. In the morning before his/her private aide would come in, I would place him/her by the nurse's station at the front desk so the Unit manager or unit clerk could watch him/her until the aide got here. His/her aide was more of a companion so we would do his/her physical care. When I would bring him/her to the front desk, I would tell the UM why and that he/she was trying to pull at his/her NJ EX Order. 26461. I don't remember seeing the NJ EX Order. 26461 on my shifts. I heard he/she had pulled out his/her NJ EX Order. 26461 on other shifts and had to be sent out to the hospital. I would check on him/her frequently on my shift."</p> <p>On 10/10/23 at 11:45 AM, during an interview with Surveyor #3, the Unit Secretary stated that she was familiar with Resident #76 and that the resident received NJ EX Order. 26461. The Unit Secretary further stated that when he/she first came to the facility, the CNAs would bring him/her to the nurses desk because the resident would try to get out of the bed.</p> <p>On 10/10/23 at 11:38 AM, during an interview with Surveyor #1, the SW stated she had recalled the resident. The SW stated there were, "a lot of</p>	F 689			

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F 689	<p>Continued From page 51</p> <p>complex things going on. The resident had an aide for companionship because the resident didn't do his/her own care". The SW was asked about the [REDACTED] PN. The SW stated that the resident wasn't oriented and at times he/she would state they didn't want to go to [REDACTED] but he/she did not say it every day or consistently. The SW stated at the time of the PN, the resident verbalized only once or twice that he/she didn't want to go to [REDACTED]. The SW stated she reached out to the family to make them aware. The SW stated that was the last time Resident #76 had ever said that he/she did not want to go to [REDACTED]. The SW stated she was not aware if the resident ever pulled out his/her [REDACTED] NJ EX Order. 264b1. The SW stated if the resident had pulled out their [REDACTED] NJ EX Order. 264b1, she would expect to have been made aware and there would be an Interdisciplinary Team meeting.</p> <p>On 10/10/23 at 12:02 PM, the LNHA stated she was familiar with Resident #76 and that the resident had a private duty aide from 8:00 AM to 8:00 PM just for companionship. She stated the resident was a [REDACTED] NJ EX Order. 264b1 resident and had "gone out" on [REDACTED] NJ EX Order. 264b1 for the [REDACTED] NJ EX Order. 264b1. The LNHA stated "he/she passed away here [at the facility] because his/her [REDACTED] NJ EX Order. 264b1 was out on [REDACTED] NJ EX Order. 264b1". The LNHA further stated, "I don't remember if I was in am [morning] meeting for clinical for [REDACTED] NJ EX Order. 264b1. I would expect for it [REDACTED] NJ EX Order. 264b1 to be discussed especially since we sent him/her out. We definitely would discuss why we sent out a resident and if there was anything we could have done in-house." The LNHA stated she did not know that the resident had stated he/she did not want to go to [REDACTED] NJ EX Order. 264b1. The LNHA further stated</p>	F 689			

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F 689	<p>Continued From page 52</p> <p>that maybe Resident #76 did not want to go to [REDACTED] because of the late appointment time. The LNHA stated that should have been discussed in a meeting or care conference. The LNHA stated she was only aware of two times the resident pulled out their [REDACTED] NJ EX Order. 264b1. She stated on [REDACTED], the DON had spoken to the staff who would have called the DON about Resident #76. The LNHA stated that after thinking about the incident, she realized it was an unusual occurrence and should have been reported to the NJDOH. The LNHA stated there was no investigation or statements done at the time of Resident #76's [REDACTED] NJ EX Order. 264b1 being [REDACTED] NJ EX Order. 264b1. She stated the DON started an investigation after the surveyors made the facility aware. The LNHA reviewed the facility Accident/Incident policy and acknowledged that the incident on [REDACTED] NJ EX Order. 264b1 also should have warranted an investigation. The LNHA stated if the resident had a behavior of [REDACTED] NJ EX Order. 264b1 their [REDACTED] NJ EX Order. 264b1 interventions should have been implemented. The LNHA further stated there would be targeted behaviors documented if there was a specific behavior exhibited by the resident.</p> <p>On 10/10/23 at 1:11 PM, LPN #1 was interviewed via telephone. LPN #1 stated that on [REDACTED] NJ EX Order. 264b1, he found Resident #76 with his/her [REDACTED] NJ EX Order. 264b1 already [REDACTED] NJ EX Order. 264b1. LPN #1 stated he had not witnessed the resident pulling it [the [REDACTED] NJ EX Order. 264b1]. He stated he applied [REDACTED] NJ EX Order. 264b1 and called 911. LPN #1 stated the resident was sent out to the hospital and returned on [REDACTED] NJ EX Order. 264b1. LPN #1 stated that on [REDACTED] NJ EX Order. 264b1, he had witnessed Resident #76 trying to remove the [REDACTED] NJ EX Order. 264b1 and was able to stop him/her and reinforce the dressing. LPN #1 stated he reported the incident</p>	F 689			

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F 689	<p>Continued From page 53 to his supervisor.</p> <p>On 10/10/23 at 1:35 PM, the DON and the LPN UM were interviewed by the surveyors. The DON stated that the surveyors, "opened her eyes and she should have investigated but did not. I take ownership". The DON stated she read that the resident [REDACTED] and when a resident [REDACTED], it must be discussed in the morning meeting. The DON stated, "I should have investigated, and I should have reported [to NJDOH]. There would be a clinical discussion but there wasn't for this one. I don't know. It wasn't done". The DON further stated she was doing the investigation now that the surveyors brought it to the attention of the facility. The LPN UM stated that there was documentation in the EMR that Resident #76 would pull at his/her [REDACTED]. The LPN UM stated pulling at his/her [REDACTED] was like a [REDACTED]. When asked about interventions for Resident #76's behavior of pulling at their [REDACTED], the DON stated there was a talk of an [REDACTED], but it was not documented. The DON acknowledged that with no causal factor documented and no interventions documented, "we don't know that anything had been done and there is nothing else we can tell you."</p> <p>On 10/10/23 at 2:26 PM, the DON was in the conference room with the surveyors. The DON had provided statements that she acknowledged "were just gathered and are all back dated." The DON stated, "I know the staff and I asked them [REDACTED] and I noticed they were all backdated. I noticed but did not want to change anything. I know it's not the right date."</p> <p>On 10/11/23 at 10:31 AM, the Registered Nurse (RN) supervisor stated that on [REDACTED], she was</p>	F 689			

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F 689	<p>Continued From page 54</p> <p>called into Resident #76's room, CPR was in progress, the NJ EX Order. 264b1 was NJ EX Order. 264b1 and there was NJ EX Order. 264b1. She stated 911 [Emergency Medical Services - EMS] was called, the family was called, EMS arrived, and the EMS physician pronounced the resident as deceased. The RN stated she notified the doctor's Nurse Practitioner and the DON. When asked how the DON was notified, the RN stated a "text message" was sent to the DON and "I thought it was taken care of by the next shift". The RN stated, "it was a company text so I would not know if there was a response. I let the 11:00 PM to 7:00 AM shift know." The company texting phone stays at facility. The RN stated she knew prior to NJ EX Order. 264b1 that the resident had pulled at his/her NJ EX Order. 264b1. "I was aware of him/her having a history of pulling the NJ EX Order. 264b1 They [the facility staff] have morning meetings. I would email a report to the DON, and other parties involved to make them aware of things that happened." The RN stated that information on the email included things such as the census, admissions, run down of what's going, and on any staff call outs. She further stated that there would be a verbal report to the on-coming shift. The RN stated that every shift was supposed to monitor the NJ EX Order. 264b1 during rounds, make sure Resident #76 was calm, and monitor the site. "I would think that would be part of the report, to monitor specifically for pulling at the NJ EX Order. 264b1]." </p> <p>A review of the facility provided email, "Clinical Rounds NJ EX Order. 264b1", sent on NJ EX Order. 264b1, included but was not limited to; Resident #76- "pulled NJ EX Order. 264b1 and went to ER; contact list updated per family request." A second facility provided email, "11-7 Shift rep [report] NJ EX Order. 264b1", sent</p>	F 689			

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F 689	<p>Continued From page 55</p> <p>NJ EX Order: 26467 included but was not limited to; "Admission/s [Resident #76] NJ EX Order: 26467 resident still attempts to pull out NJ EX Order: 26467" A third facility provided email, "3-11 report", sent on NJ EX Order: 26467 included but was not limited to; Resident #76 "pulled his/her NJ EX Order: 26467 and then he/she was NJ EX Order: 26467 then he/she pronounced [deceased] at 11:27 PM. [name redacted] funeral parlor."</p> <p>A review of the facility provided, "Accidents and Incidents - Investigating and Reporting", policy edited 04/24/2019, included but was not limited to; Policy Statement: all accidents or incidents involving residents occurring on our premises shall be investigated and reported to the Administrator. Policy Interpretation and Implementation: 1. The nurse supervisor and/or department director or supervisor shall promptly initiate and document investigation of the accident or incident. 5. The nurse supervisor and/or department director or supervisor shall complete a Report of Incident/Accident form and submit the original to the DON within 24 hours. 7. Incident/Accident reports will be reviewed by the Safety Committee To analyze any individual resident vulnerabilities. Continuous Quality Improvement: 1. The quality improvement program shall include a systematic review and evaluation of incidents and accidents, prevention, management, and documentation practices. 2. The center will collect and analyze data to evaluate outcomes or performance. Data analysis shall focus on recommendations for implementing corrective actions and improving performance.</p> <p>A review of the facility provided, NJ EX Order: 26467 NJ EX Order: 26467 Care", policy revised 3/2010,</p>	F 689			

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F 689	<p>Continued From page 56</p> <p>included but was not limited to; Purpose: to assist the resident in maintaining homeostasis. [REDACTED]</p> <p>[REDACTED] To assess and maintain patency of NJ EX Order: 264b1. Detect complications of NJ EX Order: 264b1 related to NJ EX Order: 264b1. General Information: Routes of NJ EX Order: 264b1 treatments will be monitored for potential complications or infections. Treatment sites are to be assessed regularly and more frequently if complications arise. Assess resident for: change in physical and/or mental function. NJ EX Order: 264b1 Care: 6. Report any significant change in resident's behavior.</p> <p>A review of the facility provided, "Rapid Response Protocol", revised January 2017, included but was not limited to; Rapid response events are high risk situation..... that may have resulted in, or like to results in, serious physical or mental harm... Timely response to the event is essential to know the facts and to take action to mitigate risks. Steps to Follow Immediately when an Event Occurs: obtain statements....and document on appropriate forms, create a timeline of events....determine if event is reportable to state regulatory agencies, Ombudsman. Concluding the Investigation: 1. what steps were taken to protect the person involved (immediate and ongoing)? Rapid Response "Trigger" Events: unexpected death.</p> <p>A review of the facility provided, "Care Plans, Comprehensive Person-Centered", edited 04/25/22, included but was not limited to; Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and function needs is developed and implemented for each resident. Policy</p>	F 689			

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F 689	Continued From page 57 Interpretation and Implementation: 8.h. incorporate identified problem areas. n. Aid in preventing or reducing decline in the resident's functional levels. 10. Identifying problem areas and their causes and developing interventions that are targeted and meaningful to the resident. 11. Care Plan interventions are chosen after careful data gathering, proper sequencing of events, careful consideration between the resident's problem areas and their causes, and relevant clinical decision making. 14. The Interdisciplinary Team must review and update the care plan: a. when there has been a significant change in the resident's condition. A review of the facility provided, "Director of Nursing", dated 12/2006, included but was not limited to; Position Summary: responsible for the day to day coordination and oversight of all of the Nursing Department in accordance with current Federal, State and local regulations.	F 689			
F 690 SS=D	NJAC 8:39-27.1(a) Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-	F 690		10/30/23	

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F 690	<p>Continued From page 58</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, record reviews, and review of facility provided documentation, it was determined that the facility failed to provide treatment and services to limit the potential [REDACTED] for 2 of 2 residents (Resident #69 and #61) reviewed for the use of NJ EX Order, 264b1 [a NJ EX Order, 264b1 [REDACTED]]. The deficient practice was evidenced by the following:</p> <p>A.) On 10/04/23 at 9:33 AM, Surveyor #1 observed Resident #69 lying in bed. Surveyor #1 observed a NJ EX Order, 264b1 into a NJ EX Order, 264b1 with a NJ EX Order, 264b1 over it on the side of the bed.</p>	F 690	<p>1.How the corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Resident # 69 no longer resides at the facility. Resident # 61 chart was immediately reviewed and updated orders to reflect indication and care/monitoring of NJ EX Order, 264b1</p> <p>2.How the facility will identify other residents having the potential to be affected by the same deficient practice</p>		

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F 690	<p>Continued From page 59</p> <p>On 10/5/23 at 11:17 AM, Surveyor #1 observed Resident #69 in the therapy gym. The surveyor observed the [REDACTED] r with the [REDACTED] on the side of the resident's wheelchair.</p> <p>A review of the electronic medical record (EMR) revealed that Resident #69 had been admitted and readmitted to the facility. Resident #69 had diagnoses which included but were not limited to; NJ EX Order, 264b1.</p> <p>A review of the Order Listing Report, active orders as of [REDACTED], included an order dated [REDACTED] to monitor NJ EX Order, 264b1 every shift. There were no other orders regarding the NJ EX Order, 264b1. A review of the Treatment Administration Record (TAR) for NJ EX Order, 264b1, revealed the staff were monitoring the NJ EX Order, 264b1 every shift. The TAR and Medication Administration Record (MAR) did not document any other care or information regarding the NJ EX Order, 264b1. A review of the TAR and MAR for [REDACTED] until discharge revealed the staff were monitoring the NJ EX Order, 264b1 every shift, but no other documented care or information regarding the NJ EX Order, 264b1. A review of the patient centered on-going Care Plan included but was not limited to; a focus are of Activities of Daily Living (ADL) care deficit related to NJ EX Order, 264b1with interventions including assist of 1 to 2 persons with ADLs. The care plan failed to include any other information regarding the risks, care, or interventions of the NJ EX Order, 264b1.</p> <p>On 10/06/23 on 9:09 AM, the Registered Nurse Infection Preventionist (RN IP) stated that any resident with an NJ EX Order, 264b1 should</p>	F 690	<p>Residents with NJ EX Order, 264b1 have the potential to be affected by this practice.</p> <p>3.What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not reoccur</p> <p>On 10/12/23 the DON conducted an audit on all residents with NJ EX Order, 264b1 to ensure indication, care and monitoring, and attempts to discontinue NJ EX Order, 264b1 is reflected in the order and residents plan of care.</p> <p>On 10/12/2023 the DON provided education to the registered nurse unit manager and licensed practical nurse on the importance of documenting the treatments and care provided to the residents with NJ EX Order, 264b1.</p> <p>On 10/12-15/2023 the DON and IP (Infection preventionist nurse) provided education to all nursing staff on the the facility's [REDACTED] care policy. Education included ensuring care rendered and physician communication are documented in residents progress notes.</p> <p>4. How the facility will monitor its corrective action to ensure that the deficient practice will not recur</p> <p>The DON or designee will audit 5 resident charts with NJ EX Order, 264b1 weekly for 1 month then 2X a month for 2 months and then quarterly to ensure</p>	

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F 690	<p>Continued From page 60</p> <p>have orders which document the [REDACTED], to change the [REDACTED] when soiled "changed frequently because they get dirty", and to [REDACTED] the [REDACTED] as needed.</p> <p>On 10/10/23 at 8:22 AM, the Licensed Practical Nurse (LPN) caring for Resident #69 stated the [REDACTED] had been removed on [REDACTED]. She reviewed the orders on the TAR and stated there were no orders to [REDACTED] or do care, just to empty the [REDACTED].</p> <p>On 10/10/23 at 8:27 AM, the RN unit manager (RN UM) stated the resident had the [REDACTED] upon readmission to the facility. She stated the procedure would be for an order for daily [REDACTED] care, to [REDACTED], be sure the [REDACTED] was not touching the floor, and for [REDACTED]. The RN UM accessed the current MAR and TAR and acknowledged there were only orders to [REDACTED] every shift. She further stated, "I guess we don't know if it's [in [REDACTED]] done it's not on there [documented on the MAR or TAR]."</p> <p>On 10/10/23 at 9:14 AM, the Director of Nursing (DON) stated the procedure for [REDACTED] care would be documentation of the [REDACTED] [the [REDACTED] to hold the [REDACTED]] and the diagnoses. She stated the care would consist of checking the [REDACTED], observing the [REDACTED], providing [REDACTED] as needed, and [REDACTED]. Surveyor #1 made the DON aware of the lack of orders besides monitoring the [REDACTED]. The DON stated, "the care is part of the routine, the nurses should just know to do it." The DON further stated that the care plan would also inform the staff of how to care for the resident</p>	F 690	<p>indication, care and monitoring and treatments are reflected in the orders and residents plans of care.</p> <p>The DON will present the results of the audit to the Quality Assurance Committee for review monthly X3 and then quarterly X3. Adjustments will be made to the plan as needed after review of the results of the audits. Completion Date: 10/30/2023</p>		

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F 690	<p>Continued From page 61</p> <p>with an NJ EX Order. 264b1 and the indication of use. The DON stated the order for NJ EX Order. 264b1 care "would be in the TAR and that's where it would be documented".</p> <p>B.) During the initial tour of the facility on 10/04/23 at 10:29 AM, the surveyor observed Resident #61 awake and lying supine in bed. The surveyor observed the NJ EX Order. 264b1 along with the NJ EX Order. 264b1 concealed for resident privacy). The surveyor observed both the NJ EX Order. 264b1 and attached NJ EX Order. 264b1 lying directly on the floor next to the resident's bed.</p> <p>On 10/05/23 at 10:40 AM, the surveyor reviewed the medical record of Resident #61 which revealed that the resident had an NJ EX Order. 264b1, the rationale or the diagnosis for the NJ EX Order. 264b1 was not provided. The admission evaluation dated NJ EX Order. 264b1 reflected that the resident had an NJ EX Order. 264b1 in place. The physician order sheet dated NJ EX Order. 264b1, reflected a telephone order dated NJ EX Order. 264b1, for NJ EX Order. 264b1 care and NJ EX Order. 264b1 every shift.</p> <p>An entry dated 09/20/23, revealed a physician order for the resident to receive an oral NJ EX Order. 264b1 (NJ EX Order. 264b1 milligrams) NJ EX Order. 264b1 daily for five days to treat a NJ EX Order. 264b1.</p> <p>The surveyor also observed that the resident had a history of a NJ EX Order. 264b1 having been diagnosed with a NJ EX Order. 264b1 on NJ EX Order. 264b1.</p> <p>On 10/05/23 at 9:06 AM, the surveyor observed Resident #61 lying in bed. The NJ EX Order. 264b1 was in the NJ EX Order. 264b1 which was secured to</p>	F 690			

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F 690	<p>Continued From page 62</p> <p>the frame of the bed. The privacy bag was resting directly on the floor.</p> <p>The surveyor reviewed the resident EMR. The admission Face Sheet (an admission summary), reflected that Resident #61 had diagnoses which included but were not limited to: NJ EX Order. 264b1</p> <p>Resident #61's admission face sheet did not include NJ EX Order. 264b1 as a diagnosis.</p> <p>According to the Minimum Data Set (MDS), dated NJ EX Order. 264b1 Resident #61 had a BIMS score of NJ EX Order. 264b1 out of NJ EX Order. 264b1 indicative of NJ EX Order. 264b1 Normal score NJ EX Order. 264b1. The Admission and the Quarterly Minimum Data Set Assessment dated respectively NJ EX Order. 264b1 did not reflect that Resident #61 had an NJ EX Order. 264b1 in place.</p> <p>Review of the Care Plan for Resident #61 initiated on NJ EX Order. 264b1 3 with no revision date, did not have a Focus for NJ EX Order. 264b1 care.</p> <p>The Physician Order Sheet, dated NJ EX Order. 264b1, revealed a telephone order for the NJ EX Order. 264b1 NJ EX Order. 264b1 dated NJ EX Order. 264b1. The order did not include the NJ EX Order. 264b1 and when the NJ EX Order. 264b1 should be changed.</p> <p>The surveyor reviewed the care plan with the Unit Manager. A focus for NJ EX Order. 264b1 r was not addressed into the care plan until NJ EX Order. 264b1</p> <p>On 10/12/23 at 2:20 PM the above concern was discussed with the Director of Nursing (DON). The DON provided the surveyor with a copy of the facility's policy entitled, NJ EX Order. 264b1 Care: NJ EX Order. 264b1 " which revealed the following:</p>	F 690			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 690	Continued From page 63 <p>NJ EX Order: 26467 Care" edited 4/25/22, included but was not limited to; Purpose: to provide cleanliness and comfortto prevent infections and skin irritation. Documentation: 1. Date and time care was given. 2. Name and title of individual providing care. 7. Signature and title of person recording the data.</p> <p>NJ EX Order: 26467 Care, Urinary", revised 08/22, included but was not limited to; Purpose: to prevent NJ EX Order: 26467 complications. Preparation: 1. Review the resident's care plan to assess for special needs. NJ EX Order: 26467 Care. Infection Control: 2. Be sure the NJ EX Order: 26467 and NJ EX Order: 26467 are kept off the floor. Documentation: 1. Date and time NJ EX Order: 26467 care was given. 2. Name and title of individual giving the care. 3. All assessment data obtained when giving NJ EX Order: 26467 care. 4. Character of NJ EX Order: 26467 such as NJ EX Order: 26467, and NJ EX Order: 26467. 9. Signature and title of the person recording the data.</p>	F 690			
F 725 SS=E	NJAC 8:39-19.4(a), 27.1(a) Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).	F 725		10/30/23	

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F 725	<p>Continued From page 64</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of pertinent documentation, it was determined that the facility failed to provide sufficient nursing staff to ensure residents highest practical wellbeing by failing to a) provide necessary services to maintain activity of daily living (ADLs) and b) failing to provide NJ EX Order: 26401 nursing services to residents. This deficient practice was identified for 3 of 5 (Residents #55, #63 and #47) and expressed by 5 unsampled residents who attended a resident council meeting. The deficient practice was evidenced as follows:</p> <p>Refer to F677 & F688</p> <p>a) On 10/04/23 at 9:35 AM, the surveyor interviewed an unsampled resident saying "there is never enough staff". The unsampled resident stated all the shifts are short staffed and especially on night shift. The unsampled resident stated aides say "I don't have time to do that. I got</p>	F 725	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Resident # 55 was immediately provided with NJ EX Order: 26401 care.</p> <p>Resident # 63 was immediately provided NJ EX Order: 26401 care, nail care and incontinence care.</p> <p>Resident # 47 was transferred from bed to NJ EX Order: 26401.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>All residents have the potential to be affected by this practice,</p> <p>3. What measures will be put into place or systemic changes will be made to ensure</p>		

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F 725	<p>Continued From page 65 too many people."</p> <p>On 10/04/23 at 9:54 AM, the surveyor interviewed the CNA stated she has 10 residents to care for today and that 10 residents are the max "over 10 is too much". The CNA stated she goes without a break or lunch because she cannot take short cuts during care for the residents. The CNA stated 7 out of 10 residents needed total assistance. The CNA also stated she cannot get all her work completed with 10 residents.</p> <p>On 10/04/23 at 10:05 AM, the surveyor observed Resident #55 in bed. Upon inquiry the resident stated he had not been changed since last night. At 10:20 AM, while communicating with the resident the CNA entered the room. The CNA informed the surveyor that he/she is from [REDACTED] and provides care for the resident. The Resident agreed to be checked for [REDACTED] and the [REDACTED], resident's [REDACTED] and [REDACTED] protecting the bed were all [REDACTED] NJ EX Order: 26451</p> <p>On 10/04/23 at 10:45 AM, the surveyor observed Resident #63 in bed and noted the resident was [REDACTED] NJ EX Order: 26451. The surveyor left the room and informed the (RN) Registered Nurse that she would like to check Resident #63 for [REDACTED] NJ EX Order: 26451 care. The CNA positioned the resident to [REDACTED] NJ EX Order: 26451 and noted the resident was [REDACTED] NJ EX Order: 26451, including the [REDACTED] NJ EX Order: 26451 protecting he bed.</p> <p>On 10/04/23 at 12:30 PM, the surveyor returned to Resident #63's room and observed the resident in the same position. The surveyor observed the resident had not been provided [REDACTED] NJ EX Order: 26451 care yet. It was also observed that the resident's [REDACTED] NJ EX Order: 26451 were [REDACTED] NJ EX Order: 26451 with a [REDACTED] NJ EX Order: 26451 substance [REDACTED] NJ EX Order: 26451 the [REDACTED] NJ EX Order: 26451.</p>	F 725	<p>that the deficient practice will not reoccur</p> <p>On 10/04/2023 The DON conducted an audit on residents under [REDACTED] NJ EX Order: 26451 care, ensured communication with the [REDACTED] NJ EX Order: 26451 company related to staffing and provided education to the staff ensuring [REDACTED] NJ EX Order: 26451 residents receive [REDACTED] NJ EX Order: 26451 care when the hospice staff are not at the facility.</p> <p>On 10/7/2023, The DON and designee conducted an audit on residents that are on [REDACTED] NJ EX Order: 26451 program and educated all staff on the importance of providing/incorporating restorative program during activities of daily living (ADL) care.</p> <p>The DON and designee immediatlty provided education to the staff on the importance of [REDACTED] NJ EX Order: 26451 care including [REDACTED] NJ EX Order: 26451 and [REDACTED] NJ EX Order: 26451 care.</p> <p>The DON met with the staffing coordinator and unit managers and reviewed staffing assignment sheets. The use of agency was approved to supplement staffing as needed.</p> <p>How the facility will monitor its corrective action to ensure that the deficient practice will not recur</p> <p>The DON or designee will conduct an audit of staffing and assignments on each shift daily for one month then weekly X2 months and then quarterly to ensure minimum staffing requirement is met.</p>	

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F 725	<p>Continued From page 66</p> <p>On 10/06/23 from 10:50 AM to 11:18 AM, a surveyor conducted a resident counsel meeting with five unsampled residents. When asked about staffing, five of five residents stated the attention in care has gotten worse and things used to be more detailed. The residents stated they felt like the care was being rushed, staff was always in a hurry and interactions with residents were less. Five of five resident agreed that the quality of care wasn't good. One resident stated staff seemed like they just didn't want to be there and could care less. Another resident stated that he/she was under the impression that the night shift was hiding from the residents.</p> <p>b) On 10/05/23 at 9:15 AM, the surveyor observed Resident #47 which revealed some possible NJ EX Order. 264b1 to NJ EX Order. 264b1 and increase in NJ EX Order. 264b1 s observed during resident interview. Resident #47 stated that he/she would like to get out of the bed and attend physical therapy, and get out of the room. Resident #47 indicated that he/she informed the Unit Manager that he/she would like to get out of the bed two weeks ago and nothing was done.</p> <p>The surveyor reviewed Resident# 47's electronic medical record (EMR). Resident (R #47) was admitted to the facility with diagnoses which included but were not limited to: NJ EX Order. 264b1</p> <p>NJ EX Order. 264b1</p> <p>A review of the Quarterly Minimum Data Set with assessment reference date (ARD) of NJ EX Order. 264b1, found R #47 was coded with functional NJ EX Order. 264b1</p>	F 725	The Director of Nursing will present the results of the audit to the Quality Assurance Committee monthly X3 then quarterly X3. Adjustments to the plan will be made based on the results of the audits and presented at the QA meetings. Completion Date: 10/30/20		

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F 725	<p>Continued From page 67</p> <p>NJ EX Order. 264b1 (NJ EX Order. 264b1).</p> <p>In NJ EX Order. 264b1 Special Treatment and Program, the NJ EX Order. 264b1 for Restorative Nursing Program found R #47 was coded NJ EX Order. 264b1) for the number of days each of the following NJ EX Order. 264b1 programs were performed for at least 15 minutes a day in the last 7 (seven) calendar day, NJ EX Order. 264b1, NJ EX Order. 264b1, and NJ EX Order. 264b1 application.</p> <p>A review of the NJ EX Order. 264b1 Nursing Communication Form dated NJ EX Order. 264b1 had the following recommendations: NJ EX Order. 264b1 to NJ EX Order. 264b1 NJ EX Order. 264b1 and NJ EX Order. 264b1. The goal was to maintain and prevent decline in the resident's NJ EX Order. 264b1 to enable good hygiene and prevent NJ EX Order. 264b1 breakdown.</p> <p>On 10/10/23 at 10:12 PM, following the conversation with Resident #47 regarding their concerns, the surveyor interviewed the CNA who cared for Resident #47. The surveyor asked when was Resident #47 was last transferred out of bed to the NJ EX Order. 264b1. The CNA stated, "It had not been done since I have been here." The CNA added, usually he/she would get out of the bed with physical therapy. Upon further inquiry, the CNA added that NJ EX Order. 264b1 care had not been completed due to not having enough staff since the CNA assigned to complete NJ EX Order. 264b1 care had to take on a resident assignment and could not perform NJ EX Order. 264b1 care duties.</p> <p>On 10/12/23 at 1:09 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) regarding staffing. The LNHA stated that</p>	F 725			

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

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FORM APPROVED
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F 725	Continued From page 68 the DON and Staffing coordinator usually was responsible for the staffing. The LNHA stated that she was aware of the state regulations for staffing requirements. The DON and Staffing Coordinator reviewed the staffing and based on the census and acuity changes would be made. The LNHA said, "I believe they are meeting the minimum staffing requirement."	F 725			
F 761 SS=D	NJAC 8:39 - 5.1 (a); 27.1 (a) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 761		11/3/23	

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F 761	<p>Continued From page 69</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, it was determined that the facility failed to ensure opened multi-use medication vials stored inside of the medication cart was labeled and dated with an open and expiration date upon opening. This deficient practice was observed during a medication storage review and was evidenced by the following:</p> <p>On 10/06/23 at 7:20 AM, in the presence of the Registered Nurse and the Licensed Practical Nurse (LPN), the surveyor reviewed the inventory of medications and treatment products in the Medication Administration Cart. Upon review of the medication cart contents the surveyor observed one opened and undated multi-use dose of NJ EX Order: 26451 for Resident #47. A review of the manufacturer's literature indicated to discard the NJ EX Order: 26451 multi-dose vial and NJ EX Order: 26451 days after opening. The surveyor then observed NJ EX Order: 26451 strips were opened and not dated on NJ EX Order: 26451 medications carts.</p> <p>On 10/06/23 at 7:40 AM, the surveyor asked the Registered Nurse the facility's process for dating medications upon opening. The nurse stated that all multi-dose vials were to be dated when they were opened. The RN indicated that she had not checked the date of opening on NJ EX Order: 26451 vials in the medication administration cart at the beginning of her shift. She mentioned that per training and competency, every nurse should put the date of opening on multi-dose medications. When interviewed, at that time, the LPN stated the medication should have been dated when opened.</p>	F 761	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident #47 Open multi-use medication vials stored in the medication cart that were not labeled and dated with an open and expiration date were discarded immediately and order obtained to replaced.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>Residents residing in the facility who receive medications have the potential to be affected.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not reoccur</p> <p>The DON and designee conducted a facility wide audit of each medication cart to ensure all open medications were labeled and dated. No other deficient practice were identified</p> <p>On 10/10/2023 the DON and designee provided education to all licensed nursing staff on dating the multi-use medications with manufacturer discard dates and checking for dates on all multi-use medications in the medication cart prior to the start of the med pass. Education</p>		

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F 761	Continued From page 70 NJAC 8:39-29.4	F 761	included facility policy on medication labeling and storage. The DON contacted pharmacy consultant and reinforced monthly medication cart audit, including medication labeling , dating and storage as well as competency during medication pass observation. 4. How the facility will monitor its corrective action to ensure that the deficient practice will not recur The Director of Nursing or Designee will audit 3 medications carts and weekly x4 weeks, then 2X a month X 2 months. The Director of Nursing will present the results of the audit with recommendations to the Quality Assurance Committee once a month X3months and then quarterly X3. Adjustments will be made to the plan as needed after review of the results of the audits to ensure results are sustainable. Completion Date: 11/3/23		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility	F 812		10/30/23	

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F 812	<p>Continued From page 71</p> <p>gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and document review, it was determined that the facility failed to ensure: a) the dish machine was functioning properly and washing and sanitizing at appropriate temperatures, b) foods were consistently labeled with a use-by date, c) the kitchen walls and environment were maintained in a clean and sanitary manner, and d) hair restraints were appropriately worn to contain exposed facial hair to prevent the spread of potential infection and food borne illness. The deficient practice was evidenced by the following:</p> <p>On 10/04/23 at 8:59 AM, the surveyor conducted a tour of the kitchen with the Food Service Director (FSD) and observed the following:</p> <p>1. The FSD was observed wiping down spice containers and was wearing a beard restraint that did not cover his mustache. The surveyor inquired as to the uncovered facial hair and the FSD stated "I think mustaches are allowed".</p> <p>2. The walk-in refrigeration unit contained:</p> <p>- Vanilla, Strawberry and Chocolate 4-ounce nutritional drinks that were not labeled with a use-by date. The FSD stated they were good for one week and they should be labeled.</p>	F 812	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>No residents were found to have been affected by the deficient practice.</p> <p>The dish machine was serviced and repaired immediately on 10/4/2023.</p> <p>Food items identified as not labeled, dated with proper dating were discarded.</p> <p>Ceiling vents, walls, and black cart were cleaned immediately</p> <p>Plastic wrap box identified as soiled was discarded immediately</p> <p>Rack where cleaned pans were stored was relocated from being near the steamer immediately.</p> <p>Gasket that was lifted on walk-in refrigerator was immediately ordered to be replaced.</p> <p>2. How the facility will identify other</p>		

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F 812	Continued From page 72 - An unopened 5-pound package of feta cheese. The FSD could not locate a use-by date and stated he did not know when it expired, and it should be dated. -An opened box of individual cream cheese packages without a use-by date and the FSD was unable to locate a use-by date. - One gallon of chocolate syrup without a use-by date. - One container of blue cheese dressing without a use-by date. - One gallon jar of jalapenos with a received date of 5/5/23 and no use-by date. - A box that contained 3 logs of partially frozen ground beef without a use-by date or date the item was pulled from the freezer. The FSD stated "I cannot tell when it was pulled." -A 5-pound box of fresh mushrooms that had a received date of 09/18 and no use-by date. The FSD stated "should have had a sticker." 3. The walk-in freezer contained: -One package of pre-molded puree beef, one shrimp and one vegetable that were all undated, and were not labeled with a use-by date. - One package of frozen sliced deli ham that was undated with a use-by date. 4. Four loaves of undated white bread and four packages of dinner rolls were located on a rack.	F 812	residents having the potential to be affected by the same deficient practice Residents residing in the facility, who are receiving food from the kitchen, have the potential to be affected. 3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur On 10/10/2023 the FSD (Food Service Director) immediately provided in-service to the culinary staff on cleaning. Staff cleaning schedules were also posted and implemented such as racks, pan, fans, vent and floors. The inservice also included dating and labeling food items. Any undated foods will be discarded. FSD also in-serviced culinary staff on the importance of adhering to the facility's policy on preventing food borne illness, employee hygiene, and sanitary practices. Hairnets and beardnets are available for use whilst in the kitchen. On 10/4/23 the FSD contacted a vendor and the dish machine was repaired immediately. A temperature monitoring log will be completed each time the temperature was obtained The FSD will maintain dish machine check maintenance schedule and will seek vendor services as necessary. 4.How the facility will monitor its corrective		

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F 812	<p>Continued From page 73</p> <p>The FSD stated "I thought they had a date", and stated "we should be putting dates on it".</p> <p>5. Two of three of the ceiling vents in the cooking/food preparation area had visible dark dust like debris extending outward of the vent area.</p> <p>6. At 9:42 AM, the dish machine was observed in use and staff was in the process of cleaning multiple acrylic type drink pitchers. The surveyor was informed that the wash temperature should reach 150 degrees Fahrenheit (F) and the rinse temperature should reach 180 F. At that time the rinse gauge for the dish machine was visibly distorted and filled with condensation and was not be moving. Upon surveyor inquiry and with the FSD present, the food service staff (FSS) repeated the wash cycle with the pitchers in the dish machine, and the wash temperature gauge did not rise above 125 F, and the rinse gauge was unable to be read due to condensation. The FSD requested to drain the dish machine and refill to see if that would rectify the problem. The FSS (#1) drained and re-filled the dish machine with water. When asked the FSS when the gauge became filled with condensation, the FSS stated it had been like that for several days. At 9:44 AM, the dish machine was again observed in use and the wash temperature was at 110 F, and not reaching the 150 F as indicated and the rinse gauge was unable to be read. The FSD then stated, "we may need paper" [referring to shutting down the malfunctioning dish machine] and the FSD stated he would contact the service provider.</p> <p>At that time, the surveyor observed a clip board posted in the kitchen with the dish machine temperatures for 10/04/23 which revealed</p>	F 812	<p>action to ensure that the deficient practice will not recur</p> <p>The FSD or designee will audit 5 food items weekly for dating, labeling and storage X1 month then 2x month for 2 months and then quarterly.</p> <p>The FSD will audit kitchen on cleanliness including but not limited to equipment, utensils, ceilings, walls, vents, transport carts, racks, fans, pans, floors, boxes and containers weekly X1 month then 2X a month for 2 months and then quarterly.</p> <p>The FSD will audit dish machine wash temperature weekly X1 month then 2x a month for 2 months and then quarterly.</p> <p>The FSD will monitor the usage of hairnets and beardnets for appropriate use and fit weekly X 1 month then 2x a month for 2 months and then quarterly.</p> <p>The FSD will present the results of the audit to the Quality Assurance Committee monthly X3 and then quarterly X3. Adjustments to the plan will be made based on the results of the audit and presented to the QA committee. Completion Date: 10/30/2023</p>		

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F 812	<p>Continued From page 74</p> <p>Breakfast, Wash Standard greater than or equal to 150 F, with Rinse Standard greater than or equal to 180 F, which repeated for Lunch and Dinner. Breakfast was documented with Wash 165 F, and Rinse 180 F with initials next to it, Lunch was documented with Wash 165, Rinse 185 and initialed and Dinner was also documented with the Wash 160 and Rinse 185, and also initialed.</p> <p>On 10/04/23 at 2:10 PM the surveyor conducted a second observations of the dish machine which was in use and two FSS (#1 & #2) were operating the dish machine and confirmed that they were cleaning the lunch dishes. At that time, the surveyor observed that the rinse gauge was now clear and the temperature was reaching above 180 degrees F and there was now steam observed coming from the dish machine. The FSS #1 stated that the wire and the thermostat had been changed. The surveyor, in the presence of the FSD, observed that the Wash temperature was still not meeting 150 F while the dish machine was in use and was at 120 F. FSS #2 was also observed with a beard restraint that did not fully cover his facial hair and was removing clean dishes from the dish machine. When inquired about the Wash temperature, the FSD confirmed that the dish machine was still not meeting the wash temperature and regarding the beard restraint, the FSD stated there was only one size of beard restraint.</p> <p>On 10/5/23 at 11:42 AM, the Liscensed Nursing Home Administrator (LNHA) provided the surveyor with two "Extra Service Request" documents from the company that services the dish machine. One was dated 10/04/23 and timed at 2:13 PM which revealed. The "Rinse</p>	F 812			

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F 812	<p>Continued From page 75</p> <p>temperature gauge was not displaying correctly" and "Guage corroded and had humidity inside. Replaced and now measuring correctly". A second "Ectra Service Request dated 10/05/23 at and timed at 10:11 AM revealed "Wash tank temperature not reaching 150 F" and "High limit switch sensor was not working correctly not letting the heating contactor to engage". The Photos included "Thermostat replaced and adjusted".</p> <p>10/05/23 at 12:32 PM, the surveyor conducted a telephone interview with the dish machine service technician (ST) regarding the dish machine. The ST stated he was contacted on 10/04/23 a second time after he was already at the facility and changed the dish machine gauge because there was corrosion in the rinse gauge and that would be the only way that the facility would know if the temperature was reaching the appropriate level. The ST stated that he did not look at the Wash temperature on the first service call. The ST stated that he needed to adjust the Wash temperature gauge and there was adjustments that needed to be made since the "set points" needed to be changed. The surveyor asked the ST if the facility should have been using the dish machine when the temperatures were not meeting the requirements. The ST stated that the facility should only be using the dish machine when it meets the proper temperatures and confirmed that he was not contacted regarding any concerns with the dish machine meeting the required temperatures until 10/04/23.</p> <p>On 10/10/23 at 10:28 AM, the surveyor conducted a follow-up kitchen observation during meal preparation, accompanied by the Registered</p>	F 812			

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F 812	<p>Continued From page 76</p> <p>Dieitian (RD) and observed:</p> <ol style="list-style-type: none"> 1. The walls in the kitchen were visibly soiled with splatter type debris throughout the kitchen and there was debris under the preparation tables and toward the back of the kitchen by the bread rack. The RD confirmed the surveyor's observations and stated that the areas needed to be addressed. 2. A black cart, containing a case of soda that was identified for resident use, was visible soiled. 3. The plastic wrap container on the preparation table was visible soiled with stains. 4. The area by the dish machine area between the cooking battery, adjacent to a steamer, contained a rack that was identified as containing clean pans. The steamer which was indented as needing repair was dripping liquid onto the clean items. 5. The walk in refrigeration unit gasket was lifted. <p>The surveyor reviewed the following policies which revealed:</p> <p>The Food Receiving and Storage Polidy, Revised November 2022, Refrigerated/Frozen Storage, "1. All foods stored in the refrigerator or freezer are covered, labeled and dated ("use by" date).</p> <p>The Preventing Food Borne Illness- Employee Hygiene and Sanitary Practices Policy Revised November 2022, Hair Nets, "15. Hair nets or caps and/ or beard restraints are worn when cooking, preparing or assembling food as to keep hair from contacting exposed food, clean equipment,</p>	F 812			

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F 812	Continued From page 77 utensils and linens". The Sanitization Plicy Revised November 2022, 5. "Dishwashing machines are operated according to manufacturer's instructions. General recommendations for heat and chemical sanitization are: a. High-Temperature Dishwasher (Heat Sanitization): 1. Wash temperature (150-165 F) and 2. Rinse temperature (180 F) ... ; or 165 F for stationary rack, single temperature machine. NJAC 8:39-17.2(g)	F 812			
F 865 SS=E	QAPI Prgm/Plan, Disclosure/Good Faith Attmpt CFR(s): 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i) §483.75(a) Quality assurance and performance improvement (QAPI) program. Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must: §483.75(a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities; §483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the	F 865		10/30/23	

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F 865	Continued From page 78 promulgation of this regulation; §483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and §483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request. §483.75(b) Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must: §483.75(b)(1) Address all systems of care and management practices; §483.75(b)(2) Include clinical care, quality of life, and resident choice; §483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF. §483.75(b) (4) Reflect the complexities, unique care, and services that the facility provides. §483.75(f) Governance and leadership. The governing body and/or executive leadership	F 865			

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F 865	<p>Continued From page 79</p> <p>(or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:</p> <p>§483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.</p> <p>§483.75(f)(2) The QAPI program is sustained during transitions in leadership and staffing;</p> <p>§483.75(f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed;</p> <p>§483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information.</p> <p>§483.75(f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and</p> <p>§483.75(f)(6) Clear expectations are set around safety, quality, rights, choice, and respect.</p> <p>§483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>§483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as</p>	F 865			

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F 865	<p>Continued From page 80</p> <p>a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, it was determine that the facility failed to ensure that sufficient staffing was identified by the Quality Assurance and Performance Improvement (QAPI) program, and the QAPI policy was followed to identify adequate staffing as a concern that was expressed by 5 of 5 unsampled residents who attended a resident council meeting. The deficient practice was evidenced by the following:</p> <p>On 10/06/23 at 10:50 AM, two surveyors conducted a resident council meeting with five unsampled residents. Five of five residents stated that call bell response was excessive and up to 1-2 hours at times, and one unsampled resident stated that he/she would take him/herself to the bathroom because staff was "just not around." The residents (5/5) stated that the quality of care provided from 3:00 PM to 11:00 PM and 11:00 PM to 7:00 AM was not good and that "staff seemed like they did not want to be there and could care less".</p> <p>10/12/23 at 1:12 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) regarding the QAPI process. The LNHA stated QAPI was for self-identifying concerns in the building, and asked if staffing was identified as an area for monitoring. The LNHA stated that the staffing coordinator provided a daily staffing report and staffing sheets. The LNHA confirmed, and stated "no" there was no QAPI specific to staffing and the LNHA stated she would provide the surveyor with a list of the current QAPIs.</p>	F 865	<p>1.How the corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>No residents were negatively affected by the deficient practice</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>All residents have the potential to be affected.</p> <p>3.What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not reoccur</p> <p>The Administrator, DON, and Medical Director met and reviewed facility processes and policy on QAPI (Quality Assurance Performance Improvement) and agreed to implement monthly meeting.</p> <p>The Administrator and DON met with the department heads and provided education on the importance of documenting interventions/corrective actions implemented on identified gaps in performance indicators. The root cause analysis will be reviewed in the monthly QAPI meeting to ensure desired outcome is acheived.</p>		

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F 865	Continued From page 81 On 10/12/23 at 1:43 PM, the LNHA provided a list of eighteen current QAPIs and staffing was not listed as a current QAPI. On 10/13/23 at 9:15 AM, the surveyor again asked the LNHA if there were any current QAPIs related to staffing. The LNHA stated the staffing coordinator was completing a monthly staffing report related to the current state requirements, but not a QAPI. A review of the facility provided QAPI plan goals revealed II. Scope: ... The QAPI plan includes policies and procedures use to: identify and use date [data] to monitor outcomes, establish goals and thresholds as a performance measurement, identify and prioritize opportunities for improvement and systematically analyze the root cause of issues and opportunities for improvement ... The Quality Assurance and Performance Improvement (QAPI) Program- Governance and Leadership policy, Revised March 2020 Revealed: 4. The responsibilities of the QAPI Committee are to: a. Collect and anylyze performance indicator data and other information; b. Identify, evaluate, monitor and improve facility systems and processes that support the delivery of care and services.	F 865	The administrator and DON immediately reviewed the last 3 months of resident council minutes met with 5 alert and oriented residents and implemented a QAPI plan on call bell response, and daily staffing requirements. 4. How the facility will monitor its corrective action to ensure that the deficient practice will not recur The DON or designee will audit completed QAPI monthly for 3 months and then quarterly. The Director of Nursing will present the results of the audit to the Quality Assurance Committee once a month X3 and then quarterly x3. Adjustments will be made to the plan as needed after review of the results of the audits to ensure results are sustainable. Completion Date: 10/30/23		
F 940 SS=D	NJAC 33.2(c)13; 33.3 Training Requirements CFR(s): 483.95 §483.95 Training Requirements A facility must develop, implement, and maintain an effective training program for all new and	F 940		11/30/23	

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F 940	<p>Continued From page 82</p> <p>existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.70(e). Training topics must include but are not limited to-</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, it was determined that the facility failed to provide education and assess staff competencies for staff who provided care for residents who received [REDACTED] [a type of treatment NJ EX Order. 264b1] as identified as a "special care need" in the Facility Assessment. The deficient practice was evidenced by the following:</p> <p>A review of the closed medical record for Resident #76 revealed that the resident was found with a d [REDACTED] [the clinical NJ EX Order. 264b1 a [REDACTED] for the NJ EX Order. 264b1 [REDACTED] on [REDACTED] 3, and required emergency transport to the hospital.</p> <p>On 10/12/23 at 8:36 AM, the surveyor reviewed the Facility Assessment completed on [REDACTED] 3 as a result of a change in facility administration, and was provided during the entrance held on [REDACTED] The Purpose revealed to determine what resources are necessary to care for residents competently during regular 24/7/365 operations and during emergencies to ensure that each resident maintains or attains their highest practicable physical, mental, and psychosocial well-being; Part 2: Services and care we offer based on our residents' needs revealed "Other</p>	F 940	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>No residents were affected by the deficient practice Licensed and certified staff did not receive annual education including competencies.</p> <p>2.How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>All Residents have the potential to be affected.</p> <p>3.What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not reoccur</p> <p>The facility assessment was reviewed for accuracy and the DON and designee immediately conducted an audit on licensed staff education and competencies including [REDACTED] care and monitoring.</p> <p>On 10/15/2023, the DON and designee started providing a facility-wide education</p>		

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F 940	<p>Continued From page 83</p> <p>special care needs ... [REDACTED]"; Part 3: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies, 3.4 Staff training/ education and competencies: An annual education plan is developed for all staff based on job title. (See attachment 2- Education Plan).</p> <p>On 10/12/23 at 8:38 AM, the Licensed Nursing Home Administrator (LNHA), provided the surveyor with a copy of the referenced 19 page 2023 Annual Education Plan which revealed: The education plan is a tool to aid in the delivery of required training topics and competency assessments. The document did not reveal any training or competencies related to [REDACTED].</p> <p>On 10/12/23 at 9:33 AM, the surveyor interviewed the LNHA regarding the purpose of the Facility Assessment (FA). The LNHA stated the FA was to determine the type of beds the facility needed and for emergency preparedness. The LNHA stated the education topics were generated at the Corporate Office. The surveyor asked if the FA was specific for the population of the facility and the LNHA stated, "yes", it was reflective of the population of the facility. The surveyor asked about dialysis being listed as a population of residents and should there be education/competencies that reflected that? The LNHA stated that the facility takes [REDACTED] patients and the nursing competencies should include [REDACTED]. The LNHA stated that there was currently no staff educator at the facility and the Director of Nursing was filling the role.</p> <p>On 10/12/23 at 9:43 AM, the surveyor interviewed the DON regarding staff education. The DON stated she was responsible for staff education</p>	F 940	<p>and competency evaluation to licensed and certified staff.</p> <p>The DON or designee will ensure annual competencies are completed by staff. Completed competencies and attendance will be placed in the employee personnel file and compliance is reviewed on anniversary/annual evaluation.</p> <p>4. How the facility will monitor its corrective action to ensure that the deficient practice will not recur</p> <p>The DON or designee will audit 3 personnel file weekly X1 month, then 3 personnel files every other week X2 months and then quarterly to ensure training requirements are met and inline with the facility assessment.</p> <p>The DON will present the results of the audit to the Quality Assurance Committee monthly x3 and then quarterly X3. Adjustments to the plan will be made based on the review of the audits and presented to the QA committee. Completion Date: 11/30/2023</p>	

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F 940	<p>Continued From page 84</p> <p>since she started in NJ EX Order 294611, and would also look for any competencies completed by the former staff educator. The DON stated the former staff educator did not have "signed competencies". When asked if it would be important to have competencies for specific residents, the DON stated "100% agree that it would be important to complete competencies on nursing" for NJ EX Order 294611 residents and also for residents with NJ EX Order 294611.</p> <p>On 10/12/23 at 11:47 AM, the DON provided nursing competency binder for nurses for NJ EX Order 294611 therapy and was unable to locate any other competencies for NJ EX Order 294611.</p> <p>NJAC 8:39-33.4</p>	F 940			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 556213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2023
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NAME OF PROVIDER OR SUPPLIER CAREONE AT WALL	STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HIGHWAY 138 WALL, NJ 07719
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint # NJ 159449, NJ 161469 Based on observation, interviews, and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey that from (a) 07/17/2022 to 06/10/2023 the facility was deficient in Certified Nursing Assistants (CNA) staffing for 39 of 49 day shifts, and deficient in total staff for residents on 1 of 21 evening shifts, and (b) from 09/17/2023 to 09/30/2023 the facility was deficient in CNA staffing for residents on 11 of 14 day shifts. Findings include: Reference: New Jersey Department of Health	S 560	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice The facility leadership team has met on an ongoing basis to identify staffing challenges and areas of improvement for licenses and certified staffing needs. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice All residents have the potential to be affected by this practice	10/30/23

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

TITLE

(X6) DATE

Electronically Signed

11/04/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 556213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2023
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NAME OF PROVIDER OR SUPPLIER CAREONE AT WALL	STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HIGHWAY 138 WALL, NJ 07719
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S 560	<p>Continued From page 1</p> <p>(NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>Review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the facility was deficient in CNA staffing as follows:</p> <p>1. For the week of Complaint staffing from 07/17/2022 to 07/23/2022, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:</p> <p>-07/18/22 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -07/19/23 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -07/23/22 had 12 CNAs for 104 residents on the</p>	S 560	<p>3.What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not reoccur</p> <p>The DON conducted an audit of the staffing schedules with the current facility census to ensure fulfillment of staffing requirements per shift.</p> <p>The facility has implemented an incentive program including sign on bonuses for new hires, referral bonuses for staff that refer new employees. Agency usage was approved to achieve staffing requirement.</p> <p>The facility continues to conduct ongoing job fairs, internally and externally with immediate interviews and contingency offers and expedited onboarding process of new hires. First job fair scheduled 12/4/2023</p> <p>Nursing leadership, Administrator and staffing coordinator to meet weekly to discuss recruitment and retention initiatives.</p> <p>Indeed subscription services obtained which allows Administrator to invite qualified candidates to apply for the open positions based on their posted resume.</p> <p>4. How the facility will monitor its corrective action to ensure that the deficient practice will not recur</p> <p>The DON and/or Designee meets with the staffing coordinator daily to review facility census, call outs if any, and staffing</p>	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 556213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2023
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NAME OF PROVIDER OR SUPPLIER CAREONE AT WALL	STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HIGHWAY 138 WALL, NJ 07719
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 2</p> <p>day shift, required at least 13 CNAs.</p> <p>2. For the week of Complaint staffing from 09/04/2022 to 09/10/2022, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:</p> <p>-09/04/22 had 9 CNAs for 100 residents on the day shift, required at least 12 CNAs. -09/05/22 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs. -09/07/22 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. -09/08/22 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. -09/09/22 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. -09/10/22 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>3. For the 3 weeks of Complaint staffing from 10/23/2022 to 11/12/2022, the facility was deficient in CNA staffing for residents on 20 of 21 day shifts and deficient in CNAs to total staff on 1 of 21 evening shifts as follows:</p> <p>-10/23/22 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs. -10/24/22 had 13 CNAs for 115 residents on the day shift, required at least 14 CNAs. -10/25/22 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs. -10/26/22 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs. -10/27/22 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs. -10/28/22 had 10 CNAs for 112 residents on the day shift, required at least 14 CNAs. -10/29/22 had 10 CNAs for 111 residents on the day shift, required at least 14 CNAs.</p>	S 560	<p>needs.</p> <p>The DON and/or Designee will monitor call outs and staffing ratios weekly until the requirement is met.</p> <p>The results of the audits will be reviewed by the DON and presented at the Quality Assurance Meeting X3months and then quarterly X3. Adjustments to the plan will be made as needed based on the audits and presented at the QA meeting. Completion Date: 10/30/23</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 556213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2023
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NAME OF PROVIDER OR SUPPLIER CAREONE AT WALL	STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HIGHWAY 138 WALL, NJ 07719
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 3</p> <p>-10/30/22 had 8 CNAs for 111 residents on the day shift, required at least 14 CNAs. -10/30/22 had 8 CNAs to 18 total staff on the evening shift, required at least 9 CNAs. -10/31/22 had 11 CNAs for 111 residents on the day shift, required at least 14 CNAs. -11/01/22 had 10 CNAs for 109 residents on the day shift, required at least 14 CNAs. -11/02/22 had 9 CNAs for 109 residents on the day shift, required at least 14 CNAs. -11/03/22 had 11 CNAs for 109 residents on the day shift, required at least 14 CNAs. -11/04/22 had 10 CNAs for 109 residents on the day shift, required at least 14 CNAs. -11/05/22 had 9 CNAs for 108 residents on the day shift, required at least 14 CNAs.</p> <p>-11/06/22 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs. -11/07/22 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -11/09/22 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs. -11/10/22 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs. -11/11/22 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. -11/12/22 had 8 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>4. For the week of Complaint staffing from 01/12/2023 to 02/18/2023, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows:</p> <p>-02/13/23 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. -02/14/23 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 556213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2023
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NAME OF PROVIDER OR SUPPLIER CAREONE AT WALL	STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HIGHWAY 138 WALL, NJ 07719
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 4</p> <p>-02/17/23 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. -02/18/23 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs.</p> <p>5. For the week of Complaint staffing from 06/04/2023 to 06/10/2023, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:</p> <p>-06/04/23 had 8 CNAs for 92 residents on the day shift, required at least 11 CNAs. -06/06/23 had 9 CNAs for 85 residents on the day shift, required at least 11 CNAs. -06/07/23 had 10 CNAs for 84 residents on the day shift, required at least 10 CNAs. -06/08/23 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs. -06/09/23 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. -06/10/23 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs.</p> <p>6. For the 2 weeks of staffing prior to survey from 09/17/2023 to 09/30/2023, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows:</p> <p>-09/17/23 had 6 CNAs for 88 residents on the day shift, required at least 11 CNAs. -09/18/23 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -09/19/23 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. -09/20/23 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. -09/22/23 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. -09/23/23 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs.</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 556213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2023
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NAME OF PROVIDER OR SUPPLIER CAREONE AT WALL	STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HIGHWAY 138 WALL, NJ 07719
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 5</p> <p>-09/24/23 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs. -09/26/23 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. -09/28/23 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs. -09/29/23 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. -09/30/23 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs</p> <p>During an interview with the surveyor on 10/12/23 at 1:10 PM, the Licensed Nursing Home Administrator (LNHA) stated that the Staffing Coordinator (SC) and the Director of Nursing (DON) were in charge of staffing, and added that the SC was currently on vacation. The LNHA was able to state the minimum mandatory requirements for staff to resident ratios required for each shift. The LNHA stated that she reviewed staffing daily and that staffing is primarily based on resident census, but if there was a high acuity [increased medical complexity] with the residents that would also affect the staffing. The LNHA stated that she felt the facility was meeting the minimum requirements for staffing but added that some days there were call-outs, and they could not fill the staff vacancy. The LNHA indicated that the SC would print out a tracking of staffing report monthly for review. The LNHA revealed that the facility had not included staffing as part of their Quality Assurance and Performance Improvement (QAPI) program.</p>	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315485	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/15/2023	Y3
NAME OF FACILITY CAREONE AT WALL			STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HIGHWAY 138 WALL, NJ 07719		

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 F0609	Correction	ID Prefix F0655	Correction	ID Prefix F0657	Correction
Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	10/30/2023	LSC	11/03/2023	LSC	11/04/2023
ID Prefix F0658	Correction	ID Prefix F0677	Correction	ID Prefix F0686	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	10/30/2023	LSC	11/10/2023	LSC	10/30/2023
ID Prefix F0688	Correction	ID Prefix F0689	Correction	ID Prefix F0690	Correction
Reg. # 483.25(c)(1)-(3)	Completed	Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed
LSC	11/10/2023	LSC	11/30/2023	LSC	10/30/2023
ID Prefix F0725	Correction	ID Prefix F0761	Correction	ID Prefix F0812	Correction
Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	10/30/2023	LSC	11/03/2023	LSC	10/30/2023
ID Prefix F0865	Correction	ID Prefix F0940	Correction	ID Prefix	Correction
Reg. # 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i)	Completed	Reg. # 483.95	Completed	Reg. #	Completed
LSC	10/30/2023	LSC	11/30/2023	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 10/17/2023		<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		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315485	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/15/2023	Y3
NAME OF FACILITY CAREONE AT WALL			STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HIGHWAY 138 WALL, NJ 07719		

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0865	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/30/2023	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		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 10/17/2023

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 556213	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/12/2024
NAME OF FACILITY CAREONE AT WALL		STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HIGHWAY 138 WALL, NJ 07719

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/08/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON 10/17/2023	<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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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 556213	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/12/2024
NAME OF FACILITY CAREONE AT WALL		STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HIGHWAY 138 WALL, NJ 07719

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/08/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON 10/17/2023	<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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