STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315176	A. BUILDING ______ B. WING ______	C 04/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD CARE CENTER	185 TUCKERTON ROAD MEDFORD, NJ 08055

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F 000	INITIAL COMMENTS COMPLAINT# NJ00156797, NJ00157501, NJ00157742, NJ00158284, NJ00159063 THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483,SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT. Survey Date: 04/21/23 Census: 116 Sample: 28 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 677 SS=D	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 #NJ00156797, #NJ00159063, #NJ00158284 Refer to F836 Based on observation, interview, record review,	F 677	1. Facility will ensure that incontinence care is provided to incontinent residents in a timely manner and monitor to maintain the required minimum direct care staff-to-resident ratio as mandated by the State of New Jersey. Resident	6/5/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 05/11/2023

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

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F 677

Continued From page 1

and review of facility provided documentation, it was determined that the facility failed to a.) ensure that incontinence care was provided to a dependent resident in a timely manner and b.) maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey to ensure residents received the appropriate and necessary care.

This deficient practice was identified for 1 of 3 residents (Resident #77) observed for incontinence care and was evidenced by the following:

On 04/13/23 at 08:25 AM, the surveyor accompanied by the Registered Nurse/Unit Manager (RN/UM #2) completed an NJAC 8:43E-2.1 and Exec Order tour on the NJAC 8:43E-2 Unit. Three random residents who were identified by RN/UM #2 as being dependent on staff for care, were checked for NJAC 8:43E-2.1 and Exec Order care. Upon walking up to Resident #77's bedroom door, a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. was noted, and the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. as you entered the room. The resident was asleep in bed with the head of bed (HOB) slightly elevated. The surveyor observed that the resident's top blanket and top sheet were NJAC 8:43E-2.1 and Exec Order 26, 4. b. and NJAC 8:43E-2.1 and Exec. RN/UM #2 asked the resident if she could check the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and the resident agreed. Resident #77 was wearing an NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. which was NJAC 8:43E-2.1 a and NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. with NJAC 8:43E. The NJAC 8:43E-2.1 and E and NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. under the resident was NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. When interviewed at that time, RN/UM #2 stated that Resident #77 NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. that he/she should have NJAC 8:43E-2.1 and E

F 677

#77 had no ill effect from this identified concern and was provided NJAC 8:43E-2.1 and Exec care by CNA #1 immediately after it was brought to her attention.

2. Facility acknowledges that the residents who depend on staff for incontinent care have the potential to be affected by the identified concerns.

3. ADON will educate the CNAs on the need to provide incontinent care timely. This education will be completed by June 15, 2023. THe Director of Nursing will meet daily with the Staffing Coordinator to ensure adequate staffing in the facility.

4. Unit managers will conduct a random weekly audit for the next three (3) months on three (3) residents who are incontinent on each of their units to verify that incontenience care was provided in timely manner. Any identified issues will be addressed. The DON will review the results of the audits during QAPI monthly meeting for the next three months and follow up with feedback as needed.

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F 677	Continued From page 2	F 677		

According to the Admission Record, Resident #77 had diagnoses that included, but were not limited to: NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.

Review of Resident #77's Annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJAC 8:43E-2.1 and Exe revealed the resident had a Brief Interview for Mental Status of NJAC, which indicated that the resident was NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The MDS further revealed that Resident #77 was NJAC 8:43E-2.1 and Exec and required total assistance with NJAC 8:43E-2.1 and Ex

Review of Resident #77's Care Plan (CP) revealed a focus that, Resident #77 was at NJAC 8:43 fo NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The CP further revealed an intervention to provide NJAC 8:43E care per facility guidelines and as needed. The CP revealed a second focus that the resident had NJAC 8:43E-2.1 and Exec NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The CP further revealed an intervention of NJAC 8:43E-2.1 and Exec Order 26, 4. b: Check at least every two hours and as required for NJAC 8:43E-2.1 and Exec Order."

On 04/13/23 at 11:17 AM, the surveyor interviewed the Certified Nursing Assistant (CNA) #1, responsible for caring for Resident #77. CNA #1 stated she had 12 residents on her assignment and that two of her residents were on NJAC 8:43E-2.1 an. CNA #1 added that NJAC 8:43E-2.1 an residents' care were completed by the NJAC 8:43E-2.1 and Exec Orde. CNA #1 stated that she noticed that Resident #77 needed to be NJAC 8:43E-2.1 and E while assisting the roommate and that Resident #77 was next to be

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F 677	Continued From page 3	F 677		

cleaned. CNA #1 added that the resident was not normally NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. when coming on to her shift.

On 04/13/23 at 11:35 AM, the surveyor interviewed the NJAC 8:43E-2.1 and Exec Orde (HA) who stated that she assisted the hospice residents with their activities of daily living. The HA stated that Resident #77 was confused and required total assistance with care. The HA added that she usually arrived to the facility at around 8:00 AM and that facility staff were responsible for caring for her assigned NJAC 8:43E-2.1 an residents until she got there.

On 04/13/23 at 11:46, the surveyor interviewed the Licensed Practical Nurse (LPN) #1 regarding NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. LPN #1 stated that the CNAs were to make rounds at the start of the shift, after lunch and one more time before they leave for the day. LPN #1 added that NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. was important to prevent the resident from having NJAC 8:43E-2.1 and Exec Order 26, 4.

During a follow-up interview with the surveyor on 04/13/23 at 11:50 AM, RN/UM #2 stated that she expected the CNAs to make their rounds in the morning, check their residents for NJAC 8:43E-2.1 and Exec Orde and set them up for breakfast. When interviewed about the observations during Resident #77's NJAC 8:43E-2.1 and Exec Orde round, RN/UM #2 stated that it did not appear that NJAC 8:43E-2.1 and Exec care was completed on Resident #77 because the resident would have been dry. RN/UM #2 added that NJAC 8:43E-2.1 and Exec Orde care was important because NJAC 8:43E- NJAC 8:43E-2, can cause NJAC 8:43E-2.1 and Exec Order 26, 4. b and that it was just unhealthy.

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F 677	Continued From page 4 Review of the 04/12/23 11-7 assignment sheet for the NJAC 8:43E-2.1 unit revealed a census of NJAC 8: with one CNA [CNA #2] assigned for rooms NJAC 8:43E-2. Review of the 04/12/23 Staffing Sheet revealed that only one CNA was scheduled to work the 11-7 shift on the NJAC 8:43E-2.1 Unit. On 04/13/23 at 12:08 PM, the surveyor reviewed the 04/12/23 11-7 assignment sheet for the NJAC 8:43E-2.1 Unit with RN/UM #2. RN/UM #2 confirmed that there was only one CNA assigned to the entire NJAC 8:43E-2.1 Unit. RN/UM #2 stated that they use agency staff but they call out. RN/UM #2 added that there were usually two or three CNAs on the 11-7 shift and that they were trying their best. On 04/13/23 at 1:12 PM, the surveyor conducted a telephone interview with the CNA #2 who worked the 11-7 shift on the NJAC 8:43E-2.1 Unit on 04/12/23. CNA #2 confirmed that she was the only CNA assigned to the unit for NJAC 8: residents and stated that the facility struggles with staffing. CNA #2 stated she was placed on the unit by herself with no one to help and that she was only one person and could only do so much. CNA #2 further stated that there were two nurses present on the unit during her shift and that they did not assist with completing NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. for the residents. CNA #2 stated the nurses only emptied the NJAC 8:43E-2.1 and bags she was not able to get to. CNA #2 continued that she was able to do one round of changes on the unit at the beginning of the shift and that she was only able to provide NJAC 8:43E-2.1 and Exec Order 26, 4. to a couple of residents a second time before it was her time to leave. When questioned about the weekend, the	F 677		

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F 677	Continued From page 5 CNA stated that it was even worse on the weekend. Review of the facility's "Incontinence Care Policy," reviewed 09/2022, indicated it was the policy of the facility to ensure that all residents will be routinely checked for any incontinence completed. The purpose is to ensure that the residents are clean, comfortable, free of odors, and to prevent infection and any skin irritations. NJAC 8:39-27.1 (a), 27.2 (h)	F 677		
F 684 SS=E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Complaint # NJ00157501 Based on interview, record review, and review of facility documents, it was determined that the facility failed to complete [NJAC 8:43E-2.1 and Exec Order] evaluations ([NJAC 8:43E-2] checks) after unwitnessed falls for 3 of 4 residents (Resident #81, #82, and #90) reviewed for [NJAC 8:43E] This deficient practice was evidenced by the	F 684	1. The facility completes [NJAC 8:43E-2.1 and Exec Or]l evaluations after [NJAC 8:43E-2.1 and Exec Order 26.4.b.1]. Resident #81, #82 and #90 had no ill effect from the concern identified. 2. Residents who have unwitnessed fall have the potential to be affected by this identified concern. 3. The ADON will educate nurses on the	6/15/23

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F 684	Continued From page 6 following: 1. On 04/05/23 at 11:06 AM, the surveyor observed Resident #81 lying in bed watching TV. The resident stated she had fallen while at the facility, but was unsure of the details. According to the Admission Record, Resident #81 had diagnoses which included, but were not limited to: NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Review of the resident's significant change in status Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJAC 8:43E-2.1 and E, included the resident had a Brief Interview for Mental Status score of NJAC 8: which indicated the resident's NJAC 8:43E-2.1 and Ex was NJAC 8:43E-2.1 and Exec O NJAC 8:43E-2.1 and. Further review of the MDS revealed the resident had NJAC 8:43E-2 in the last NJAC 8:43E-2.1 and Exe NJAC 8:43E-2.1 and Review of the resident's Care Plan, revised NJAC 8:43E-2.1 and E, included a focus for, "NJAC 8:43E-2.1 and Exec Order," with an intervention of, NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1." Review of the resident's Incident/Accident Report, dated NJAC 8:43E-2.1 and E at 12:00 AM, revealed the resident had an NJAC 8:43E-2.1 and Exec Order 26, 4. b and NJAC 8:43E-2. NJAC 8:43E-2.1 an were initiated. Review of the corresponding NJAC 8:43E-2.1 and Exec Ord form, dated NJAC 8:43E-2.1 and E, located in the resident's medical record, revealed the following: The row for "Vital Signs" on the NJAC 8:43E-2.1 and Exec Order 26, 4. b NJAC 8:43E-2.1 and Exec Order 26, 4. b was not completed.	F 684	need to complete NJAC 8:43E-2.1 and Exec Ord evaluation after each NJAC 8:43E-2.1 and Exec Order 26, 4. b. The education will be completed by June 15, 2023. 4. The Unit Managers will conduct a weekly audit for three (3) months on two (2) residents that have had an unwitnessed fall on each unit to ensure that their neurological evaluations have been completed. Any identified concerns will be addressed. The DON will review the results of the audits during monthly QAPI meeting for the next three months and follow up with feedback as needed.	

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The row for "Response To" on the undated time slots for 4:00 PM and 8:00 PM on the back of the NJAC 8:43E-2.1 and Exec Ord form were not completed.
Three columns on the back of the NJAC 8:43E-2.1 and Exec Ord form (which included rows for "Vital Signs," "Pupils Extremities," "Consciousness," "Speech," "Response To," and "Other,") were not completed and did not indicate a reason it was left blank.

Review of the resident's Incident/Accident Report, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., revealed the resident had an NJAC 8:43E-2.1 and Exec Order 26, 4. b, but did not indicate whether NJAC 8:43E-2 checks were initiated.

The surveyor was unable to locate a NJAC 8:43E-2 check form for the NJAC 8:43E-2.1 and Exec Ord in the resident's medical record.

Review of the resident's Incident/Accident Report, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., revealed the resident had an NJAC 8:43E-2.1 and Exec Order 26, 4. b and NJAC 8:43E-2 checks were initiated.

The surveyor was unable to locate the corresponding NJAC 8:43E-2 check form for the NJAC 8:43E-2.1 and E NJAC 8 in the resident's medical record.

Review of the resident's Incident/Accident Report, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., revealed the resident had an NJAC 8:43E-2.1 and Exec Order 26, 4. b and NJAC 8:43E-2 checks were initiated.

The surveyor was unable to locate the corresponding NJAC 8:43E-2 check form for the NJAC 8:43E-2.1 and E NJAC 8: in the resident's medical record.

Review of the resident's progress notes from 09/15/22 through 09/18/22, and 02/02/23 through

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02/14/23, did not include NJAC 8:43E-2 check details.

2. On 04/05/23 at 11:21 AM, the surveyor observed Resident #82 lying in bed with a bed alarm in place.

According to the Admission Record, Resident #82 had diagnoses which included, but were not limited to: NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1..

Review of the resident's quarterly MDS, dated 03/22/23, included the resident had a Brief Interview for Mental Status score of, NJAC 8: which indicated the resident's NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and . Further review of the MDS revealed the resident had one NJAC 8: with NJAC 8:43E-2 since the previous assessment.

Review of the resident's Care Plan, revised 03/06/23, included a focus for, NJAC 8:43E-2.1 and Exec Order 2," with an intervention of, NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.

Review of the resident's Incident/Accident Report, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., revealed the resident had an NJAC 8:43E-2.1 and Exec Order 26, 4. b and NJAC 8:43E-2.1 checks were initiated.

Review of the corresponding NJAC 8:43E-2 check form, dated NJAC 8:43E-2.1 and E, located in the resident's medical record, revealed the following:
The rows for, "Pupils Extremities," "Consciousness," "Speech," "Response To," and, "Other," on the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2 check was not completed.

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F 684	Continued From page 9 The back of the NJAC 8:43E-2.1 check form, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. were not completed and did not indicate a reason it was left blank. Review of the resident's NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., NJAC 8:43E-2.1 and Exec Order 26, 4, revealed the resident was transferred to the hospital at NJAC 8:43E-2.1 and E Review of the resident's Nursing Admission Assessment, dated NJAC 8:43E-2.1 and Ex revealed the resident returned from the hospital. Further review of the NJAC 8:43E-2 check form, dated NJAC 8:43E-2.1 and E, revealed NJAC 8:43E-2.1 checks were completed on NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., and NJAC 8:43E-2.1 and, when the resident was no longer in the facility according to the transfer form. Review of the resident's Incident/Accident Report, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., revealed the resident had an NJAC 8:43E-2.1 and Exec Order 26, 4. b resulting in NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and NJAC 8:43E-2 checks were initiated. Further review of the incident report revealed the resident was sent to the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1 and NJAC 8:43E-2 checks were continued upon return. Review of the corresponding NJAC 8:43E-2.1 check form, dated NJAC 8:43E-2.1 and E, located in the resident's medical record, revealed the following: The column for the "initial" NJAC 8:43E-2 check was not completed and did not indicate a reason it was left blank. The three columns for the "7-3," "3-11," and "11-7," shifts on the back of the NJAC 8:43E-2 check form were not completed and did not indicate a reason it was left blank.	F 684		

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3. On 04/05/23 at 11:20 AM, the surveyor observed Resident #90's door frame had a [NJAC 8:43E-2.1] [NJAC 8:43E-2.1 and] which indicated the resident was at [redacted] [NJAC 8:43E-2.1].

According to the Admission Record, Resident #90 had diagnoses which included, but were not limited to: NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1..

Review of the resident's quarterly MDS, dated [NJAC 8:43E-2.1 and], included the resident had a Brief Interview for Mental Status score of [NJAC 8] which indicated the resident's NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [NJAC 8:43E-2.1 and]. Further review of the MDS revealed the resident had [NJAC 8:43E-2.1 and] one [NJAC 8:43E-2.1 and Exec Order] and one [NJAC 8:43E-2.1 and Exe], since the previous assessment.

Review of the resident's Care Plan, revised [NJAC 8:43E-2.1 and], included a focus of, "[Resident #90] has had an [NJAC 8:43E-2.1 and Ex]," with an intervention to, "NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.."

Review of the resident's Incident/Accident Report, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., revealed the resident had an NJAC 8:43E-2.1 and Exec Order 26, 4., but did not indicate whether [NJAC 8:43E-2] checks were initiated.

Review of the [NJAC 8:43E-2] checks form, dated [NJAC 8:43E-2.1 and], located in the resident's medical record, revealed the following:
The rows for "Consciousness," "Speech," "Response To," and, "Other," for the timeframe of 02/09/23 at 2:00 AM through 6:00 AM were not completed.
The column for the 02/09/22 at 7:00 AM [NJAC 8:43E-2]

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F 684	Continued From page 11 check was not completed and did not indicate a reason it was left blank. The rows for "Pupils Extremities," "Consciousness," "Speech," "Response To," and, "Other," for 02/09/23 at 4:00 PM were not completed. The columns for the 02/10/23 to 02/11/23 NJAC 8:43E-2 checks were not completed and did not indicate a reason it was left blank. The 02/11/23 "7-3" column indicated a new NJAC 8:43E-2 check form was initiated due to a NJAC 8:43E-2.1 an. Review of the resident's Incident/Accident Report, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., revealed the resident had an unwitnessed fall and NJAC 8:43E-2 checks were initiated. Review of the corresponding NJAC 8:43E-2 check form, dated NJAC 8:43E-2.1 and, located in the resident's medical record, revealed the following: The columns for "7-3, "3-11," and "11-7," on the back of the NJAC 8:43E-2 check form were not completed and did not indicate a reason they were left blank. Review of the resident's Incident/Accident Report, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. revealed the resident had an unwitnessed fall and NJAC 8:43E-2 checks were initiated. Review of the corresponding NJAC 8:43E-2.1 check form, dated NJAC 8:43E-2.1 and E, located in the resident's medical record, revealed the following: The rows for, "Consciousness," "Speech," "Response To," and, "Other," for the NJAC 8:43E-2.1 and Exec O NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. "7-3" NJAC 8:43E-2 checks were not completed. The columns for the "3-11," and "11-7" NJAC 8:43E-2	F 684		

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F 684	Continued From page 12 checks on the back of the NJAC 8:43E-2 check form were not completed and did not indicate a reason it was left blank. Review of the resident's progress notes from NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. did not include NJAC 8:43E-2 check details. During an interview with the surveyor on 04/17/23 at 10:11 AM, Licensed Practical Nurse (LPN) #1 stated NJAC 8:43E-2 checks are performed for NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1 or for NJAC 8:43 where the resident hits their head and are documented on a designated NJAC 8:43E-2 check form. The LPN further stated that if the resident is not in the facility at the time of a NJAC 8:43E-2 check, the nurse should indicate on the form that the resident was out of the facility. LPN #1 added that it is important to do NJAC 8:43E-2 checks to monitor the resident for a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. During an interview with the surveyor on 04/17/23 at 10:21 AM, Registered Nurse/Unit Manager (RN/UM) #2 stated NJAC 8:43E-2 checks are performed for unwitnessed falls or falls where the resident hits their head and are documented on a designated NJAC 8:43E-2 check form. RN/UM #2 added that after the NJAC 8:43E-2.1 check form is completed, it is filed in the resident's medical record the same day. RN/UM #2 further stated if a resident is sent to the hospital, the nurse should indicate that on the NJAC 8:43E-2 check form, and then continue the NJAC 8:43E-2 checks upon return from the hospital. RN/UM #2, in the presence of the surveyor, reviewed the medical records for Resident #81, #82, and #90 and verified the following: Resident #81's NJAC 8:43E-2 check form, dated 09/15/22, was incomplete and did not indicate a	F 684		

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F 684	Continued From page 13 reason. Resident #81 did not have NJAC 8:43E-2 check forms for the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. in the resident's medical record. Resident #82's NJAC 8:43E-2 check forms, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., were incomplete and did not indicate a reason. Resident #90's NJAC 8:43E-2 check forms, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., were incomplete and did not indicate a reason. During an interview with the surveyor on 04/17/23 at 11:06 AM, the Director of Nursing (DON) stated NJAC 8:43E-2 checks are performed for unwitnessed falls or falls where the resident hits their head. The DON added that NJAC 8:43E-2.1 checks are documented on a designated form that gets filed in the resident's medical record. The DON further stated that the importance of performing NJAC 8:43E-2 checks was to ensure the resident's NJAC 8:43E-2.1 and Exec Ord functioning was within normal limits. During an interview with the surveyor on 04/20/23 at 1:20 PM, the Licensed Nursing Home Administrator (LNHA) stated she keeps copies of the NJAC 8:43E-2 check forms and would provide the missing NJAC 8:43E-2.1 checks for Resident #81. During a follow-up interview with the surveyor on 04/21/23 at 10:49 AM, the LNHA provided a copy of a completed NJAC 8:43E-2 check form for Resident #81's NJAC 8:43E-2.1 and Exec Ord which was completed in its entirety and also indicated when the resident was in the hospital. The LNHA did not state where the NJAC 8:43E-2 check form was found. When asked about Resident #81's missing NJAC 8:43E-2 checks for the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., the LNHA stated the facility was still looking for them.	F 684		

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F 684	Continued From page 14 Prior to exiting the facility on 04/21/23, the LNHA stated she would e-mail the missing NJAC 8:43E-2 check forms to the survey team leader prior to the end of the day. No further documentation was provided to the survey team. Review of the facility's Neurocheck policy, revised 04/2021, included, "A neurological flow sheet will be initiated for any unwitnessed fall or injury in which the head is struck," and, "The completed flow sheet will be maintained in the resident's medical record." Review of the facility's Fall Prevention and Post Fall Management policy, revised 06/2021, included, "If an unwitnessed fall occurs, or there is suspected head injury, or if ordered by a physician, a neurological evaluation status post fall will be completed." NJAC 8:39-27.1 (a)	F 684		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives	F 686		5/31/23

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F 686	Continued From page 15 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, and record review, it was determined that the facility failed to ensure that air mattresses were correctly inflated for residents with a history NJAC 8:43E-2.1 and Exec . This deficient practice was identified for 2 of 2 residents (Residents #45 and #73) reviewed for NJAC 8:43E-2.1 and Exec Order 26, 4 (NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.). The deficient practice was evidenced by the following: 1. During the initial tour on 04/05/23 at 12:00 PM, the surveyor observed Resident #45 in bed with their eyes closed. The resident did not rouse to the surveyor's greeting. The surveyor observed that the resident was on an NJAC 8:43E-2.1 and Exec Or and that the NJAC 8:43E-2.1 and Exec Or was set to NJAC 8:43 pounds (lbs). This would indicate that the resident weighed NJAC 8:4 lbs. On 04/06/23 at 9:55 AM, the surveyor observed the resident in bed. The surveyor observed that the NJAC 8:43E-2.1 and Exec Or was off. On 04/11/23 at 11:31 AM, the surveyor observed the resident in bed. The surveyor observed that the air mattress was set to NJAC 8:4 lbs. On 04/13/23 at 2:15 PM, the surveyor observed that the resident was in bed receiving care from Certified Nursing Assistant (CNA) #5. The surveyor observed that the NJAC 8:43E-2.1 and Exec Or was set	F 686	1. The facility will verify that NJAC NJAC 8:43E-2.1 and Exec O are correctly inflated for residents who require the use of NJAC NJAC 8:43E-2.1 and Exec O. Resident #45 and #73 NJAC NJAC 8:43E-2.1 and Ex settings were corrected immediately after the concern was identified and had no ill effect from the identified concern. 2. Residents who require the use of NJAC NJAC 8:43E-2.1 and Exec O have the potential to be affected by the identified concern. 3. The Assistant Director of Nurses will educate staff on the need to ensure that NJAC 8:43E-2.1 and Exec Order 26 are set at appropriate settings. The education will be completed by May 31, 2023. 4. The Unit Managers will conduct a random weekly audits on two (2) air mattresses on each unit to ensure that air mattresses are set appropriately and any identified concerns will be addressed immediately. The Director of Nurses will review the results of the audits at monthly QAPI meetings for the next three months and follow up with feedback as needed.	

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to NJAC 8:4 lbs. This would incidate that the resident weigh NJAC 210 lbs.

The surveyor reviewed Resident #45's hybrid electronic and paper medical record:

Review of Resident #45's Admission Record revealed that the resident was admitted to the facility with diagnoses which included but were not limited to NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. .

The quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJAC 8:43E-2.1 and Ex revealed that Resident #45 had a Brief Interview for Mental Status (BIMS) score of NJAC out of a possible NJAC, which indicated that the resident had NJAC 8:43E-2.1 and NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. . The MDS assessment indicated that the resident had NJ stage 2 NJAC 8:43E-2.1 and Exec Order 26, 4 and that the resident was at risk of developing NJAC 8:43E-2.1 and Exec Order 26, 4. . The MDS assessment also indicated that the resident used a NJAC 8:43E-2.1 and reducing device for their bed.

The NJAC 8:43E-2.1 a Assessment (a scale used to predict NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) dated NJAC 8:43E-2.1 and Ex revealed that Resident #45 was at very high risk for developing NJAC 8:43E-2.1 and Exec Order 26, 4. b

The 03/19/23 care plan indicated that the resident had a "Potential for NJAC 8:43E-2.1 and Exec Order 2 NJAC 8:43E-2.1 and as evidenced by NJAC 8:43E-2.1 and Exec Order 2 for Predicting Pressure NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. for

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NJAC 8:43E-2.1 and Exec Order 26 secondary to contractures" with an intervention to "provide pressure relieving devices such as pressure-reducing mattresses for the bed, cushions for chairs, pillows, etc."

The Monthly Weight Report revealed that Resident #45 weighed NJAC 8:43E pounds in NJAC 8:43E NJAC 8:43E.

The April NJAC 8:43E Order Summary Report for NJAC 8:43E failed to reveal a physician's order for an NJAC 8 NJAC 8:43E-2.1 and .

The Treatment Administration Record (TAR) for 04/23 failed to reveal any documentation that nurses were checking the settings on Resident #45's NJAC 8:43E-2.1 and Exec Order

During an interview with the surveyor on 04/14/23 at 9:44 AM, CNA #3 stated that the resident was on an NJAC 8:43E-2.1 and Exec Or and that she doesn't touch the settings at all. CNA #3 stated that she does not know about the pump settings and that she leaves it to the nurses.

During an interview with the surveyor on 04/14/23 at 9:57 AM, Licensed Practical Nurse (LPN) #3 stated that this was her first shift taking care of Resident #45. LPN #3 stated that Resident #45 was on an NJAC 8:43E-2.1 and Exec Or and that she did not know the resident's history but that she assumed that they had an NJAC 8:43E-2.1 and Exec Or because they required total assistance with care and as a precautionary measure for skin breakdown. LPN #3 stated that the nurse from last night told her during shift report that this and all the other resident's NJAC 8:43E-2.1 and Exec Order 26 were set correctly. LPN #3 stated that she would normally

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check the physician's order to verify that the resident's [NJAC 8:43E-2.1 and Exec Or] was set correctly but that the resident did not have a physician's order for the [NJAC 8:43E-2.1 and Exec Or]. LPN #3 stated that there should be an order for how to set the [NJAC 8:43E-2.1 and Exec Ord]

During an interview with the surveyor on 04/14/23 at 10:07 AM, the Licensed Practical Nurse Unit Manager (LPN/UM) stated that Resident #45 had multiple [NJAC 8:43E-2.1 and Exec Order 26, 4] when they came back from the hospital but that they were all healed now. The LPN/UM stated that the [NJAC 8:43E-2.1 and Exec Or] should be set by the resident's weight and that the way that the surveyor observed the [NJAC 8:43E-2.1 and Exec Or] would not be appropriate for the resident's weight. The LPN/UM stated that it was a nursing responsibility to make sure that the [NJAC 8:43E-2.1 and Exec Or] was set to or near the resident's weight.

2. During the initial tour on 04/05/23 at 12:15 PM, the surveyor observed Resident #73 awake and alert lying in bed, eating lunch. The surveyor observed an [NJAC 8:43E-2.1 and Exec Or] on the bed. At that time, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM) who stated that the resident was admitted with a [NJAC 8:43E-2.1 and Exec Order 26] on the [NJAC 8:43E-2.1 a] and [NJAC 8:43E-2.1 and Exec Order 26] on both [NJAC 8:43E-2.1 and E] [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.]. The RN/UM further stated that the resident was on isolation precautions for an infection in the [NJAC 8:43E-2.1].

On 04/13/23 at 9:10AM, the surveyor observed the [NJAC 8:43E-2.1 and Exec Order 26] dressing treatment completed by nursing. At that time, the surveyor observed that the air mattress was set to [NJAC 8:4] lbs. This

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would indicate that the resident weighed NJAC 8:4 lbs.

On 04/14/23 at 10:42 AM, the surveyor observed Resident #73 lying in bed awake and alert. At that time, the surveyor observed the NJAC 8:43E-2.1 and Exec Or was set to NJAC 8:43 lbs. The resident stated that the NJAC 8:43E-2.1 and Exec Orde sometimes felt like it would NJAC 8:43E-2.1 a and I would call the nurse to check it." The resident could not recall the date or time the NJAC NJAC 8:43E-2.1 and E may have NJAC 8:43E-2.1 a

The surveyor reviewed Resident #73's hybrid electronic and paper medical record:

Review of Resident #73's Admission Record revealed that the resident was admitted to the facility with diagnoses which included but were not limited to NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.

The comprehensive MDS, dated 03/15/23, revealed that Resident #73 had a BIMS score of NJAC out of a possible NJAC 8 which indicated that the resident was NJAC 8:43E-2.1 and Exec Order 26, 4. b. The MDS assessment indicated that the resident had NJAC 8:4 NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and one NJAC 8:43E-2.1 a NJAC 8:43E-2.1 and Exec Order 26 present upon admission and that the resident was at risk of developing NJAC 8:43E-2.1 and E The MDS assessment also indicated that the resident used a NJAC 8:43E-2.1 and E reducing device for their bed.

The Braden Assessment, dated NJAC 8:43E-2.1 and Ex revealed that Resident #73 was at NJAC 8:43E-2.1 and for developing NJAC 8:43E-2.1 and Exec Order 26, 4. b

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The 09/14/22 care plan indicated that the resident had NJAC 8:43E-2.1 and Exec Order 26, 4 on the NJAC 8:43E-2.1 and NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. for the bed.

The Monthly Weight Report revealed that Resident #73 weighed NJAC 8:43E-2.1 pounds in April 2023.

The April 2023 Order Summary Report revealed a physician's order dated 03/02/23 for a NJAC 8: NJAC NJAC 8:4 mattress every shift for preventative.

The Treatment Administration Record (TAR) for 04/23 revealed the above corresponding order but did not include any documentation that nurses were checking the settings on Resident #73's NJAC 8:43E-2.1 and Exec Or.

During an interview with the surveyor on 04/14/23 at 10:47AM, LPN #5 stated that the resident should be weighed before the NJAC was applied. Once the NJAC 8:43E-2.1 and Exec Or was applied to the bed, the nurse should enter the resident's weight on the NJAC 8:43E-2.1 and Exec Or pump machine. LPN #5 stated that if the weight was too much or too little then the NJAC 8:43E-2.1 and Exec Or would not be effective for the resident.

During an interview with the surveyor on 04/14/23 at 11:32 AM, the RN/UM stated that the maintenance staff would set up the NJAC 8:43E-2.1 and Exec Or to the bed and the nurses would control the weight settings on the NJAC 8:43E-2.1 and Exec Or pump machine. The settings on the machine were to be set to the resident's weight in pounds.

On 04/14/23 at 12:08 PM, the surveyor, along

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with the RN/UM, observed Resident #73's NJAC 8: NJAC 8:43E-2.1 and E was set at NJAC 8:43 lbs. The RN/UM stated that the air mattress pump weight settings were preset to NJAC 8:43E-2.1., NJAC 8:43E-2.1 a., or NJAC 8:43E-2.1 a., etc. and the resident's NJAC 8:43E-2.1 and Exec Or should be set to the closest setting to the resident's weight.

During an interview with the surveyor on 04/18/23 10:25AM, the Director of Nursing (DON) stated that the air mattress should be adjusted according to the resident's weight.

During an interview with the surveyor on 04/19/23 at 9:40 AM, the Licensed Nursing Home Administrator (LNHA) stated that NJAC 8:43E-2.1 and Exec Order 26 should be set based on the weight of the resident. The LNHA stated that CNAs and nursing staff should check that the NJAC 8:43E-2.1 and Exec Or was set properly. The LNHA stated that an NJAC NJAC 8:43E-2.1 and Ex was a nursing intervention but that sometimes the physician would write an order for a resident to have one.

During a follow up interview with the surveyor on 04/20/23 at 12:17 PM, the DON stated that the staff assess residents and if it was determined that the resident was very high risk or if they had a wound already then they would put an air mattress on the resident's bed. The DON stated that it was not necessary to have a physician's order. The DON stated that the air mattress should be checked every shift by the CNAs or nurses because this is a standard of practice but that she does not require the TAR to be signed to verify that the air mattress was checked every shift.

Review of the manufacturer's specifications for

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F 686	Continued From page 22 the [NJAC 8:43E-2.1 and Exec Or] revealed that, "Adjustable weight settings allows pressure to be customized according to each patient's therapeutic requirements." Review of the facility's policy titled "Pressure Ulcer Prevention and Management Policy," last reviewed and approved date 10/2022, reflected that the nursing department would evaluate residents' need for pressure distributing mattresses and other positioning devices for the bed based on the clinical condition of the resident. NJAC 8:39-27.1(a)	F 686		
F 689 SS=D	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: Complaint # NJ00157742, NJ00157501, NJ00156797 Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to a.) transcribe a physician's order to monitor a resident's wander guard (a device that alarms the facility if the resident attempts to leave the building) for 1	F 689	1. The charge nurse obtained a physician's order to monitor resident #98 [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.]. The order was transcribed as soon as it was brought to the nurses' attention. Resident #94 had no ill effect from this identified concern. The facility also ensures that fall preventation measures are in place and call lights are within the resident's reach. Resident #90 [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.]	6/5/23

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F 689	Continued From page 23 of 3 residents (Resident #98) reviewed for elopement, and b.) ensure fall risk interventions were in place for 1 of 4 residents (Resident #90) reviewed for falls. This deficient practice was evidenced by the following: 1. On 04/05/2023 at 11:42 AM, the surveyor observed Resident #98 sitting up on the edge of the bed wearing a NJAC 8:43E-2.1 and Exec Order 2 to his/her NJAC 8 NJAC 8:43E- According to the Admission Record, Resident #98 was admitted with diagnoses which included, but were not limited to, NJAC 8:43E-2.1 and E. Review of the resident's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 03/21/23, included the resident had a Brief Interview for Mental Status score of NJAC " which indicated the resident's cognition was NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. Further review of the MDS revealed the resident used a "wander/elopement alarm" daily. Review of the resident's Care Plan, revised 03/08/23, included a focus for NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.," with an intervention to "utilize NJAC 8:43E-2.1 and Exec Order 26 with daily checks from nursing staff." Review of the resident's March 2023 Physician's Order Form included a physician's order for NJAC 8:43E-2.1 and Exec Order 26, 4 - Check placement and function every shift DX [diagnosis] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1 dated NJAC 8:43E-2.1 and E.	F 689	NJAC 8:43E-2.1 and were placed in the appropriate position as soon as it was brought to the nurse's attention. Resident #90 had no ill effect from the identified concern. 2. Residents who wear a NJAC 8:43E-2.1 and Exec Order 2 device and those who have fall prevention measures and do not have access to the call bell have the potential to be affected by this identified concern. 3. The Assistant Director of Nurses will educate nursing staff on the need to ensure that residents who have a NJAC 8:43E-2.1 or NJAC 8:43E-2 devie have a completed physician's order. Residents who use NJAC 8 prevention devices will have the devices appropriately placed and call bells are within the residents' reach. The in-service will be completed by June 30, 2023. 4. The Rehabiliation Director will conduct weekly audit on three (3) residents who utilize fall prevention devices and verify call bells are in reach to verify appropriate placement. Unit Managers will audit physician orders monthly for three (3) residents to verifty that wander guard devices have a physicians order in place. Any identified concerns will be addressed. The Director of nurses will review the results of the audits at monthly QAPI meetings for the next three months and follow up with feedback as needed.	

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F 689	Continued From page 24 Review of the resident's March 2023 electronic Treatment Administration Record (eTAR), which started on 03/21/23, did not include the aforementioned NJAC 8:43E-2.1 and Exec Order 2 order. Review of the resident's April 2023 eTAR indicated the NJAC 8:43E-2.1 and Exec Order 2 order did not start until evening shift on 04/07/23. Further review of the eTAR revealed an "X," where the nurse would normally sign off the order, from 04/01/23 through day shift 04/07/23. During an interview with the surveyor on 04/12/23 at 10:36 AM, Certified Nursing Assistant (CNA) #9 stated that Resident #98 NJAC 8:43E-2.1 and The CNA further stated that the nurses were responsible for checking the NJAC 8:43E-2.1 and Exec Order 26, . During an interview with the surveyor on 04/12/23 at 10:47 AM, Licensed Practical Nurse (LPN) #1 stated Resident #98 wears a NJAC 8:43E-2.1 a NJAC 8:43E-2 which the nurses check every shift for function and placement. The LPN further stated that the NJAC 8:43E-2.1 and Exec Order 2 checks were documented on the resident's TAR. During an interview with the surveyor on 04/12/23 at 11:09 AM, LPN #4 stated she was the previous Unit Manager (UM) for Resident #98's unit. LPN #4 reviewed the resident's chart, in the presence of the surveyor, and confirmed the resident had an active order for a NJAC 8:43E-2.1 a NJAC 8:43E-2.1 since NJAC 8:43E-2.1 and . LPN #4 stated that the facility began using eTARs in March 2023 and that the nurses and the facility's pharmacy were responsible for ensuring orders were transferred	F 689		

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correctly from paper to electronic records. LPN #4 further stated that the nurses were responsible for checking the paper TAR against the eTAR to ensure accuracy. The surveyor notified LPN #4 of the missing NJAC 8:43E-2.1 and Exec Order 26 order in the March and April 2023 eTARs and LPN #4 stated the order was missed during the transition from paper to electronic. LPN#4 then stated that the nurses were signing off on both the paper TAR and eTAR at the end of March, but was unable to locate the March 2023 paper TAR in the resident's chart. LPN #4 stated she would look for the paper TAR and provide a copy for the surveyor.

Review of the paper March 2023 TAR provided by LPN #4 revealed the wander guard order was signed off every shift from 03/21/23 through 03/31/23, a total of 32 nurses' initials signed off.

During a follow-up interview with the surveyor on 04/12/23 at 11:40 AM, LPN #1 stated that when the facility first transitioned from paper TARs to eTARs, the nurses signed both the paper and eTARs for about one week. LPN#1 then explained the purpose was to ensure that all orders on the paper TAR were transcribed to the electronic TAR and that if there was an order on the paper TAR that wasn't on the eTAR, the nurse should clarify the order so that it can be placed on the eTAR.

During an interview with the surveyor on 04/12/23 at 11:50 AM, LPN #2 stated that for about one week in March 2023, the nurses documented on both the paper TARs and eTARs. The LPN explained that the purpose of signing both paper and eTARs was to ensure orders

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were transcribed to the eTAR and if the order was missing the nurse should clarify the order to put it on the eTAR. LPN #2 added that in April 2023, the nurses no longer signed paper TARS and were only documenting on the eTARs.

During an interview with the surveyor on 04/12/23 at 12:33 PM, the Director of Nursing (DON) stated that when the facility transitioned to eTARs, the nurses signed off on the paper TARs and the eTARs. The DON stated the purpose of this was to cross reference the paper TAR with the eTAR to ensure the physician orders were carried over correctly. The DON further stated that the nurses who signed Resident #98's paper TAR from 03/21/23 through 03/31/23 should have clarified the NJAC 8:43E-2.1 and Exec Order 26 order so that it could have been transcribed to the eTAR and acknowledged that the nurses, "overlooked it."

Review of the facility's Recapitulation (Recap) of Medication policy, revised 10/2021, included, "nursing will compare previous orders to newly printed orders to assure accuracy and completeness," and, "orders shall be reviewed to ensure all orders have been carried over and are complete."

2. On 04/14/23 at 9:20 AM, the surveyor observed Resident #90 lying in bed, holding onto the left side rail, and his/her breakfast tray was on the bedside table. There was a floor mat folded up against the resident's nightstand and not on the floor at the bedside. The call bell was hanging off the right side rail and pointed down towards the floor. The bed alarm sensor pad's wire was disconnected from the bed alarm box

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F 689	Continued From page 27 which was on the resident's nightstand. At 10:21 AM, the surveyor observed the resident lying in bed and his/her breakfast tray was no longer in the room. The floor mat, call bell, and bed alarm box were in the same position as the previous observation. At 12:36 PM, the surveyor observed two facility staff enter Resident #90's room to deliver the lunch tray and pull the resident up in bed. At 12:44 PM, the surveyor observed Resident #90 lying in bed with his/her spouse at the bedside. The floor mat, call bell, and bed alarm box were in the same position as the previous observations. The resident's spouse stated the resident had a history of NJAC 8:43 and that he/she "thinks" the resident has a NJAC 8:43E-2.1 and E in place at the bedside at night. The resident's spouse also acknowledged that the resident could not reach his/her call bell. According to the Admission Record, Resident #90 had diagnoses that included, but were not limited to, NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. Review of the resident's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJAC 8:43E-2.1 and E, included the resident had a Brief Interview for Mental Status score of NJAC 8: which indicated the resident's NJAC 8:43E-2.1 and E was NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. Further review of the MDS revealed the resident had NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. since the previous assessment.	F 689		

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Review of the resident's Care Plan, revised 03/27/23, included a focus of, "[Resident #90] has had an NJAC 8:43E-2.1 and Ex," with interventions that included, "Be sure the resident's call bell is within reach and encourage the resident to use it for assistance as needed," "NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. Check for placement and functioning every shift," and, "NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.

Review of the resident's Order Summary Report, dated NJAC 8:43E-2.1 and E, included a physician's order for "NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. every shift for safety check for functioning and placement every shift," with an order date of NJAC 8:43E-2.1 and E.

Review of the resident's Incident Report, dated 02/09/23 at 2:29 AM, revealed the resident NJAC 8:43

Review of the resident's Incident Report, dated 02/11/23 at 10:00 AM, revealed the resident NJAC 8: NJAC 8:43E-2.1 and Exe and the immediate action was, "Resident educated on importance of calling for assistance when something out of reach is needed."

Review of the resident's Incident Report, dated 03/27/23 at 4:45 AM, revealed the resident NJAC 8 [sic]," and "reminded resident to use [sic] call bell for help and or any assistance."

During an interview with the surveyor on 04/14/23 at 1:18 PM, CNA #9 stated she was an agency CNA, and that Resident #90 was NJAC 8:4 because he doesn't get out of bed much." The CNA also stated the resident was

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F 689	Continued From page 29 able to make his/her needs known and that she was unsure of what [NJAC 8:43E-2.1] interventions were in place for Resident #90. During an interview with the surveyor on 04/14/23 at 1:25 PM, LPN #2 stated Resident #90 was a [NJAC 8:43E-2.1 an] and had a [NJAC 8:43E-2.1 and Exec Order 2]. The LPN further stated the resident was able to make his/her needs known and was able to use the call bell. When asked about the resident's [NJAC 8:43E-2.1] interventions, LPN #2 stated the resident had a [NJAC 8:43E-2.1 and Exe], but was unsure if he/she had a [NJAC 8:43] [NJAC 8:4]. At that time, the surveyor accompanied LPN #2 to Resident #90's room. The LPN confirmed that the resident's [NJAC 8:43E-2.1 and E] should have been on [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.], she repositioned the [NJAC 8:43E-2.1 and] to be within the resident's reach, and took the [NJAC 8:43E-2.1 and Exe] box from the resident's nightstand, connected it to the [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.], and checked that the [NJAC 8:4] [NJAC 8:43E-2.1 and Exe] was functioning. LPN #2 then stated that the purpose of the [NJAC 8:43E-2.1 and] was to [NJAC 8:43E-2.1 a] [NJAC 8:43E-] the purpose of the [NJAC 8:43E-2.1 and Exe] was to alert staff to check on the resident, and the call bell should be within reach so the resident can call staff for assistance. During an interview with the surveyor on 04/14/23 at 2:01 PM, Registered Nurse/UM (RN/UM) #2 stated that the CNAs should ensure residents' [NJAC 8:43E-2.1 and Exec] and [NJAC 8:43E-2.1 and Exec] were [NJA] [NJAC 8:43E-] and that all facility staff should ensure the resident's call bell was within reach. RN/UM #2 further stated that the purpose of the [NJAC 8:43E-2.1 and] was to [NJAC 8:43E-2.1 and Exec Order 2], the [NJAC 8:43E-2.1 and Exe] was [NJAC 8:43E-2.1] [NJAC 8:43E] if the resident [NJAC 8:43E-2.1 and Exec Order 2], and the call bell was to make sure the resident was able to call for assistance.	F 689		

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F 689	Continued From page 30 During an interview with the surveyor on 04/14/23 at 2:17 PM, the DON stated that the facility staff should have ensured Resident #90's [NJAC 8:43E-2.1 and Exec Order 26, 4, b] were in place because the [NJAC 8] [NJAC 8:4] was to [NJAC 8:43E-2.1 and Exec Order 2], the [NJAC 8:43E-2.1 and Exe] was [NJAC] [NJAC 8:43E-2.1 and E] if the resident [NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1], and the call bell was for the resident to use to call for help. Review of the facility's Fall Prevention and Post Fall Management policy, revised 06/2021, included, "Care plans for residents who have experienced a fall will be reviewed by the interdisciplinary team. The review will include previously implemented interventions as well as determining any new interventions to prevent falls or major injury." Review of the facility's Call Bell policy, revised 10/2021, included, "When providing care to residents be sure to position the call light conveniently for the resident to use." NJAC 8:39-27.1 (a)	F 689		
F 690 SS=D	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	F 690		6/5/23

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F 690	Continued From page 31 incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (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; (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 (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. §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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of the medical record, and review of other facility documentation, it was determined that the facility failed to ensure that an NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1 NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) was stored in a way to NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. This deficient practice was identified for 1 of 4 residents reviewed for the use of NJAC 8:43E-2.1 and Ex NJAC 8:43E-2.1 and Exec Order 26, 4. b. (Resident #72) and was evidenced by the following:	F 690	1. The facility ensures that the NJAC 8:43E-2 NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. is properly suspended to prevent the NJAC 8:43E-2.1 and Ex NJAC 8:43E-2.1 and. Resident #72 NJAC 8:43E-2.1 and Exec Order 26, 4. NJAC 8:43I was elevated from the floor and NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.1 and Exec Order 26, 4. b. 1., and the resident had no ill effect from the identified concern. 2. Residents who have NJAC 8:43E-2.1 and Exec Order 26 have the potential to be affected by this	

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F 690	Continued From page 32 On 04/05/23 at 11:55 AM, the surveyor observed Resident #72 resting in bed with the head of bed (HOB) slightly elevated. The resident's NJAC 8:43E-2.1 and E NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. According to the Admission Record, Resident #72 had diagnoses that included, but were not limited to: NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b Review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJAC 8:43E-2.1 and E, revealed the resident had a Brief Interview for Mental Status of NJAC 8:4 which indicated that the resident was NJAC 8:43E-2.1 and Exec Order 26, 4. b. Further review of the MDS revealed the resident was NJAC 8:43E-2.1 and Exec, had an NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. On 04/11/23 at 12:15 PM, the surveyor observed Resident #72 resting in bed with the HOB slightly elevated. The surveyor observed that the resident' NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. . The surveyor further observed a NJAC 8:43E-2.1 and Exec O attached to the resident's bed that was not being used. When interviewed, the resident stated they were unable to see the NJAC 8:43E-2.1 and Exec Order from where he/she laid but that the staff would usually have the NJAC 8:43E-2.1 and E On 04/17/23 at 10:56 AM, the surveyor observed	F 690	identified concern. 3. The Infection Control Preventionist will educate the nursing staff on the need to ensure that drainage bags do not make contact with the floor. The in-service will be completed by June 15, 2023. 4. The Infection Control Preventionist will conduct a random weekly audit on three (3) residents who have Foley drainage bags to ensure that the drainage bag are not touching the floor. Any identified concerns will be addressed. The Director of Nurses will review the results of the audits at monthly QAPI meetings for the three (3) months and follow up with feedback as needed.	

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F 690	Continued From page 33 Resident #72 resting in bed watching television. The surveyor observed that the resident's NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and NJAC 8:43E-2.1 and Exec Order 2 NJAC 8:43E-2.1 and E The surveyor further observed a new NJAC 8:43E-2.1 and Exec O in plastic on a chair that was positioned in front of the resident's bed. At 10:58 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM) accompanied the surveyor to the resident's room and confirmed that Resident #72's NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. At this time, the LPN/UM stated the resident's NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. During a follow up interview with the surveyor on 04/18/23 at 11:24 AM, the LPN/UM stated that nurses were responsible for monitoring the resident's NJAC 8:43E-2.1 and. The LPN/UM further stated that the Treatment Administration Record required the nurse to record the amount and to perform NJAC 8:43E-2.1 and E care. The NJAC 8:43E-2.1 and Exec Order was NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and should be secure in NJAC 8:43E-2.1 and Exec Order 26 time at all times, whether the resident was in or out of the bed. The LPN/UM added that the NJAC 8:43E-2.1 and Exec Order should be NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. During an interview with the surveyor on 04/21/23 at 9:44 PM, the Director of Nursing (DON) stated that Resident #72 was known to NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. in order to NJAC 8:43E-2.1 and Exec Orde NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and would then place the NJAC 8:43E-2.1 and Exec Order 26, 4. . The DON added that education was provided to the resident. Review of Resident #72's 02/6/23-04/20/23 Progress Notes revealed no documentation that	F 690		

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F 690	Continued From page 34 Resident #72 would NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and then place the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. Review of Resident #72's Care Plan revealed no documentation that indicated Resident #72 would pick up the NJAC 8:43E-2.1 and Exec Order and then place the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. . Review of the facility's "Catheter Care and Catheter Associated Tract Infections (CAUTI) Prevention Policy," reviewed on 09/2020, indicated that all urinary drainage systems should be maintained in a manner to prevent infection and cross-contamination. The policy further indicated to "Never allow drainage bag to lie on the floor." NJAC 8:39 - 19.4 (a)(5)	F 690		
F 730 SS=E	Nurse Aide Peform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7) §483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by: Based on interview and review of facility documentation, it was determined that the facility failed to evaluate the performance of all Nurse Aides (NAs) and Certified Nursing Assistants (CNAs) on an annual basis. This deficient practice occurred for 5 of 6 of the NAs and CNAs	F 730	1. The facility can not retroactively address the concern identified. 2. The Business Office Manager and the Administrator identified employees who were due/overdue for evaluations.	6/5/23

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F 730	Continued From page 35 whose personnel records were reviewed (NA #1, CNAs #1, 6, 7, & 8). The deficient practice was evidenced by the following: On 04/18/23 at 9:24 AM, the surveyor reviewed the employee files of 6 NAs and CNAs, which were provided by the facility. The surveyor identified the following: NA #1 had a hire date of [NJAC 8:43E-2.1 and E], to the housekeeping department, and a transfer date of [NJAC 8:43E-2.1 and E], from the housekeeping department to the nursing department. According to NA #1's personnel record, the last documented competency evaluation was [NJAC 8:43E-2.1 and E] as a housekeeper. The personnel record failed to reveal any nursing performance appraisal. CNA #1 had a hire date of [NJAC 8:43E-2.1 and E] According to CNA #1's personnel record, the last documented performance appraisal was [NJAC 8:43E-2.1 and E]. CNA #6 had a hire date of [NJAC 8:43E-2.1 and E]. According to CNA #6's personnel record, the last documented performance appraisal was [NJAC 8:43E-2.1 and E]. CNA #7 had a hire date of [NJAC 8:43E-2.1 and E] According to CNA #7's personnel record, the last documented performance appraisal was [NJAC 8:43E-2.1 and E]. CNA #8 had a hire date of [NJAC 8:43E-2.1 and E]. According to CNA #8's personnel record, the last documented performance appraisal was [NJAC 8:43E-2.1 and E]. During an interview with the surveyor on 04/18/23 at 10:25 AM, the Licensed Nursing	F 730	Department Heads were provided with a list of employees who needed evaluations completed for 2023. Evaluations were given to each department head for completion and review with employees. Evaluations due for 2023 will be completed by June 15, 2023. 3.The Administrator will receive and sign all completed evaluations and a weekly update will be sent to the Administrator for review. This information will be shared with the department heads on a weekly basis. The Payroll coordinator will send out monthly reports detailing which employees are due for evaluations to all department heads. 4. The Business Office Manager will audit 5 employees who are due for evaluations monthly and report findings at the monthly QAPI for 3 months and as needed.	

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Home Administrator (LNHA) stated that there were no additional performance appraisals. The LNHA stated that the performance appraisals for NAs and CNAs were a nursing responsibility but that the expectation was that performance appraisals were completed 90 days after a staff member was hired and then annually after. The LNHA stated that these were missed during the COVID-19 emergency.

During an interview with the surveyor on 04/18/23 at 10:43 AM, the Director of Nursing (DON) stated that she was unsure if annual performance evaluations were completed because of COVID-19.

During an interview with the survey team on 04/21/23 at 9:40 AM, the LNHA stated that employee performance appraisals were completed periodically and that all the employees had performance appraisals completed but that they were not completed annually. The LNHA acknowledged that the regulation stated that performance appraisals must be completed annually.

A review of the facility policy, "Performance Evaluation" with a reviewed date of 12/22 revealed that, "The job performance of each employee shall be reviewed and evaluated after the 90 day probationary period and annually thereafter". The facility policy also indicated, "Performance evaluations will be completed by the employees' department directors and supervisors and reviewed by the Administrator."

NJAC 8:39-43.17(b)

F 755	Pharmacy	F 755		6/5/23

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F 755 SS=D	Continued From page 37 Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility documents, it was	F 755	1. The facility disposes of medications properly, NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. according	

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determined that the facility failed to a.) properly dispose of a medication, b.) administer eye drops according to the physician's order, and c.) complete and maintain copies of Federal narcotic order forms (DEA 222 forms).

This deficient practice was identified for 2 of 3 nurses observed during the medication administration pass and two DEA 222 forms reviewed and was evidenced by the following:

1. On 04/06/23 at 8:02 AM, the surveyor observed Licensed Practical Nurse (LPN) #1 prepare medications for Resident #37. When dispensing the medication, LPN #1 dropped a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. on the medication cart. The LPN then picked up the tablet from the medication cart with a gloved hand and threw it away in the trash can attached to the medication cart.

During an interview with the surveyor on 04/06/23 at 8:55 AM, LPN #1 stated that if a medication is dropped, it should be disposed of in a medication disposal system that destroys the medication. The LPN further stated, "that is not what I did," and acknowledged disposing the medication in the medication cart trash can. The LPN added that it was important to properly destroy medications for resident safety.

During an interview with the surveyor on 04/06/23 at 9:20 AM, Registered Nurse/Unit Manager (RN/UM) #2 stated that if a nurse drops a medication, the nurse should destroy the medication in a medication disposal system.

F 755

to the physician's order, and completes and maintains copies of federal narcotic forms (DEA 222 forms) as required. On 4/6/2023, the unit manager educated LPN #1 on disposing of drugs appropriately and LPN #6 on dispensing medication according to the physician's order. Residents #47 and #90 had no ill effects from the identified concerns. On 4/19/23, the DON educated RN #2 on maintaining distribution records/invoices and the corresponding DEA 222 forms.

2. Current residents have the potential to be affected by the identified concerns.

3. The Assistant Director of Nurses will educate the nurses, the nurse managers, and the supervisors on:
a. Disposing of drugs appropriately.
b. Administation of medications according to the physician's order.
c. The Assistant Director of Nurses will educate the unit managers and supervisors on maintaining distribution records/invoices and the corresponding DEA 222 forms. These in-services will be completed by June 30,2023.

4.a. Unit managers will conduct a random weekly audit of two (2) residents who received eye drops on each unit to ensure that nurses administer eye drops according to the physician's order. Any identified concerns will be addressed.

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RN/UM #2 further stated that medication should not be thrown in the trash can because it can be taken out and that the medication disposal system uses a chemical to destroy the medication.

During an interview with the surveyor on 04/06/23 at 11:14 AM, the Director of Nursing (DON) stated that if a nurse drops a medication, the nurse should use the medication disposal system instead of throwing it away in the trash can. The DON further stated that the purpose of the medication disposal system was for disposal safety and the safety of the residents.

Review of the facility's Destruction and Disposal of Expired or Discontinued Medications policy, revised 10/2022, included, "Facility should destroy non-controlled medications in the presence of two licensed nurses by mixing the medication, either liquid or solid, with an undesirable substance. Undesirable substances include sand, coffee grounds, kitty litter, hand sanitizer, or other absorbent materials." Further review of the policy included, "Wasted single doses of non-controlled medications may be disposed by crushing the medication and adding to the plastic bag a substance that renders it unusable or pharmaceutical disposal system."

2. On 04/06/23 at 9:02 AM, the surveyor observed LPN #6 prepare medications for Resident #90. LPN #6 reviewed the resident's medications and stated she had to get a new NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. because the resident did not have any in the medication cart. After obtaining the new bottle of NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.

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4.b. Unit managers will conduct a random weekly audit of one (1) nurse with a drug that must be
deposing on drug destruction to validate appropriate drug disposal.
4.c. ADON will conduct a weekly random audit of drug reconciliation to ensure that the supervior/unit
manager maintains distribution records/invoices and the corresponding DEA 222 forms.
Areas of concern for these audits will be addressed. The Director of nurses will review the results of the audits at monthly QAPI meetings for the next three months and follow up with feedback as needed.

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and dispensing the remainder of the resident's medications, the LPN entered the resident's room. LPN #6 administered one drop of the artificial tears in both of the NJAC 8:43E-2.1 and Exec Order 26, 4. After administering the resident's medications, LPN #6 returned to the medication cart and signed off the medications as administered on the electronic Medication Administration Record (eMAR). Before the LPN started to prepare the medications for the next resident, the surveyor stopped LPN #6 to review Resident #90's medication orders.

During an interview with the surveyor on 04/06/23 at 9:16 AM, LPN #6 reviewed Resident #90's eMAR, which included the order, NJAC 8:43E-2.1 and " LPN #6 then stated she should have given the resident two drops of the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and that she could have prevented the error by pe[redacted]forming medication checks while preparing the medications.

During an interview with the surveyor on 04/06/23 at 9:20 AM, RN/UM #2 stated that nurses should read the physician's order for the instructions on how to administer the medications. RN/UM #2 further stated that if the instructions include administering multiple drops of the same eye drop, the nurse should not sign off on the medication as administered until all drops have been administered, "because that is when the order was completed."

During an interview with the surveyor on 04/06/23 at 11:14 AM, the DON stated that the nurse administering medications should read the

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physician's order on the eMAR to ensure they give the correct medication. The DON further stated that LPN #6 should have administered the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. prior to documenting the medication as administered.

Review of the facility's Medication and Treatment Record Administration policy, revised 10/2022, included, "Medications are administered as follows: Verify physician's order," "check medication label against transcribed medication order written on the [MAR]," "check container label again for accurate medication," "Dispense medication dose," and, "Document medication administration."

3. On 04/18/23 at 1:00 PM, the surveyor reviewed the facility's unlabeled binder that contained the facility copies of DEA 222 forms as well as the corresponding Distribution Record/Invoice form for the facility's provider pharmacy. There were two Distribution Record/Invoice forms, dated 12/21/22 and 01/30/23, that did not include the corresponding DEA 222 forms. The Distribution Record/Invoice dated 12/21/22 included an order for three narcotic medications - NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The Distribution Record/Invoice dated NJAC 8:43E-2.1 and E included an order for two NJAC 8:43E-2.1 and medications - NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. .

The facility obtained their provider pharmacy's copy of the DEA 222 forms, dated NJAC 8:43E-2.1 and E and NJAC 8:43E-2.1 and E, for the surveyor to review. On both

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F 755	Continued From page 42	F 755		

forms, Part 5 (number of medication received and date medication received) was not completed.

During an interview with the surveyor on 04/19/23 at 11:45 AM, RN/UM #2 stated she was responsible for ordering the facility's narcotic medications and explained that she fills out both the provider pharmacy's Distribution Record/Invoice and the DEA 222 forms. The RN/UM further stated that after the forms are filled out, she makes a copy of them for the facility to retain and sends the originals to the pharmacy. The RN/UM also stated that when the narcotics are delivered, she fills out Part 5 on the facility's copy of the DEA 222 form. When asked about the missing DEA 222 forms, RN/UM #2 stated that sometimes she leaves the forms with the Assistant Director of Nursing (ADON) for the physician to sign and it was possible that the ADON forgot to make a copy for the facility's binder. RN/UM #2 further stated that the ADON no longer works at the facility.

During an interview with the surveyor on 04/19/23 at 1:20 PM, the DON stated RN/UM #2 was in charge of ordering the facility's narcotics and that she was unable to answer any questions related to the DEA 222 forms.

Review of the provider pharmacy's Distribution Record/Invoice form, dated 08/2017, included the instructions to, "Maintain Distribution Record/Invoice along with DEA 222 form."

Review of the instructions included on the back of the DEA 222 form revealed a section titled, "Part 5. Controlled Substance Receipt," which

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F 755	Continued From page 43 included the following instructions: "1. The purchaser fills out this section on its copy of the original form. 2. Enter the number of packages received and the date received for each line item. 3. Purchaser must keep its copy of each executed order form and all copies of unaccepted or defective forms and any attached statements or other related documents available for inspection for a period of two years." Review of the facility's Controlled Drug policy, revised 10/2021, did not include DEA 222 forms. NJAC 8:39-29.2 (d) NJAC 8:39-29.4 (i) NJAC 8:39-29.7 (c)	F 755		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and	F 812		5/20/23

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F 812	Continued From page 44 serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility documentation, it was determined that the facility failed to handle potentially hazardous foods in a safe, consistent manner designed to prevent foodborne illness. This deficient practice was evidenced by the following: On 04/05/23 at 11:16 AM, the surveyor, in the presence of the Assistant Director of Food Service (ADFS), observed the following during the kitchen tour: 1. In the dry storage room, a employee's personal purse was stored on a shelf alongside kitchen paper products. The surveyor also observed a walker positioned against a box that was stored on a shelf. The surveyor observed the ADFS remove the purse and walker from the dry storage room. The ADFS stated the items belong to an employee and that they should not have been stored in the dry storage room. The ADFS further stated the employee's personal items should be in the office and that it was not normal practice to store personal items in the dry storage room. 2. In the dry storage room, a dented can of beets was stored on a rack alongside the undented cans. 3. In the dry storage room, two open packages of instant mashed potatoes wrapped in plastic, dated 4/22-4/24/22, was stored in a box with multiple unopened packages of mashed	F 812	1. Food Service Director and Assistant Food Service Director addressed areas that were identified during the survey at the time of discovery, including cleaning of equipment, storage of personal items, expired food, dented cans, storage of plastic utensils and storage of food. Equipment and food products that are required to be cleaned were inspected and immediately cleaned by the Food Service Director and the Assistant Food Service Director. 2. The concerns identified have the potential to affect the residents. 3. Dietary staff were re-educated on cleaning procedures, storage and disposal of food products and storage of plastic utensils on May 6, 2023. The staff member who's personal items were stored in the storage room was educated on not storing personal items in food areas. Above in-services were conducted by the Food Service Director. 4. Food Service Director will complete random weekly audits for three (3) months on the above mentioned concerns. These audits will include proper sanitation of equipment, storing and disposing of food products and storage of utensils. Any issues will be addressed immediately. Results will be	

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F 812	Continued From page 45 potatoes. The surveyor observed that a third package of mashed potatoes was opened and had spilled inside of the box. When interviewed, the ADFS stated the two packages of instant mashed potatoes should not have been stored in the box. 4. In the dry storage room, plastic bins containing disposable spoons, forks, and knives were stored on a shelf. The bins were uncovered and exposed the contents inside. When interviewed, the ADFS stated that they normally stored the disposable utensils in that manner. 5. In the walk-in freezer, four 3-gallon ice cream containers, two 2.5-gallon water ice containers, 32 boxes containing individual cups of ice cream, and 6 boxes containing mini-ice cream bars were stored directly on the floor of the walk-in freezer. When interviewed, the ADFS stated the boxes were delivered yesterday and that they were stored on the floor while they tried to find space to store them. 6. The surveyor observed that the mixer was covered in plastic. The ADFS stated the mixer had been cleaned and sanitized. Upon inspection, the surveyor observed brown unknown substance on the mixer. When interviewed, the ADFS stated that it should not be stored in that manner. 7. Inside of the ice machine, a brown sludge substance was observed on the white inner flap. The surveyor observed drops of water dripping onto the ice from the soiled white inner flap. The surveyor wiped the white flap with a paper towel and observed that the brown sludge was easily	F 812	reviewed at the monthly QAPI meetings for 3 months with follow up as needed.	

F 812

Continued From page 46

removed. When interviewed, the ADFS stated the white inner flap should not have brown sludge on it and that they try to clean the ice machine twice a week.

8. The can opener blade and holder were soiled with debris of an unknown substance stuck to the blade. When interviewed, the ADFS confirmed the surveyor's findings and stated that the blade and holder should not have build-up on the surface.

During an interview with the surveyor on 04/21/23 at 9:38 AM, the Licensed Nursing Home Administrator (LNHA) stated they did not have a policy that addressed the cleaning and sanitizing of kitchen equipment or personal property in the kitchen.

During an interview with the surveyor on 04/21/23 at 10:17 AM, the Food Service Director (FSD) stated that staff personal belongings should not be stored in the dry storage room and that the food service workers usually place their personal items in the locker or in the office. The FSD further stated that the disposable utensil bins should be covered.

Review of the facility's "Food Storage" policy, reviewed 11/2022, indicated that food was to be stored a minimum of six inches above the floor on clean racks, dollies, or other clean surfaces.

Review of the facility's "Ice Machines and Ice Storage Chest" policy, reviewed 11/2022, indicated that keeping the ice machine clean and sanitary would help prevent contamination of the ice. Contamination risks associated with ice and

F 812

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F 812	Continued From page 47 water handling practices may include but are not limited to: "b. Unclean equipment, including the internal components of ice machines that are not drained, cleaned, and sanitized as needed and according to manufacturer's specification." The policy further indicated that the facility would clean and sanitize the internal components of the ice machine according to manufacturer's guidelines. NJAC 8:39-17.2(g)	F 812		
F 814 SS=D	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to provide a sanitary environment for residents, staff and the public by failing to a.) keep the garbage container area free of garbage and debris and b.) have a closed cover over the opening of 2 of 2 garbage containers. This deficient practice was evidenced by the following: On 04/05/23 at 11:43 AM, the surveyor toured the kitchen with the Assistant Director of Food Service (ADFS). During the tour, the ADFS led the surveyor outside to the garbage storage area. The surveyor observed two Waste Management (WM) garbage containers which did not have a cover over the top opening. The surveyor	F 814	1. The dumpster area was immediately cleaned of debris at the time of the findings. The dumpster and adjacent areas were re-inspected by the Administrator, Director of Environmental Services and Food Service Director. Areas of concern were addressed. 2. The facility recognizes the concern and the potential it may have on the facility. 3. Housekeeping and dietary staff were in-serviced on the procedures for disposing of trash in the dumpster, cleaning schedule for the dumpster area and verifying that the ramp and area around the dumpster are free from debris	5/20/23

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F 814	Continued From page 48 observed garbage on the ground surrounding the two containers which included used/soiled disposable single- use gloves, used surgical masks, plastic bags, plastic bottles, potato chip bags, crushed aluminum food cans, cardboard boxes, fast food Styrofoam and paper cups, milk cartons, plastic juice containers, plastic straws, soda cans, plastic cups and plastic lids to cups, disposable utensils, wet leaves, and plastic bags containing soiled adult incontinence briefs. The surveyor also observed a strong odor surrounding the designated garbage area and a strong presence of flies. The surveyor interviewed the ADFS during the tour of the designated facility garbage area. The ADFS stated that it was the responsibility of the housekeeping department to keep the garbage area clean. The ADFS further stated that they also try to send two or three staff out to clean the garbage area and that the last time the area was cleaned was right before December of last year. During an interview with the surveyor on 04/20/23 at 1:38 PM, the Licensed Nursing Home Administrator (LNHA) stated that Waste Management comes monthly to pull the garbage containers out so that the area can be cleaned. During a follow up interview with the surveyor on 04/21/23 at 9:38 AM, the LNHA stated that they did not have a policy that addressed the outside garbage containers. NJAC 8:39-19.7	F 814	by the Food Service Director and the Director of Environmental Services on 4/5/23 and 4/6/23. In addition, the garbage company was contacted to move the dumpsters out weekly so that the staff are able to clean behind them on a weekly basis. The garbage company was also contacted to replace the dumpster that had the broken lid. 4. The Environmental Services Director will inspect the dumpster and adjacent area one (1) time daily to verify the area remains free from debris. Areas of concern will be addressed and rectified. The Environmental Services Director will review the results of the audits at the QAPI meetings monthly for the next three (3) months with follow up as needed.	
F 836 SS=F	License/Comply w/ Fed/State/Locl Law/Prof Std CFR(s): 483.70(a)-(c)	F 836		5/31/23

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F 836	Continued From page 49 §483.70(a) Licensure. A facility must be licensed under applicable State and local law. §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph. This REQUIREMENT is not met as evidenced by: Complaint # NJ00158284, #NJ00156797 Refer to 677	F 836	1. The facility can not retoractively address the concern identified. The Administrator and the DON reviewed	

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F 836	Continued From page 50	F 836		

Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the State of New Jersey for (a) 3 of 7 day shifts, reviewed, 1 of 7 evening shifts,and 3 of 7 overnight shifts reviewed for a one week period (08/07/22 to 08/13/22), (b) 6 out of 7 day shifts reviewed during a one week period (from 09/25/2022 to 10/01/2022) (c) 14 of 14 day shifts and 2 of 14 overnight shifts during a 2 week period (03/19/2023 to 03/25/2023 and 03/26/2023 to 04/01/2023) and (d) ensure that [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.] was provided to a dependent resident in a timely manner (Resident #77).

Findings include:

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

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

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

recruitment procedures in place. The facility has hired 25 nurses over the last 6 months. Incentive bonuses are in place, agency staff are utilized as needed. The facility instituted a hiring incentive for all nurses and certified aides. Rates for both nurses and certified aides were reviewed and increases and shift differential were given to all existing staff as well as all new hires. Nursing schools and CNA schools have been contacted for recruiting. Student nurses who perform their clinical rotation in the building are being interviewed for hire upon graduation. Advertising is being done on various hiring sites. Nursing management is on call on a rotating basis and work when needed to assist with staffing issues. Daily staffing meetings are held with the DON and staffing coordinator to verify that staff levels are being acheived. All open shifts are posted daily.

2. The facility recognizes the concerns may affect the resident.

3. DON will monitor daily staffing and will continue to meet with the staffing coordinator and continue to review the schedules. DON will be responsible to verify staffing levels to ensure the facility is meeting current requirements. Staffing is reviewed with supervisors daily.

4. DON will review recruitment and retention on an ongoing basis and report results to at the QAPI meeting monthly with continued montioring.

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F 836	Continued From page 51 nurse aide duties: and 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. 1. For the week of 08/07/22 to 08/13/22, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts, deficient in CNAs to total staff on 1 of 7 evening shifts, and deficient in total staff for residents on 3 of 7 overnight shifts as follows: 08/07/22 had 6 CNAs for 113 residents on the day shift, required 14 CNAs. 08/07/22 had 5 CNAs to 14 total staff on the evening shift, required 7 CNAs. 08/08/22 had 8 CNAs for 109 residents on the day shift, required 14 CNAs. 08/08/22 had 7 total staff for 109 residents on the overnight shift, required 8 total staff. 08/11/22 had 11 CNAs for 107 residents on the day shift, required 13 CNAs. 08/11/22 had 7 total staff for 107 residents on the overnight shift, required 8 total staff. 08/13/22 had 6 total staff for 107 residents on the overnight shift, required 8 total staff. 2. For the week of staffing from 09/25/2022 to 10/01/2022, the facility was deficient in CNA staffing on 6 of 7 day shifts as follows: 09/25/22 had 9 CNAs for 124 residents on the day shift, required 15 CNAs. 09/26/22 had 9 CNAs for 124 residents on the day shift, required 15 CNAs. 09/28/22 had 13 CNAs for 122 residents on the	F 836		

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day shift, required 15 CNAs.
09/29/22 had 14 CNAs for 122 residents on the day shift, required 15 CNAs.
09/30/22 had 13 CNAs for 122 residents on the day shift, required 15 CNAs.
10/01/22 had 11 CNAs for 122 residents on the day shift, required 15 CNAs.

3. For the 2 weeks of staffing (03/19/2023 to 03/25/2023 and 03/26/2023 to 04/01/2023), the facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 2 of 14 overnight shifts as follows:

03/19/23 had 9 CNAs for 115 residents on the day shift, required 14 CNAs.
03/20/23 had 8 CNAs for 114 residents on the day shift, required 14 CNAs.
03/21/23 had 9 CNAs for 114 residents on the day shift, required 14 CNAs.
03/22/23 had 10 CNAs for 114 residents on the day shift, required 14 CNA
03/23/23 had 11 CNAs for 114 residents on the day shift, required 14 CNAs.
03/24/23 had 12 CNAs for 115 residents on the day shift, required 14 CNAs.
03/25/23 had 11 CNAs for 115 residents on the day shift, required 14 CNAs.

03/26/23 had 5 CNAs for 115 residents on the day shift, required 14 CNAs. (23 residents per CNA)(weekend)
03/27/23 had 6 CNAs for 115 residents on the day shift, required 14 CNAs. (19 residents per CNA)
03/28/23 had 9 CNAs for 115 residents on the day shift, required 14 CNAs.

F 836

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F 836	Continued From page 53 03/29/23 had 13 CNAs for 114 residents on the day shift, required 14 CNAs. 03/30/23 had 10 CNAs for 111 residents on the day shift, required 14 CNAs. 03/30/23 had 7 total staff for 111 residents on the overnight shift, required 8 total staff. 03/31/23 had 10 CNAs for 111 residents on the day shift, required 14 CNAs. 04/01/23 had 9 CNAs for 111 residents on the day shift, required 14 CNAs. 04/01/23 had 7 total staff for 111 residents on the overnight shift, required 8 total staff. During an interview with the surveyor on 04/05/23 at 11:07 AM, Resident # 37 stated that the facility has been short staffed since COVID. During an interview with the surveyor on 04/05/23 at 11:53 AM, Resident #2 stated they[the nurses] are short staffed, but they do the best they can and sometimes I have to wait a little. The weekend staff is very short. During an interview with the surveyor on 04/05/23 at 11:27 AM, Resident #46 stated that sometimes there was not enough staff to assist with care, but it depended on the shift. There were times when no one came to change me, but he/she could not be specific on the day. During an interview with the surveyor on 04/06/23 at 11:08 AM, CNA# 4 stated she is an agency CNA and has worked all the units. She stated she had 9 residents on her assignment and usually has 8-9 residents on the subacute unit (short stay unit). If we were short staffed, we try to help each other. Sometimes it can be tough, but we try to work together and help each	F 836		

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F 836	Continued From page 54 other. I do not work the weekends so I cannot comment on the staffing on the weekends. During an interview with the surveyor on 04/14/23 at 9:49 AM, CNA #4 stated that she had 20 residents on her assignments because she was one of two (2) CNAs working on the NJAC 8:43E Unit. During an interview with the surveyor on 04/21/23 at 09:28 AM, the staffing coordinator stated that she was aware the state staffing requirements were one CNA for every eight residents during the 7:00 AM - 3:00 PM shift, one direct care staff member for every 10 residents on the 3:00 PM - 11:00 PM shift, and one direct care staff member for every 14 residents on the 11:00 PM - 7:00 AM shift. NJAC 8:39-5.1(a)	F 836		
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident	F 842		6/5/23

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F 842	Continued From page 55 that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.	F 842		

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F 842	Continued From page 56 §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Complaint #NJ00157742, #NJ00158284 Based on observation, interview and record review, it was determined that the facility failed to maintain complete, accurate and readily accessible medical records. This deficient practice was identified for 4 of 28 residents reviewed (Resident #24, #37, #117, and #221). This deficient practice was evidenced by the following: 1. On 04/05/23 at 11:26 AM, during the initial tour of the [NJAC 8:43E] Unit, the surveyor observed Resident #24 awake and alert sitting in a wheelchair with the activities aide in the activity day room. The resident stated that he/she had lost weight in the past years and now weighs [NJAC 8:4] pounds. On 04/12/24 at 12:38 PM, the surveyor observed Resident #24 sitting in his/her room eating his/her lunch. The resident was observed feeding himself/herself and ate about 50% of his/her	F 842	1. The facility maintains complete, accurate, and readily accessible medical records. Residents #24, #37, #117,and #221 had no ill effect from these identified concerns. 2. Current residents have the potential to be affected by these identified concerns. 3. Resident #24 - The registered dietitian was in-serviced on 4/19/23 by the Administrator on the need to maintain a complete, accurate, and readily accessible medical record related to the resident weights. Resident #221 The Assistant Director of Nursing will in-service nursing staff on documenting results of assessment when sending resident to the hospital. The in-service will be completed by June 30,2023.	

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F 842	Continued From page 57 meal and drank his/her milk and apple juice. Review of the hybrid paper chart and electronic medical record (EMR) revealed that Resident #24 was readmitted to the facility on NJAC 8:43E-2.1 and E status NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. Review of the admission record revealed Resident #24 was admitted to the facility with diagnoses including but not limited to: NJAC 8:43E-2.1 and E NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exe Review of the Registered Dietitian (RD) notes titled "Dietary Readmission Assessment," dated 12/02/22, revealed that Resident #24 was readmitted from the hospital and presented with an NJAC 8:43E lbs. weight loss during hospitalization. The RD recommended a supplement daily to support nutrition and the resident would resume a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The RD would monitor PO (oral) intake, weights, labs, and NJAC 8:43E-2.1 and Exec Order 26.. A follow up RD note titled "Weight Change Investigation," dated 12/21/22, revealed the following: The resident's appetite was NJAC 8:43E-2.1 and in the hospital and recently admitted to facility with a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The residents NJAC 8:43E-2.1 and Exec O was expected post-surgery and his/her appetite has improved and oral supplements started upon readmission. The RD will continue to monitor the resident's labs, weights, oral intake, and NJAC 8:43E-2.1 and Exec Orde. Will	F 842	Resident #37 The Assistant Director of Nursing will in-service nursing staff on the need to document post-incident documentation in residents' progress notes. The in-service will be completed by June 30,2023. Resident #117 The Assistant Director of Nursing will in-service RN nursing staff on the need to complete and document RN assessment findings after pronouncing an expired resident. This education will be completed by June 30,2023. 4. The Registered Dietitian will conduct a random weekly audit for three (3) months on two (2) newly admitted or re-admitted residents' medical records to ensure that the weight is obtained and recorded in the Resident's medical record for easy accessibility. Any identified concerns will be addressed. The unit manager will conduct a random weekly audit for three (3) months of one (1) resident's medical record when a resident is transferred to the hospital to ensure that assessment findings are documented in the medical record. Any identified concerns will be addressed. The unit manager will conduct a random weekly audit for three (3) months on one (1) resident's medical record post-incident to validate the existence of post-incident documentation in the progress note. Any identified concerns will be addressed.	

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F 842	Continued From page 58 continue to follow quarterly and as needed. Review of Resident #24's care plan reflected the supplement intervention added to the nutrition care plan on NJAC 8:43E-2.1 and E Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the managment of care, dated 12/15/22, revealed a Brief Interview for Mental Status (BIMS) score of NJAC 8:43E-2 indicating Resident #24 was NJAC 8:43E-2.1 and Exec NJAC 8:43E-. Section NJAC of the MDS indicated Resident #24was independent with eating and Section NJAC revealed a NJAC 8:43E-2.1 and Exec O while not on a prescribed NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., Review of the paper chart revealed the resident weights were documented monthly as follows: November 2022- NJAC 8:43E-2 lbs. December 2023- NJAC 8:4 lbs. January 2023- NJAC 8:4 lbs. February 2023- NJAC 8:4 lbs. Review of Resident #24's weights in the EMR revealed the following: 11/1/22- NJAC 8:43E-2 lbs. 12/1/22- NJAC 8:43E-2 lbs. 01/02/23- NJAC 8:4 lbs. 02/01/23- NJAC 8:4 lbs. 02/16/23- NJAC 8:4 lbs. 02/17/23- NJAC 8:43 lbs. 03/08/23- NJAC 8:43E-2 lbs. 04/07/23- NJAC 8:4 lbs. Review of Resident #24's hybrid paper chart and EMR revealed no documentation of weekly weights obtained after the readmission on NJAC 8:43E-2.1 and E or further dietitian documentation since	F 842	Unit managers will review the progress notes of residents, for three (3) months on residents who have expired and were pronounced in the facility to ensure that assessment findings were documented in the progress note. Any identified concerns will be addressed. The Director of Nurses will review the results of all the audits at monthly QAPI meetings for the next 3 months and follow up with feedback as needed.	

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12/21/22.

During an interview with the surveyor on 04/13/23 at 11:11 AM, the RD stated that if a resident had a significant weight loss, then the resident would be reweighed, an investigation would be started, interventions would be implemented, weights would be followed, and the doctor and nursing would be notified. For any admissions or readmissions, the resident's weights would be obtained on day one, then day 2 and then weekly weights for 4 weeks. The weights would be put into the medical record by nursing or the unit clerk. The RD stated that Resident #24 should have been placed on
NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.

During an interview with the surveyor on 04/13/23 at 11:20 AM, Certified Nursing Assistant (CNA) #3 stated that the CNAs would obtain the resident's weights monthly and weekly and would write the weights on a sheet of paper and give them to the unit secretary. The CNA was not sure who put the weights in the chart or EMR.

During an interview with the surveyor on 04/13/23 at 11:43 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM) stated that all residents who were admitted and readmitted would get weighed upon admission and if there was a significant weight loss then the resident would be reweighed again, and the RD would let nursing know if any interventions such as weekly weights or supplements were recommended. At that time, the unit secretary stated that all new admissions and readmissions would be weighed the day of admission and weekly for 4 weeks.

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During a follow up interview with surveyor on 04/14/23 at 10:31 AM, the RD confirmed that there was no further RD documentation including further assessments or weekly weights in the paper chart or EMR for Resident # 24 since 12/22. The RD stated, " I'm sorry I should have written nutrition notes."

Review of late entry Nutrition/Dietary note dated 04/14/23 at 10:45 AM revealed a late entry note for Resident # 24. The RD documented that Resident #24 had a significant NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1 Weekly weights were obtained in December and weights were stable at NJAC 8:43E lbs. (15TH NJAC 8:4 lbs., 22nd NJAC 8:4 lbs., 12/29 NJAC 8:43E-2 lbs.) 1/2/23 weight: NJAC 8:43E-2 lbs. In Feb. 2023 weight was NJAC 8:43 # it was a NJAC 8:43E-2.1 and Exec O but not a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. in weight. [Supplement] (1) 8oz container provides 220 calorie./10 grams of protein had been ordered. Weights obtained for Feb.2023 remained at NJAC 8:4 lbs on 2/1/23, NJAC 8:4 lbs on 2/15/23, NJAC 8:4 lbs on 2/17/23. The RD note was documented after surveyor inquiry.

On 04/17/23, the LNHA provided the surveyor with a typed document titled "Weight Summary for Resident #24 dated 04/17/23 that revealed the following weight summary:
04/07/23- NJAC 8:4 lbs
03/08/23- NJAC 8:43E-2 lbs.
02/17/23- NJAC 8:43 lbs.
02/15/23- NJAC 8:4 lbs.
02/01/23- NJAC 8:4 lbs.
01/02/23- NJAC 8:4 lbs.
12/29/22- NJAC 8:43E-2 lbs.
12/22/22- NJAC 8:4 lbs.
12/15/22- NJAC 8:43 lbs.

NJA

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12/09/22- NJAC 8:43E-2 lbs. (reweight)
12/09/22- NJAC 8:4 lbs.
12/08/22- NJAC 8:43E-2 lbs. (reweight)
12/08/22- NJAC 8:4 lbs,
11/01/22- NJAC 8:43E-2 lbs.
10/01/22- NJAC 8:43E-2 lbs.
09/01/22- NJAC 8:43E-2 lbs.
08/01/22- NJAC 8:43E-2 lbs.
This document was provided after surveyor inquiry.

During a follow up interview with the surveyor on 04/17/23 at 12:30 AM, the RD stated that the typed list of weights provided to the surveyor was not part of the medical record. The RD stated that the weights were obtained from the LPN/UM from her paper notes but were not put in the EMR or paper chart. The RD stated that there should have been more follow up on Resident #24 weights and that she should have written further notes about monitoring the resident's nutrition. The RD added that she should have documented the weekly weights in the EMR.

During a follow up interview with the surveyor on 04/17/23 at 12:57 PM, the LPN/UM stated that the readmission weekly weights should have been documented in the medical records.

During an interview with the surveyor on 04/19/23 at 9:31 AM, the unit secretary stated that when the monthly weights were obtained, she documented them in the paper chart or EMR, but the weekly weights were given to the RD.

During an interview with the surveyor on 04/19/23 at 9:47 AM, the Licensed Nursing Home Administrator (LNHA) stated that it was important

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for the RD to document the weights and the continued monitoring of the resident, so the resident doesn't continue to lose weight.

Review of the facility policy titled "Residents Weights," reviewed and approved 12/22, reflected that weights were obtained upon admission or readmission then weekly for the first 4 weeks after admission to document trends such as slow and progressive weight changes. Weights will be monitored over time to identify weight loss/gain. The dietitian will document in the medical record any weight changes and interventions initiated.

2. Review of the Admission Face Sheet revealed Resident #221 was admitted to the facility with diagnoses including but not limited to: NJAC 8:43E-2.1 and Exec

Review of the admission MDS, dated NJAC 8:43E-2.1 and E, revealed a BIMS score of NJAC 8:43E-2 indicating Resident #221 was NJAC 8:43E-2.1 and Exec Order 26, 4. b. . Section NJAC of the MDS indicated that the resident was NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. .

Review of the Physician Order Sheet (POS) revealed a telephone order dated NJAC 8:43E-2.1 and Ex to "NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.] to evaluate and treat."

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F 842	Continued From page 63 Review of the Physician Discharge Summary, dated NJAC 8:43E-2.1 and 8 revealed the discharge disposition was to the hospital and a handwritten note "Transfer to Hospital." Review of the physician's progress note, dated NJAC 8:43E-2.1 and 8, revealed under Chief Complaint/Nature of Presenting Problem: "Patient complains of NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) was evaluated by nursing family call 911 to have patient evaluated in ER. Patient family did not want [to] wait for me to evaluate patient. Facility informed. Patient NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1." Review of Resident #221's hybrid paper chart and EMR progress notes revealed no documentation that on 09/27/22 the resident was evaluated by nursing or was transferred to the hospital. During an interview with the surveyor on 04/14/23 at 10:53 AM, LPN #5 stated that if a resident had a change in status NJAC 8:43E-2.1 and Exec Order 26. the nurse would check vital signs, oxygen level, and the unit manager would then evaluate the resident. The doctor would be notified and depending on the evaluation, the resident may be sent to the hospital. LPN #5 stated that this would be documented in the skilled nurse's note or the nurse's progress notes in the medical record. During an interview with the surveyor on 04/14/23 at 10:54 AM, RN/UM #1 stated if a resident had a change in status or anything out of the ordinary then a nursing assessment should have been completed and documented in the nurse's progress notes. If the resident's family	F 842		

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F 842	Continued From page 64 had called 911 and the resident was sent to the hospital, then I would expect the nurse to have written a note in the medical chart. During an interview with the surveyor on 04/14/23 at 2:01 PM, LPN #2 stated that if a resident had a change in condition, such as [NJAC 8:43E], she would assess the resident to make sure they are stable then notify the unit manager. LPN #2 continued that the UM would evaluate the resident and notify the doctor. LPN #2 stated that this would be documented in the nurse's skilled note or nurse's progress notes in the medical record. On 04/14/23 at 2:51 PM, the LNHA stated that she could not find any further documentation in the hybrid medical record for 09/27/22. During an interview with the surveyor on 04/18/23 at 10:25 AM, the DON stated that she would expect the nurses to assess a resident with a change in condition ([NJAC 8:43E-2.1 and Exec Order]), notify appropriate parties, such as the supervisor, doctor and family, and document this in the nurse's progress notes in the medical record. The DON stated that the nurses should have documented in the medical record the nursing assessment of the resident, that the family called 911, and that the resident was transferred to the hospital. During a follow-up interview with the surveyor on 04/19/23 at 10:05 AM, the LNHA stated that the nurse should have documented the evaluation of Resident # 221, that the family had called 911 and that the resident was [NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1] [NJAC 8:43E-2.1 an].	F 842		

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3. On 04/05/23 at 11:15 AM, the surveyor observed Resident #37 sitting up on the edge of their bed. The resident showed the surveyor his/her NJAC 8:43E-2.1 and Exec Order 2 NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and and stated that he/she NJAC 8:43E-2.1 and Exec Order 2 NJAC 8:43E-2.1 and Exec Order 26 in the past.

According to the Admission Record, Resident #37 had diagnoses that included, but were not limited to: NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1..

Review of the resident's quarterly MDS, dated 03/07/23, included the resident had a BIMS score of NJAC 8:4" which indicated the resident's NJAC 8:43E-2.1 and E was NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. Further review of the MDS included the resident was independent with locomotion on and off the unit and used a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1." daily.

Review of the resident's Care Plan, revised 03/01/23, included a focus that "The resident is an NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. r/t [related to] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.."

Review of the resident's Incident/Accident Report, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., revealed the resident NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1..

Review of the resident's Reportable Summary and Conclusion, dated NJAC 8:43E-2.1 and E, revealed the facility received a phone call from the hospital at approximately NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. stating the police brought the resident to the hospital after

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	315176	A. BUILDING ______ B. WING ______	C 04/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD CARE CENTER	**185 TUCKERTON ROAD MEDFORD, NJ 08055**

(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 842	Continued From page 66 being found outside. Further review of the Reportable Summary and Conclusion revealed that the resident returned to the facility at approximately 12:00 AM and was placed on NJAC 8:4 NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and then NJAC -minute checks for the following NJAC hours. Review of the resident's August 2022 physician's orders revealed the only order written between NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. was "Start NJAC minute checks - continue till [sic] further notice" with a diagnosis of NJAC 8:43E-2.1 and Exec Order 26, 4." Review of the resident's physician progress note, dated 08/28/22, did not include the resident's elopement. Further review of the progress note revealed, "No nursing issues or concerns at this time." Review of the resident's electronic progress notes, dated 08/25/22 through 08/31/22, did not include the resident's elopement. Review of the resident's paper Interdisciplinary Progress Notes revealed there were no progress notes written on 08/26/22 through 08/29/22. A progress note, dated 08/30/22 at 9:00 PM, included, "Resident on close observation by staff. Noted to NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.." The following progress note, dated 09/01/22, included, NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. There was no progress note written in August 2022 that included the resident's NJAC 8:43E-2.1 and Exec C. During an interview with the surveyor on 04/13/23 at 12:30 PM, LPN #1 stated that when there is a resident incident, such as an	F 842		

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F 842	Continued From page 67 NJAC 8:43E-2.1 and Exec, the nurse will notify the supervisor and complete an incident report, which is not part of the resident's medical record. LPN #1 further stated that incidents are not documented in the resident's medical record, but post-incident notes are documented under the progress notes. During an interview with the surveyor on 04/13/23 at 12:37 PM, Registered Nurse/Unit Manager (RN/UM) #2 stated that when there is a resident incident, the nurse completes an incident report and documents the incident in the resident's progress notes. RN/UM #2 further stated that it is important to document resident incidents in the medical record for "continuity of care between shifts." During an interview with the surveyor on 04/13/23 at 12:46 PM, the DON stated that resident incidents were documented on incident reports and in the progress notes. The DON further stated that incidents should be documented in the resident's medical record to "reflect the resident's actual condition." During an interview with the surveyor on 04/13/23 at 1:09 PM, the LNHA stated that the nurse is responsible for completing incident reports, which are not part of the resident's medical record. The LNHA further stated that nurses were supposed to write a progress note related to the incident in the resident's medical record. During a follow-up interview with the surveyor on 04/21/23 at 9:40 AM, the LNHA stated that Resident #37's NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. should have been documented in the medical record.	F 842		

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F 842	Continued From page 68 4. According to the Face Sheet, Resident #117 had diagnoses that included, but were not limited to: NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. Review of the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. MDS indicated Resident #117 NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The surveyor reviewed the closed paper chart for Resident #117. Review of Resident 117's Progress Notes revealed a NJAC 8:43E-2.1 a 3 nurses note (NN) that indicated the resident was found NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. . The NN further revealed that they were unable to obtain NJAC 8:43E-2.1 and Exe and that the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 a . On 04/14/23 at 2:52 PM, the surveyor reviewed the 01/22/23 NN with the LNHA who stated the NN was completed by a LPN. At which time, the surveyor requested the documentation of the RN assessment of the resident. The LNHA stated that she did not see the RN assessment note in the closed paper chart and would have to get back to the surveyor. During a follow-up interview with the surveyor on 04/17/23 at 9:10 AM, the LNHA stated the RN who completed Resident #117's assessment was currently out of the country. The LNHA further stated the RN completed the New Jersey NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. form but did not write a NN. The LNHA added that she reviewed Resident #117's medical record and confirmed that she could not find the RN assessment note for the resident. The LNHA further stated the RN who assessed the resident	F 842		

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F 842	Continued From page 69 should have written a NN. During an interview with the surveyor on 04/17/23 at 10:11 AM, the DON stated that it was the responsibility of the RN to assess and pronounce a NJAC 8:43E-2.1 and Exec Order 26. The RN accesses the resident for NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. The DON added that she expected the RN to document the assessment in the resident's medical record. The DON further stated that it was important to document the RN assessment in the medical record to communicate the resident's NJAC 8:43E-2.1 and Exec O NJAC 8:43E-2.1 and Exec Order 26, 4. b. During a follow-up interview with the surveyor on 04/17/23 at 10:32 AM, the LNHA stated she reviewed the NJAC 8:43E-2.1 and noted that the NJAC 8:43E-2.1 NJAC 8:43E-2.1 and Ex was completed. She then reached out to the NJAC 8:43E-2.1 and Exec Order 2, and they were able to tell her the name of the RN that completed the NJAC 8:43E-2.1 form. Review of the facility's Medical Records policy, revised NJAC 8:43E-2.1 and, included, "The purpose of documenting in the clinical record includes: To plan for patient care and provide for continuity in information about the patient's medical treatment including communication among professionals from different disciplines and on different shifts." Further review of the policy included, "Documentation in records will be consistent, directly related to services provided, and in compliance with legal, risk management, and clinical care standards. The following guidelines apply to documentation in the record: ... Entries must be timely: document any critical incidents, interactions or communications with residents	F 842		

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F 842	Continued From page 70 and/or families as they occur, no later than prior to the completion of their shift." Review of the facility's "Death Certificate Policy," reviewed 08/2022, indicated that the RN creating the [EDRS] form would note the case number. The case number would then be documented in the resident's medical record. The policy also revealed that the nursing staff would complete the documentation and procedures related to resident's death. NJAC 8:39-35.2 (d)	F 842		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315176		6/15/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD CARE CENTER	185 TUCKERTON ROAD MEDFORD, NJ 08055

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 F0677 Reg. # 483.24(a)(2) LSC	Correction Completed 06/05/2023	ID Prefix F0684 Reg. # 483.25 LSC	Correction Completed 06/15/2023	ID Prefix F0686 Reg. # 483.25(b)(1)(i)(ii) LSC	Correction Completed 05/31/2023
ID Prefix F0689 Reg. # 483.25(d)(1)(2) LSC	Correction Completed 06/05/2023	ID Prefix F0690 Reg. # 483.25(e)(1)-(3) LSC	Correction Completed 06/05/2023	ID Prefix F0730 Reg. # 483.35(d)(7) LSC	Correction Completed 06/05/2023
ID Prefix F0755 Reg. # 483.45(a)(b)(1)-(3) LSC	Correction Completed 06/05/2023	ID Prefix F0812 Reg. # 483.60(i)(1)(2) LSC	Correction Completed 05/20/2023	ID Prefix F0814 Reg. # 483.60(i)(4) LSC	Correction Completed 05/20/2023
ID Prefix F0836 Reg. # 483.70(a)-(c) LSC	Correction Completed 05/31/2023	ID Prefix F0842 Reg. # 483.20(f)(5), 483.70(i)(1)-(5) LSC	Correction Completed 06/05/2023	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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

FOLLOWUP TO SURVEY COMPLETED ON	
4/21/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO