STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. BUILDING _____ B. WING _____	C 02/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK CRESCENT HEALTHCARE & REHABILITATION CENTER	480 PARKWAY DRIVE EAST ORANGE, NJ 07017

(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 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH). The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Survey Dates: 02/21/23-02/23/23 Survey Census: 164 Sample Size: 12 Supplemental Residents: 0 A deficiency was related to Intake ID NJ00153326 at F609. A deficiency was related to Intake ID NJ00156153 at F684. No deficiencies were issued related to Intake ID NJ00160062, NJ00157401, and NJ00152330.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve	F 609		3/31/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/13/2023

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F 609	Continued From page 1 abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint # NJ00153326 Based on interviews, record review, and facility policy, the facility failed to report an allegation of potential abuse to the State Survey Agency for one of 4 residents (Resident (R) 2) reviewed for abuse. Findings include: Review of the facility's policy titled, "Abuse and Neglect Policy and Procedure," dated 11/2022 stated, "This facility is dedicated to ensuring the prevention, protection, prompt reporting and needed interventions in response to any alleged, suspected or witnessed abuse, neglect, mistreatment . . . of any facility resident . . . The facility will not condone the abuse/neglect of any resident by anyone including, but not limited to, staff members, . . . The Department of Health and & Senior Services, and the Office of the Ombudsman if resident is 60 or over, will be	F 609	I. Corrective action(s)accomplished for resident(s)affected: • Resident # 2 no longer resides in this facility. II. Residents identified having the potential to be affected and corrective action taken: • All residents residing in the facility have the potential to be affected by this deficient practice. • All Staff were educated by the Assistant Director of Nursing (ADON)/designee regarding the Abuse Policy and investigating and reporting any allegation of abuse to the Department of Health (DOH) III. Measures will be put into place to ensure the deficient practice will not recur: • A new measure was implemented, the Director of Nursing (DON)/Designee will	

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F 609	Continued From page 2 notified immediately (as soon as possible but not to exceed 2 hours) of the incident, followed by a written report within 5 days of the incident and if the alleged violation is verified, the facility shall take all appropriate corrective action . . . The term 'immediately' means not later than 2 hours after the allegation is made if the events that cause the allegation result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury . . ." Review of R2's "Admission Record" located in the electronic medical record (EMR) under the "Profile" tab indicated she was admitted to the facility on [redacted] with a primary diagnosis of [redacted]. R2 was discharged from the facility on [redacted] and did not return. Review of R2's 5-day "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of [redacted] revealed a "Brief Interview for Mental Status (BIMS)" was conducted and scored [redacted] indicating she was [redacted] in the test. Review of R2's "Progress Notes" located in the EMR under the "Progress Notes" tab, and dated [redacted] at 2:03 PM, stated, "The writer [supervisor] called to unit to due to conflict between resident daughter [Certified Nursing Assistant (CNA) 2] ... who assigned to 7 to 3 shift as a employee to work on fourth floor, and another employee. As per patient daughter 'my mom was being abuse and I want my mom out of here.' She stated she went downstairs to visit her mom and observed two aides have her mom on	F 609	confirm that all abuse allegations have been fully investigated and reported to the DOH by utilizing the Abuse Investigation Checklist Form. The DON will report any concerns to the Administrator with follow up actions as necessary. IV. Corrective actions will be monitored to ensure the deficient practice will not recur: • The DON/designee will conduct monthly audits times 3 months of all Abuse Investigation Checklist Forms to ensure all allegations of abuse have been investigated and reported to the DOH. • The DON/designee will analyze and trend Abuse Investigation Checklist Form report findings and report outcomes to the Quality Assurance Committee quarterly x1 quarter for recommendations as necessary	

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the [redacted] She ask both staff what are they doing to her mom, which the response that she gets is that they were weighing her. She states during that time the [redacted] were off her mom and they are to be on at all time. Daughter informed the staff are allow to removed [sic] the [redacted] when necessary such as obtaining weight. Patient daughter then stated she wants her mom to be transfer from here because she don't trust anyone with her mom. She call [sic] transportation and request to have her mom leave. She stated the primary MD [medical doctor] in community is aware and approve with her for transfer. The writer in the present of daughter ask the patient if there is any type of abuse from staff since she is in facility. She verbalized she was never abuse by anyone."

Review of the facility's investigation started on [redacted] and completed on [redacted] included review of the incident on [redacted] and employee witness statements. Investigative findings included " ...when [CNA2] articulated that her mother was being abused, she was not able to give any details of abuse to the nursing supervisor and there was no abuse suspected at the time. Later on during the shift she gave varying accounts to another nurse that the aide had [redacted] and then another account that she [redacted] . . ." The investigation was signed by the Director of Nursing (DON) on 0[redacted].

Review of Registered Nurse (RN) 1 "Employee Statement Form," dated [redacted], and provided by the facility stated, ". . . [CNA2] stated 'I want my mom transfer [sic] out facility because she is being abuse [sic] ..."

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Review of CNA2 "Employee Statement," dated [redacted], and provided by the facility stated, ". . . [redacted] . . . as words between the both of us carried on [redacted] to call Assistant Director of Nursing (ADON). After [redacted] "

Review of Registered Nurse (RN) 2 "Employee Statement," dated [redacted], and provided by the facility stated, "I [RN]2 was the nurse for the 3-11:30pm shift on [redacted]. At approximately 3:45 PM I was doing rounds when the daughter of [R2] stated that she wanted her mother transferred out to the hospital for evaluation because her CNA [redacted] and her mother [redacted] and was now [redacted] ...she wanted her mother to be transferred now because it was not the pillow but the bed that the [redacted] . . ."

During an interview on 02/21/23 at 3:45 PM, the Administrator stated he had worked at the facility for the past three and a half months and upon review of the facility investigation for R2's abuse accusations, the file indicated that he was not sure if the incident was reported or if it should have been.

During an interview on 02/21/23 at 4:49 PM, the Director of Nursing (DON) stated she had investigated the abuse allegation for R2 that was reported on [redacted] and determined that the accusations of abuse were unsubstantiated. Due to that determination, the incident was not reported, and she did not feel it should have

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F 609	Continued From page 5 been. During an interview on 02/22/23 at 2:28 PM, the Assistant Director of Nursing (ADON) stated regarding the incident on [redacted] with R2, she was not working on that Saturday, but was called by CNA3, she heard yelling in the background . . . CNA2 was removed from the room, CNA2 then went and spoke with RN2 and told her she wanted her mom to be moved due to her being abused, she was then transferred to the hospital per the daughter's request. NJAC 8:39-13.4 (c) 2 (iv) (v) 8:39-9.4 (f)	F 609		
F 684 SS=D	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 # NJ00156153 Based on interviews, record reviews, and review of facility policy, the facility failed to activate emergency medical services for one of one residents (Resident (R) 3) reviewed for accidents and incidents. Failure to activate emergency medical services in accordance with facility policies can delay medical treatment.	F 684	I. Corrective action(s)accomplished for resident(s)affected: • The identified Licensed Nurses were re-educated regarding the Accident and Incident Policy and Resident Changes in Condition Policy. • Resident #3 is no longer residing in this facility.	3/31/23

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F 684	Continued From page 6 Findings include: Review of the facility's policy titled "Accidents and Incidents," revised 01/03/23 stated, ". . . any unwitnessed accident or incident must be investigated for potential abuse . . . If the injury appears serious or questionable, the individual will be sent to the hospital by ambulance . . . " Review of the facility's policy titled "Resident's Changes in Condition and residents' assessment," revised 01/20/23 stated, " . . . In the event of an emergency/life threatening conditions, or changes in resident's medical conditions (i.e.,) . . . suspected fracture . . . severe pain . . . The RN [registered nurse] Supervisor is to assess the resident's condition, based on the resident's clinical condition the RN supervisor or the nurse will activate the emergency medical service (911) . . ." Review of R3's "Admission Record" located in the electronic medical record (EMR) under the "Profile" tab revealed R3 was readmitted to the facility on [redacted], discharged to the hospital on [redacted] and did not return to the facility. R3's primary diagnosis was [redacted] with [redacted] Review of R3's annual "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] included a Brief Interview for Mental Status (BIMS) with a score of [redacted] out of 15 indicating he was [redacted] Review of R3's "Care Plan" located in the EMR	F 684	II. Residents identified having the potential to be affected and corrective action taken: • All residents residing in the facility have the potential to be affected by this deficient practice. • Residents that have been transferred out to the hospital in the past thirty days were reviewed by the Unit Managers to validate that in the event of an emergency situation /life threatening conditions the Registered Nurse assessed the resident's condition and activated the emergency medical service (911). III. Measures will be put into place to ensure the deficient practice will not recur: • Licensed Staff were educated by the ADON/designee regarding the Accident and Incident Policy and Resident Changes in Condition Policy. • A new measure has been put into place, the Unit Mangers/Designee will review all residents that are being transferred out to the hospital to validate that in the event of an emergency situation /life threatening conditions the Registered Nurse assessed the resident's condition and activated the emergency medical service (911). IV. Corrective actions will be monitored to ensure the deficient practice will not recur: • Unit Mangers/Designee will conduct a weekly audit times 4 weeks, then monthly times 3 months to validate that in the	

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F 684	Continued From page 7 under the "Care Plan" tab, revised on [NJ ex order 26.4b1] revealed R3 had NJ ex order 26.4b1 [redacted]. Additionally, he required NJ Ex.Order 26.4(b)(1) with transfers and was only steady with transfers/walking with staff assistance. R3 was noted to [NJ Ex.Order 26.4(b)(1)] [redacted]. Review of R3's "Progress Notes" located in the EMR under the "Progress Notes" tab by Licensed Practical Nurse (LPN) 1 and dated [NJ ex order 26.4b1] at 4:46 PM stated ". . . At 1:45 PM, resident called for help. When assigned nurse went into resident's room, resident was observed on the bathroom floor on the right side sitting half way up. Pillow placed underneath resident's head with [NJ Ex.Order 26.4(b)(1)] [redacted]- resident c/o [complained of] [NJ ex o] [redacted]- indentation noticed and looked disfigured- resident was transferred to bed- VS [vital signs] [NJ ex order 26.4b1] [blood pressure] P101 [pulse] [NJ ex orde] [respirations] [NJ ex order 2] [temperature in Fahrenheit] [NJ Ex.Order 26.4(b)(1)] [oxygen saturations] on room air- Nurse Manager notified- [NJ ex order 26.4b1] [redacted] given as a stat order by NP [Nurse Practitioner]. PMD [Medical Doctor] . . . made aware of unwitnessed fall and c/o [NJ ex order 26.4b1] by Nures Manager- T/O [telephone order] rec'd [received] to transfer resident to [local hospital] for evaluation post fall- Resident rec'd education about safety- when need to use the bathroom to call nsg [nursing] staff for help to prevent further falling- demonstration returned. Neuro check in progress as ordered. At 3:52 PM, resident transferred to [local hospital] via stretcher with [Transport Agency] accompany with family/dtr	F 684	event of an emergency situation /life threatening conditions the Registered Nurse assessed the resident's condition and activated the emergency medical service (911). Discrepancies will be reported to the Director of Nursing (DON) with follow up actions as necessary. • The DON/designee will analyze and trend incident report findings and report outcomes to the Quality Assurance Committee quarterly x1 quarter for recommendations as necessary.	

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[daughter]."

Review of R3's "Progress Notes" located in the EMR under the "Progress Notes" tab by Unit Manager (UM) 4 and dated [redacted] at 6:15 PM stated, "Notified by nurse at 1:58 PM of patient fall in bathroom. Patient was observed in bed laying on back, NJ ex order 26.4b1 [redacted] In house NP made aware and assessment was done. Assigned nurse gave [redacted] as per NP order. MD and family notified. MD gave order to transferred patient out to [local hospital]. Patient was transferred out at 3:52 PM via stretcher [Transport Agnecy] and family accompanied. Endorsed to 3-11 shift to follow-up with medical center for patient status."

During an interview on 02/22/23 at 8:58 AM. the Director of Nursing (DON) stated she completed a fall investigation for R3 confirming he had a BIMS of [redacted] out of 15, NJ ex order 26.4b1 , NJ ex order 26.4b1 [redacted] R3 sustained a fall on [redacted] and was sent out to the emergency room with regular/non-emergency transport due to resident not being in NJ ex order 26.4b1 [redacted] Upon follow-up by the DON with the hospital, it was reported that R3 had a [redacted] requiring NJ Ex.Order 26.4(b)(1) [redacted]

During an interview on 02/22/23 at 9:51 AM, the DON confirmed R3 had a change in condition related to an unwitnessed fall and that activation of emergency medical service (911) was not requested due to NJ Ex.Order 26.4(b)(1) or NJ ex order 26.4b1 [redacted] noted. The DON was not aware of the facility policy specifying that the nurse should

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have activated 911.

During an interview on 02/22/23 at 11:05 AM, the Social Services Director (SSD) 1 stated that on [NJ ex order 26.4(b)] she heard someone yelling for help while she was in another resident's room. She went next door and noted R3 to be on the floor in his restroom "NJ Ex.Order 26.4(b)(1) ." The nurse was notified, placed a pillow under his head, went to get assistance to transfer the resident to his bed. R3 was noted to be [NJ Ex.Order 26.4(b)(1)]

During an interview on 02/22/23 at 11:30AM, LPN1 stated that on [NJ ex order 26.4(b)] at approximately 1:45 PM the social worker notified her that R3 was on the floor in his restroom; she placed a pillow under his head, notified the Unit Manager who then assessed R3 and then she went to get additional assistance to transfer R3 from the floor to his bed. R3 was noted to be alert and oriented, that he needed to use the restroom and did not call for assistance, that's when he fell. R3 was noted to be in [NJ Ex.Order 26.4(b)(1)], the physician was then notified, and an order was received to administer [NJ Ex.Order 26.4(] and send to the hospital for evaluation and treatment [NJ Ex.Order 26.4(b)(1)] performed on [NJ Ex.Order 26.4(b)(1)] but not on [NJ Ex.Order 26.4(b)(1)]

During an interview on 02/22/23 at 2:12 PM, Unit Manager (UM) 4 stated that on [NJ Ex.Order 26.4(b)(] she was notified by LPN1 that R3 had sustained a fall and was found on the floor in his restroom. UM4 stated she then called the Nurse Practitioner to notify of fall, the NP was in the building and immediately assessed the resident, she gave orders to administer [NJ Ex.Order 26.4(b)(1)] and to

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F 684	Continued From page 10	F 684		

transfer R3 to the emergency room for evaluation and treatment. The [redacted] upon assessment and when she went to his room to assess him, he was [redacted] Additionally, the NP did not feel it was necessary to call 911. Regarding the policy for a resident's change in status, she stated that a nurse can always call 911 if it was determined that the resident had a change in status or had an unstable condition.

During an interview on 02/22/23 at 2:28 PM, the Assistant Director of Nursing (ADON) stated R3 sustained a fall while she was in the building making rounds. The nurse manager (UM4) and the nurse practitioner called her up to the floor where R3 was noted to be [redacted] related to a fall sustained in the restroom. At the time, she assessed him he was lying in bed. [Transport Agency] was called for transport, the family member, and physician were notified of the fall. The ADON stated she was not sure if any of the nurses followed-up with [Transport Agency] company to find out why there was such a lengthy time for the resident waiting to be transported to the emergency department.

During an interview on 02/23/23 at 12:20 PM, Emergency Medical Services (EMS) Supervisor confirmed that the transportation agency received a call from the facility on [redacted] at 2:16 PM after R3 sustained a fall. The operator notified the caller that it would be approximately 90 minutes for transport, the transport van then arrived at 3:35 PM. EMS did not know why there was a lengthy amount of time for the resident to be picked up, but the goal was to pick up a resident within 30 minutes. EMS emergency transport was not requested, only regular transport to

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F 684	Continued From page 11 emergency department for evaluation and treatment. NJAC 8:39-27.1 (a)	F 684		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315266 Y1	A. Building B. Wing Y2	4/4/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK CRESCENT HEALTHCARE & REHABILITATION CENTER	480 PARKWAY DRIVE EAST ORANGE, NJ 07017

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0609 Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4) LSC	Correction Completed 03/31/2023	ID Prefix F0684 Reg. # 483.25 LSC	Correction Completed 03/31/2023	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
2/23/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO