

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

PRINTED: 10/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2021
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NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE NEPTUNE CITY, NJ 07753
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS SURVEY DATE: 06/25/21 CENSUS: 85 SAMPLE SIZE: 20 + 3 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 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:	F 692		7/14/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/09/2021
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 692	<p>Continued From page 1</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to a.) accurately obtain resident weights and b.) accurately assess the nutritional status for a resident with a significant weight loss in accordance with professional standards to accurately determine nutritional needs for the same resident. This deficient practice was identified for 1 of 3 residents reviewed for nutrition (Resident #55), and was evidenced by the following:</p> <p>On 06/16/21 at 9:55 AM during initial tour, Resident #55 was observed standing at the foot of his/her bed. The resident appeared thin and was unable to be interviewed.</p> <p>The surveyor reviewed the medical record for Resident #55.</p> <p>A review of the electronic Progress Notes reflected that the resident was admitted to the facility in [REDACTED], with diagnoses which included [REDACTED].</p> <p>A review of the the most recent quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED], reflected a Brief Interview for Mental Status (BIMS) score of [REDACTED], which indicated a [REDACTED]. Further review reflected in Section [REDACTED], [REDACTED] Status, that the resident</p>	F 692	<p>Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the Provider of the truth or the facts alleged, or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State Laws that require it.</p> <p>F692 SS=D</p> <ol style="list-style-type: none"> 1. Resident #55 was re-weighed on [REDACTED] and the Registered Dietitian assessed the nutritional status of resident #55 and updated the plan of care. 2. All residents have the potential to be affected. 3. The Regional Director of Clinical Service will re-educate the Director of Nursing and Registered Dietitian on Weight and Nutritional Assessment Policy. Every new admission and readmission weight will be obtained upon admission. Admission weights will be reviewed daily in the clinical meeting with the Interdisciplinary Team. Weight loss of 5 pounds or more will be reviewed daily in the clinical meeting to ensure completion of assessment of nutritional status and to determine nutritional needs. 4. The Director of Nursing or designee will review every new admission or readmission within 72 hours for 3 months to ensure accurate weight is obtained and assessment complete. The Director of Nursing or designee will also review any 		

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F 692	<p>Continued From page 2</p> <p>did not have a weight loss of █ or more in the last month or 1█ or more in the last six months.</p> <p>A review of the Weights and Vitals Summary reflected the following weights:</p> <p>11/12/2020 █ (lbs.) 12/30/2020 █ lbs. 1/13/20/21 █ lbs. 3/10/21 █ lbs.; reweigh █ lbs. 4/8/21 █ lbs. 4/9/21 reweigh 1█ lbs. 5/5/21 █ lbs. 6/6/21 █ lbs.</p> <p>This reflected a significant weight loss of █ in six months.</p> <p>A review of the hospital records reflected on 10/3/2020, the resident weighed █ lbs.</p> <p>A review of the admission Nutritional Risk Assessment dated █, reflected that the resident weighed █ lbs. with a body mass index (measure of body fat based on height and weight) of █ which indicated normal body weight. The evaluation included that hospital weight noted on █ at █ lbs. and weights appears to be stable, will monitor weekly trend and reassess as needed. It also included that the resident's intake was above the estimated needs using the current body weight with a plan to maintain the current body weight without significant change. The assessment did not include the resident's usual body weight.</p> <p>A review of the Nutritional Risk Assessment dated █, reflected that the resident weighed █ lbs. with significant █ or █ lbs. weight loss in</p>	F 692	<p>weight loss of 5 pounds or more in the clinical meeting to ensure assessment of nutritional status is complete and nutritional needs are addressed. Results of the audits will be reported to the monthly Quality Assurance Performance Improvement committee for review. The Quality Assurance Performance Improvement committee will determine the need for further and continued actions.</p>	

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F 692	<p>Continued From page 3</p> <p>three months that was unplanned and not desired. The evaluation included that the weight loss was likely due to variable intake and [REDACTED] with possible fluid fluctuations likely contributing to some weight loss. The plan was to continue current diet at this time; provide snacks and preferences as able; encourage adequate intake; and continue to monitor intake, weight, skin and labs as available. The assessment did not include the resident's usual body weight.</p> <p>A review of the resident's individualized care plan included a focus initiated [REDACTED] and last revised [REDACTED], for: I have a nutritional problem or potential nutritional problem with regards to the need for a therapeutic diet and variable oral intake with a history of hypertension, [REDACTED]</p> <p>[REDACTED] Interventions included; to provide and serve diet as ordered, [REDACTED] diet [REDACTED] monitor intake and record every meal; weighed monthly/weekly as ordered; obtain and monitor laboratory/diagnostic work as ordered; Registered Dietitian (RD) to evaluate and make diet change recommendations as needed; and monitor/record/report to the physician as needed any signs and symptoms of [REDACTED]: [REDACTED], significant weight loss of [REDACTED] pounds [REDACTED] in one week, greater than [REDACTED] in one month, greater than [REDACTED] in three months, or [REDACTED] in six months. The care plan did not address the significant weight loss from the Nutritional Assessment dated [REDACTED]</p> <p>An additional review of the electronic Progress Notes did not reflect that the physician was made</p>	F 692			

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F 692	<p>Continued From page 4</p> <p>aware of the resident's significant weight loss or the weight loss of [REDACTED] pounds [REDACTED] or more in one week in [REDACTED]</p> <p>A further review of the electronic Progress Notes included a Nutrition Note dated [REDACTED], which reflected that the resident's current body weight was [REDACTED] lbs. with weights of [REDACTED] lbs. on [REDACTED] and [REDACTED] lbs. on [REDACTED]. The RD noted that the resident's weights fluctuate and that the weight is on the lower end of the acceptable weight range and that weight gain can be beneficial. There was no documentation that the RD addressed the significant weight loss at this time.</p> <p>On 6/23/21 at 10:13 AM, the surveyor interviewed RD #1 who stated that Resident #55 was admitted to the facility with a [REDACTED] that was never used at the facility to provide nutrition since the resident's oral intake was stable. When questioned about the resident's weight loss, RD #1 replied that he/she was never [REDACTED] lbs. At this time, the surveyor requested additional information regarding the resident's weight status upon admission and weight loss.</p> <p>On 6/23/21 at 1:09 PM, the Licensed Nursing Home Administrator (LNHA) informed the surveyor that RD #1 was on a leave of absence from the facility from [REDACTED] until [REDACTED], and that the facility used a contracted nutrition company to provide RDs for nutrition consultations and would provide the survey team with the contact information.</p> <p>On 6/23/21 at 1:11 PM, the surveyor interviewed Certified Nursing Aide (CNA #1) who stated that the CNAs obtained residents' weights according</p>	F 692		

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F 692	<p>Continued From page 5</p> <p>the residents' scheduled weighing time. CNA #1 continued that if there was a discrepancy in the weight, the aide would remove the resident from the scale, reset the scale, then re-weigh the resident. If there was still a weight discrepancy after that, CNA #1 would inform the nurse.</p> <p>On 6/23/21 at 1:22 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that weekly weight and nutritional supplements were ordered by the RD if the resident was losing weight. If there was a suspected weight discrepancy, the resident was re-weighed with both the nurse and RD present to ensure the accuracy of the weight. The LPN stated that the Unit Manager or the RD would inform the physician of any significant weight changes.</p> <p>On 6/23/21 at 1:43 PM, the surveyor conducted a telephone interview with the Consultant RD #2 who stated that she was the Vice President of Clinical Services for the company and her primary role was to train the RDs of the company. The Consultant RD #2 stated that RD #3 was the primary consultant assigned to the facility, but she had covered RD #3's time off. The Consultant RD #2 stated that she had covered for RD #3 in [REDACTED] and completed the Nutritional Assessment from [REDACTED] in which she addressed the significant weight loss of the resident possibly being attributed to a gradual loss of fluids since his/her hospitalization in [REDACTED].</p> <p>On 6/24/21 at 8:37 AM, the Director of Nursing (DON), in the presence of the LNHA, LNHA in training, Regional Director of Clinical Services (RDOS), Regional Director of Operations (RDO) and the survey team stated that after surveyor inquiry, the facility contacted the resident's family</p>	F 692		

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F 692	<p>Continued From page 6</p> <p>member who informed the facility that the resident's weight was usually around 120.0-130.0 lbs. The DON continued that resident at the time was refusing weights so the nurse entered the resident's weight from the hospital record as the weight for [REDACTED], which was not standard practice and she should not have done. The DON confirmed that there was no documentation of this at the time in the resident's medical record. At this time, the surveyor questioned the DON if the resident's weight was [REDACTED] lbs. in the hospital, why the facility had the resident's weight documented as [REDACTED] lbs on [REDACTED] and [REDACTED] lbs. on [REDACTED] and [REDACTED]? The DON responded that he would need to investigate this further. At this time, the LNHA in training stated that if he had to speculate, that the nurses were going off the hospital weights "to make it look more real."</p> <p>On 6/24/21 at 9:21 AM, the surveyor interviewed the Assistant Director of Nursing (ADON) who stated that she was the nurse who inputted the the weight in the computer on [REDACTED] of [REDACTED] lbs. She stated that the resident was refusing weights so she used the weight of [REDACTED] lbs. that was from the New Jersey Universal Transfer Form dated [REDACTED], as the resident's current weight. The ADON stated that it was not facility practice to do this, and she had not documented in the medical record that this was the weight upon transfer to the facility. The ADON stated that the weight of [REDACTED] lbs. from 1 [REDACTED] and [REDACTED] were inputted by a nurse who no longer worked at the facility, but she used the weights from the hospital record for the resident. The ADON confirmed that this was not documented in the medical record.</p>	F 692			

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F 692	<p>Continued From page 7</p> <p>At this time, the surveyor and the ADON reviewed the New Jersey Universal Transfer Form dated [REDACTED] and confirmed that the weight upon transfer was [REDACTED] lbs. The surveyor and the ADON also reviewed the resident's medical record, and the ADON confirmed that the resident received no laboratory/bloodwork since residing at the facility.</p> <p>On 6/24/21 at 11:19 AM, the surveyor re-interviewed the RD #1 in the presence of the LNHA and survey team, who stated that she assessed residents upon admission, quarterly, annually, and any significant changes or as needed to make sure that residents maintained good nutritional status through monitoring weights and intakes. RD #1 stated that she was on leave from the facility when the resident was admitted to the facility so she had not completed the initial assessment, but she completed the resident's quarterly assessment on [REDACTED]. RD #1 acknowledged that she did not address and should have the significant weight change of [REDACTED] or more at this time in either her assessment or on the MDS because she felt that the resident did not have an actual weight loss, and that she thought the Consultant RD #2 addressed this previously.</p> <p>On 6/25/21 at 9:30 AM, the LNHA in the presence of the LNHA in training, RDCS, RDO, DON, ADON, and survey team stated that the resident was not accurately assessed at the facility and acknowledged there was missing documentation that the resident had not lost weight at the facility.</p> <p>A review of the facility's undated "Weight Assessment and Intervention" policy included that any weight change of five pounds (5.0 lbs.) or</p>	F 692			

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F 692	Continued From page 8 more since the last weight assessment will be retaken for confirmation and the RD will review weights on a routine basis to address changes. The RD will review weights monthly to follow individual weight trends to determine if there is a "significant" weight change of 5% in one month; 7.5% in three months; or 10% in six months. The policy also included that care planning for weight changes shall address to the extent possible the identified causes of weight change; goals and benchmarks for improvement; and time frames and parameters for monitoring and reassessment.	F 692			
F 698 SS=D	N.J.A.C. 8:39-27.2(a) Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and review of facility documentation it was determined that the facility failed to follow facility policy by documenting communication with the [REDACTED] center on resident [REDACTED] days. This deficient practice was identified for 2 of 2 residents reviewed for [REDACTED] (Resident #57 and Resident #38), and was evidenced by the following: 1. On 6/17/21 at 9:31 AM, during the initial tour of the facility the surveyor observed Resident #38	F 698	Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State Laws require it. F698 SS=D 1. Resident #57 & #38 had missing	7/14/21	

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F 698	<p>Continued From page 9</p> <p>lying in bed. Resident #38 stated he/she goes in the morning for [REDACTED] on [REDACTED] and [REDACTED]</p> <p>The surveyor reviewed the medical record for Resident #38.</p> <p>A review of the Admission Summary reflected that the resident was admitted to the facility in [REDACTED] with a diagnosis which included [REDACTED]</p> <p>A review of the most recent significant change Minimum Data Set (MDS), an assessment tool dated [REDACTED], reflected that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating [REDACTED]. A review of Section [REDACTED], Special Treatments and Procedures, reflected that the resident received [REDACTED]</p> <p>A review of the physician's orders (PO) which reflected the following:</p> <ol style="list-style-type: none"> 1. A PO dated [REDACTED] : [REDACTED] every shift. 2. A PO dated [REDACTED] and discontinued [REDACTED] for: [REDACTED] at 6:45 AM. Give book and bag lunch prior to leaving; check book after arrival for communication. 3. A PO dated [REDACTED] for [REDACTED] on [REDACTED], [REDACTED], Pick up 4:45 AM. Every night shift every [REDACTED] for [REDACTED] 	F 698	<p>communication forms which were obtained and new Communication Binders were developed on 6/26/21.</p> <p>2.All residents receiving [REDACTED] have the potential to be affected. An audit of all residents receiving [REDACTED] was completed on 6/28/21 to ensure that communication forms are initiated by the center and sent with the resident to the [REDACTED] center.</p> <p>3.The Director of Nursing or designee will educate all nursing staff on the facility process for documenting communication with the [REDACTED] center on resident [REDACTED] days.</p> <p>4.The Director of Nursing or designee will review the [REDACTED] Communication form and binders daily in the Clinical Meeting to ensure the nursing center and the [REDACTED] center are utilizing the communication forms daily for two weeks and weekly for 4 weeks and then monthly for 3 months. Results of the audits will be reported to the monthly Quality Assurance Performance Improvement committee for review. The Quality Assurance Performance Improvement committee will determine the need for further and continued action.</p>	

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F 698	<p>Continued From page 10</p> <p>█ send █ communication log with Patient.</p> <p>On 6/17/21 at 10:49 AM, the surveyor interviewed Unit Manager/Licensed Practical Nurse (UM/LPN #1) who stated that Resident #38 was on █. At that time UM/LPN #1 provided the █ communication logbook (a book on the unit which contains the resident's healthcare records: HCR) for Resident #38. The surveyor and UM/LPN #1 reviewed the communication logbook together. The book contained two dates █ and █ with pre and post vital signs written by the █ facility. UM/LPN #1 stated that the reason for the missing dates was because the resident had been in the hospital and was not here for █.</p> <p>On 6/22/21 at 10:59 AM, UM/LPN #1 stated that the night shift (11:00 PM- 7:00 AM) nurses were responsible for sending the communication logbook with the resident to █. She further stated that if there was nothing in the book, she would call the █ facility and ask for the information that would be in the communication logbook.</p> <p>On 6/22/21 at 11:05 AM, the surveyor interviewed the Registered Nurse (RN) who stated that he started at the facility three weeks ago and was not sure of Resident #38 having a communication logbook. He acknowledged the resident was on █ and stated he would take the resident's vital signs upon return.</p> <p>On 6/22/21 at 12:33 PM, in the presence of the survey team the Director of Nursing (DON) stated they had to replace the communication logbook several times because Resident #38 would be hospitalized, and the hospital never returned the book.</p>	F 698			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 698	<p>Continued From page 11</p> <p>On 6/23/21 at 9:52 AM, the surveyor interviewed the LPN regarding the communication logbook who stated that she had been at the facility for eight months and when Resident #38 returned for [REDACTED], there was a notebook that had his/her vital signs, any abnormalities, and weights. She further stated if the book was blank then she would call the [REDACTED] facility. The LPN stated, she usually took the resident's vital signs as soon as he/she returned from [REDACTED] but does not always document that the resident returned and the vital signs in the progress notes. The LPN acknowledged she was supposed to document every time that the resident returned from [REDACTED] and was still learning all the things she was supposed to do.</p> <p>On 6/23/21 at 1:11 PM, UM/LPN #1 informed the surveyor that the communication logbook was now in a binder. At that time the surveyor reviewed the updated [REDACTED] communication binder that included the [REDACTED] Progress Note (a form used to communicate the resident's status on [REDACTED] treatment days between the facility and the [REDACTED] center); which contained two separate areas to be filled out; the top section was to be completed by the facility nurse prior to the resident leaving the facility for the [REDACTED] treatment and the bottom section was to be completed by the [REDACTED] center after treatment. The [REDACTED] Progress Note reflected the top section not filled out by the facility's nurse.</p> <p>On 6/23/21 at approximately 1:13 PM, the DON stated the night shift nurse should have filled out the form prior to the resident leaving for [REDACTED]. He acknowledged it was missing Resident #38's name, the date, time of transport, pre vital signs</p>	F 698			

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F 698	Continued From page 12 and signature. 2. On 06/16/21 at 09:43 AM, during the initial tour of the facility the surveyor observed Resident #57 in the room sitting in a wheelchair. Resident #57 told the surveyor he/she goes to [REDACTED] "in the morning". The surveyor reviewed the medical record for Resident #57. A review of the Admission Record reflected that the resident was admitted to the facility in [REDACTED] and had diagnosis which included [REDACTED]. A review of the most recent quarterly MDS dated [REDACTED], reflected that Resident #57 had a BIMS score of [REDACTED] indicated the resident had [REDACTED]. A further review reflected in Section [REDACTED] Special Treatments and Procedures, that the resident was receiving [REDACTED] while at the facility. On 06/22/21 at 09:28 AM, the surveyor reviewed the active PO which reflected the following:	F 698			

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F 698	<p>Continued From page 13</p> <p>1. A PO dated [REDACTED], Notify Physician every shift.</p> <p>2. A PO dated [REDACTED] every shift.</p> <p>3. A PO dated [REDACTED] for [REDACTED] on [REDACTED] at 6 am. Give Book and bag lunch prior to leaving. Check book after arrival for communication.</p> <p>On 06/23/21 01:45 PM, the surveyor reviewed the [REDACTED] communication book in the presence of the UM/LPN #2. A review of [REDACTED] through [REDACTED] reflected that the resident attended [REDACTED] on [REDACTED] and [REDACTED]. A further review revealed that in [REDACTED] the communication booklet was completed [REDACTED] days of the [REDACTED] days. In [REDACTED] the communication book was completed eight days of the [REDACTED] days. In [REDACTED] the communication book was completed [REDACTED] days of the [REDACTED] days. [REDACTED] through [REDACTED], the communication book was completed nine days of the [REDACTED] days. The surveyor interviewed UM/LPN #2 regarding the incomplete communication forms and she informed the surveyor that, "it wasn't being done at all so this is better".</p> <p>A review of the facility's undated [REDACTED] Communication" policy included that routine communication of relevant information will be provided by the facility to the [REDACTED] center on the treatment days and more frequently as necessary. The facility and [REDACTED] center will determine a method to exchange written information between the centers on [REDACTED] days. Examples of communication methods may</p>	F 698			

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

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F 698	Continued From page 14 include, but not limited to forms, binders, books and copies of medical records. The [REDACTED] communication form will be completed by the facility prior to going to [REDACTED]. The [REDACTED] center will complete prior to sending resident back to the facility. N.J.A.C 8:39-2.9; 27.1(a)	F 698			