STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315196	A. BUILDING _____ B. WING _____	C 10/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT MANCHESTER	**1770 TOBIAS AVENUE MANCHESTER, NJ 08759**

(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 COMPLAINT #: NJ 158362 CENSUS: 147 SAMPLE SIZE: 5 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(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 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	F 609		10/26/22

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

Electronically Signed | 10/14/2022

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F 609	Continued From page 1 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 #: NJ 158362 Based on interviews, review of the Medical Records, and review of other pertinent facility documents on 10/5/2022 and 10/6/2022, it was determined that the facility failed to report to the New Jersey Department of Health (NJDOH) an accident/incident which, resulted in serious bodily injury of a resident. The facility also failed to follow their policy titled "Unusual Occurrence Reporting," for 1 of 5 Residents (Resident #2) sampled for accidents/incidents resulting in injury. This deficient practice was evidenced by the following: According to the Medical Record, Resident #2 was admitted to the facility on EX. Order 26.(4) B1, with diagnoses which included but were not limited to: EX. Order 26.(4) B1. A review of the Minimum Data Set (MDS) an assessment tool dated EX. Order 26.(4) B1, Resident #2 had a Brief Interview for Mental Status Score (BIMS) of EX. Order 26, which, indicated the resident was EX. Order 26.(4) B1. The MDS also revealed the resident required supervision with Activities of	F 609	1. Resident #2 was immediately sent to the acute care facility. Resident #2 has the potential to be affected. Reported Resident #2 to Department of Health for EX. Order 26.(4) B1 on EX. Q, Order 26.(4) B1 2. All residents who have an accident/incident which results in a EX. Order 26.(4) B1 injury have the potential to be affected. 3. Audit completed of incidents that occurred over the last 6 months with no concerns found. Staff educated and was completed on policy of Department of Health Reporting Requirements and the Department of Health document of examples of Reportable Events by 10/12/22. 4. Incidents/accidents will be audited by Director of Nursing/Designee for reportable criteria weekly x 4 weeks, then on a monthly basis. Results of all audits will be reported to QAPI committee x 3 months. Following the 3 months, the committee will determine the need to continue the auditing and reporting to the	

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F 609	Continued From page 2 Daily Living (ADLs). A review of Resident #2's EX. Order 26.(4) B1 -Safety Screening, dated EX. Order 26.(4) B1 verified that Resident #2 was assessed and found to be safe to EX. Order 26.(4) B1 without supervision. A review of the Care Plan (CP) also verified that Resident #2 was Care Planned to be safe EX. Order 26.(4) B1 independently. During an interview on 10/5/2022 and 10/6/2022, the Director of Nursing reported, in mid-July at approximately 10:30 p.m., the Nursing Supervisor (NS) called her at home to report an incident. Resident #2 was EX. Order 26.(4) B1 outside in the designated EX. Order 26.(4) B1 area and EX. Order 26.(4) B1 while EX. Order 26.(4) B1. The supervisor called 911 and was sending EX. Order out to the hospital. The DON stated, she did not report the incident to the NJDOH. During an interview on 10/5/2022, the Administrator reported that on EX. Order 26.(4) B1, between 11:00 and 11:30 p.m., she was called at home by the NS, who reported that Resident #2 was outside EX. Order 26.(4) B1 in the EX. Order 26.(4) B1 area and EX. Order 26.(4) B1 with a EX. Order 26.(4) B1. The NS called 911 and she was sending EX. Ord out to the hospital. The Administrator verified that she did not report the incident to NJDOH because the incident did not meet the criteria. A review of the Accident Incident Investigative Report received from the Administrator on EX. Order 26.(4) B1, revealed the incident occurred to Resident #2 on EX. Order 26.(4) B1 at 10:39 p.m. Type of incident: Skin Issue Location: EX. Order 2, Activity: EX. Order 26.(4) B1 Witnesses: no. Resident sent to the	F 609	QAPI committee.	

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F 609	Continued From page 3 hospital. Skin Issue type: EX. Order 26.(4) B1 to EX. Order 26.(4) areas, EX. Order 26.(4) B1, and EX. Order 26.(4). A review of the facility policy titled "Unusual Occurrence Reporting," revealed the following under Policy Statement: As required by federal or state regulation, Aristacare at Manchester reports unusual occurrences or other reportable events which affect the health, safety, or welfare of our residents, employees, or visitors. Under Policy Interpretation and Implementation: d. Death of a resident, employee or visitor because of unnatural causes (e.g., suicide, homicide, accidents, etc.) A review of the Reportable Event List provided to the surveyor by the Administrator on 10/6/2022, revealed the following: The facility shall notify the Department of Health immediately by phone, followed by written confirmation within 72 hours for the following: 3. Fires, disaster, or accidents that result in injury or death of patients, residents, or employees ... N.J.A.C. 8:39-13.4(c)2(iv)	F 609		