

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

PRINTED: 10/02/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
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NAME OF PROVIDER OR SUPPLIER RUNNELLS CENTER FOR REHABILITATION & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 40 WATCHUNG WAY BERKELEY HEIGHTS, NJ 07922
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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 Complaints : NJ160624, NJ153610, NJ153387, NJ153453, NJ160500 Census: 274 Sample 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 survey.	F 000		
F 568 SS=D	Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii) §483.10(f)(10)(iii) Accounting and Records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C)The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by: C# 160500 Based on interviews, record review, and review of other pertinent documents on 1/13/23, it was determined that the facility failed to ensure that	F 568	1. Resident #3,#4 and #5 were immediately provided a copy of their quarter [REDACTED] financial statements. 2. All residents receiving PNA have the	2/16/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/20/2023
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 568	<p>Continued From page 1</p> <p>residents were consistently provided quarterly statements of their Personal Needs Account (PNA) for 3 of 3 residents (Residents #3, #4 and #5) reviewed for PNA records. This deficient practice is evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #3 was admitted to the facility on [REDACTED].</p> <p>The Minimum Data Set (MDS), an assessment tool, dated [REDACTED] revealed a Brief Interview for Mental Status (BIMS) score of [REDACTED] which indicated that the Resident's cognitive status was [REDACTED].</p> <p>During an interview with surveyor on 1/13/23 at 9:25 AM, Resident #3 stated that he/she did not receive quarterly PNA statements for [REDACTED].</p> <p>2. According to AR, Resident #4 was admitted to the facility on [REDACTED].</p> <p>The MDS dated [REDACTED], revealed a BIMS score of [REDACTED] which indicated that the Resident's cognitive [REDACTED].</p> <p>During an interview with surveyor on 1/13/23 at 12:15 PM, Resident #4 stated that he/she did not receive PNA statements every quarter for [REDACTED].</p> <p>3. According to AR, Resident #5 was admitted to the facility on [REDACTED].</p> <p>The MDS dated [REDACTED], revealed a BIMS score of [REDACTED] which indicated that the Resident's cognitive [REDACTED].</p> <p>During an interview with the surveyor on 1/13/23</p>	F 568	<p>potential of being affected by this deficient practice. The Social Services Director provided [REDACTED] quarter [REDACTED] financial statements to those residents in the Center who receive a Personal Needs Allowance and the Human Resources Director/Business Office Manager mailed the PNA [REDACTED] quarter financial statements to the residents who have a designated responsible party.</p> <p>3. The Director of Human Resources/Business Office Manager was educated on the requirements to print quarterly financial statements and provide to residents jointly with Social Services Department.</p> <p>4. The Director of Human Resources/Business Office Manager or designee will conduct random audits to ensure residents received their quarterly financial statements. Audits of 10 residents will be conducted on a monthly basis. A total of 30 residents will be audited per quarter. Results of these audits will be forwarded to the monthly Quality Assurance Performance Improvement committee to ensure proper compliance. Any findings identified will be immediately corrected.</p>		

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F 568	<p>Continued From page 2</p> <p>at 12:35 PM, Resident #5 stated that the facility used to provide PNA statements every quarter but not this [REDACTED]. The Resident explained that he/she received a quarterly PNA statement once in [REDACTED] but could not confirm which quarter.</p> <p>The surveyor conducted a telephone interview with the Director of Social Services (DSS) on 1/13/23 at 3:07 PM, who stated that the business office handles resident's PNA accounts and statement distribution.</p> <p>During an interview with the surveyor on 1/13/23 at 11:28 AM, the Business Office/HR Manager (BO/HRM) stated that the facility receives quarterly PNA statements from a contracted company that manages residents' accounts, but she was unsure how the statements are distributed to residents. She explained that she is responsible for recording the resident's cash-out receipts and reconciling them with the contracted company. However, she could not confirm if she is responsible for the timely distribution of quarterly PNA statements to the residents.</p> <p>During the exit conference with the Director of Nursing (DON) and Regional VP of Nursing (RVPN) on 1/13/23 at 4:24 PM, they stated that every quarter the administrator and social worker would distribute and review the PNA statements with the residents, then the residents would sign an area on the statement to acknowledge receipt, and a copy of the signed statement is retained afterwards. The DON and RVPN stated that residents should have received their PNA statements every quarter for [REDACTED] but they were unable to provide documented evidence to the surveyor during the survey.</p>	F 568			

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F 568	<p>Continued From page 3</p> <p>During a telephone interview with the Assistant Administrator (AA) on 1/17/23 at 2:43 PM, he stated that the BO/HRM is now responsible for distributing quarterly PNA statements to residents. He explained that residents should have received their PNA statements every quarter for [REDACTED] because the former administrator and administrator in training distributed the PNA statements, however, the AA was unable to provide documented evidence to the surveyor. Additionally, the AA was unable to provide a policy for PNA accounts and stated that the facility refers to the regulation.</p> <p>A review of the job description titled "Director of Human Resources/Business Office Manager," undated, under "Responsibilities/Duties," indicated "monitors, categorizes and distributes all correspondence regarding resident finances, including but not limited to PNA...distributes quarterly PNA statements jointly with Social Services Department".</p> <p>NJAC 8:39-4.1 (a) 9</p>	F 568			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315009	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/13/2023	Y3
NAME OF FACILITY RUNNELLS CENTER FOR REHABILITATION & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 WATCHUNG WAY BERKELEY HEIGHTS, NJ 07922		

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 F0568	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.10(f)(10)(iii)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	02/16/2023	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____

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

FOLLOWUP TO SURVEY COMPLETED ON 1/13/2023

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