

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

PRINTED: 01/31/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2023
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481
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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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E 000	Initial Comments This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000		
F 000	INITIAL COMMENTS Complaint #'s: NJ00164104, NJ00163279 Standard Survey 6/14/2023 Census 262 Sample Size: 36 + 3 closed record 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. The survey team identified an Immediate Jeopardy (IJ) situation (Past Non-Compliance) for F689 which began on 4/7/23. During a Standard Survey conducted from 5/31/23 through 6/14/23, the survey team identified the following: F689 (Free of Accident Hazards/Supervision/Devices) level J The IJ situation was determined to have existed on 4/7/2023 at 7:05AM when Resident #229 exited the building without staff knowledge and was found by law enforcement 1.2 miles away from the facility on the same day at 10:05 AM.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/06/2023
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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 000	Continued From page 1 The facility's failure to ensure immediate action during an activated alarm in a secured unit indicating a possible resident elopement posed a likelihood of serious harm, impairment or death to that resident on 4/7/23. The facility immediately notified all necessary parties and governing agencies and implemented additional measures to protect other residents on the same day 4/7/23. The facility developed and implemented a corrective action plan, and the IJ was determined to have been removed. The facility's noncompliance was corrected on 4/7/2023.	F 000			
F 640 SS=D	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days	F 640		6/26/23	

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F 640	<p>Continued From page 2</p> <p>after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.</p> <p>§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. <p>§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, it was determined that the facility failed to accurately complete and timely transmit the Minimum Data Set (MDS) for 6 of 36 residents reviewed, Residents #171, #71, #39, #45, #54, #223, and was evidenced by the following:</p>	F 640	<p>It is the policy of Christian Health Care Center to accurately complete and timely transmit the Minimum Data Set (MDS). The MDS must be submitted within 14 days of accurate completion. Quarterly MDS for Residents #171, #71, #39, #45,</p>		

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F 640	<p>Continued From page 3</p> <p>On 6/13/23 at 10:45 AM, the surveyor reviewed the facility assessment task that included the Resident's MDS Assessments.</p> <p>The MDS is a comprehensive tool that is a federal mandated process for clinical assessment of all residents that must be completed and transmitted to the Quality Measure System. The facility must electronically transmit the MDS up to 14 days of the assessment being completed. After transmitting the MDS, a quality measure to enable a facility to monitor resident's decline and progress is generated.</p> <p>The following residents were identified for MDS timely transition issues:</p> <ol style="list-style-type: none"> 1. Resident #171 was identified to have a Quarterly MDS (Q/MDS) with Assessment Reference Date (ARD) of 3/24/23 and was due to be transmitted no later than 4/21/23. The MDS was not transmitted until 6/13/23. 2. Resident #71 was identified to have a Q/MDS with ARD of [REDACTED] and was due to be transmitted no later than [REDACTED]. The MDS was not transmitted until [REDACTED]. 3. Resident #39 was identified to have a Q/MDS with ARD of [REDACTED] and was due to be transmitted no later than [REDACTED]. The MDS was not transmitted until [REDACTED]. 4. Resident #45 was identified to have a Q/MDS with ARD of [REDACTED] and was due to be transmitted no later than [REDACTED]. The MDS was not transmitted until [REDACTED]. 	F 640	<p>#54, and #223 were successfully transmitted on 6.13.2023.</p> <p>Processes were strengthened to assure timing transmissions. On 6.15.23, a Confirmation Log was created for every submission and any files not transmitted correctly are to be immediately resubmitted.</p> <p>In addition, the MDS coordinator reviews and retains the weekly Missing OBRA Assessment Report to assure complete and timely transmission is confirmed. Education for the MDS team members was provided and implementation of this process was initiated on 6.26.23.</p> <p>The MDS Coordinator audits any MDS resubmission trends for any patterns of failures and reports this information to the DON/Administrator. The effectiveness of these measures will be evaluated by the QAPI Committee at each quarterly meeting and modified as necessary.</p> <p>Completion date 6.26.23.</p>	

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F 640	<p>Continued From page 4</p> <p>5. Resident #54 was identified to have a Q/MDS with ARD of [REDACTED] and was due to be transmitted no later than [REDACTED]. The MDS was not transmitted until [REDACTED].</p> <p>6. Resident #223 was identified to have a Q/MDS with ARD of [REDACTED] and was due to be transmitted no later than [REDACTED]. The MDS was not transmitted until [REDACTED].</p> <p>On 6/13/23 at 11:14 AM, two surveyors interviewed the RN (Registered Nurse)/MDS Coordinator who stated that as the facility's MDS Coordinator, she would generate a report from the Quality Measure System titled, "MDS 3.0 Missing OBRA (Omnibus Budget Reconciliation Act of 1987, a nursing home reform act that was enacted by Congress to protect people from abuse in nursing homes) Assessment Report" monthly. This report should indicate the resident's name with any missing MDS assessments.</p> <p>At 1:12 PM, the RN/MDS Coordinator provided the surveyor a copy of the form titled, "MDS 3.0 Missing OBRA Assessment Report" which revealed the above residents names and confirmed the missing MDS assessments.</p> <p>On 6/14/23 at 10:02 AM, the RN/MDS Coordinator did not provide any further information.</p> <p>On 6/14/23 at 1:00 PM, the Administrator and the Director of Nursing were informed regarding the above concern. They did not provide any further information.</p> <p>NJAC 8:39 - 11.1</p>	F 640			

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F 656	Continued From page 5	F 656			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate	F 656 F 656	6/15/23		

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F 656	<p>Continued From page 6 entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to carry out a comprehensive care plan (CP) for 1 of 42 residents reviewed for the fulfillment of a care plan, Resident #30.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 6/6/23 at 10:10 AM, the surveyor observed Resident #30 in bed with a [REDACTED] on the [REDACTED] of the bed, between the resident and their roommate. The resident's bed was in a position equal to their roommate.</p> <p>On 6/7/23 at 11:25 AM, the surveyor observed Resident #30 in bed with a [REDACTED] on the [REDACTED] of the bed, between the resident and their roommate. The resident's bed was in a position equal to their roommate.</p> <p>The surveyor reviewed the resident's hybrid medical chart which included a review of a paper as well as computerized medical chart.</p> <p>Review of the Face Sheet (FS), a one-page summary of important information about a patient that documented the resident's diagnosis as well</p>	F 656	<p>It is the policy of Christian Health Care Center to develop a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth. Application of Resident #30 [REDACTED] Care Plan interventions was immediately remedied on 6.7.23 by adding a second [REDACTED] and [REDACTED] the bed to the [REDACTED] NJ EX Order: 26461. Resident #30 remains on the unit. The clinical team was re-educated on implementing [REDACTED] interventions on 6.7.23.</p> <p>The facility recognizes that all residents with care-planned fall interventions have the potential to be affected by this deficiency. The nursing team and the IDC team will ensure compliance with the care plan interventions during daily care. The ADON/TL conducts fall safety rounds weekly and reports audit findings to the DON/ Administrator monthly. The effectiveness of these measures will be evaluated by the QAPI Committee at each quarterly meeting and modified as necessary.</p> <p>Completion date 6.15.23</p>		

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F 656	<p>Continued From page 7</p> <p>as the diagnosis tab, which included but was not limited to NJ EX Order. 264b1</p> <p>NJ EX Order. 264b1, History of NJ EX Order. 264b1 and NJ EX Order. 264b1, and NJ EX Order. 264b1.</p> <p>Review of the Quarterly Minimum Data Set (MDS), an assessment tool dated NJ EX Order. 264b1, the resident had a Brief Interview for Mental Status (BIMS) score of NJ EX Order. 264b1 indicating that Resident #30 had NJ EX Order. 264b1.</p> <p>Review of Resident #30's CP with an effective date of NJ EX Order. 264b1 and NJ EX Order. 264b1 presented a goal that "Resident #30 will be free from NJ EX Order. 264b1"</p> <p>Documented intervention added to Resident #30's CP on NJ EX Order. 264b1 was, "Bed NJ EX Order. 264b1."</p> <p>Another documented intervention added to Resident #30's CP on NJ EX Order. 264b1 was, NJ EX Order. 264b1 to bed-sides."</p> <p>On 6/7/23 at 12:00 PM, the surveyor along with the Registered Nurse Team Leader Unit Manager (RNTL) reviewed the CP for Resident #30. The RNTL explained that the CP indicates that there should be NJ EX Order. 264b1 on both sides of the bed as well as the bed set in the NJ EX Order. 264b1</p> <p>The RNTL assessed the resident's room and agreed that there should be a NJ EX Order. 264b1 on both sides of the bed. The RNTL inspected the resident's room and could not find another NJ EX Order. 264b1 for the other side of the bed.</p> <p>The RNTL proceeded to test the bed and noted that a NJ EX Order. 264b1 described by the CP would be</p>	F 656		

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F 656	Continued From page 8 equivalent to the NJ EX Order 264b1 " of the bed setting. The RNTL agreed that the position of the bed that Resident #30 was in, was not the NJ EX Order 264b1 . The RNTL explained, NJ EX Order 264b1 should be the lowest position of the bed for optimum safety for the resident in case of NJ EX Order 264b1 " Review of the facility history for Resident #30 demonstrated that there were no recent documented REQUIREMENT . There was no harm that occurred due to the lack of implementation of the resident's CP for NJ EX Order 264b1 on both sides of the bed and NJ EX Order 264b1 . On 6/7/23 at 2:03 PM, the surveyor informed the Director of Nursing (DON), in the presence of Director of Quality/ADON and Administrator of the issues concerning Resident #30. On 6/9/23 at 9:38 AM, the DON in the presence of Director of Quality/ADON explained, NJ EX Order 264b1 position is equivalent to the NJ EX Order 264b1 bed setting for the safety of the resident." There was no further information provided.	F 656			
F 658 SS=D	N.J.A.C. 8:39-11.2 1,2 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to a.)	F 658	It is the policy of Christian Health Care Center to provide services as outlined in	7/28/23	

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F 658	<p>Continued From page 9</p> <p>follow a physician's order (PO) for administering medications, b.) document the daily [REDACTED] in accordance with the PO and c.) document the consumed [REDACTED] for a resident with a PO for [REDACTED] deficient practice was observed for 1 of 39 residents reviewed for physician order accuracy, Resident #503.</p> <p>This deficient practice was evidence by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>On 6/1/23 at 10:52 AM, Resident #503 was observed sitting in their room on a wheelchair. Resident #503 appropriately responded to the surveyor. The resident was observed receiving [REDACTED] controlled by a [REDACTED] NJ EX Order. 264b1). Resident #503 informed the surveyor that they are transported to [REDACTED] on [REDACTED] NJ EX Order. 264b1 , and [REDACTED].</p> <p>The surveyor reviewed Resident's Hybrid (computerized and paper) medical record.</p> <p>A review of Resident #503's Face Sheet (a</p>	F 658	<p>the comprehensive care plan and meet professional standards of quality. Resident #503 was safely discharged from the facility on 6/4/23.</p> <p>Re-education was provided to the nursing team regarding following physician orders, administering medications, documentation of daily [REDACTED], and [REDACTED]s, and most specifically for residents on [REDACTED]. Additionally, education on entering medication orders into the electronic medical record was initiated on 6.7.23 to ensure the accuracy of the orders (inclusive of specific dose, frequency, and route).</p> <p>Although no additional residents were identified, medical records of [REDACTED] residents that were in the building at the time were also reviewed to ensure that proper documentation are being followed.</p> <p>The ADON/TL will pull reports of [REDACTED] residents who has [REDACTED] and daily [REDACTED] orders to monitor nursing documentation every Monday morning shift for omissions to ensure compliance with professional standards of care and avoid missing information.</p> <p>This will be monitored by the ADON/TL weekly for 4 weeks, and monthly thereafter to ensure compliance. The effectiveness of these measures will be evaluated by the QAPI Committee at each quarterly meeting and modified as necessary.</p>		

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F 658	<p>Continued From page 10</p> <p>one-page summary of important information about the patient) that documented the resident's diagnosis which included but was not limited to NJ EX Order. 264b1</p> <p>A Review of the Brief Interview for Mental Status (BIMS) dated NJ EX Order. 264b1 with a score of NJ EX Order. 264b1 indicating that Resident #503 had an NJ EX Order. 264b1</p> <p>On 6/5/23 at 12:45 PM, the surveyor reviewed the NJ EX Order. 264b1 Order Summary Report for Resident #503 which revealed a Physician's Orders (PO) with a start date of NJ EX Order. 264b1 for, NJ EX Order. 264b1 mg tablet NJ EX Order. 264b1, give 1 tablet by oral route every NJ EX Order. 264b1 hours for NJ EX Order. 264b1." A review of the NJ EX Order. 264b1 electronic Medication Administration Record (eMAR) revealed that the medication was scheduled to be administered at 9:00 AM and 6:00 PM.</p> <p>On 6/7/23 at 2:14 PM, the surveyor discussed the discrepancy of the directions of the PO for every NJ EX Order. 264b1 and administration of NJ EX Order. 264b1 mg tablet NJ EX Order. 264b1 at 9:00 AM and 6:00 PM with the Director of Nursing (DON) and the Assistant Director of Nursing/Director of Quality (ADON/DQ). The surveyor informed the DON and ADON/DQ that the time of administration did not reflect the PO, which ordered the medication to be administered every NJ EX Order. 264b1 hours.</p> <p>1. On 6/5/23 at 12:45 PM, the surveyor reviewed the NJ EX Order. 264b1 Order Summary Report for Resident #503 which revealed a PO start date of NJ EX Order. 264b1 that indicated, "take daily NJ EX Order. 264b1 in AM,</p>	F 658		

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F 658	<p>Continued From page 11 before breakfast."</p> <p>Review of the [REDACTED] eMAR revealed that 2 out of 8 days of the month reviewed, [REDACTED] and [REDACTED] Resident #503's [REDACTED] were not documented.</p> <p>On 6/7/23 at 2:14 PM, the surveyor met with the DON and the ADON/DQ to discuss the above concern regarding the missing [REDACTED] for [REDACTED] and [REDACTED].</p> <p>On 6/8/23 at 10:15 AM, the DON and ADON/DQ met with the survey team and acknowledged that Resident #503's [REDACTED] were not obtained on the dates [REDACTED] and [REDACTED] according to the PO.</p> <p>2. On 6/5/23 at 12:45 PM, the surveyor reviewed the [REDACTED] Order Summary Report which revealed that Resident #503 had a PO order with a start date of [REDACTED] 3 for [REDACTED] of [REDACTED] per day."</p> <p>Continued review of the [REDACTED] and [REDACTED] eMAR for Resident #503 revealed that on [REDACTED] during the 3-11 shift and on [REDACTED] during the 7-3 shift, there were no amounts entered for [REDACTED] consumed by the resident.</p> <p>An additional review of the form titled, "Monitoring Record" revealed no documentation of [REDACTED] consumed on [REDACTED] during the 3-11 shift and on [REDACTED] during the 7-3 shift.</p> <p>A review of the Dialysis Care Plan for Resident #503, revealed in the intervention section, "1.) daily [REDACTED] AM before breakfast and 2.) Monitor and document [REDACTED] of [REDACTED]</p>	F 658			

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F 658	Continued From page 12 NJ EX Order. 264b1, Nursing allotment of [REDACTED] ml on 11-7) Dietary allotment of 720 ml with Nursing to monitor and record all [REDACTED] taken at meals/snacks/medication pass-per shift and enter [REDACTED] into monitoring section of sigma care (Facility computer electronic chart system)." A review of the facility's [REDACTED] Policy documented, "Nurse will follow the physician orders for NJ EX Order. 264b1, and [REDACTED] needs". On 6/7/23 at 2:14 PM, the surveyor met with the DON and the ADON/DQ to discuss the above concern of the missing [REDACTED] consumption documentation for Resident #503. Both the DON and ADON/DQ acknowledged that there was a lack of [REDACTED] consumption documentation for Resident #503 on the dates of [REDACTED] during the 3-11 shift and on [REDACTED] during the 7-3 shift. No further documentation was provided.	F 658			
F 689 SS=J	NJAC 8:39-11.2 (b); 29.2 (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 #NJ00163279	F 689	Past noncompliance: no plan of		

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F 689	<p>Continued From page 13</p> <p>Based on observation, interviews, record review, and review of other pertinent facility documentation, it was determined that the facility failed to provide adequate supervision for a resident who was an elopement risk for 1 of 3 residents reviewed for [REDACTED] on a [REDACTED] unit (Resident #229).</p> <p>The facility failed to provide adequate supervision and identify that a resident with a history of [REDACTED] t and [REDACTED] NJ EX Order. 26451 was missing upon the activation of an exit door [REDACTED] on a [REDACTED] unit. This posed a serious and immediate risk to the health, safety, and well-being of Resident #229.</p> <p>The Immediate Jeopardy (IJ) situation was determined to have existed on [REDACTED] when Resident #229 exited the building without staff knowledge and was found by law enforcement [REDACTED] miles away from the facility, which is adjacent to a wide, double-lane roadway. The facility developed and implemented a corrective action plan, and the past-noncompliance IJ was determined to have been removed on 4/7/2023. The facility's noncompliance was corrected on 4/7/2023.</p> <p>The Licensed Nursing Home Administrator (LNHA) and other facility administration were notified of the Immediate Jeopardy on 6/12/23 at 3:13 PM. The LNHA stated it was human error by a Certified Nursing Aide in their lack of response to the sounding door [REDACTED]. The LNHA further stated the facility followed protocol after discovering that the resident could not be located by the staff on the unit and the facility implemented systemic corrective actions.</p>	F 689	correction required.		

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F 689	<p>Continued From page 14</p> <p>On 6/12/2023 at 2:09 PM, the Administrator, Director of Nursing (DON), and Director of Quality (DQ) also acting as Assistant DON were informed of the past noncompliance IJ situation.</p> <p>This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the electronic medical record (eMAR) for Resident #229 which revealed the following:</p> <p>The facility's Resident Face Sheet (a one-page summary of important information about the patient) listed diagnoses that included, but were not limited to, NJ EX Order. 264b1 [REDACTED]</p> <p>The Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED], revealed the facility assessed the resident's cognitive status using a Brief Interview for Mental Status (BIMS) score. The resident scored a [REDACTED], which indicated that the resident had a NJ EX Order. 264b1 [REDACTED].</p> <p>The MDS assessment further revealed that the resident used a NJ EX Order. 264b1 daily and had diagnoses that included but were not limited to, NJ EX Order. 264b1 [REDACTED]).</p>	F 689			

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F 689	<p>Continued From page 15</p> <p>A review of the Physician's Order tab located in the eMAR documenting all current physician's orders for Resident #229, dated [REDACTED], read: NJ EX Order. 264b1] TO [REDACTED] -ENSURE PLACEMENT Q [every] SHIFT NJ EX Order. 264b1".</p> <p>Continued review of the physician's order tab with an entry for Resident #229, dated [REDACTED], read: NJ EX Order. 264b1 ENSURE FUNCTION Q 11-7 SHIFT FOR: NJ EX Order. 264b1".</p> <p>Review of an individualized care plan (CP) dated [REDACTED] with a focus of [REDACTED] for Resident #229, listed interventions that included: ensuring placement and function of the [REDACTED] on the resident's [REDACTED]; redirecting and engaging the resident in another activity when the resident expressed the desire to go home or when [REDACTED]; and to notify the supervisor, ADON (Assistant Director of Nursing) immediately of any [REDACTED] attempts.</p> <p>A nursing progress note (PN) dated [REDACTED] revealed that the resident was [REDACTED], [REDACTED] at unit [REDACTED]. The PN further documented that the resident was redirected by staff. The PN indicated that the resident had a history of [REDACTED] prior to admission to the facility.</p> <p>Additional review of Resident #229 PNs revealed that on NJ EX Order. 264b1 and [REDACTED] the resident was NJ EX NJ EX Order. 264b1 at [REDACTED] on the unit, and had to be re-directed by the staff. The PNs on [REDACTED] and [REDACTED] further revealed that the resident was [REDACTED] at [REDACTED] on the unit and setting off the [REDACTED] prior to re-direction</p>	F 689			

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F 689	<p>Continued From page 16 by the staff.</p> <p>A review of an investigation report completed by the facility indicated that Resident #229 had an actual [REDACTED] on [REDACTED], and the investigation revealed the following:</p> <p>Resident #229 received care and medications by the night shift nurse on [REDACTED] at 5:55 AM.</p> <p>A review of security camera footage after the resident's [REDACTED] by the facility, revealed that the resident was last seen at 7:05 AM, in which the resident [REDACTED] door on the unit, that led to the outside of the facility.</p> <p>At 9:09 AM, the Certified Nursing Aide/Certified Behavioral Technician (CNA/CBT) #2 assigned to the resident informed the Registered Nurse (RN) Team Leader that she could not locate Resident #229 and a search for the resident was initiated.</p> <p>At 9:11 AM, the ADON of the unit was notified, responded to the unit, and notified security to review the camera footage.</p> <p>At 9:15 AM -9:25 AM, the DON was notified, and an [REDACTED] code was activated.</p> <p>At 9:30 AM, the Administrator called 911.</p> <p>At 9:55 AM, the resident's family was notified.</p> <p>At 10:05 AM, Resident #229 was found by law enforcement at a [REDACTED] miles away from the facility and was returned to the unit. The resident was evaluated by the medical team and a body assessment was completed upon the resident's return to the facility. The resident had no physical</p>	F 689			

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F 689	<p>Continued From page 17 injuries.</p> <p>On 6/8/23 at 11:26 AM, the surveyor interviewed the ADON with the Registered Nurse (RN) Team Leader of the NJ EX Order: 264b1 unit about the elopement of Resident #229. The ADON stated that when the resident was found to be missing, the search began, and security looked at camera footage to identify where the resident went.</p> <p>The DON stated that she reviewed the security camera footage and the footage revealed that Resident #229 exited the NJ EX Order: 264b1 unit through doors located on the NJ EX Order: 264b1-wing hall. The ADON who also reviewed the footage added that the resident exited through NJ EX Order: 264b1 which could be opened when leaning on the doors for a certain amount of time as designed for emergency situations.</p> <p>The ADON informed the surveyor that after the resident was found, a medical workup was completed, staff were re-educated on NJ EX Order: 264b1 protocols and NJ EX Order: 264b1 systems, and the resident's CP was updated with a new intervention. The CP new intervention indicated that the resident was an NJ EX Order: 264b1 and should be directed to a supervised area to have breakfast and an early activity.</p> <p>On 6/8/23 at 11:45 AM, the surveyor observed Resident #229 by an activity day room on the unit. The resident was NJ EX Order: 264b1, NJ EX Order: 264b1 their name and stated, "My day is going ok" when asked how they were doing. The resident was observed with a NJ EX Order: 264b1 to their NJ EX Order: 264b1 and supervised by staff.</p>	F 689			

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F 689	<p>Continued From page 18</p> <p>A review of post-elopement facility documents revealed that the facility provided formal remediation for staff directly involved. This included CNA/CBT #1, who shut the sounding [REDACTED] without notifying staff on the unit and CNA/CBT #2 who was the direct care for Resident #229, both received re-education and disciplinary action. All staff were re-educated on elopement protocols, the facility alert systems, [REDACTED] and rounding on residents.</p> <p>At the time of the survey, security camera footage was no longer available for the time of the incident on [REDACTED].</p> <p>On 6/9/23 at 11:25 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) #1 who was assigned to Resident #229 at the time of the resident's elopement on [REDACTED]. LPN #1 stated the resident [REDACTED] during shift change and at the time she was assisting another resident who was having [REDACTED] NJ EX Order: 26461. LPN #1 acknowledged she did not conduct rounds or see the resident that morning prior to becoming aware that the resident was missing. LPN #1 stated that she had assumed the CNA/CBT's conducted rounds on the residents.</p> <p>LPN#1 stated that she became aware the resident was missing when CNA/CBT#2, who was assigned to the resident, reported that she was unable to locate the resident. They began searching for the resident and [REDACTED] protocols were initiated. LPN #1 stated that after the [REDACTED] incident, she ensures that she conducts rounds on the residents.</p> <p>On 6/9/23 at 12:19 PM, the surveyor interviewed the ADON about [REDACTED] protocols and about</p>	F 689			

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F 689	<p>Continued From page 19</p> <p>the [REDACTED] of Resident #229. The ADON stated it was human error, CNA/CBT #1 checked surrounding area by the [REDACTED] when she heard the [REDACTED] sound off. After checking the area, CNA/CBT #1 turned off the alarm and continued her assignment. The ADON explained that if an exit door alarm is triggered that a head count of residents should always be done by staff as there is the possibility of a [REDACTED] being triggered by a resident.</p> <p>On 6/9/23 at 1:33 PM, the ADON provided the surveyor with a report for the [REDACTED] from the day of the [REDACTED]. The provided document was an activity log for Resident #229 for [REDACTED] from the [REDACTED] system on the unit. The activity log indicated a log time of [REDACTED] at 07:05:13 AM with a status that read [REDACTED] "Received". The last entry on the log was [REDACTED] at 07:05:43 AM with a status that read [REDACTED]."</p> <p>On 6/9/23 at 1:45 PM, the surveyor along with the DON reviewed the report for the [REDACTED] system from the day of the [REDACTED]. The DON stated that the [REDACTED] system picked up Resident #229's [REDACTED] when the resident opened the [REDACTED]-wing exit door and the last entry was indicated completed as the resident walked away from the [REDACTED] and the [REDACTED] was no longer in range to be detected.</p> <p>On 6/12/23 at 11:35 AM, the surveyor interviewed CNA/CBT #2 who was assigned to care for Resident #229 on the day of the elopement. The surveyor asked CNA/CBT #2 if she saw Resident #229 or conducted rounds that morning. CNA/CBT #2 replied she arrived a few minutes late that day and stated, "I don't know what</p>	F 689			

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

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F 689	<p>Continued From page 20</p> <p>happened that day", that she usually did rounds. The CNA/CBT #2 stated that she looked for the resident during breakfast time, around 9 AM, could not locate the resident, and notified the nurse.</p> <p>On 6/12/23 at 11:44 AM, the surveyor interviewed CNA/CBT #1 who worked on unit the day of Resident #229's [REDACTED] and responded to [REDACTED] that was activated. CNA/CBT #1 stated at the start of the 7-3 day shift she went to the breakroom first then to the nurses' station, in which she heard an [REDACTED] from an [REDACTED] on the unit. CNA/CBT #1 stated that she looked for the [REDACTED] with the [REDACTED] and found it was the [REDACTED]-wing [REDACTED]. CNA/CBT #1 stated that she went through the [REDACTED], looked around the nearby area by the doors, and did not see anything.</p> <p>CNA/CBT #1 stated that she returned to the unit through the doors and cleared the [REDACTED]. CNA/CBT #1 stated coworkers were aware she went to respond to the [REDACTED] but could not recall what transpired then. CNA/CBT #1 informed the surveyor that she could not recall if she informed the nurse or supervisors about the [REDACTED] she responded to. CNA/CBT #1 became visibly emotional during the interview with the surveyor, and stated the incident was "all jumbled up" in her mind. CNA/CBT #1 verified that she received formal re-education and disciplinary action after the [REDACTED] incident.</p> <p>The surveyor reviewed the facility's policy with an effective date of 8/22, titled [REDACTED] Alert", which was provided by the Director of Quality. The policy included, under purpose, "To provide a safe, organized, and effective response to a</p>	F 689			

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F 689	<p>Continued From page 21</p> <p>patient [REDACTED] NJ EX Order: 264b1." The policy did not address the procedure for response to the roam tag alert system and [REDACTED] NJ EX Order: 264b1 activation when a resident is found missing and an [REDACTED] NJ EX Order: 264b1 code is activated.</p> <p>On 6/12/23 at 2:57 PM, the surveyor asked the DON for any other policies regarding the [REDACTED] staff response and protocols for activated [REDACTED] NJ EX Order: 264b1 and [REDACTED] NJ EX Order: 264b1 systems. The DON stated that once a [REDACTED] NJ EX Order: 264b1 was activated, it should be automatically assumed by the staff that a resident may have [REDACTED] NJ EX Order: 264b1 and a head count should be initiated immediately to check that all residents are present on the unit. The DON revealed that there were no further related policies to be provided.</p> <p>On 6/12/23 at 3:13 PM, the survey team met with the Administrator, DON, and DQ about the elopement of Resident #229 and informed them of the IJ past non-compliance. The Administrator stated it was human error by CNA/CBT #1 in response to the [REDACTED] NJ EX Order: 264b1, which she received formal remediation that included re-education and disciplinary action. The Administrator further stated the facility followed protocol after discovering that the resident could not be located by the staff on the unit. The Administrator could not comment on the expectation of the facility nursing staff for rounding on residents on the unit, but that all staff were re-educated, all processes and systems in place were checked. The survey team informed the facility that the failure to provide supervision to Resident #229 who had a history of [REDACTED] NJ EX Order: 264b1 behaviors leading up to the [REDACTED] NJ EX Order: 264b1 on [REDACTED] NJ EX Order: 264b1 when a CNA/CBT #1 did not appropriately respond to the [REDACTED] NJ EX Order: 264b1 to prevent</p>	F 689			

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F 689	<p>Continued From page 22</p> <p>NJ EX Order. 264b1 This resulted in an IJ situation.</p> <p>On 6/13/2023 at 9:00 AM, the facility provided a copy of their corrective action plan that was developed and implemented beginning on 6/13/2023 after Resident #229 6/13/2023 from the facility. Review of the plan revealed the following actions taken on 6/13/2023</p> <p>"Mandatory re-education in-service on elopement precautions and policies was provided to all NJ EX Order. 264b1 unit] staff.</p> <p>NJ EX Order. 264b1 technical re-training was provided to the staff</p> <p>Formal remediation for the one (1) staff person directly involved</p> <p>Security personnel was placed at the door for additional surveillance post-event evaluation</p> <p>NJ EX Order. 264b1] system was re-inspected and confirmed to be working properly</p> <p>The plan of care for the resident was updated</p> <p>Process review was initiated"</p> <p>The plan further indicated ongoing education to staff regarding elopement precautions and policies; NJ EX Order. 264b1, and resident safety protocols; quarterly inspection and testing of the NJ EX Order. 264b1 system; Monitoring resident behaviors for exit-seeking and implementing appropriate interventions for residents; The DON, Administrator, and/or designee will review any incidents and ensure necessary interventions are implemented; The facility will continue to</p>	F 689			

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F 689	Continued From page 23 self-report all incidents as required by NJ DOH regulations. After conducting observations, interviews, record review and review of pertinent documents, the survey team verified the facility implemented all components of the action plan and the deficient practice was corrected on [REDACTED] prior to the annual survey entrance. On 6/13/23 at 11:43 AM, the surveyor interviewed the DON, about rounds conducted by nursing staff and about the nursing staff not being aware the resident was missing until approximately [REDACTED] hours later. The DON acknowledged it was expected for nursing staff to conduct rounds during the shift, including at the start of the shift. The DON further stated CNA/CBT #1, responded to the [REDACTED], searched the immediate area, cleared the [REDACTED] but did not notify the nurse or supervisor about it.	F 689			
F 695 SS=D	NJAC 8:39-33.1(d) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of	F 695	It is the policy of Christian Health Care	7/28/23	

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F 695	<p>Continued From page 24</p> <p>pertinent medical records, it was determined that the facility failed to follow physician orders related to the use of NJ EX Order. 264b1 for 2 of 4 residents, Resident #40, and #236 who both had NJ EX Order. 264b1 status conditions.</p> <p>This deficient practice was evidenced by:</p> <ol style="list-style-type: none"> On 6/6/23 at 10:05 AM, the surveyor interviewed Resident #40 who was seated in a wheelchair, in the dining area eating breakfast. Resident #40 was noted receiving NJ EX Order. 264b1 through a NJ EX Order. 264b1 utilizing a NJ EX Order. 264b1 system) at NJ EX Order. 264b1. <p>The surveyor reviewed the resident's hybrid medical chart which included a review of a paper as well as computerized medical chart.</p> <p>Review of the Face Sheet (FS) (a one-page summary of important information about the patient) that documented the resident's diagnosis which included but was not limited to NJ EX Order. 264b1.</p> <p>Review of the Readmission Minimum Data Set (MDS), an assessment tool dated NJ EX Order. 264b1, the resident had a Brief Interview for Mental Status (BIMS) score of NJ EX Order. 264b1 indicating that Resident #40 had a NJ EX Order. 264b1.</p> <p>NJ EX Order. 264b1 of the MDS, indicating Special Treatments, Procedures, and Programs received by Resident #40 in the last 14 days documented,</p>	F 695	<p>Center to ensure that physician orders pertaining to the use of NJ EX Order. 264b1 are followed and care is consistent with the professional standard of practice, comprehensive person-centered care plan, and the resident's goals, and preferences.</p> <p>a) Resident #40's NJ EX Order. 264b1 orders were reviewed and reconciled with the attending physician on June 7, 2023. The orders included NJ EX Order. 264b1 for monitoring. The resident's care plan reflects these orders, includes required assessment/evaluation criteria, and when to report to the attending physician.</p> <p>b) Resident #236's NJ EX Order. 264b1 therapy orders were reviewed and reconciled with the attending physician on June 8th, 2023. The order for NJ EX Order. 264b1 replaced the PRN order based on clinical assessment and patient preference and the resident's care plan was updated to reflect these updates. Patient #236 was safely discharged to home on June NJ EX Order. 264b1.</p> <p>The RT will conduct rounds as scheduled on residents that has NJ EX Order. 264b1 orders to ensure that the current order is meeting their needs. The RT will communicate immediately to ADONs/TL any weaning process for order and care plan adjustment.</p> <p>The ADONs/TLs and RT will review all residents on NJ EX Order. 264b1 therapy weekly on</p>	

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F 695	<p>Continued From page 25</p> <p>NJ EX Order. 264b1 Therapy."</p> <p>Review of the Physician's Orders (PO) and electronic treatment administration record (eTAR) documented a physician's order for, NJ EX Order. 264b1 with a start date of NJ EX Order. 264b1 at 11:55 AM. This order was signed by nursing as administered on NJ EX Order. 264b1 during the 7:00 AM-3:00 PM shift.</p> <p>On 6/7/23 at 10:00 AM, the surveyor reviewed the eTAR and found that the PO remained as NJ EX Order. 264b1 " with a start date of NJ EX Order. 264b1 at 11:55 AM. No other physician's orders were noted for NJ EX Order. 264b1.</p> <p>Review of Resident #40's Care Plan (CP) with an effective date of NJ EX Order. 264b1 presented, "Maintain NJ EX Order. 264b1 therapy, via NJ EX Order. 264b1 to maintain NJ EX Order. 264b1 q shift)." Another part of the CP indicated, "PRN (as needed) NJ EX Order. 264b1</p> <p>On 6/7/23 at 11:20 AM, the surveyor observed Resident #40 seated in a wheelchair at the back lounge of the unit with NJ EX Order. 264b1 delivered utilizing a NJ EX Order. 264b1 through NJ EX Order. 264b1</p> <p>On 6/7/23 at 11:31 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) caring for Resident #40. The LPN stated that she identified that the resident's NJ EX Order. 264b1 order was not correct and needed to be changed. The LPN stated that she just changed the NJ EX Order. 264b1 order to reflect NJ EX Order. 264b1 and was on her way to change the setting of the NJ EX Order. 264b1 for Resident #40 to NJ EX Order. 264b1</p>	F 695	<p>Fridays for 4 weeks. Monthly audits will be conducted by the ADONs/TL assuring the physician's orders inclusive of parameters for NJ EX Order. 264b1 are in place and that the care plans have appropriate interventions. Results from the audits will be submitted to the DON/Administrator. The effectiveness of these measures will be evaluated by the QAPI Committee at each quarterly meeting and modified as necessary.</p>	

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F 695	<p>Continued From page 26</p> <p>The LPN explained that the order of [REDACTED] previously ordered by the physician documented on the eTAR was [REDACTED] but since the resident was receiving NJ EX Order. 264b1, "I reduced the setting to [REDACTED]."</p> <p>The surveyor informed the LPN that Resident #40 was observed on [REDACTED] occasions on [REDACTED] separate days [REDACTED] and [REDACTED] with [REDACTED] on the NJ EX Order. 264b1</p> <p>The LPN could not explain why the settings differed from the PO.</p> <p>On 6/7/23 at 11:45 AM, the surveyor interviewed the Respiratory Therapist (RT) who stated that the resident should be receiving [REDACTED] NJ EX Order. 264b1. The RT explained that sh [REDACTED]</p> <p>[REDACTED] and sets the [REDACTED] according to the results [REDACTED] level. The RT stated that she was trying to lower the need for high levels of [REDACTED] that the resident needed previously, settings of [REDACTED]</p> <p>The RT explained that she visits with Resident #40 in the morning to perform a physician ordered breathing treatment. The RT identified that she has been setting the [REDACTED] NJ EX Order. 264b1 to [REDACTED] delivered NJ EX Order. 264b1 for the last [REDACTED] weeks for Resident #40.</p> <p>Review of the RT Progress Notes recorded that on 6/6/23 at 7:39 AM the RT documented that Resident #40 had an NJ EX Order. 264b1 [REDACTED] and the NJ EX Order. 264b1 was set at [REDACTED]. The RT Progress Notes reviewed from [REDACTED] at 11:07 AM recorded that the [REDACTED] was [REDACTED] and the NJ EX Order. 264b1</p>	F 695			

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F 695	<p>Continued From page 27</p> <p>was set at [REDACTED]</p> <p>Review of the [REDACTED] Therapy policy presented to the surveyor by the Director of Nursing on [REDACTED], under "Purpose" indicates, "This policy is to instruct on how to treat [REDACTED], decrease work of [REDACTED] and decrease [REDACTED] work in patients requiring supplemental [REDACTED] therapy due to [REDACTED] or [REDACTED] ency."</p> <p>Continued review of the [REDACTED] Therapy policy under Procedure indicates, "2. Verify Medical Doctor order (should include [REDACTED], [REDACTED]). 7. Turn on the [REDACTED] source and adjust the [REDACTED] to the prescribed [REDACTED]. 8. Verify the [REDACTED] at the patient end of the delivery device."</p> <p>Review of the Application portion of the [REDACTED] Therapy policy explains, "1. a. Obtain a [REDACTED] to establish the potential [REDACTED]. 2. Place patient on [REDACTED]. If the patient's [REDACTED] does not improve or if the patient is still having trouble [REDACTED] place the patient on a [REDACTED]</p> <p>On 6/7/23 at 2:03 PM, the Director of Nursing (DON), Director of Quality/Assistant DON (DQ/ADON) and Administrator were informed of the [REDACTED] issues. There was no further information provided</p> <p>2. On 5/31/23 at 12:49 PM, the surveyor observed Resident #236 sitting in a wheelchair eating lunch. The resident was receiving [REDACTED] [REDACTED] that was attached to an [REDACTED]. The resident stated that they always used [REDACTED]</p> <p>On 6/6/23 at 10:16 AM, the surveyor observed</p>	F 695			

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F 695	<p>Continued From page 28</p> <p>Resident #236 sitting in a wheelchair in their room. The resident was receiving NJ EX Order: 264b1 that was attached to an NJ EX Order: 264b1. The NJ EX Order: 264b1 was NJ EX Order: 264b1. The resident stated that they always used NJ EX Order: 264b1.</p> <p>The surveyor reviewed the medical record of Resident #236 which revealed the following:</p> <p>The resident's face sheet revealed that Resident #236 was admitted with diagnoses that included but was not limited to NJ EX Order: 264b1.</p> <p>The Admission MDS assessment, dated NJ EX Order: 264b1 revealed the facility assessed the resident's cognitive status using a BIMS. The resident scored an NJ EX Order: 264b1 which indicated that the resident had NJ EX Order: 264b1.</p> <p>A review of the resident's physician orders revealed an active physician's order dated NJ EX Order: 264b1 for NJ EX Order: 264b1 [as needed] for NJ EX Order: 264b1.</p> <p>The NJ EX Order: 264b1 Treatment Administration Record (TAR) was initialed by nurses on NJ EX Order: 264b1 and NJ EX Order: 264b1 to indicate PRN NJ EX Order: 264b1 was administered as ordered by the physician.</p> <p>The NJ EX Order: 264b1 TAR revealed the PRN order for NJ EX Order: 264b1 order entry was not signed was not signed by the nurse for NJ EX Order: 264b1 to NJ EX Order: 264b1.</p> <p>A review of the resident's CP included an entry</p>	F 695			

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F 695	<p>Continued From page 29</p> <p>dated [REDACTED] with a focus that read "Respiratory dysfunction". The CP did not address [REDACTED] therapy use.</p> <p>On 6/6/23 at 10:22 AM, the surveyor interviewed the LPN assigned to care for Resident #236. The LPN explained that the resident used [REDACTED] and used a [REDACTED] NJ EX Order. 264b1) at night.</p> <p>The LPN along with the surveyor reviewed the physician orders and TAR for Resident #236, which revealed that the resident only had an order for PRN [REDACTED] NJ EX Order. 264b1. The LPN was unaware that the resident only had the order for PRN and stated that the resident used [REDACTED] NJ EX Order. 264b1</p> <p>On 6/6/23 at 10:47 AM, the surveyor interviewed the team leader on the unit about the above concerns for Resident #236. The team leader reviewed the physician orders and TAR for Resident #236. The team leader stated the resident's order was PRN as the resident could remove [REDACTED] when eating and going to the bathroom.</p> <p>The surveyor asked the team leader if it would be expected for nurses to sign the TAR for the PRN order for [REDACTED] if [REDACTED] was administered to the resident. The team leader stated "Yes" the nurses would be expected to sign the TAR when the [REDACTED] was administered to the resident.</p> <p>On 6/7/23 at 2:08 PM, the surveyor informed the Administrator, DON, and DQ/ADON of the above concerns and interviews. The DQ/ADON stated it would be expected for the nurses to sign the order for [REDACTED] if PRN [REDACTED] was as ordered</p>	F 695			

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F 695	Continued From page 30 to the resident. The DQ/ADON further stated that the facility was working with the RT to evaluate resident [REDACTED] orders. On 6/8/23 at 10:10 AM, the DON and DQ/ADON provided the CP policy. The DQ/ADON stated that Resident #236 was receiving [REDACTED] and the order should have been evaluated and clarified by the physician to reflect that. The DQ/ADON acknowledged that the resident's CP did not include [REDACTED] therapy and the resident's CP should have included [REDACTED] therapy. The DQ/ADON stated the Team Leader and ADON were responsible for reviewing and updating residents' CP. No further information was provided.	F 695			
F 698 SS=D	NJAC 8:39-27.1 (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 observation, interview, review of the medical record and review of other facility documentation, it was determined that the facility failed to ensure a resident's medication times	F 698	It is the policy of Christian Health Care Center to ensure that residents who require dialysis services receive such services, consistent with professional	7/24/23	

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F 698	<p>Continued From page 31</p> <p>were adjusted to accommodate their [REDACTED] schedule for 1 of 2 residents (Resident #503) reviewed for [REDACTED].</p> <p>This deficient practice was evidenced by the following:</p> <p>On 6/1/23 at 10:52 AM, Resident #503 was observed sitting in their room in a wheelchair. Resident #503 appropriately responded to the surveyor. The resident was observed receiving [REDACTED] controlled by a [REDACTED] NJ EX Order. 264b1 [REDACTED] NJ EX Order. 264b1 [REDACTED]. Resident #503 informed the surveyor that they were scheduled for [REDACTED] on [REDACTED], NJ EX Order. 264b1 [REDACTED].</p> <p>Review of Resident #503's hybrid (computerized and paper) clinical medical records revealed:</p> <p>A review of the Resident #503's Face Sheet (a one-page summary of important information about the patient) that documented the resident's diagnosis which included but was not limited to [REDACTED] NJ EX Order. 264b1 [REDACTED].</p> <p>A Review of the Brief Interview for Mental Status (BIMS) dated [REDACTED] with a score of [REDACTED] out of [REDACTED] indicating that Resident #503 had an [REDACTED] NJ EX Order. 264b1 [REDACTED].</p> <p>A review of the Clinical Physicians Orders revealed a PO with a start date on [REDACTED], for [REDACTED] NJ EX Order. 264b1 [REDACTED], on [REDACTED] NJ EX Order. 264b1 [REDACTED], and [REDACTED] NJ EX Order. 264b1 [REDACTED] at 10:15 AM.</p>	F 698	<p>standards of practice, the person-centered care plan, and the resident's goals and preferences. Resident #503 was safely discharged on [REDACTED] NJ EX Order. 264b1 [REDACTED], prior to changes being made to the individual record. The Medical Records of all residents who leave the facility for HD were reviewed on [REDACTED] NJ EX Order. 264b1 [REDACTED] to ensure current medication administration times are appropriate with regard to their [REDACTED] NJ EX Order. 264b1 [REDACTED] schedule. No additional residents were identified.</p> <p>A multidisciplinary team, inclusive of the Medical Director, Nurse Practitioner, DON, ADON, and Educator reviewed the process outlined in the [REDACTED] NJ EX Order. 264b1 [REDACTED] Policy for ensuring medications fit into the individual resident's [REDACTED] NJ EX Order. 264b1 [REDACTED] schedule and appropriate orders are received from the attending physician. The nursing team is not to document out-of-room/off-unit while at [REDACTED] NJ EX Order. 264b1 [REDACTED] treatments. An order will be obtained by the physician/LIP to adjust the time medications are given to [REDACTED] NJ EX Order. 264b1 [REDACTED] residents that may be due during their time of treatment.</p> <p>Education will be provided to the multidisciplinary team, and all medical staff and nursing team members re-enforcing the policy.</p> <p>The ADON/TL will review [REDACTED] NJ EX Order. 264b1 [REDACTED] patients' charts upon admission and monthly thereafter to ensure the orders are received and carried out accordingly. Documentation of compliance will be submitted to the DON/Administrator</p>	

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F 698	<p>Continued From page 32</p> <p>Further review of the PO revealed the following orders, NJ EX Order. 264b1 (medication used to NJ EX Order. 264b1 mg (milligram) tablet by oral route (po) NJ EX Order. 264b1 (NJ EX Order. 264b1 (medication for NJ EX Order. 264b1 mg tablet po which both having start dates of NJ EX Order. 264b1 3, and (medication NJ EX Order. 264b1 mg tablet po for NJ EX Order. 264b1 that gives the most NJ EX Order. 264b1 of your NJ EX Order. 264b1 with a start date (medication for NJ EX Order. 264b1 mg tablet po with a start date of , which was changed on to NJ EX Order. 264b1 mg NJ EX Order. 264b1 mg mixed with liters of water po</p> <p>A review of the electronic medication administration record (eMAR) for Resident #503 demonstrated that the physician orders for NJ EX Order. 264b1 mg give tablet by oral NJ EX Order. 264b1 (plotted for administration at AM- PM), NJ EX Order. 264b1 mg tablet for (plotted for administration at AM- PM), mg tablet po for (plotted for administration at AM- PM), mg tablet oral (plotted for administration at AM- PM- PM), and NJ EX Order. 264b1 mixed with ml of water give oral (plotted for administration at AM- PM- PM), had nurses' initials and an asterisk mark on the eMAR indicating that the medications were not given during the assigned administration designated times of PM to PM.</p> <p>The documentation on the eMAR on the following dates: NJ EX Order. 264b1 ,</p>	F 698	monthly. The effectiveness of these measures will be evaluated by the QAPI Committee at each quarterly meeting and modified as necessary.	

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F 698	<p>Continued From page 33</p> <p>NJ EX Order. 264b1. The documentation explained "Office visit" or "Out of room/off unit" for the days that all the medications were not administered, and Resident #503 was not in the facility receiving ██████████ treatment.</p> <p>A review of the Nurses Progress Notes dated NJ EX Order. 264b1 3 indicated that Resident #503 was out of the facility and receiving ██████████ treatment on NJ EX Order. 264b1 ██████████ during the scheduled medication times.</p> <p>A review of facility's ██████████ Policy indicates, "The nurse will collaborate with the patient/resident to adjust medications to fit ██████████ schedule. An order will be obtained by the physician order to adjust the time medications to for the patient/resident's schedule."</p> <p>During a surveyor interview with the Assistant Director of Nursing (ADON) on 6/2/2023 at 11:56 AM, the ADON stated that medications are being held per doctor's order when the resident is receiving ██████████. The ADON informed the surveyor that facility's Medical Director (MD) is aware that when the resident is receiving ██████████ their scheduled medications are being held.</p> <p>The surveyor reviewed physician orders with the ADON. The ADON could not locate any order or documentation that the MD was aware or ordered scheduled medication to be held for Resident #503 during ██████████.</p> <p>During a meeting with the ADON and the Director of Nursing with the surveyor team on 6/2/2023 at 1:17 PM, the facility ADON stated that Resident #503's medications should have been adjusted</p>	F 698			

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F 698	Continued From page 34 on admission based on the doctor's order to accommodate the resident's REDACTED schedule, when the resident is not present in the facility. No further information was provided.	F 698			
F 756 SS=D	NJAC 8:39 - 27.1 (a) Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in	F 756		7/24/23	

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F 756	<p>Continued From page 35 the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the Consultant Pharmacist (CP) failed to identify and notify the facility of possible medication irregularities. These irregularities were identified for 2 of 42 residents reviewed for CP medication evaluation, Resident #30, and Resident #503.</p> <p>The deficient practice was evidenced by the following:</p> <p>1. On 6/6/23 at 10:18 AM, the surveyor observed Resident #30 in bed receiving care from a Certified Nursing Assistant in their room.</p> <p>The surveyor reviewed the resident's hybrid chart which included a review of a paper as well as computerized medical chart.</p> <p>Review of the Face Sheet (FS), a one-page summary of important information about a patient that documented the resident's diagnosis as well as the diagnosis tab, which included but was not limited to NJ EX Order. 264b1</p> <p>Review of Resident #30's Physician's orders (PO) presented an active order, "Medications may be</p>	F 756	<p>It is the policy of Christian Health Care Center to receive reports from the pharmacy consultant that identify and notify the facility of possible medication irregularities.</p> <p>a) The Physician for Resident #30 was notified of the deficient practice. The Administrator, Director of Nursing, ADON, and Consultant Pharmacist (CP) reviewed the clinical records of resident #30 and discussed the resident's medical status. As per NIOSH Group 1 handling guidelines for NJ EX Order. 264b1, and in conjunction with the medical status review, resident #30 was provided NJ EX Order. 264b1 medication whole on NJ EX Order. 264b1, and tolerated it without issue. Education was provided on the appropriate and safe handling of NJ EX Order. 264b1 by the clinical nursing team.</p> <p>The medical records of all residents who receive their medications crushed with a NJ EX Order. 264b1 order were reviewed on 6/12/23 to ensure appropriate and safe handling, with no other residents identified.</p>		

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F 756	<p>Continued From page 36</p> <p>crushed as permitted by manufacturer and administered together to decrease resident discomfort," dated [REDACTED]. Continued review of the PO presented an order for, [REDACTED] mg give [REDACTED] tablets ([REDACTED] mg) by oral route every week [REDACTED] at [REDACTED] am" including a "Protocol: This is a [REDACTED]."</p> <p>Review of the electronic medical administration record (eMAR) signed and documented that [REDACTED] mg was administered at 9:00 AM on 6/6/23 by the medication administration nurse on duty.</p> <p>On 6/6/23 at 10:25 AM, the surveyor interviewed the Consultant Pharmacist (CP) in the presence of the facility Assistant Director of Nursing who stated, [REDACTED] is not on the do not crush list." The CP added that it is crushed in a plastic container using a crushing device.</p> <p>Review of the Consultant Pharmacist Review from [REDACTED] to [REDACTED] did not reveal any documentation alerting the facility that [REDACTED] should not be crushed.</p> <p>On 6/6/23 at 10:32 AM, the surveyor interviewed the medication Licensed Practical Nurse (LPN) who had administered the 9:00 AM medications to Resident #30. The LPN stated that she crushed all of the Resident's medications in a plastic bag, which included the [REDACTED] tablets of [REDACTED] and then emptied the crushed medication into a cup of [REDACTED] for administration to Resident #30.</p> <p>The Surveyor and LPN inspected the [REDACTED] bingo card (supplied by the Provider</p>	F 756	<p>For added awareness to all staff, the pharmacy will provide a daily dispensing report listing any active order for a medication with a [REDACTED]. The CP or designee will review the Medical Records of residents who require medications to be crushed and are using medication on the [REDACTED] [REDACTED] list. If a resident requires medication to be crushed, the CP will make a recommendation to the nursing team to contact the MD for an alternative medication (if available).</p> <p>The topic of Safe Handling of [REDACTED] will be the focus of the quarterly agenda of the July Pharmacy and Therapeutic Committee Meeting where a QAPI team will be initiated to ensure the safe handling of [REDACTED] and promote patient safety, worker safety, and environmental protection through best practice.</p> <p>The Pharmacy Consultant Supervisor/DON/designee will conduct record review audits based on daily HD dispensing reports provided by the provider pharmacy on all residents who require medication to be crushed and have a new order for a medication from the [REDACTED] list. Any identified issue will be rectified and addressed immediately. Audit findings will be reported to the QAPI Committee. The effectiveness of these measures will be evaluated by the QAPI Committee at each quarterly meeting and modified as necessary.</p>		

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F 756	<p>Continued From page 37</p> <p>Pharmacy) that was found with an affixed label, Caution: NJ EX Order. 264b1</p> <p>The LPN explained that she does not wear gloves when handling this resident's medication. The LPN acknowledged that she utilizes the crushing device/plastic bag but then sprinkles the medication onto the _____, which might release particles into the air.</p> <p>On 6/9/23 at 11:40 AM, the surveyor interviewed the representative Pharmacist from the Provider Pharmacy who stated that there is a Cautionary on Bingo card because, NJ EX Order. 264b1 is a NJ EX Order. 264b1 medication and should be handled with precaution, using NJ EX Order. 264b1 when handling the medication. The cautionary is to prevent issues with NJ EX Order. 264b1 as well as other side effects from the medication when inhaled." The Pharmacist established that the medication should not be crushed, only under a hood "as powder can be expelled to the environment." The Pharmacist continued to explain that the manufacturer of the medication documents, "Do not administer to patients who cannot swallow this medication."</p> <p>Review of the NJ EX Order. 264b1 includes NJ EX Order. 264b1 as an NJ EX Order. 264b1 (medications used to treat _____). _____ documents, "Unopened, intact tablets and capsules may not pose the same degree of occupational exposure risk as injectable drugs, which usually require extensive preparation. Cutting, crushing, or otherwise manipulating tablets and capsules will increase the risk of exposure to workers."</p> <p>2. On 6/1/23 at 10:52 AM, Resident #503 was</p>	F 756	<p>b) Resident #503 was safely discharged on NJ EX Order. 264b1, prior to changes being made to the individual record. The DON and the CP reviewed the Service Agreement signed on _____ and confirmed the agreement to ensure that upon admission or readmission, the CP will conduct an Interim Medication Regimen Review (IMRR) as per the facility contract within 24 hours on a business day and 48 hours on weekends and holidays for all new admissions and readmissions to the facility. If a resident requires HD, the CP will identify and make a recommendation to nursing to ensure current medication administration times are appropriate with regard to their dialysis schedule by noting in the IMRR.</p> <p>Pharmacy Consultant Reports for the past 4 months were reviewed, completion date of 6/15/23 to ensure that recommendations were addressed.</p> <p>Upon receipt of the IMRR daily and or monthly, the ADON/TL will review and confirm the recommendations for dialysis medications are received and responded to accordingly. Documentation of compliance will be submitted to the DON/Administrator monthly. The effectiveness of these measures will be evaluated by the QAPI Committee at each quarterly meeting with our Pharmacy Consultants and modified as necessary.</p>		

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F 756	<p>Continued From page 38</p> <p>observed sitting in their room in a wheelchair. Resident #503 appropriately responded to the surveyor. The resident was observed receiving NJ EX Order. 264b1 controlled by a NJ EX Order. 264b1 at NJ EX Order. 264b1).</p> <p>Resident #503 informed the surveyor that they were scheduled for NJ EX Order. 264b1, NJ EX Order. 264b1, and NJ EX Order. 264b1.</p> <p>Review of Resident #503's hybrid (computerized and paper) clinical medical records revealed:</p> <p>A review of the Resident #503's Face Sheet (a one-page summary of important information about the patient) that documented the resident's diagnosis which included but was not limited to NJ EX Order. 264b1.</p> <p>A Review of the Brief Interview for Mental Status (BIMS) dated NJ EX Order. 264b1 with a score of NJ EX Order. 264b1 indicating that Resident #503 had an NJ EX Order. 264b1.</p> <p>A review of the Clinical Physicians Orders (PO) dated NJ EX Order. 264b1 revealed a PO for NJ EX Order. 264b1 and NJ EX Order. 264b1 at 10:15 AM.</p> <p>Further review of the PO revealed the following orders all with a documented start date of NJ EX Order. 264b1 (medication for NJ EX Order. 264b1 mg tablet po NJ EX Order. 264b1 (medication for NJ EX Order. 264b1 mg tablet po NJ EX Order. 264b1).</p>	F 756			

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F 756	<p>Continued From page 39</p> <p>A review of the [REDACTED] NJ EX Order, 264b1 electronic medication administration record (eMAR) for Resident #503 demonstrated that the physician orders for [REDACTED] mg tablet po [REDACTED] (scheduled for [REDACTED] AM- [REDACTED] PM- [REDACTED] PM) for NJ EX Order, 264b1 mg tablet oral [REDACTED] (scheduled for [REDACTED] AM- [REDACTED] PM- [REDACTED] PM) indicating and documented that the medications were not given during the designated time of 12:00 PM to 2:00 PM when the resident was away from the facility at [REDACTED] on NJ EX Order, 264b1 [REDACTED]. The documentation on the eMAR explained "Office visit" or "Out of room/off unit" for the days that the medications were not administered, and Resident #503 was receiving [REDACTED] treatment.</p> <p>A review of the Nurses Progress Notes dated NJ EX Order, 264b1 indicated that Resident #503 was out of the facility and receiving [REDACTED] treatment on NJ EX Order, 264b1, and [REDACTED] during the scheduled medication times.</p> <p>On 6/9/23 at 9:59 AM, the surveyor interviewed the Director of Quality from the Pharmacy Consulting Company who verified that no mention was made to the facility to schedule medications according to the resident's [REDACTED] schedule. Since the resident did not remain in the facility, [REDACTED] was the only medication review evaluated by the Consultant Pharmacist.</p> <p>On 6/9/23 at 1:30 PM, the surveyor reviewed the initial evaluation of medication report dated [REDACTED] and created by the consultant pharmacist (CRPH) during their medication review for the resident's admission dated</p>	F 756			

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

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FORM APPROVED
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F 756	Continued From page 40 [REDACTED]. There was no mention related to the scheduling of Resident #503's medications in regard to the resident's [REDACTED] schedule. There was no mention of Resident #503 being a [REDACTED] resident. Review of the Pharmaceutical Care Consultant Service Agreement originally signed on [REDACTED] and resigned on [REDACTED] which represents, "Interim Medication Regimen Review (IMRR) completed 24 hours on business days and 48 hours on weekends and holidays, for all new admissions, readmissions change of status and [REDACTED] [REDACTED]" In addition under, "1. All Services are provided in compliance with Federal, State, Regulatory and Voluntary agency standards. c. The Clinical contracted service provider monitors the results of the chart audit and notifies DON or designee immediately, in writing, in the event of a potentially critical finding related to Medication Management." In addition under, "2. The provider safely performs services. a. The clinical contracted service provider performs services and reports results to the facility staff within 24 business hours of findings. b. Critical findings which require immediate clinical interventions are reported to DON or designee immediately, in writing." On 6/9/23 at 9:38 AM, the surveyors discussed the issue with the Director of Nursing and the Director of Quality/ADON. No further information was provided.	F 756			
F 812 SS=D	NJAC 8:39- 11.2 (d) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F 812		6/15/23	

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F 812	<p>Continued From page 41</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§483.60(i)(2) - Store, prepare, distribute and 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 policies it was determined that the facility failed to maintain proper kitchen sanitation practices, maintain the kitchen equipment in a clean and sanitary manner, and properly label and date potentially hazardous foods in a safe and sanitary environment to prevent the development of food borne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 5/31/23 from 9:49 AM through 10:45 AM, the surveyors completed the initial tour with the Senior Food Service Director (SFSD) and the Executive Chef (EC) and observed the following:</p> <p>1. The dietary aide (DA) used a [REDACTED] (Brand</p>	F 812	<p>It is the policy of Christian Health Care Center to follow all required food safety requirements, maintain proper kitchen sanitation practices, maintain kitchen equipment in a clean and sanitary manner, and properly label and date potentially hazardous foods in a safe and sanitary environment to prevent the development of foodborne illness.</p> <p>a) Upon discovery of the elevated EPI-approved chemicals, the solution was immediately retested. The solution was replaced with an appropriate PPM solution after consultation with the [REDACTED] consultant and adjustment of the sanitizing solution dispenser. The Dining and Nutrition Services Department (DNS)</p>		

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F 812	<p>Continued From page 42</p> <p>of strip to test chemicals in the water) testing strip to test the sanitizing solution of the 3-compartment sink. The testing strip was compared to the color-coded concentration guide, which showed a reading higher than 400 parts per million (ppm). The DA stated the sanitizing solution should be between 200-400 ppm. A reading over 400 PPM indicates that there is too much sanitizing solution in the 3-compartment sink.</p> <p>Too much sanitizer solution in the 3 compartment sink can dry on kitchenware, dishes, and utensils. The dried solution can be absorbed into the food and, when eaten, and cause illness.</p> <p>2. In the dry storage area, all canned goods were not labeled with received dated. The SFSD stated that they use the expiration dates on the cans as a label. Surveyor observed multiple canned goods with Julian codes and manufacturer codes instead of clear expiration dates. The SFSD and EC were not able to indicate the expiration dates on those canned goods.</p> <p>The importance of putting received dates allows the use of 1st delivered 1st used to be evaluated by the kitchen staff when shelf stocking.</p> <p>Code expiration dates on canned goods makes it hard for the kitchen staff to evaluate which canned products should be used 1st and which canned products need to be discarded due to their expiration dates.</p> <p>3. On the bread storage rack, the surveyor observed multiple opened bags of assorted breads: one loaf of Rye bread, one package of</p>	F 812	<p>amended the monitoring tools to ensure compliance. The DNS supervisor checklist was revised to confirm staff compliance in the testing of the proper PPM twice a day. The supervisor will review and confirm compliance daily with the Senior Food Service Director (SFSD).</p> <p>b) The DNS department resolved this issue by removing all cans with an expiration code instead of a date. The vendor was communicated with and promptly provided a listing of all expiration dates. No expired cans were identified. A log was created listing the expiration codes and the corresponding expiration dates for staff to clearly identify the dates. The supervisor will update and monitor the log as necessary.</p> <p>c) The DNS department resolved this issue by adding a used-by date on the bread products once opened. The use-by date is guided by their current policy of discarding all bread on the seventh day after opening. Confirmation of both dates has been added to the am/pm supervisor checklist. The Lead supervisor will review the shift documentation weekly to ensure compliance.</p> <p>d) The NJ EX Order 26401 food blender was removed from the chef prep table and returned to the dish room. The blender had not been utilized. The staff member in the dish room was re-educated regarding the Proper Cleaning and Handling of Food Equipment departmental policy and procedure. The department has</p>		

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F 812	<p>Continued From page 43</p> <p>hot dog buns, one loaf of raisin bread and two loaves of wheat bread. All bread were opened without an open or use by dates. The SFSD stated, all bread is discarded 7 days after opening and the kitchen should be labeling the bread with a use by date.</p> <p>The surveyor did not observe use by dates on the bread, making it difficult for dietary staff to evaluate which breads were opened for over 7 days.</p> <p>4. On the chef prep table, the surveyor observed the NJ EX Cmbfr. 269b1 food blender not in use. The prep chef (PC) stated the blender was just returned from the dish room where it was washed. The Surveyor observed the inside of the blender with small pools of water and the lid had a yellowish caked on debris that the surveyor was able to scrape off.</p> <p>The SFSD stated the blender container should not have any pooled water and the lid should have been scrubbed by hand to remove any debris.</p> <p>5. The surveyor observed a standing refrigerator at the end to the chef prep area which contained 7 full trays of individually sliced pieces of blueberry pie, all observed without dates on the containers. The SFSD stated, "We do not label these because they are for today's meals. Anything that is for same day use, we do not label."</p> <p>The SFSD stated that anything left over from the days desserts would be discarded.</p> <p>On 6/2/23 at 1:04 PM, the survey team met with Licensed Nursing Home Administrator (LNHA),</p>	F 812	<p>implemented a separate in-service for the particular piece of equipment. Monthly in-servicing has been implemented to enforce the policy. The compliance will be monitored and incorporated into the DNS QAPI plan. The effectiveness of these measures will be evaluated by the QAPI Committee at each quarterly meeting and modified as necessary.</p> <p>e) The individual servings of blueberry pie slices were observed to have been prepared for the same day service and subsequently dated as such. The SFSD has confirmed the process of covering, labeling, and dating all food stored in refrigerators and freezers. Confirmation of dating all food stored in refrigerators and freezers has been added to the am/pm supervisor checklist. The Lead supervisor will review the shift documentation weekly to ensure compliance.</p>		

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F 812	<p>Continued From page 44</p> <p>Director of Nursing (DON), and Director of Quality Regulatory Standards (DQRS) to discuss the above-mentioned observations. The DON stated that their Eco Lab consultant had been contacted and corrected the sanitizing solution dispenser to ensure the correct amount of sanitizing solution is dispensed into the 3-compartment sink. The DON further stated all items in the kitchen should have clear received, open and use by dates on all products as well as all kitchen equipment should be free of debris and dry before leaving the dishwashing area.</p> <p>On 6/12/23 at 9:05 AM, the DQRS provided the surveyor with multiple facility policies for the previously mentioned concerns. The Sanitizing Agents used in FANS (Food and Nutrition Services) policy, dated 1/2023, revealed: "The sanitizing solution will be automatically dispensed to achieve a titration between 200-400 ppm, the titration will be checked by the QAC (Brand of strip to test chemicals in the water) test strip."</p> <p>Food Storage Standards in FANS, dated 1/2021 revealed: "All items with expiration dates will be examined upon delivery to facility and re-examined for date compliance before distribution to units" and "Foods stored in refrigerators and freezers are to be covered, labeled and dated."</p> <p>Review of the facility policy named Warewashing in Division of Nutritional Services (DNS), dated 1/2023 revealed: "All cookware and service ware will be washed and sanitized in either dish machine or 3 compartment sink and air dried." and "All service ware will be stored clean and dry."</p>	F 812			

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

PRINTED: 01/31/2024
FORM APPROVED
OMB NO. 0938-0391

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F 812	Continued From page 45 No further discussions related to food service issues were noted. No further information was provided throughout the survey related to food service issues.	F 812			
F 880 SS=D	NJAC 8:39-17.2(g) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other	F 880		6/15/23	

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F 880	<p>Continued From page 46</p> <p>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to follow appropriate measures to prevent and</p>	F 880	<p>It is the policy of Christian Health Care Center to establish and maintain an infection prevention and control program</p>		

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F 880	<p>Continued From page 47</p> <p>control the spread of infection by not wearing the proper personal protective equipment (PPE) while taking care of a resident with an active NJ EX Order: 26451 infection.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 6/1/23 at 10:32 AM, prior to the initial tour, the facility's Director of Quality/Acting Assistant Director of Nursing (DQ/AADON) provided a copy of the resident's list of names who had active diagnosis of NJ EX Order: 26451 and were placed on a droplet precautions which included Resident #222.</p> <p>On 6/1/23 at 11:32 AM, during the initial tour of the nursing units, the surveyor observed a sign indicating "NJ EX Order: 26451" on Resident #222's door of their room. There was also another sign titled, "Cohort One Sequence for Donning PPE" that included directions for, "3. Put on N-95" and "4. Put on eye protection"</p> <p>On 6/1/23 at 11:35 AM, the surveyor observed a Certified Nursing Assistant (CNA) who was inside Resident #222's room, open the door and noted that she was only wearing a disposable gown, surgical mask, and disposable gloves.</p> <p>On 6/1/23 at 11:38 AM, the surveyor interviewed the CNA who stated that she was taking care of Resident #222 in their room, and was aware that the resident was on droplet precaution due to an active NJ EX Order: 26451 infection.</p> <p>The CNA indicated that she was supposed to wear a N-95 mask (a respiratory protective device designed to achieve a very close facial fit and</p>	F 880	<p>designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Resident #222 was identified as being NJ EX Order: 26451 and on droplet precautions at the time of the survey.</p> <p>The staff member observed not wearing appropriate PPE was immediately re-educated on the proper use of personal protective equipment (PPE) at the time of the observation by the Infection Control Preventionist (ICP). The ADON/TL followed up with the individual assuring correction had been made. No other incident was identified.</p> <p>The facility recognizes that all residents have the potential to be affected by this deficiency, and all unit staff were equally in-serviced on all infection control requirements. The IPC will conduct education on the proper use of PPE minimally quarterly and during any outbreaks. The ADON/ TL/IPC will perform routine audits on the use of PPE, 5 samples weekly for 3 months and then thirty samples quarterly thereafter and report all findings to the DON/Administrator.</p> <p>The effectiveness of these measures will be evaluated by the QAPI Committee at each quarterly meeting and modified as necessary.</p>		

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F 880	<p>Continued From page 48</p> <p>very efficient filtration of airborne particles) and a face shield or goggles before entering Resident #222's room.</p> <p>The CNA revealed that she was not wearing the required PPE because she was sweating inside the resident's room.</p> <p>The surveyor reviewed Resident's Hybrid (computerized and paper) medical record.</p> <p>Review of the Resident #222's Face Sheet (FS), a one-page summary of important information about a patient that documented the resident's diagnosis which included but was not limited to NJ EX Order. 264b1.</p> <p>Review of the Quarterly Minimum Data Set (MDS), an assessment tool dated NJ EX Order. 264b1, the resident had a Brief Interview for Mental Status (BIMS) score of NJ EX Order. 264b1, indicating that Resident #222 had NJ EX Order. 264b1.</p> <p>Review of Resident #222's Care Plan (CP) with an effective date of NJ EX Order. 264b1 documented a Titled CP, "Focus: NJ EX Order. 264b1 infection" with interventions that included, "Maintain on NJ EX Order. 264b1."</p> <p>A review of the facility's policy for NJ EX Order. 264b1 Precautions - Titled, "NJ EX Order. 264b1 Precautions" indicated under the Procedure section, "1. Perform hand hygiene 2. Put on gown 3. Put on N-95 4. Put on eye protection 5. Put on gloves."</p> <p>On 6/2/23 at 1:00 PM, the survey team met with the Licensed Nursing Home Administrator, Director of Nursing and DQ/AADON who agreed</p>	F 880			

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F 880	Continued From page 49 that the CNA was not wearing the proper PPE while taking care of Resident #222 who had an active N.J. STAT. TITLE 17:27B infection. No further information was provided. N.J.A.C. 8:39-19.4 (a)	F 880			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2023
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481
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S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey. This deficient practice was evidenced by the following. Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18	S 560	It is the policy of Christian Health Care Center to maintain C.N.A. staffing ratios as per New Jersey Department of Health regulations instituted on February 1, 2021. Staffing professionals will continue to contact our pool of nurse aides on a daily basis to fill open shifts. When unexpected call-outs occur, they will ask employees from the shift to stay over, attempt to quickly fill the open shift, and offer incentives to staff to pick up shifts. Strong efforts will continue to be made to recruit for open positions including deploying	6/15/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/06/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2023
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S 560	<p>Continued From page 1</p> <p>Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>(3) 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 certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the</p>	S 560	<p>multiple strategies (i.e., referral and sign-on bonuses), and incentives for picking up shifts. Additionally, our Human Resource staff will continue to assess the competitiveness of our wages to aid in filling positions. This process has resulted in increased starting rates for C.N.As based on experience. This was implemented in May 2023. "Walk-In Wednesday's C.N.A. hiring events were initiated on June 7th, 2023 and we have had success in closing out several open positions to date. The DON will continue to monitor staffing levels on a daily basis and take every step possible to meet the staffing requirements.</p>	
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New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the 2-week period beginning 5/14/23 to 5/29/23 revealing that the facility was not in compliance with the State of New Jersey minimum staffing requirements in CNAs to total staff on CNA staffing for residents on 10 of 14 day shifts and deficient in CNAs to total staff on 3 of 14 day overnight shifts as follows:</p> <p>-05/14/23 had 25 CNAs for 268 residents on the day shift, required 33 CNAs. -05/15/23 had 32 CNAs for 266 residents on the day shift, required 33 CNAs. -05/17/23 had 32 CNAs for 266 residents on the day shift, required 33 CNAs. -05/18/23 had 27 CNAs for 266 residents on the day shift, required 33 CNAs. -05/19/23 had 28 CNAs for 272 residents on the day shift, required 34 CNAs. -05/20/23 had 29 CNAs for 272 residents on the day shift, required 34 CNAs. -05/21/23 had 25 CNAs for 272 residents on the day shift, required 34 CNAs. -05/21/23 had 18 total staff to 272 residents on the overnight shift, required 19 total staff. -05/22/23 had 30 CNAs for 275 residents on the day shift, required 34 CNAs. -05/24/23 had 13 total staff for 272 residents on</p>	S 560		
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New Jersey Department of Health

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S 560	Continued From page 3 the overnight shift, required 19 total staff. -05/26/23 had 26 CNAs for 268 residents on the day shift, required 33 CNAs. -05/26/23 had 17 total staff for 268 residents on the overnight shift, required 19 total staff. -05/27/23 had 30 CNAs for 268 residents on the day shift, required 33 CNAs. On 6/2/23 at 1:11 PM, the surveyor informed the facility's Regional Licensed Nursing Home Administrator, Director of Nursing (DON), as well as the Assistant DON were informed of their deficient practice. No further information was provided.	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315376	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/21/2023	Y3
NAME OF FACILITY CHRISTIAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481		

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 F0640	Correction	ID Prefix F0656	Correction	ID Prefix F0658	Correction
Reg. # 483.20(f)(1)-(4)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(b)(3)(i)	Completed
LSC	06/26/2023	LSC	06/15/2023	LSC	07/28/2023
ID Prefix F0695	Correction	ID Prefix F0698	Correction	ID Prefix F0756	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.25(l)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed
LSC	07/28/2023	LSC	07/24/2023	LSC	07/24/2023
ID Prefix F0812	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	06/15/2023	LSC	06/15/2023	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 6/14/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060204	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/21/2023
NAME OF FACILITY CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	06/15/2023	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 6/14/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		