

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

PRINTED: 03/20/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315433</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY ARCH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>114 PITTS TOWN ROAD</b> <b>PITTS TOWN, NJ 08867</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  Complaint #: NJ157128, NJ157438, NJ16028, NJ160661  Census: 124  Sample size: 17  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 658 SS=D	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: Complaint#: NJ157128, NJ157438, NJ16028, NJ160661  Based on interviews, medical records review, and review of other pertinent facility documentation on 1/19/2023, 1/20/2023, 1/23/2023, and 1/24/2023, it was determined that the facility failed to follow standards of clinical practice and failed to document the administration of treatments as ordered by the Physician for 2 of 17 residents (Resident #2 & #3). The facility also failed to follow its policy titled "Medication Administration." This deficient practice was evidenced by the following:	F 658	F658 Services Provided Meet Professional Standards  1.What corrective action(s) will be accomplished for those residents found to have been affected by the practice:  Resident #2 was successfully discharged home with family on <u>Ex Order 26.4B1</u> with no negative outcome.  Resident #3 was discharged to hospital on <u>Ex Order 26.4B1</u> .  Confirmed with nurses that treatments	2/23/23	

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

TITLE

(X6) DATE

Electronically Signed

03/06/2023

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 658	<p>Continued From page 1</p> <p>Reference: New Jersey Statues, 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 or 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 well being and executing a medical regime as prescribed by a licensed or otherwise legally authorized Physician or Dentist."</p> <p>A review of Resident #2's Electronic Medical Records (EMRs) was as follows:</p> <p>1. According to the Admission Record (AR), Resident #2 was admitted to the facility on <u>Ex Order 26. 4B1</u> with diagnoses which included but were not limited to <u>Ex Order 26. 4B1</u>.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated <u>NJ Exec. Order 26.4.b.1</u>, Resident #2 had a <u>Ex Order 26. 4B1</u> score of <u>15</u>, which indicated the Resident was <u>Ex Order 26. 4B1</u>. The MDS also showed Resident #2 needed <u>Ex Order 26. 4B1</u> with most <u>Ex Order 26. 4B1</u>.</p> <p>A review of Resident #2's "Order Summary Report (OSR)" revealed the following Physician Orders (POs):</p>	F 658	<p>were administered. Resident #2 and resident #3 were not affected by this deficient practice.</p> <p>2.How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken:</p> <p>All residents have the potential to be affected by this deficient practice. Audit was performed on 2/23/2023 by the DON on Treatment Administration Records (TAR) to ensure they comply with the standards of this practice.</p> <p>3.What measures will be put into place or what systemic changes you will make to ensure that the practice does not recur:</p> <p>Staff were identified and re-educated on 2/23/2023 by the DON on the components of F-658 'Services Provided Meet Professional Standards' with emphasis on documentation in the Treatment Administration Record (TAR). DON / Designee will monitor PCC dashboard regularly to assure compliance with Treatment Administration Records (TAR).</p> <p>4.How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>DON / Designee to audit a random sampling of Treatment Administration Records daily x 7 days, Bi-weekly x 4</p>		

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F 658	<p>Continued From page 2</p> <p><i>Ex Order 26. 4B1</i> [redacted]. Apply to <i>Ex Order 26. 4B1</i> topically one time a day for <i>Ex Order 26. 4B1</i>. Cleanse <i>NJ Exec. Order 26.4.b.1</i> with <i>Ex Order 26. 4B1</i>, apply <i>Ex Order 26. 4B1</i>, and cover <i>Ex Order 26. 4B1</i> with gauze daily; order date <i>NJ Exec. Order 26.4.b.1</i>.</p> <p><i>Ex Order 26. 4B1</i> [redacted]. Apply to <i>Ex Order 26. 4B1</i> topically everyday shift for <i>Ex Order 26. 4B1</i>. Cleanse <i>Ex Order 26. 4B1</i> with <i>Ex Order 26. 4B1</i>; apply <i>Ex Order 26. 4B1</i> and a <i>Ex Order 26. 4B1</i> daily; order date <i>NJ Exec. Order 26.4.b.1</i>.</p> <p><i>Ex Order 26. 4B1</i> [redacted] on at bedtime, off in am. <i>Ex Order 26. 4B1</i> 8cm (centimeters) <i>Ex Order 26. 4B1</i>. <i>NJ Exec. Order 26.4.b.1</i>. Preset settings on [the] machine. Apply <i>NJ Exec. Order 26.4.b.1</i> and turn on machine @ (at) HS (bedtime) at bedtime and remove per schedule; order date <i>NJ Exec. Order 26.4.b.1</i>.</p> <p><i>Ex Order 26. 4B1</i> [redacted]. Apply to <i>Ex Order 26. 4B1</i> topically one time a day for <i>Ex Order 26. 4B1</i>. Cleanse <i>Ex Order 26. 4B1</i> with <i>Ex Order 26. 4B1</i>, apply <i>NJ Exec. Order 26.4.b.1</i>, and cover <i>Ex Order 26. 4B1</i> with gauze daily; order date <i>NJ Exec. Order 26.4.b.1</i>.</p> <p><i>Ex Order 26. 4B1</i> [redacted]. Apply to <i>Ex Order 26. 4B1</i> topically every day and evening shift for <i>Ex Order 26. 4B1</i>. Cleanse [the] area with <i>Ex Order 26. 4B1</i> and apply [the] cream to the surrounding area. Use with <i>Ex Order 26. 4B1</i> order; order date <i>NJ Exec. Order 26.4.b.1</i>.</p> <p><i>Ex Order 26. 4B1</i> [redacted]. Apply to <i>Ex Order 26. 4B1</i> topically every day and evening shift for <i>Ex Order 26. 4B1</i>. Apply <i>Ex Order 26. 4B1</i> to <i>Ex Order 26. 4B1</i> after cleanse with <i>Ex Order 26. 4B1</i> to <i>Ex Order 26. 4B1</i> BID (twice a day); order date <i>NJ Exec. Order 26.4.b.1</i>.</p>	F 658	weeks and monthly x 4 months with findings reported to the QA committee for review and action as needed.	

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F 658	<p>Continued From page 3</p> <p><i>Ex Order 26. 4B1</i> (every) shift and PRN (as needed) for <i>Ex Order 26. 4B1</i>, order date <i>NJ Exec. Order 26:4.b.1</i></p> <p><i>Ex Order 26. 4B1</i>. Apply to <i>Ex Order 26. 4B1</i> topically every day and evening shift for <i>Ex Order 26. 4B1</i>, order date <i>NJ Exec. Order 26:4.b.1</i></p> <p>Record <i>NJ Exec. Order 26:4.b.1</i> of <i>Ex Order 26. 4B1</i> every shift. Monitor for kinks in tubing and leakage and ensure <i>Ex Order 26. 4B1</i> is below the height of the <i>Ex Order 26. 4B1</i> every shift, order date <i>NJ Exec. Order 26:4.b.1</i></p> <p><i>Ex Order 26. 4B1</i>. Apply to <i>Ex Order 26. 4B1</i> topically every day and evening shift for <i>Ex Order 26. 4B1</i>. Cleanse area with <i>Ex Order 26. 4B1</i>, apply <i>Ex Order 26. 4B1</i> cream to open areas, and cover with an <i>Ex Order 26. 4B1</i>, order date <i>NJ Exec. Order 26:4.b.1</i></p> <p><i>Ex Order 26. 4B1</i>. Apply to <i>Ex Order 26. 4B1</i> topically one time a day for <i>Ex Order 26. 4B1</i>. Cleanse <i>Ex Order 26. 4B1</i> daily with <i>Ex Order 26. 4B1</i>, apply <i>Ex Order 26. 4B1</i>, and place gauze between <i>Ex Order 26. 4B1</i>; order date <i>NJ Exec. Order 26:4.b.1</i>.</p> <p>A review of Resident #2's <i>Ex Order 26. 4B1</i> dated 12/1/2022-12/31/2022 revealed the above-mentioned POs were not documented on the following dates:</p> <p><i>Ex Order 26. 4B1</i>. Apply to <i>Ex Order 26. 4B1</i> topically one time a day for <i>Ex Order 26. 4B1</i>. Cleanse <i>Ex Order 26. 4B1</i></p>	F 658		

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F 658	<p>Continued From page 4</p> <p>with <i>Ex Order 26. 4B1</i>, apply <i>Ex Order 26</i>, and cover <i>Ex Ord</i> with gauze daily on the day shift on <i>NJ Exec. Order 26:4.b.1</i>.</p> <p><i>Ex Order 26. 4B1</i>. Apply to <i>Ex Order 26. 4B1</i> topically everyday shift for <i>Ex Order 26</i>. Cleanse <i>Ex Order 26. 4B1</i> with <i>Ex Order 26. 4B1</i>, apply <i>Ex Order 26. 4B1</i> and a <i>Ex Order 26. 4B1</i> daily on the day shift on <i>NJ Exec. Order 26:4.b.1</i> and <i>NJ Exec. Order 26:4.b.1</i>.</p> <p><i>Ex Order 26. 4B1</i> on at bedtime, off in am. <i>Ex Order 26. 4B1</i> (centimeters) <i>Ex Order 26. 4B1</i>. <i>NJ Exec. Order 26:4.b.1</i>. Preset settings on [the] machine. Apply <i>NJ Exec. Order</i> and turn on machine @ HS at bedtime and remove per schedule to apply at <i>NJ Exec. Order 26:4.b.1</i></p> <p><i>Ex Order 26. 4B1</i>. Apply to <i>Ex Order 26. 4B1</i> topically one time a day for <i>Ex Order 26. 4B1</i>. Cleanse <i>Ex Order</i> with <i>Ex Order 26. 4B1</i>, apply ointment, and cover <i>Ex Ord</i> with gauze daily on the day shift on <i>NJ Exec. Order 26:4.b.1</i> and <i>NJ Exec. Order 26:4.b.1</i></p> <p><i>Ex Order 26. 4B1</i>. Apply to <i>Ex Order 26. 4B1</i> topically every day and evening shift for <i>Ex Order 26. 4B1</i>. Cleanse [the] area with <i>Ex Order 26. 4B1</i> and apply [the] cream to surrounding area. Use with <i>Ex Order 26. 4B1</i> order on the day shift on <i>NJ Exec. Order 26:4.b.1</i>, on the evening shift on <i>NJ Exec. Order 26:4.b.1</i>, and on <i>NJ Exec. Order 26:4.b.1</i></p> <p><i>Ex Order 26. 4B1</i>. Apply to <i>Ex Order 26. 4B1</i> topically every day and evening shift for <i>Ex Order 26. 4B1</i>. Apply <i>Ex Order 26. 4B1</i> to <i>Ex Order 26. 4B1</i> after cleanse with <i>Ex Order 26. 4B1</i> to <i>Ex Order 26. 4B1</i> bed BID (twice a day) on the</p>	F 658		

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F 658	<p>Continued From page 5 day shift on 12/14/2022.</p> <p><i>Ex Order 26. 4B1</i> (every) shift and PRN (as needed) for <i>Ex Order 26. 4B1</i> on the day shift on <i>NJ Exec. Order 26:4.b.1</i>; on the evening shift on <i>NJ Exec. Order 26:4.b.1</i>.</p> <p><i>Ex Order 26. 4B1</i>. Apply to <i>Ex Order 26. 4B1</i> topically every day and evening shift for <i>Ex Order 26. 4B1</i> on the day shift on <i>NJ Exec. Order 26:4.b.1</i> and <i>NJ Exec. Order 26:4.b.1</i>; on the evening shift on <i>NJ Exec. Order 26:4.b.1</i>.</p> <p>Record <i>NJ Exec. Order 26:4.b.1</i> of <i>Ex Order 26. 4B1</i> every shift. Monitor for kinks in tubing and leakage and ensure <i>Ex Order 26. 4B1</i> is below the height of the <i>Ex Order 26. 4B1</i> every shift on the day shifts on <i>NJ Exec. Order 26:4.b.1</i> and <i>NJ Exec. Order 26:4.b.1</i>; on the evening shift on <i>NJ Exec. Order 26:4.b.1</i>; on the night shift on <i>NJ Exec. Order 26:4.b.1</i> and <i>NJ Exec. Order 26:4.b.1</i>.</p> <p><i>Ex Order 26. 4B1</i>. Apply to <i>Ex Order 26. 4B1</i> topically every day and evening shift for <i>Ex Order 26. 4B1</i>. Cleanse area with <i>Ex Order 26. 4B1</i>, apply <i>Ex Order 26. 4B1</i> cream to open areas, and cover with an <i>Ex Order 26. 4B1</i> on the day shift on <i>NJ Exec. Order 26:4.b.1</i> and the evening shift on <i>NJ Exec. Order 26:4.b.1</i>.</p> <p><i>Ex Order 26. 4B1</i>. Apply to <i>Ex Order 26. 4B1</i> topically one time a day for <i>Ex Order 26. 4B1</i>. Cleanse <i>Ex Order 26. 4B1</i> and <i>Ex Order 26. 4B1</i> daily with <i>Ex Order 26. 4B1</i>, apply <i>NJ Exec. Order 26:4.b.1</i> prep, and place gauze between <i>Ex Order 26. 4B1</i> on the day shift on <i>NJ Exec. Order 26:4.b.1</i>.</p> <p>2. According to the AR, Resident #3 was originally</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>admitted to the facility on <u>Ex Order 26. 4B1</u> and readmitted on <u>Ex Order 26. 4B1</u> with diagnoses which included but were not limited to <u>Ex Order 26. 4B1</u></p> <p>[REDACTED]</p> <p>According to the MDS, an assessment tool dated <u>NJ Exec. Order 26:4.b.1</u> Resident #3 had a BIMS score of <u>Ex Order 26. 4B1</u> /15, which indicated the Resident had <u>Ex Order 26. 4B1</u>. The MDS also showed Resident #3 was totally dependent with most <u>Ex Order 26. 4B1</u>.</p> <p>A review of Resident #3's OSR" revealed the following POs:</p> <p>Administer <u>Ex Order 26. 4B1</u> (every 6 hours) every shift, order date <u>NJ Exec. Order 26:4.b.1</u> 2.</p> <p>Every shift, Keep <u>Ex Order 26. 4B1</u> elevated 45 degrees during <u>Ex Order 26. 4B1</u> feedings and 30 min [minutes] prior to every shift, order date <u>NJ Exec. Order 26:4.b.1</u></p> <p>Maintain <u>Ex Order 26. 4B1</u> around the <u>Ex Order 26. 4B1</u> to secure <u>Ex Order 26. 4B1</u> every shift; order date <u>NJ Exec. Order 26:4.b.1</u></p> <p>Monitor <u>Ex Order 26. 4B1</u> site integrity Q (every) shift, Notify MD/NP (Medical Doctor/Nurse Practitioner) if s/s (signs/symptoms) of <u>NJ Exec. Order 26:4.b.1</u> every shift. Notify MD if s/s of <u>NJ Exec. Order 26:4.b.1</u> order date <u>NJ Exec. Order 26:4.b.1</u>.</p>	F 658		

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F 658	<p>Continued From page 7</p> <p>A review of Resident #3's TAR dated <b>NJ Exec. Order 26:4.b.1</b> revealed the above-mentioned POs were not documented on the following dates: on the day shift on <b>NJ Exec. Order 26:4.b.1</b> and <b>NJ Exec. Order 26:4.b.1</b>, on the evening shift on <b>NJ Exec. Order 26:4.b.1</b> and the night shift on <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>During an interview on 1/23/2023 at 1:22 p.m., when the Surveyor showed the Unit Manager/Registered Nurse (RN) the blank spaces on Resident #2's TAR, she replied, "yes, if it (TAR) is not documented, it means it is not done. It [The blank space] means the treatment or medication was not done."</p> <p>During an interview on 1/23/2023 at 1:40 p.m., the Director of Nursing (DON) stated, "What is expected [is] everything [medication/treatment] would be done as ordered and signed for when it is completed. You can presume, if not documented, the med [medication]/treatment is not done...."</p> <p>During an interview on 1/23/2023 at 2:15 p.m., the DON stated, "we [facility] follow the Standards of Practice for treatment administration, and there is no specific policy on Documentation."</p> <p>The RN who cared for Resident #3 was unavailable for an interview at the time of the survey.</p> <p>A review of the facility policy titled "Medication Administration" with a reviewed date 5/18/2022 revealed the following: Under "Non-binding general guidelines" included "A. Medications will be administered according to times of</p>	F 658			



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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315433</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY ARCH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>114 PITTSTOWN ROAD</b> <b>PITTSTOWN, NJ 08867</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 658	Continued From page 8 administration determined by the facility's Pharmacy Committee. 1. The facility's Pharmacy Committee and/or physician's direction may determine if specific medications should be administered at specific times B. Medication administration pass may begin sixty (60) minutes before the scheduled times of administration but may not exceed sixty (60) minutes after the scheduled times of administration ...4. Medications administered outside the prescribed timeframe requires physician notification and documentation in the medical record in the Interdisciplinary Progress Notes and/or on the MAR (Medication Administration Record), stating the reason for change of time and physician response ...."  N.J.A.C.: 8.39-27.1 (a)	F 658			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/24/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY ARCH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>114 PITTSTOWN ROAD PITTSTOWN, NJ 08867</b>
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S 000	<p>Initial Comments</p> <p>COMPLAINT #: NJ157128, NJ157438, NJ16028, NJ160661</p> <p>CENSUS: 124</p> <p>SAMPLE SIZE: 17</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ157128, NJ157438, NJ16028, NJ160661</p> <p>Based on facility document review on 1/19/2023, 1/20/2023, 1/23/2023 and 1/24/2023, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 14 of 35 day shifts and for 2 of 35 overnight shifts.</p>	S 560	<p>S560 Mandatory Access to Care</p> <p>1.What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>-There was no negative outcome to the residents on the shifts identified as not meeting the NJ staffing requirements including the 12/04/22 day shift, 12/05/22</p>	2/23/23

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

Electronically Signed

TITLE

(X6) DATE

03/06/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/24/2023</b>
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S 560	<p>Continued From page 1</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. 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 CNAs, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and 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 CNA and perform CNA duties.</p> <p>The facility was deficient in CNA staffing for residents on 14 of 35 day shifts and deficient in total staff for residents on 2 of 35 overnight shifts as follows:</p> <p>DAY SHIFT</p> <p>12/04/22 had 11 CNAs for 108 residents on the day shift, required 13 CNAs. 12/05/22 had 11 CNAs for 108 residents on the day shift, required 13 CNAs. 12/07/22 had 11 CNAs for 108 residents on the day shift, required 13 CNAs.</p> <p>12/12/22 had 12 CNAs for 111 residents on the day shift, required 14 CNAs.</p>	S 560	<p>day shift, 12/07/22 day shift, 12/12/22 day shift, 12/19/22 day shift, 12/20/22 day shift, 12/23/22 day shift, 12/25/22 day shift, 12/26/22 day shift, 12/27/22 day shift, 12/28/22 day shift, 12/31/22 day shift, 01/01/23 day shift, 01/02/23 day shift, 12/31/22 overnight shift, and the 01/01/23 overnight shift.</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken:</p> <p>-All residents have potential to be affected by this deficient practice.</p> <p>3. What measures will be put into place or what systemic changes you will make to ensure that the practice does not recur:</p> <p>3/4/2023, the facility Staffing Coordinator was reeducated by the Licensed Nursing Home Administrator (LNHA) on the components of this regulation with an emphasis on staff to resident ratios.</p> <p>To increase CNA staffing: Jobs posted on internet job boards and purchase the add to be elevated. Contracted with cutting edge job search engine that utilizes technologies to maximize results. Professional recruiters actively recruiting. Provided incentive bonuses for staff who refer CNA's Contacted local schools to recruit new graduates. Scheduled Job Fair</p>	

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S 560	<p>Continued From page 2</p> <p>12/19/22 had 13 CNAs for 113 residents on the day shift, required 14 CNAs. 12/20/22 had 13 CNAs for 118 residents on the day shift, required 15 CNAs. 12/23/22 had 14 CNAs for 118 residents on the day shift, required 15 CNAs.</p> <p>12/25/22 had 12 CNAs for 122 residents on the day shift, required 15 CNAs. 12/26/22 had 14 CNAs for 122 residents on the day shift, required 15 CNAs. 12/27/22 had 13 CNAs for 122 residents on the day shift, required 15 CNAs. 12/28/22 had 14 CNAs for 121 residents on the day shift, required 15 CNAs. 12/31/22 had 11 CNAs for 118 residents on the day shift, required 15 CNAs.</p> <p>01/01/23 had 12 CNAs for 116 residents on the day shift, required 14 CNAs. 01/02/23 had 12 CNAs for 116 residents on the day shift, required 14 CNAs.</p> <p>OVERNIGHT SHIFT</p> <p>12/31/22 had 4 total staff for 118 residents on the overnight shift, required 8 total staff. (0 Aides on this shift)</p> <p>01/01/23 had 7 total staff for 116 residents on the overnight shift, required 8 total staff.</p>	S 560	<p>Pay for staff housing Utilize agency staff Pay for transportation Contracted bus company to assist with transportation Contacted local Transportation Authority to add a public bus stop Sponsored foreign healthcare workers and sent them to CNA school.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place: - The Licensed Nursing Home Administrator/designee will conduct an audit 3 times a week for 4 weeks and then weekly x2 months of the staffing schedule. - The findings of these audits will be reported to the monthly QA meeting x 3 months.</p>	

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315433	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/16/2023	Y3
NAME OF FACILITY COUNTRY ARCH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 114 PITTSTOWN ROAD PITTSTOWN, NJ 08867		

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 F0658	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	03/16/2023	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/24/2023		<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 061006	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/16/2023
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NAME OF FACILITY COUNTRY ARCH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 114 PITTSTOWN ROAD PITTSTOWN, NJ 08867
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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	03/16/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/24/2023		<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		