

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

PRINTED: 03/01/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/11/2023
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CEDAR OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1311 DURHAM AVENUE SOUTH PLAINFIELD, NJ 07080		
(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	
E 000	Initial Comments	E 000			
F 000	<p>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.</p> <p>INITIAL COMMENTS</p> <p>Complaint NJ #: 154501; 153624; 154819; 151826; 152508</p> <p>STANDARD SURVEY: 8/11/23</p> <p>CENSUS: 204</p> <p>SAMPLE SIZE: 36 + 3 closed records</p> <p>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.</p>	F 000			
F 584 SS=E	<p>Safe/Clean/Comfortable/Homelike Environment</p> <p>CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the</p>	F 584		9/10/23	

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

TITLE

(X6) DATE

Electronically Signed

08/30/2023

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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S 000	<p>Initial Comments</p> <p>Complaint NJ #: 154819</p> <p>The facility was not in compliance with 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 the provisions of the 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 NJ#: 154819</p> <p>Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratio, as mandated by the State of New Jersey. This deficient practiced was evidenced by the following:</p> <p>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</p>	S 560	<p>CS560 - Mandatory Access to Care</p> <p>Immediate Action Staffing Coordinator was re-educated by Administrator on New Jersey State certified nursing assistant staffing requirements.</p> <p>Recruitment and retention efforts to hire facility staff will continue until there is adequate staff to serve all residents. Until that time, the facility will use staffing agencies and offer additional shifts to current staff.</p>	9/10/23

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S 560	<p>Continued From page 1</p> <p>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.</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.</p> <p>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 CNA and shall perform nurse aide duties: and</p> <p>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>A review of the "Nurse Staffing Report" for the following weeks provided by the facility revealed the following:</p> <p>1.) For the week of Complaint staffing from 01/30/2022 to 02/05/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents</p>	S 560	<p>Identification of Others Residents residing in the facility have the potential to be affected by this practice.</p> <p>Systemic Changes Hiring/recruitment/engagement/retention efforts including pay for experience, on line job listings, job fairs, shift differentials, incentives, and referral bonuses will be utilized to continue to be competitive in the market place. Focus on retention efforts include, but are not limited to incentive program, engagement program, retention program, career growth, educational training opportunities, and employee morale programs.</p> <p>The Administrator/designee will continue to document all recruitment and retention efforts at least monthly and Staff Coordinator/designee will complete shift-by-shift daily Nurse Staffing Report to review with Administrator weekly.</p> <p>Administrator will work with governing body to launch new digital platform for staff to provide real time feedback as part of monthly staff recognition/engagement program.</p> <p>Quality Monitoring Administrator/designee will review with Staff Coordinator/designee shift-by-shift daily Nurse Staffing Report weekly x6 months.</p> <p>Administrator/designee will review monthly minutes of monthly Retention/Recruitment meetings to ensure systematic changes are in place and adequate staffing for all</p>	

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S 560	<p>Continued From page 2</p> <p>on 1 of 7 overnight shifts as follows:</p> <p>-01/30/22 had 16 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>-01/31/22 had 20 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>-01/31/22 had 13 total staff for 204 residents on the overnight shift, required at least 15 total staff.</p> <p>-02/01/22 had 21 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>-02/02/22 had 20 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>-02/03/22 had 23 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>-02/04/22 had 22 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>-02/05/22 had 21 CNAs for 206 residents on the day shift, required at least 26 CNAs.</p> <p>2.) For the week of Complaint staffing from 02/13/2022 to 02/19/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-02/13/22 had 16 CNAs for 205 residents on the day shift, required at least 26 CNAs.</p> <p>-02/14/22 had 21 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>-02/15/22 had 21 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p>	S 560	<p>shifts. HR Director/designee will submit the results of these reviews to the Quality Assurance Performance Improvement Committee x6 months. Based on audit results, a decision will be made regarding the need for continued submission and reposting.</p>	

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S 560	<p>Continued From page 3</p> <p>-02/16/22 had 19 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>-02/17/22 had 23 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>-02/18/22 had 22 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>-02/19/22 had 16 CNAs for 201 residents on the day shift, required at least 25 CNAs.</p> <p>3.) For the week of Complaint staffing from 03/06/2022 to 03/12/2022, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:</p> <p>-03/06/22 had 15 CNAs for 199 residents on the day shift, required at least 25 CNAs.</p> <p>-03/07/22 had 19 CNAs for 199 residents on the day shift, required at least 25 CNAs.</p> <p>-03/08/22 had 21 CNAs for 199 residents on the day shift, required at least 25 CNAs.</p> <p>-03/09/22 had 24 CNAs for 199 residents on the day shift, required at least 25 CNAs.</p> <p>-03/11/22 had 22 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>-03/12/22 had 16 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>4.) For the week of Complaint staffing from 03/27/2022 to 04/02/2022, there were no deficient practices identified for staffing as submitted.</p> <p>5.) For the week of Complaint staffing from</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>05/01/2022 to 05/07/2022, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows:</p> <p>-05/01/22 had 20 CNAs for 208 residents on the day shift, required at least 26 CNAs.</p> <p>-05/02/22 had 22 CNAs for 208 residents on the day shift, required at least 26 CNAs.</p> <p>-05/03/22 had 23 CNAs for 208 residents on the day shift, required at least 26 CNAs.</p> <p>-05/07/22 had 20 CNAs for 209 residents on the day shift, required at least 26 CNAs.</p> <p>6.) For the week of Complaint staffing from 02/05/2023 to 02/11/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-02/05/23 had 20 CNAs for 207 residents on the day shift, required at least 26 CNAs.</p> <p>-02/06/23 had 20 CNAs for 207 residents on the day shift, required at least 26 CNAs.</p> <p>-02/07/23 had 21 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>-02/08/23 had 22 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>-02/09/23 had 18 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>-02/10/23 had 21 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>-02/11/23 had 21 CNAs for 203 residents on the</p>	S 560		

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S 560	<p>Continued From page 5</p> <p>day shift, required at least 25 CNAs.</p> <p>7.) For the 2 weeks of staffing prior to survey from 07/16/2023 to 07/29/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 2 of 14 overnight shifts as follows:</p> <p>-07/16/23 had 16 CNAs for 205 residents on the day shift, required at least 26 CNAs.</p> <p>-07/17/23 had 24 CNAs for 205 residents on the day shift, required at least 26 CNAs.</p> <p>-07/18/23 had 20 CNAs for 205 residents on the day shift, required at least 26 CNAs.</p> <p>-07/19/23 had 24 CNAs for 205 residents on the day shift, required at least 26 CNAs.</p> <p>-07/20/23 had 23 CNAs for 207 residents on the day shift, required at least 26 CNAs.</p> <p>-07/21/23 had 24 CNAs for 207 residents on the day shift, required at least 26 CNAs.</p> <p>-07/21/23 had 14 total staff for 207 residents on the overnight shift, required at least 15 total staff.</p> <p>-07/22/23 had 22 CNAs for 206 residents on the day shift, required at least 26 CNAs.</p> <p>-07/23/23 had 20 CNAs for 206 residents on the day shift, required at least 26 CNAs.</p> <p>-07/23/23 had 14 total staff for 206 residents on the overnight shift, required at least 15 total staff.</p> <p>-07/24/23 had 18 CNAs for 206 residents on the day shift, required at least 26 CNAs.</p>	S 560		

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S 560	<p>Continued From page 6</p> <p>-07/25/23 had 20 CNAs for 206 residents on the day shift, required at least 26 CNAs.</p> <p>-07/26/23 had 21 CNAs for 209 residents on the day shift, required at least 26 CNAs.</p> <p>-07/27/23 had 19 CNAs for 208 residents on the day shift, required at least 26 CNAs.</p> <p>-07/28/23 had 19 CNAs for 208 residents on the day shift, required at least 26 CNAs.</p> <p>-07/29/23 had 21 CNAs for 206 residents on the day shift, required at least 26 CNAs.</p> <p>On 08/10/23 at 1:10 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who stated that the staffing requirements for the state of New Jersey were one CNA for eight residents on 7:00 AM - 3:00 PM shift, one CNA for 10 residents on the 3:00 PM - 11:00 PM shift, and one CNA for 14 residents on the 11:00 PM - 7:00 AM shift.</p>	S 560		

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F 584	<p>Continued From page 1</p> <p>physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint NJ#: 151826</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was identified that the facility failed to provide the residents with a safe, comfortable, clean, homelike environment. This deficient practice was identified on [REDACTED] nursing units, (NJ EX Order: 264b1, and [REDACTED]) and in 2 of 36 resident rooms, (Resident #112 & Resident #190) reviewed for residing in a clean, comfortable, homelike environment.</p>	F 584	<p>F584 Safe/Clean/Comfortable/Homelike Environment</p> <p>Immediate Action [REDACTED] unit between rooms [REDACTED] NJ EX Order: 264b1, black in color indentation and scratch mark along the wall, area to the left of the television screen on the wall where the peach-colored paint was peeling, and colored paint was further observed above the television were</p>		

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F 584	<p>Continued From page 2</p> <p>This deficient practice was evidenced by the following:</p> <p>On 08/03/23 at 10:46 AM, the surveyor started the environmental tour on the [REDACTED] unit. Between rooms [REDACTED] the surveyor observed a long, black in color indentation and scratch mark along the wall. There was an area to the left of the television screen on the wall where the peach-colored paint was peeling. Exposing green colored paint underneath. Green colored paint was further observed above the television.</p> <p>At 10:48 AM, the surveyor observed to the right of room [REDACTED] above the floorboard a hole in the wall exposing white spackle and debris.</p> <p>At 10:51 AM, the surveyor observed peach-colored paint chipping above the handrail between rooms [REDACTED]</p> <p>At 10:52 AM, the surveyor observed inside Resident #190's room, holes, and indentations in the baseboard. The alert and oriented resident stated that the baseboard in the room, "could use some patching up".</p> <p>At 11:07 AM, the surveyor observed between rooms [REDACTED], above and to the left of the computer mounted on the wall peach-colored paint peeling, exposing green paint underneath.</p> <p>At 11:09 AM, the surveyor observed above the medical records sign, across from room [REDACTED] paint on the wall which was peeling off. Underneath the paint exposed indentations of brown cardboard like material, surrounded by white spackle. The</p>	F 584	<p>cleaned/repaired/painted by maintenance department/designee by 8/11.</p> <p>Room [REDACTED] above the floorboard a hole in the wall exposing white spackle and debris was repaired and painted by maintenance department/designee by 8/11.</p> <p>Peach-colored paint chipping above the handrail between rooms [REDACTED] was repaired/painted by maintenance department/designee by 8/11.</p> <p>Resident #190's room, holes, and indentations in the baseboard were patched up/repared by maintenance department/designee by 8/11.</p> <p>Between rooms [REDACTED], above and to the left of the computer mounted on the wall peach-colored paint peeling, exposing green paint underneath was repaired/painted by maintenance department/designee by 8/11.</p> <p>Above the medical records sign, across from room [REDACTED] paint on the wall which was peeling off was repaired/painted by maintenance department/designee by 8/11.</p> <p>[REDACTED] unit [REDACTED] of the [REDACTED] square tables observed to have a brownish colored material caked onto the bottom base of the table were</p> <p>Underneath the supply room sign on the [REDACTED] unit, holes, indentations in the wall,</p>	

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F 584	<p>Continued From page 3</p> <p>surveyor further observed the peach-colored paint peeling with green paint exposed underneath.</p> <p>At 11:13 AM, the surveyor observed underneath the supply room sign on the [REDACTED] unit, holes, indentations in the wall, and peeling paint.</p> <p>At 11:14 AM, the surveyor observed between rooms [REDACTED] black and brown colored stains throughout the tile floor.</p> <p>At 11:16 AM, the surveyor observed black and brown stains on the tile floor between rooms [REDACTED] and [REDACTED].</p> <p>At 11:16 AM, the surveyor further observed outside room [REDACTED] next to the plaque presenting the room number and resident names, peach-colored paint peeling and ripping off the wall which exposed green and white paint.</p> <p>At 11:18 AM, the surveyor observed between rooms [REDACTED], black and brown discoloration on the tile floor by the wall.</p> <p>At 11:19 AM, the surveyor observed between room [REDACTED], black, brown, and yellow discoloration on the tile floor by the wall.</p> <p>At 11:20 AM, the surveyor observed between rooms [REDACTED], scuff marks and black and brown discoloration on the tile floor by the wall.</p> <p>At 11:22 AM, the surveyor observed between rooms [REDACTED], black and brown discoloration on the tile floor by the wall. At that time, the surveyor further observed that the brown baseboard between rooms [REDACTED]</p>	F 584	<p>and peeling paint repaired/painted by maintenance department/designee by 8/11.</p> <p>Between rooms between rooms [REDACTED], and rooms [REDACTED] 2 black and brown colored stains throughout the tile floor were cleaned and buffed by housekeeping department/designee by 8/11.</p> <p>Outside room [REDACTED], next to the plaque presenting the room number and resident names, peach-colored paint peeling and ripping off the wall which exposed green and white were repaired/painted by maintenance department/designee by 8/11.</p> <p>Between room [REDACTED], black, brown, and yellow discoloration on the tile floor by the wall were cleaned and buffed by housekeeping department/designee by 8/11.</p> <p>Between rooms [REDACTED] scuff marks and black and brown discoloration on the tile floor by the wall were cleaned and buffed by housekeeping department/designee by 8/11.</p> <p>Between rooms [REDACTED], black and brown discoloration on the tile floor/scratches/indentations exposing the wood were cleaned/buffed/repared by housekeeping department/designee by 8/11.</p> <p>[REDACTED] unit [REDACTED] square tables were</p>	

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F 584	<p>Continued From page 4</p> <p>had scratches and indentations throughout, exposing a lighter colored wood.</p> <p>At 11:25 AM, the surveyor observed [REDACTED] square tables in the main open area on the Willow unit. [REDACTED] of the [REDACTED] square tables were observed to have a brownish colored material caked onto the bottom base of the table. There were residents seated at these tables.</p> <p>At 11:29 AM, the surveyor attempted to conduct an interview with the housekeeping staff member who was working on the [REDACTED] unit. The housekeeper was unable to conduct an interview due to English as a second language.</p> <p>On 08/03/23 11:37 AM, the surveyor toured [REDACTED] unit and observed brownish colored splatter on the metal plate at the bottom of the stairwell door.</p> <p>At 11:38 AM, the surveyor observed between rooms [REDACTED] scratches and indentations in the paint on the bottom portion of the wall. At that time, the surveyor further observed brownish-orange colored splatter throughout the wall.</p> <p>At 11:40 AM, the surveyor observed between rooms [REDACTED] brownish-orange splatter on the bottom portion of the wall.</p> <p>At 11:42 AM, the surveyor observed between rooms [REDACTED] scratches and indentations in the paint on the bottom portion of the wall. The surveyor further observed black discolorations on the beige painted wall.</p> <p>At 11:45 AM, on the [REDACTED] unit the surveyor</p>	F 584	<p>observed to have a brownish colored material on the bottom base of the table were cleaned by housekeeping department/designee by 8/4.</p> <p>[REDACTED] unit brownish colored splatter on the metal plate at the bottom of the stairwell door was cleaned by housekeeping department/designee by 8/11.</p> <p>Between rooms [REDACTED] scratches and indentations in the paint on the bottom portion of the wall and brownish-orange colored splatter throughout the wall was cleaned by housekeeping department/designee by 8/11.</p> <p>Between rooms [REDACTED] brownish-orange splatter on the bottom portion of the wall was cleaned and by housekeeping department/designee by 8/11.</p> <p>Between rooms [REDACTED] scratches and indentations in the paint on the bottom portion of the wall and black discolorations on the beige painted wall were cleaned/repared by housekeeping department/designee by 8/11.</p> <p>[REDACTED] unit to the left of the plaque for room [REDACTED] brownish colored splatter on the wallpaper was cleaned and by housekeeping department/designee by 8/11.</p> <p>The wall in front of the door frame outside</p>		

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F 584	<p>Continued From page 5</p> <p>observed to the left of the plaque for room [REDACTED] brownish colored splatter on the wallpaper.</p> <p>At 11:46 AM, the surveyor observed on the wall in front of the door frame outside of room [REDACTED] brownish colored stains on the walls.</p> <p>On 08/03/23 at 12:12 PM, the surveyor began an environmental tour on the Oak unit and observed that the brown covering on the handrail between rooms [REDACTED] was peeling at the edges on the left-hand side.</p> <p>At 12:20 PM, the surveyor toured the [REDACTED] unit and observed between rooms 310 and 312 that the wall underneath the grab bar had white indentations throughout and brownish colored stains on the yellow paint.</p> <p>At 12:27 PM, the surveyor observed between rooms [REDACTED] multiple scratches and indentations in the wall underneath the grab bar. The paint on the wall was yellow and the surveyor observed white and black marks where the indentations existed.</p> <p>At 12:29 PM, the surveyor observed between rooms [REDACTED], multiple scratches in the wall underneath the grab bar. At that time, the surveyor further observed brown splatter on the wall. The paint on the wall was yellow in color and the surveyor observed white and black marks where the indentations existed.</p> <p>At 12:31 PM, the surveyor observed between rooms [REDACTED], black colored scratch marks throughout the wall underneath the grab bar.</p> <p>On 08/07/23 at 10:25 AM, the surveyor entered</p>	F 584	<p>of room [REDACTED], brownish colored stains on the walls was cleaned and by housekeeping department/designee by 8/11.</p> <p>Oak unit and brown plastic covering on the handrail between rooms [REDACTED] was peeling at the edges on the left-hand side was repaired by maintenance department/designee by 8/11.</p> <p>Maple unit between rooms [REDACTED] the wall underneath the grab bar had white indentations throughout and brownish colored stains on the yellow paint was cleaned and by housekeeping department/designee by 8/11.</p> <p>Between rooms [REDACTED], multiple scratches and indentations in the wall underneath the grab bar, paint on the wall was yellow, and white and black marks where the indentations existed were cleaned/painted/fixed by housekeeping department/designee by 8/11.</p> <p>Between rooms [REDACTED], multiple scratches in the wall underneath the grab bar, brown splatter on the wall, marks, and indentations were cleaned/repaired by housekeeping department/designee by 8/11.</p> <p>Between rooms [REDACTED], black colored scratch marks on the wall underneath the grab bar were cleaned and by housekeeping department/designee by 8/11.</p>	

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F 584	<p>Continued From page 6</p> <p>Resident [REDACTED] room and observed a large horizontal indentation in the wall in front of the door bed. The indentation in the wall revealed black and white indentations of color that extended throughout the length of the wall. The surveyor further observed a crack, exposing a hole in the wall by the floorboard. The ceiling tile above the resident's bed toward the bathroom was observed discolored brown throughout. Behind the resident's bed, the surveyor observed paint peeling off the wall exposing white plaster. In addition, behind Resident 119's roommates' bed, there were dents in the wall which exposed white and black markings. At that time, the surveyor attempted to interview Resident #112, but the residents speech was garbled and unintelligible.</p> <p>On 08/08/23 at 10:35 AM, the surveyor interviewed the facility's Maintenance Director (MD) who stated that painting the facility was an ongoing process. The MD added that he started working at the facility about a year a half ago and the first thing he noticed was the building needed to be painted. The MD stated that he noticed in June 2022 that the facility needed fresh coats of paint, so he started painting the doors and door frames. The MD explained that the next step was to paint the walls throughout the facility. The MD told the surveyor that during COVID he understood that you couldn't enter the resident's rooms, but the hallways should have been done to maintain the resident's environment and the facility staff, "were definitely working on it." The MD explained that they had started on the third floor and the staff was working their way down through the building. The MD further stated that the facility had a staff member working two to three times a week from 4:00 PM to 7:00 PM to</p>	F 584	<p>Resident [REDACTED] room, observed horizontal indentation in the wall in front of the door bed, indentation in the wall revealed black and white indentations of color that extended throughout the length of the wall, a crack, exposing a hole in the wall by the floorboard, ceiling tile above the resident's bed toward the bathroom was observed discolored brown throughout, behind the resident's bed, observed paint peeling off the wall exposing white plaster were repaired/replaced/painted/cleaned by maintenance department/designee by 8/11.</p> <p>Resident 119's roommates' bed dents in the wall which exposed white and black markings were repaired/painted by maintenance department/designee by 8/11.</p> <p>8/14 the Housekeeping Director/Maintenance Director were re-educated by Administrator on their job descriptions as related to a Safe/Clean/Comfortable/Homelike Environment.</p> <p>8/14 Maintenance Assistants were re-in-serviced by the Maintenance Director on primary purpose of their job position is to assist in supervising the day-to-day activities of the Maintenance Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Director of Maintenance, to assure that our facility is maintained in a safe and</p>		

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F 584	<p>Continued From page 7</p> <p>paint and he did the best that he could with the staff and the resources he had.</p> <p>On 08/08/23 at 10:54 AM, the surveyor interviewed the Housekeeping Director (HD) who stated that all the housekeeping staff knew they were supposed to wash the floors. The HD stated, "we are so far behind in terms of cleaning the floors." The HD told the surveyor that the facility was doing their best with the staff they had.</p> <p>On 08/08/23 at 12:56 PM, the surveyor reviewed the above findings with the facility's Licensed Nursing Home Administrator (LNHA). The LNHA stated that a lot of the things had already been identified so the surveyor was not bringing anything knew to his attention and he was, "well aware of the situation and was working on it". At that time the surveyor asked the LNHA how long ago he identified the issues? The LNHA told the surveyor that he started working at the facility January of 2022 had identified that things needed to be fixed and the facility was fixing things on an ongoing basis.</p> <p>A review of the facility's undated Housekeeper Job Position indicated that the purpose of the housekeepers job position was, "to perform the day-to-day activities of the Housekeeping Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Administrator, and/or Director of Housekeeping, to assure that our facility is maintained in a clean, safe, and comfortable manner." The Housekeeper Job Description further indicated that the housekeeper was responsible for ensuring, "that assigned work</p>	F 584	<p>comfortable manner.</p> <p>8/14 Housekeeper staff were re-in-serviced by the Housekeeping Director to perform the day-to-day activities of the Housekeeping Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Administrator, and/or Director of Housekeeping, to assure that our facility is maintained in a clean, safe, and comfortable manner and that assigned work areas are maintained in a clean, comfortable, and attractive manner.</p> <p>8/14 Administrator called Ad-Hoc meeting with Housekeeping/Maintenance Directors, audited their departments preventative maintenance schedules, to ensure housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior and provide the residents with a safe, comfortable, clean, homelike environment.</p> <p>Identification of Others All Residents have the potential to be affected by this practice.</p> <p>Systemic Changes A multi-disciplinary team resident focused non-clinical round assignment form was created by Administrator to systematically identify Resident room/hallway housekeeping and maintenance services necessary to maintain a sanitary, orderly,</p>		

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F 584	<p>Continued From page 8</p> <p>areas are maintained in a clean, comfortable, and attractive manner."</p> <p>A review of the facility's undated Director of Housekeeping Job Position indicated that the purpose of the Director of Housekeeping Job was, "to plan, organize, develop, and direct the overall operation of the Housekeeping Department in accordance with current federal, state, and local standards, guidelines, and regulations governing our facility, and as may be directed by the Administrator, to assure that our facility is maintained in a clean, safe. And comfortable manner." The Director of Housekeeping's Job Position further indicated that the Director of Housekeeping's was responsible for ensuring, "that the facility is maintained in a clean and safe manner for resident comfort and convenience."</p> <p>A review of the facility's undated Maintenance Assistant Job Position indicated that the purpose of the Maintenance Assistants job position was, "to maintain the grounds, facility, equipment in a safe and efficient manner in accordance with current applicable federal, state, and local standards, guidelines and regulations." The Maintenance Assistant Job Position further indicated that the Maintenance Assistant was responsible for maintaining the facility in good repair, "ensuring a safe, clean and orderly environment."</p> <p>A review of the facility's undated Maintenance Supervisor Job Position indicated, "The primary purpose of your job position is to assist in supervising the day-to-day activities of the Maintenance Department in accordance with current federal, state, and local standards,</p>	F 584	<p>and comfortable interior, on an ongoing monthly basis, and provide the residents with a safe, comfortable, clean, homelike environment.</p> <p>Housekeeping/Maintenance Directors re-prioritized their departmental preventative maintenance schedules to provide the residents with a safe, comfortable, clean, homelike environment.</p> <p>The Maintenance Director/designee will review, prioritize, and track maintenance tasks work orders for 1 week, then weekly x 1 month for 3 months. Tracking sheet will be reviewed with Administrator for 1 week then monthly for 3 months.</p> <p>The Housekeeping Director/designee will round each of the 4 resident units weekly for 4 weeks with an audit tool, then monthly for 3 months to ensure departmental compliance. The audit tool will be reviewed with Administrator weekly for 4 weeks, then monthly for 3 months.</p> <p>Quality Monitoring The Maintenance Director/Housekeeping Director/designee will immediately inform the Administrator of any negative findings specific to a safe, comfortable, clean, homelike environment.</p> <p>The Maintenance Director/designee will bring results of work order tracking to Quality Assurance Performance Improvement Committee monthly x3 months. Quality Assurance Performance</p>		

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

PRINTED: 03/01/2024
FORM APPROVED
OMB NO. 0938-0391

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F 584	Continued From page 9 guidelines and regulations governing our facility, and as may be directed by the Director of Maintenance, to assure that our facility is maintained in a safe and comfortable manner." NJAC 8:39-31.2 (e), 31.4(a)(f)	F 584	Improvement Committee, based on results of these audits, a decision will be made regarding the need for continued submission and reporting to the committee. Housekeeping Director/designee will bring results of the audit tool findings to Quality Assurance Performance Improvement Committee monthly x3 months. Quality Assurance Performance Improvement Committee, based on results of these audits, a decision will be made regarding the need for continued submission and reporting to the committee.		
F 656 SS=E	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).	F 656		9/10/23	

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F 656	<p>Continued From page 10</p> <p>(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.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(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 entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§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: Complaint NJ#: 154501</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to develop and implement comprehensive person-centered care plans. This deficient practice was identified for 5 of 39 residents, (Resident #45, #57, #58, #81, and #418) reviewed for the development and implementation of a comprehensive person-centered care plan and was evidenced by the following:</p>	F 656	<p>F 656 - Develop and Implement Comprehensive Care Plan</p> <p>Immediate Action Resident #58 care plan was updated by nurse/designee immediately to reflect NJ EX Order: 26461 self-administration and documentation from REDACTED center was obtained and upload into chart to reflect competency.</p> <p>Resident #81 the care plan was immediately updated by nurse/designee to</p>		

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F 656	<p>Continued From page 11</p> <p>1.) On 8/2/23 at 11:08 AM, the surveyor observed Resident # 58 in bed. Resident #58 stated that they have been on NJ EX Order. 264b1 for four years and performed their NJ EX Order. 264b1 daily. The NJ EX Order. 264b1 supplies were observed in boxes in the resident's room.</p> <p>The surveyor reviewed the medical records for Resident #58.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility in NJ EX Order. 264b1 with diagnoses which included NJ EX Order. 264b1</p> <p>NJ EX Order. 264b1</p> <p>NJ EX Order. 264b1</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated NJ EX Order. 264b1 reflected that the resident had a Brief Interview for Mental Status (BIMS) score of NJ EX Order. 264b1 which indicated the resident was NJ EX Order. 264b1</p> <p>NJ EX Order. 264b1</p> <p>A review of the Medication review order summary included a physician order dated NJ EX Order. 264b1, for NJ EX Order. 264b1, run time of NJ EX Order. 264b1 starting on the evening shift.</p> <p>A review of the NJ EX Order. 264b1 Medication Administration Record (MAR) reflected the above physician order and was documented as administered by a nurse.</p>	F 656	<p>reflect that resident was on NJ EX Order. 264b1 therapy.</p> <p>Resident #45 the care plan was immediately updated by nurse/designee to reflect NJ EX Order. 264b1 exercises for the resident.</p> <p>Resident #57 the care plan was immediately reviewed and updated by nurse/designee according to the recent Morse that was done. The resident was no longer considered a NJ EX Order. 264b1. The NJ EX Order. 264b1 intervention was resolved as that intervention was no longer valid.</p> <p>Resident #418, closed record. All active residents with NJ EX Order. 264b1 charts were reviewed to ensure care plan was in place by IDCPT/designee. There was 100% compliance.</p> <p>Educations were provided by nurse educator to nurses by 8/11 on updating care plans on an ongoing basis.</p> <p>Identification of Others All residents have the potential to be affected by this practice.</p> <p>Systemic Changes Nurse educator will provide ongoing education to nurses regarding updating care plans.</p> <p>Care plan audits x 10 weekly by unit manager/designee for 3 months.</p> <p>Quality Monitoring Director of Nursing will monitor/assess</p>	

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F 656	<p>Continued From page 12</p> <p>A review of the individualized comprehensive care plan included a focused care plan for [REDACTED] that did not address the self-administration of the [REDACTED].</p> <p>On 8/8/23 at 10:10 AM, the surveyor interviewed the 3:00 PM - 11:00 PM evening shift Registered Nurse Supervisor, who stated Resident #58 did their own [REDACTED] in the evening. She stated that the resident should have a care plan that indicated the resident's self-administered [REDACTED].</p> <p>On 8/8/23 at 10:15 AM, the surveyor interviewed the Unit Manager Registered Nurse (UM), who stated Resident #58 had a care plan for self-administration of [REDACTED]. The UM reviewed the care plan in the presence of the surveyor and stated that the care plan did not address the resident's self-administered [REDACTED] and the resident's care plan should have addressed that.</p> <p>On 8/8/23 at 12:50 PM, the surveyor informed the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) of the care plan not addressing the self-administration of the [REDACTED].</p> <p>2.) On 08/02/23 at 10:12 AM, during the initial tour the surveyor interviewed the Unit Manager/Licensed Practical Nurse (UM/LPN) who stated that Resident # 81 was currently on an [REDACTED].</p> <p>On 08/02/23 at 10:39 AM, during the initial tour Resident #81 was not in their room. At that time, the resident's roommate informed the surveyor that he/she was in the common area/dining area.</p>	F 656	<p>care plan audits x 10 weeks for 3 months and review with Administrator.</p> <p>Director of Nursing will care plan audits to Quality Assurance Performance Improvement Committee monthly x3 months. Quality Assurance Performance Improvement Committee, based on results of these audits, a decision will be made regarding the need for continued submission and reporting to the committee.</p>		

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F 656	<p>Continued From page 13</p> <p>On 08/02/23 at 10:43 AM, during the initial tour the surveyor observed Resident # 81 participating in a group activity in the common area/dining room.</p> <p>The surveyor reviewed the medical record for Resident #81.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility in NJ EX Order. 264b1 with diagnoses which included NJ EX Order. 264b1</p> <p>[REDACTED]</p> <p>A review of the most recent annual MDS dated NJ EX Order. 264b1 reflected the resident had a BIMS score of NJ EX Order. 264b1, which indicated an NJ EX Order. 264b1. A further review in NJ EX Order. 264b1</p> <p>Medications, included the resident received an NJ EX Order. 264b1</p> <p>A review of the resident's individualized comprehensive care plan (ICCP) included a focus area initiated on NJ EX Order. 264b1, may present with NJ EX Order. 264b1 as evidence by NJ EX Order. 264b1 at times NJ EX Order. 264b1. Interventions included monitor and report any signs and NJ EX Order. 264b1</p> <p>[REDACTED] and increased temperature. A further review of the ICCP did not reflect that the resident was NJ EX Order. 264b1</p> <p>A review of the Order Summary Report dated active orders as of NJ EX Order. 264b1 included a physician's</p>	F 656			

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F 656	<p>Continued From page 14 order (PO) as follows:</p> <p>Dated [REDACTED] with a start date of [REDACTED] and end date [REDACTED], a PO for [REDACTED] (used to treat a [REDACTED] capsule [REDACTED] milligrams (mg) Give [REDACTED] capsule by mouth one time a day for [REDACTED] typically indicate an [REDACTED]) for [REDACTED] days.</p> <p>Dated [REDACTED] monitor [REDACTED] every shift until [REDACTED]; document [REDACTED] notes [for] [REDACTED]</p> <p>A review of the [REDACTED] the [REDACTED] Medication Administration Record (MAR) reflected the above physician's order and was documented as administered.</p> <p>A review of the Progress Notes from [REDACTED] to [REDACTED], reflected that the resident was on [REDACTED] with no adverse reactions.</p> <p>On 08/03/23 at 09:34 AM, the surveyor observed Resident # 81 in his/her room sitting in wheelchair going through their belongings. Resident # 81 stated that everything was great, and that the care was good. Resident #81 further stated that he/she had no concerns at that time. The surveyor asked if the resident was on an [REDACTED] Resident #81 replied that he/she wasn't sure because they took a lot of medications.</p> <p>On 08/04/23 at 11:00 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that any nurse could update the care plan. She stated that the importance of the care plan was it showed the interventions needed to care for the resident. She explained it was the</p>	F 656			

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F 656	<p>Continued From page 15</p> <p>"plan of action". The LPN stated that if a resident was on an abt then it would be on the care plan and the care plan would indicate why the resident was receiving the abt and for how many days.</p> <p>On 08/04/23 at 12:01 PM, the surveyor interviewed the UM/LPN who stated that all the nurses were responsible for updating the care plan. She stated that the care plan was the resident's plan of care and what needed to be done to care for that individual resident. The UM/LPN stated that the care plan was important because it ensured everyone knew how to care for the resident and what their needs were. She further stated that some medications were also included especially if the resident was at risk for something and on certain medications. She explained those medications included NJ EX Order, 264b1 (any NJ EX Order, 264b1 NJ EX Order, 264b1).</p> <p>The UM/LPN stated that if the resident was on an abt, then the care plan would reflect why they were on it and how long the resident would be on it. She stated Resident # 81 was on an abt because he/she had NJ EX Order, 264b1, went to the NJ EX Order, 264b1 and would be on the NJ EX Order, 264b1 for NJ EX Order, 264b1 days. She then stated that the abt was on the resident's care plan. At that time, the surveyor asked the UM/LPN to review the care plan with the surveyor.</p> <p>On 08/04/23 at 12:05 PM, the surveyor and the UM/LPN reviewed the care plan in the electronic medical record (EMR) together. Upon review of the care plan the UM/LPN realized and stated, "I did not update the care plan." She then stated, "of course you found the one I forgot." The UM/LPN stated that the abt was "under the resolved section" of the care plan and confirmed it was not</p>	F 656			

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F 656	<p>Continued From page 16</p> <p>currently in the care plan to address that the resident was currently on the [REDACTED] days. The UM/LPN acknowledged that it should have been on the care plan. After surveyor inquiry the UM/LPN stated that she was now updating the care plan to include the abt in the presence of the surveyor.</p> <p>On 08/04/23 at 12:14 PM, the surveyor interviewed the DON who stated that a care plan was all the details related to the specific care of the residents. The DON stated that everyone which included therapy, social services, dietary, nurses, and recreation were responsible for updating the care plan. She stated that the care plan was important because it provided specific individualized care on how to care for that resident. She further stated that they included medications such as abt on the care plan. The DON explained that the [REDACTED] should be on the care plan because it shared the information with everyone and allowed staff to know how to care for that resident. When asked was Resident # 81 on an [REDACTED] The DON stated that "offhand I am not sure".</p> <p>On 08/04/23 at 12:18 PM, the surveyor and the DON reviewed the EMR together. Upon review the DON stated that resident was on [REDACTED] and had started it on [REDACTED]. The DON then went to the care plan and stated that the [REDACTED] was mentioned. The surveyor informed the DON that the original care plan did not reflect the [REDACTED] and that the UM/LPN had just updated the care plan in the presence of the surveyor. At that time, the surveyor showed the DON the original care plan and the DON compared it to the care plan revised [REDACTED]. The DON confirmed that the original care plan had not addressed the [REDACTED] and</p>	F 656			

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F 656	<p>Continued From page 17</p> <p>acknowledged that it should have been on the care plan prior to surveyor inquiry. The DON explained that they did rounds daily and addressed everyone that was on an abt.</p> <p>On 8/7/23 at 09:05 AM, the DON provided the facility "Care Plans - Comprehensive" policy. At that time, the DON confirmed the policy was undated but stated that she had reviewed the policy in January of 2023.</p> <p>On 08/08/23 at 01:10 PM, the DON in the presence of the LNHA, the Assistant Director of Nursing (ADON), and the survey team stated that the resident's long-standing use of an abt should have been documented on the resident's care plan.</p> <p>3.) On 08/02/23 at 10:16 AM, the surveyor observed Resident #45 lying in bed. The resident's right hand and right knee appeared to be contracted.</p> <p>The surveyor reviewed Resident #45's medical record.</p> <p>According to the Admission Record, Resident #45 had diagnoses which included, but were not limited to, NJ EX Order. 264b1 [REDACTED]</p> <p>Review of the quarterly MDS dated [REDACTED] included the resident had a BIMS score of [REDACTED] which indicated the resident's cognition was NJ EX Order. 264b1 Further review of the</p>	F 656			

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F 656	<p>Continued From page 18</p> <p>MDS included the resident had a ^{NJ EX Order. 264b1} to ^{NJ EX Order. 264b1} of his/her ^{NJ EX Order. 264b1}</p> <p>Review of the Order Summary Report included a physician's order dated ^{NJ EX Order. 264b1} to, "Apply ^{NJ EX Order. 264b1} at all times when in bed".</p> <p>Review of the Occupational Therapy (OT) Discharge Summary, dated ^{NJ EX Order. 264b1}, included, "Instructed nursing caregivers in ^{NJ EX Order. 264b1} in order to facilitate improved functional abilities with 100% carryover demonstrated by primary caregivers."</p> <p>Review of the Physical Therapy (PT) Discharge Summary, dated ^{NJ EX Order. 264b1}, included discharge recommendations for a ^{NJ EX Order. 264b1}.</p> <p>Review of the Care Plan included a focus of, "I have an ADL [activities of daily living] self-care performance deficit r/t [related to] ^{NJ EX Order. 264b1} and DX [diagnosis] ^{NJ EX Order. 264b1}."</p> <p>Further review of the Care Plan did not include interventions related to the resident's ^{NJ EX Order. 264b1} and ^{NJ EX Order. 264b1}</p> <p>During an interview with the surveyor on 08/07/23 at 9:59 AM, the Director of Rehab (DOR) stated Resident #45 had a history of a ^{NJ EX Order. 264b1} and was previously receiving PT and OT for ^{NJ EX Order. 264b1} and ^{NJ EX Order. 264b1} management. The DOR further stated the resident was recommended to wear a ^{NJ EX Order. 264b1} while in bed and for staff to perform ^{NJ EX Order. 264b1} to the ^{NJ EX Order. 264b1}. The DOR explained that when the resident was discharged from PT and OT services, therapy</p>	F 656		

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F 656	<p>Continued From page 19</p> <p>educated the nursing staff on how to perform the [REDACTED] interventions. When asked about resident care plans, the DOR stated that while residents were receiving PT and OT services, the therapy department would create care plans relevant to the resident's treatment and that care plan would remain in place after the resident was discharge from therapy if the care was still applicable.</p> <p>During an interview with the surveyor on 08/08/23 at 10:38 AM, Certified Nursing Assistant (CNA) stated that Resident #45 was [REDACTED] NJ EX Order, 264b1 and had [REDACTED] NJ EX Order, 264b1. The CNA further stated that he put the resident's [REDACTED] NJ EX Order, 264b1 on while the resident was in bed and performed [REDACTED] NJ EX Order, 264b1 exercises to the resident's [REDACTED] NJ EX Order, 264b1 to prevent [REDACTED] NJ EX Order, 264b1 in the [REDACTED].</p> <p>During an interview with the surveyor on 08/08/23 at 11:35 AM, the LPN stated Resident #45 had [REDACTED] NJ EX Order, 264b1. The LPN further stated that the CNA applied the resident's [REDACTED] NJ EX Order, 264b1 and performed [REDACTED] NJ EX Order, 264b1 exercises to [REDACTED] NJ EX Order, 264b1 of the [REDACTED] NJ EX Order, 264b1. When asked about resident care plans, the LPN stated the nurses were responsible for updating resident care plans so that it included all of the resident's needs. The LPN stated Resident #45's [REDACTED] NJ EX Order, 264b1 should have been included on the care plan in order to improve the care he/she received.</p> <p>During an interview with the surveyor on 08/08/23 at 11:54 AM, the LPN/UM stated that residents with [REDACTED] NJ EX Order, 264b1 were sometimes given [REDACTED] NJ EX Order, 264b1 such as [REDACTED] NJ EX Order, 264b1 and staff provided [REDACTED] NJ EX Order, 264b1 exercises to [REDACTED] NJ EX Order, 264b1 of [REDACTED] NJ EX Order, 264b1. The LPN/UM further stated that</p>	F 656			

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F 656	<p>Continued From page 20</p> <p>when residents were discharged from therapy services, the therapy staff would educate the nursing staff on how to perform [REDACTED] exercises for the resident. When asked about resident care plans, the LPN/UM stated that the nurses were responsible for updating the care plans quarterly and as needed. The LPN/UM further stated that the care plans should include everything about the resident and that Resident #45's care plans should have included the [REDACTED] with the interventions in place.</p> <p>During an interview with the surveyor on 08/08/23 at 12:15 PM, the DON stated that resident [REDACTED] were identified by the therapy department and the therapy department determined if the resident needed devices, such as [REDACTED] and/or [REDACTED] exercises. The DON further stated that the therapy department educated the nursing staff on the devices and [REDACTED] exercises when the resident was discharged from therapy. When asked about resident care plans, the DON stated that care plans were updated upon admission, quarterly, or when a new condition was identified. The DON further stated that Resident #45's care plan should have included the [REDACTED] along with the interventions so that all facility staff had the information to provide individualized care.</p> <p>Review of the facility's [REDACTED] Exercises policy, undated, included, "Review the resident's care plan to assess for any special needs of the resident."</p> <p>4.) The surveyor observed Resident #57 lying in bed with the bed height raised to the surveyor's [REDACTED] on the following dates and times:</p>	F 656			

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F 656	<p>Continued From page 21</p> <p>08/02/23 at 10:11 AM 08/03/23 at 9:18 AM 08/04/23 at 9:44 AM 08/07/23 at 9:45 AM 08/08/23 at 9:24 AM</p> <p>According to the Admission Record, Resident #57 had diagnoses which included, but were not limited to, NJ EX Order. 264b1 [REDACTED].</p> <p>Review of the annual MDS dated [REDACTED], included the resident had a BIMS score of [REDACTED] which indicated the resident's cognition was NJ EX Order. 264b1. Further review of the MDS included the resident's [REDACTED] during [REDACTED] was, [REDACTED], only able to [REDACTED] with NJ EX Order. 264b1."</p> <p>Review of the resident's Care Plan included a focus area initiated [REDACTED], of, "I am at risk for falls related to NJ EX Order. 264b1 in [REDACTED] with an intervention of, "place NJ EX Order. 264b1 position."</p> <p>Review of the Progress Notes revealed a Plan of Care Note dated [REDACTED] at 2:18 PM with a focus of "I am at NJ EX Order. 264b1 related to history." The documentation included, NJ EX Order. 264b1 [REDACTED] NJ EX Order. 264b1)," and, [REDACTED] NJ EX Order. 264b1 NJ EX Order. 264b1 to the floor."</p> <p>During an interview with the surveyor on 08/08/23 at 10:15 AM, the CNA stated Resident #57 did not have any [REDACTED] interventions in place. The CNA further stated that she did not keep the resident's [REDACTED] in the [REDACTED] position because she had to check the resident's [REDACTED] and reposition the resident every two hours. At that time, the CNA accompanied the surveyor and entered Resident</p>	F 656			

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F 656	<p>Continued From page 22</p> <p>#57's room. The CNA confirmed in the presence of the surveyor that the [REDACTED] was not in the [REDACTED] position.</p> <p>During an interview with the surveyor on 08/08/23 at 11:35 AM, the LPN stated Resident #57 did not have any [REDACTED] interventions in place. The LPN further stated that the importance of keeping the resident [REDACTED] in the [REDACTED] position was to prevent injury from [REDACTED].</p> <p>During an interview with the surveyor on 08/08/23 at 11:54 AM, the LPN/UM stated that CNAs should adjust the height of the residents' [REDACTED] depending on the residents' preferences, however the staff should not keep the residents' [REDACTED] positioned [REDACTED] for the staff's convenience. The LPN/UM further stated that keeping the resident [REDACTED] in the [REDACTED] position prevented injury from [REDACTED].</p> <p>During an interview with the surveyor on 08/08/23 at 12:15 PM, the DON stated individual [REDACTED] interventions depended on the resident's care plan and that [REDACTED] should be kept in the [REDACTED] position if the care plan indicated that. The DON further stated that staff should not position [REDACTED] high for their own convenience and that [REDACTED] are kept in the [REDACTED] position to minimize injury from [REDACTED].</p> <p>During a follow-up interview with the surveyor on 08/10/23 at 1:02 PM, the DON stated that staff should have been following Resident #57's care plan if it had an active intervention to keep the [REDACTED] in the [REDACTED] position.</p> <p>5.) The surveyor reviewed the closed medical record for Resident #418.</p>	F 656			

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F 656	<p>Continued From page 23</p> <p>A review of the resident's Admission Record (an admission summary) reflected that the resident was admitted to the facility in [redacted] with diagnoses that included but were not limited to [redacted] NJ EX Order. 264b1 Order. 264b1 [redacted].</p> <p>A review of the resident's admission MDS dated [redacted] NJ EX Order. 264b1, indicated that the resident's cognitive skills for daily decision making were [redacted] NJ EX Order. 264b1. A further review of the resident's MDS, [redacted] NJ EX Order. 264b1 - NJ EX Order. 264b1 reflected that the resident had an [redacted] NJ EX Order. 264b1 [redacted]).</p> <p>A review of Resident 418's [redacted] NJ EX Order. 264b1 Order Summary Report revealed a physician's order dated [redacted] NJ EX Order. 264b1 for [redacted] NJ EX Order. 264b1 care every shift.</p> <p>A review of the resident's [redacted] NJ EX Order. 264b1 Treatment Administration Record (TAR) reflected that the nurses were signing for [redacted] NJ EX Order. 264b1 care and recording the [redacted] NJ EX Order. 264b1 (der. 264b1) from the [redacted] NJ EX Order. 264b1 during the day (7:00 AM - 3:00 PM), evening (3:00 PM - 11:00 PM), and night (11:00 PM - 7:00 AM) shifts from 03/27/22 through 03/31/22.</p> <p>A review of the resident's [redacted] NJ EX Order. 264b1 TAR indicated that the nurses were signing for [redacted] NJ EX Order. 264b1 care and recording the [redacted] NJ EX Order. 264b1 [redacted] from the [redacted] NJ EX Order. 264b1 during the day, evening, and night shifts from 04/01/22 through</p>	F 656		

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F 656	<p>Continued From page 24 04/30/22.</p> <p>A review of the resident's NJ EX Order, 264b1 TAR indicated that the nurses were signing for NJ EX Order, 264b1 care and recording the NJ EX Order, 264b1 from the NJ EX Order, 264b1 during the day, evening, and night shifts on 05/01/22.</p> <p>A review of the resident's comprehensive person-centered care plan in its entirety did not reveal that the resident had a care plan in place for the care of his/her NJ EX Order, 264b1.</p> <p>On 08/04/23 at 12:07 PM, the surveyor interviewed the CNA who stated that if she was caring for a resident with a NJ EX Order, 264b1 it would be her responsibility to change the NJ EX Order, 264b1 to a NJ EX Order, 264b1 during the day. The CNA explained the process in which she would remove the NJ EX Order, 264b1, empty the NJ EX Order, 264b1, wipe the NJ EX Order, 264b1 with NJ EX Order, 264b1 prior to placing a NJ EX Order, 264b1 on the resident, wash and clean the NJ EX Order, 264b1 and store the NJ EX Order, 264b1 in a close NJ EX Order, 264b1 at the end of the NJ EX Order, 264b1 to prevent the spread of infection. The CNA further explained that the CNA caring for the resident at bedtime would remove the NJ EX Order, 264b1 wipe the NJ EX Order, 264b1 with NJ EX Order, 264b1 and place a NJ EX Order, 264b1 on the resident. The CNA told the surveyor that her responsibilities also included notifying the resident's nurse of the NJ EX Order, 264b1 emptied from the NJ EX Order, 264b1 during her shift.</p> <p>On 08/04/23 at 12:14 PM, the surveyor interviewed the resident's LPN who stated that if a resident had a NJ EX Order, 264b1 she would make</p>	F 656		

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F 656	<p>Continued From page 25</p> <p>sure the NJ EX Order: 264b1 with NJ EX Order: 264b1 NJ EX Order: 264b1. The LPN further stated that the NJ EX Order: 264b1 had to be stored NJ EX Order: 264b1 and the NJ EX Order: 264b1 should be, NJ EX Order: 264b1". The LPN told the surveyor that if a resident had a NJ EX Order: 264b1, "there should definitely be a care plan because it guided the care of the resident".</p> <p>On 08/04/23 at 12:19 PM, the surveyor interviewed the Registered Nurse/Unit Manger (RN/UM) who stated that if the resident had a NJ EX Order: 264b1 there should be a care plan that reflected the care of the NJ EX Order: 264b1. The RN/UM explained that upon admission, the evening supervisor and admitting nurse were responsible for creating the resident's care plan and then the unit manager of the unit was responsible for the oversight and additions of personalized care to the resident's care plan.</p> <p>On 08/04/23 at 12:49 PM, the surveyor interviewed the DON who stated that a resident with a NJ EX Order: 264b1 should have a care plan for the care of the NJ EX Order: 264b1.</p> <p>A review of the facility's Care Plans - Comprehensive policy, undated, included the following: "3. Each resident's Comprehensive Care Plan has been designed to:...</p> <ul style="list-style-type: none"> d. Reflect treatment goals and objectives in measurable outcomes... e. To attain or maintain the Resident's highest practical physical, mental psychosocial well being ... g. Aid in preventing or reducing declines in the resident's functional status and/or functional levels ... 	F 656			

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F 656	Continued From page 26 h. Enhance the optimal functioning of the resident by focusing on a rehabilitative program ... 4. The resident's Comprehensive Care Plan is developed within seven (7) days of the completion of the resident's comprehensive assessment (MDS) ... 5. Care plans are revised as changes in the resident's condition dictate....	F 656			
F 658 SS=E	NJAC 8:39-11.2 (e) (f) 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 that the facility failed to: a.) obtain a physician's order to perform (NJ EX Order: 26461) exercises and b.) document the performance of (NJ EX Order: 26461) exercises in the resident's medical record for 1 of 3 residents, (Resident #45) reviewed for (NJ EX Order: 26461) and (NJ EX Order: 26461) This deficient practice was evidence by the following: 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 or potential physical and emotional health problems, through	F 658	F658 - Meet Professional Standards Immediate Action Resident #45 an order was obtained for (NJ EX Order: 26461) exercises, the care plan was updated to reflect same by a nurse. A task was added to the Certified Nurse's Aide kiosk by the Director of Nursing/designee to provide ongoing documentation of the exercises provided. Re-educations were provided immediately the nursing staff, on updating the care plan and documentation in the kiosk by the nurse educator. Identification of Others All residents with (NJ EX Order: 26461) orders have the	9/10/23	

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F 658	<p>Continued From page 27</p> <p>such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist."</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 licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 08/02/23 at 10:16 AM, the surveyor observed Resident #45 lying in bed. The resident's ^{NJ EX OR} [REDACTED] appeared to be ^{NJ EX OR} [REDACTED].</p> <p>The surveyor reviewed Resident #45's medical record.</p> <p>According to the Admission Record, Resident #45 had diagnoses which included, but were not limited to, ^{NJ EX Order. 264b1} [REDACTED].</p> <p>Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the</p>	F 658	<p>potential to be affected by this practice .</p> <p>Systemic Changes Therapy department will identify and screen at risk residents who may require ^{NJ EX Order. 264b1} exercises on a quarterly basis and as needed. When identified and order will be placed in chart, the care plan updated and a task put into the kiosk for documentation by nurse staff.</p> <p>Quality Monitoring Director of Nursing will monitor/assess all audits and review with administrator monthly for 3 months.</p> <p>Director of Nursing will bring monitoring results of audits to Quality Assurance Performance Improvement Committee monthly x3 months. Quality Assurance Performance Improvement Committee, based on results of these audits, a decision will be made regarding the need for continued submission and reporting to the committee.</p>		

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F 658	<p>Continued From page 28</p> <p>management of care dated [REDACTED] NJ EX Order: 264b1, included the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] NJ EX Order: 264b1, which indicated the resident's cognition was [REDACTED] NJ EX Order: 264b1. Further review of the MDS included the resident had a functional limitation in [REDACTED] NJ EX Order: 264b1 to one side of his/her [REDACTED] NJ EX Order: 264b1 NJ EX Order: 264b1.</p> <p>Review of the Order Summary Report included a physician's order for "Apply [REDACTED] NJ EX Order: 264b1 to [REDACTED] NJ EX Order: 264b1 at all times when in bed," with a start date of [REDACTED] NJ EX Order: 264b1. There were no orders related to the resident's right [REDACTED] NJ EX Order: 264b1.</p> <p>Review of the [REDACTED] NJ EX Order: 264b1 Treatment Administration Record included the aforementioned knee brace order, but there was no treatment for the resident's [REDACTED] NJ EX Order: 264b1.</p> <p>Review of the Task List Report, as of [REDACTED] NJ EX Order: 264b1, did not include ROM exercises for the resident's [REDACTED] NJ EX Order: 264b1.</p> <p>Review of the Care Plan included a focus area of, "I have an ADL [activities of daily living] self-care performance [REDACTED] NJ EX Order: 264b1 and DX [diagnosis] [REDACTED] NJ EX Order: 264b1. Further review of the Care Plan did not include interventions related to the resident's [REDACTED] NJ EX Order: 264b1.</p> <p>Review of the Occupational Therapy (OT) Discharge Summary, dated [REDACTED] NJ EX Order: 264b1, included, "Instructed nursing caregivers in [REDACTED] NJ EX Order: 264b1 NJ EX Order: 264b1 and [REDACTED] NJ EX Order: 264b1 checks in order to</p>	F 658		

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F 658	<p>Continued From page 29</p> <p>facilitate improved functional abilities with 100% carryover demonstrated by primary caregivers."</p> <p>During an interview with the surveyor on 08/07/23 at 9:59 AM, the Director of Rehab (DOR) stated Resident #45 had a history of a [REDACTED] and was previously receiving PT and OT for [REDACTED] and [REDACTED] management. The DOR further stated the resident was recommended to [REDACTED] while in bed and for staff to perform [REDACTED] exercises to the [REDACTED]. The DOR explained that when the resident was discharged from PT and OT services, therapy educated the nursing staff on how to perform the [REDACTED] interventions. When asked where nursing staff document the performance of [REDACTED] exercises, the DOR was unsure and stated the facility no longer had a formal restorative nursing program (RNP) where it was documented previously.</p> <p>During an interview with the surveyor on 08/08/23 at 10:38 AM, the Certified Nursing Assistant (CNA) stated that Resident #45 was [REDACTED] on the [REDACTED] NJ EX Order. 264b1 [REDACTED]. The CNA further stated that he put the resident's [REDACTED] on while the resident was in bed and performed [REDACTED] exercises to the resident's [REDACTED] to prevent [REDACTED] NJ EX Order. 264b1 as instructed by the therapy department. When asked where [REDACTED] exercises were documented in the resident's medical record, the CNA stated he did not document the exercises anywhere.</p> <p>During an interview with the surveyor on 08/08/23 at 11:35 AM, the Licensed Practical Nurse (LPN) stated Resident #45 had [REDACTED] to the [REDACTED] NJ EX Order. 264b1. The LPN further stated that the</p>	F 658			

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F 658	<p>Continued From page 30</p> <p>CNA applied the resident's [REDACTED] and performed [REDACTED] exercises to [REDACTED] of the [REDACTED]s. When asked where the ROM exercises were documented in the resident's medical record, the LPN stated the CNAs document the [REDACTED] exercises in the "kiosk," which included the resident's Task List.</p> <p>During an interview with the surveyor on 08/08/23 at 11:54 AM, the LPN/Unit Manager (UM) stated that residents with [REDACTED] were sometimes given devices, such as [REDACTED], and staff provided [REDACTED] exercises to prevent worsening of the [REDACTED]. The LPN/UM further stated that when residents were discharged from therapy services, the therapy staff would educate the nursing staff on how to perform ROM exercises for the resident. When asked where the [REDACTED] exercises were documented in the resident's medical record, the LPN stated the CNAs document it in the "kiosk," which included the resident's Task List.</p> <p>During an interview with the surveyor on 08/08/23 at 12:15 PM, the Director of Nursing (DON) stated that resident contractures were identified by the therapy department who determined if the resident needed devices, such as [REDACTED], and/or [REDACTED] exercises. The DON further stated that the therapy department educated the nursing staff on the devices and ROM exercises when the resident was discharged from therapy. When asked where the [REDACTED] exercises were documented in the resident's medial record, the DON stated they were not documented anywhere specifically since the RNP no longer existed at the facility.</p> <p>During a follow-up interview with the surveyor on</p>	F 658			

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F 658	<p>Continued From page 31</p> <p>08/10/23 at 1:12 PM, the DON stated Resident #45 should have had a physician's order for [REDACTED] exercises to the NJ EX Order. 264b1 and the exercises should have been documented in the resident's medical record.</p> <p>During a follow-up interview with the surveyor on 08/11/23 at 9:47 AM, the DON acknowledged that because there was no physician's order and the [REDACTED] exercises were not included on the Task List, there was no way to determine whether the [REDACTED] exercises were being performed for Resident #45.</p> <p>Review of the facility's undated NJ EX Order. 264b1 Exercises policy included, "Verify that there is a physician's order for this procedure. If there is no order for treatment, contact the attending physician to obtain treatment orders." Further review of the policy included, "The following information should be recorded in the resident's medical record:</p> <ol style="list-style-type: none"> 1. The date and time that the exercises were performed. 2. The name and title of the individual(s) who performed the procedure. 3. The type of [REDACTED] exercise given. 4. Whether the exercise was NJ EX Order. 264b1 5. How long the exercise was conducted. 6. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure. 7. Any problems or complaints made by the resident related to the procedure. 8. If the resident refused the treatment, the reason(s) why and the intervention taken. 9. The signature and title of the person recording the data." 	F 658			

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F 658	Continued From page 32	F 658			
F 684 SS=D	<p>NJAC 8:39-27.1(a); 27.2(m)</p> <p>Quality of Care</p> <p>CFR(s): 483.25</p> <p>§ 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and review of facility documents, it was determined that the facility failed to: a.) notify the physician or Nurse Practitioner (NP) of an [REDACTED] lab result and b.) administer [REDACTED] treatment in a timely manner for 1 of 3 residents, (Resident #133) reviewed for [REDACTED] use.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 08/02/23 at 10:42 AM, the surveyor observed Resident #133 sitting in a chair in his/her room. The resident stated that he/she had an [REDACTED] but was unsure where.</p> <p>According to the Admission Record, Resident #133 had diagnoses which included, but were not limited to, NJ EX Order. 264b1 [REDACTED]</p> <p>Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the</p>	F 684	<p>F - 684 Quality of Care</p> <p>Immediate Action</p> <p>Resident #103 chart was reviewed immediately by nurse/designee and was found to be on the correct [REDACTED]</p> <p>Educations were done immediately by nurse educator on clearing all labs in a timely manner on use of [REDACTED] to begin [REDACTED] c therapy promptly.</p> <p>Identification of Others</p> <p>All residents with un-cleared labs have the potential to be affected by this practice.</p> <p>Systemic Changes</p> <p>Audits of lab clearance to be done daily by Director of Nursing/designee daily x 3 months. The Director of Nursing/designee will immediately inform the Administrator of any negative findings.</p>	9/10/23	

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F 684	<p>Continued From page 33</p> <p>management of care, dated [REDACTED] reflected the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] which indicated the resident's cognition was [REDACTED]. Further review of the MDS revealed the resident was occasionally [REDACTED] of [REDACTED].</p> <p>Review of a Progress Note written by the NP, dated [REDACTED] at 1:11 PM, revealed the resident, "reports of NJ EX Order. 264b1," and a [REDACTED] lab test was ordered.</p> <p>Review of the [REDACTED] lab result revealed the lab received the [REDACTED] sample on [REDACTED] 3 at 8:25 AM and reported the results to the facility on 07/30/23 at 11:25 AM. The results were flagged as [REDACTED] and indicated the [REDACTED] contained the NJ EX Order. 264b1 [REDACTED] a [REDACTED] NJ EX Order. 264b1 [REDACTED].</p> <p>Further review of the [REDACTED] revealed, "after multiple attempts, unable to reach nurse, faxed to client [REDACTED]."</p> <p>Review of the Progress Notes, dated [REDACTED] did not indicate the physician or NP was notified of the [REDACTED] lab result.</p> <p>Review of a Progress Note written by the NP, dated [REDACTED] at 2:11 PM, revealed the NP reviewed the [REDACTED] Results and ordered NJ EX Order. 264b1) for [REDACTED] days for [REDACTED] (NJ EX Order. 264b1).</p> <p>Review of the [REDACTED] Order Summary Report included a physician's order dated</p>	F 684	<p>Quality Monitoring</p> <p>Director of Nursing will monitor/assess all audits and review with administrator monthly for 3 months and will bring results to Quality Assurance Performance Improvement Committee monthly x3 months. Quality Assurance Performance Improvement Committee, based on results of these audits, a decision will be made regarding the need for continued submission and reporting to the committee.</p>	

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F 684	<p>Continued From page 34</p> <p>NJ EX Order, 264b1, for NJ EX Order, 264b1 Oral Tablet NJ EX Order, 264b1 MG (milligrams) Give NJ EX Order, 264b1 tablet by mouth NJ EX Order, 264b1 time a day NJ EX Order, 264b1 for NJ EX Order, 264b1 days.</p> <p>Review of the NJ EX Order, 264b1 Medication Administration Record (MAR) did not include the physician's order for NJ EX Order, 264b1.</p> <p>Review of the NJ EX Order, 264b1 MAR revealed the first dose of NJ EX Order, 264b1 was administered on NJ EX Order, 264b1 at 9:00 AM.</p> <p>Review of a list of NJ EX Order, 264b1 available in the facility's automated pharmacy dispensing unit (APDU, a computerized storage device in which extra medication is stored) provided by the Assistant Director of Nursing (ADON) included NJ EX Order, 264b1.</p> <p>During an interview with the surveyor on 08/08/23 at 11:48 AM, the Licensed Practical Nurse (LPN) stated that when a NJ EX Order, 264b1 report was available, the nurse should have looked for the results in the electronic medical record (EMR). The LPN further stated that if the results were NJ EX Order, 264b1, the nurse should have notified the NP or telehealth physician, the same shift that the results from the NJ EX Order, 264b1 lab were received. The LPN also stated that if the NP or physician ordered an NJ EX Order, 264b1 treatment and the medication was available in the APDU, the nurse should have administered the first dose of the NJ EX Order, 264b1 as soon as it was ordered. The LPN explained that the nursing supervisor could obtain the NJ EX Order, 264b1 from the ADPU and give it to the floor nurse to administer. The LPN added that it was important to administer NJ EX Order, 264b1 as soon as the NJ EX Order, 264b1 was available to prevent the</p>	F 684		

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F 684	<p>Continued From page 35</p> <p>resident from "NJ EX Order. 264b1," and to help treat the [REDACTED]</p> <p>During an interview with the surveyor on 08/08/23 at 11:54 AM, the LPN/Unit Manager (UM) stated that when a [REDACTED] report became available, it was the nurses' responsibility to check the lab results in the EMR at the end of their shift. The LPN/UM further stated that if the results were [REDACTED] the nurse should notify the NP or telehealth physician the same shift that the results were received. The LPN/UM added that if the NP or physician ordered an [REDACTED] treatment, and the medication was available in the APDU, the nurse should have administered the [REDACTED] immediately. The LPN/UM explained that the nursing supervisor had access to the APDU to obtain medications for the floor nurses. The LPN/UM added that it was important to start [REDACTED] treatment as soon as possible to "not delay care."</p> <p>During an interview with the surveyor on 08/08/23 at 12:15 PM, the Director of Nursing (DON) stated the results of the [REDACTED] results are uploaded into the EMR and the nurses, physicians, and NP had access to check the results. The DON further stated [REDACTED] lab results should be addressed within 24 hours depending on the resident's condition. The DON also stated that many [REDACTED] were available in the APDU so that they could be initiated in a "very short time." The DON then explained that [REDACTED] should be administered as soon as possible to treat the [REDACTED]</p> <p>During a follow-up interview with the surveyor on 08/08/23 at 1:09 PM, the DON stated that Resident #133's lab result should have been</p>	F 684			

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F 684	<p>Continued From page 36</p> <p>addressed the same day it was available due to the resident experiencing NJ EX Order, 26-4b1.</p> <p>During an interview with the surveyor on 08/09/23 at 12:44 PM, the NP stated that when a REDACTED result is available, the nurse or nursing supervisor should review the lab results and notify the NP or telehealth physician that same day if the result is REDACTED. The NP further explained that the lab results were usually available by 1:00 or 2:00 PM and the nurse should notify the NP or telehealth physician by the evening shift (3:00 - 11:00 PM). The NP also stated that if an REDACTED is ordered, the facility has an ADPU where they can obtain the first dose and administer it as soon as possible. When asked about Resident #133, the NP stated she was not notified of the REDACTED result on REDACTED when it was available, and had looked it up herself on REDACTED when she came in. The NP further stated that the lab result should have been reported to the NP or telehealth physician on REDACTED and the REDACTED should have been started as soon as possible if the resident was symptomatic to treat the REDACTED.</p> <p>Review of the facility's Lab and Diagnostic Test Results - Clinical Protocol policy, undated, included, "A nurse/NP/Physician will review all results ... If the NP is not in the building to review the results - The person who is to communicate results to a physician will review and be prepared to discuss the following ... the individual's condition ... How test results might relate to the individual's current status, treatment, or medications ... Any concerns or issues the physician will be expected to address upon receiving the result." Further review of the policy included, "Facility staff should document</p>	F 684			

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

PRINTED: 03/01/2024
FORM APPROVED
OMB NO. 0938-0391

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F 684	Continued From page 37 information about when, how, and to whom the information was provided and the response. This should be done in the Progress Notes section of the medial record." Review of the facility's Change in a Resident's Condition or Status policy, undated, included, "The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician/NP, Telemedicine, or On-Call Physician when there has been: ... A need to alter the resident's medical treatment significantly." Review of the facility's [REDACTED] Stewardship - Orders for Antibiotics policy, undated, included, "When a cultures and sensitivity (C&S) is ordered, it will be completed, and: Lab results will be communicated to the prescriber to determine if antibiotic therapy should be started, continued, modified, or discontinued."	F 684			
F 686 SS=D	NJAC 8:39-27.1 (a) Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to	F 686		9/10/23	

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F 686	<p>Continued From page 38</p> <p>promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that an air mattress was accurately set according to the resident's [REDACTED]. This deficient practice was identified for 1 of 5 residents, (Resident #129) reviewed for [REDACTED] and was evidenced by the following:</p> <p>The surveyor observed Resident #129 lying in bed with his/her [REDACTED] set to [REDACTED] pounds (lbs) on the following dates and times:</p> <p>-08/02/23 at 10:22 AM -08/03/23 at 9:24 AM -08/04/23 at 9:48 AM</p> <p>According to the Admission Record, Resident #129 had diagnoses which included, but were not limited to, [REDACTED] NJ EX Order. 264b1 [REDACTED]</p> <p>Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 0 [REDACTED], included the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED], which indicated the resident's cognition was [REDACTED]. Further review of the MDS included the resident had [REDACTED] NJ EX Order. 264b1 that was not present on admission.</p> <p>Review of the Order Summary Report as of [REDACTED], included a physician's order dated [REDACTED], for, [REDACTED] mattress - ensure placement and functionality every shift for</p>	F 686	<p>F686 - Treatment/Svcs to Prevent/Heal [REDACTED] NJ EX Order. 264b1</p> <p>Immediate Action Resident #129 air mattress was accurately re-set according to the resident's [REDACTED]</p> <p>All air mattresses in use were immediately checked by nursing department to ensure they were on the correct settings with 100% compliance.</p> <p>Education was done with nurses/certified nursing assistants immediately by nurse educator regarding pressure injuries and need to have [REDACTED] NJ EX Order. 264b1 at correct setting for [REDACTED]</p> <p>Identification of Others All residents using [REDACTED] NJ EX Order. 264b1 have the potential to be affected by this practice.</p> <p>Systemic Changes Nursing managers/designee will ensure all air mattress orders in EMAR will include the [REDACTED] of the resident and correct settings for [REDACTED] are in place daily.</p> <p>Quality Monitoring Audit settings on all [REDACTED] NJ EX Order. 264b1 twice/week for 3 months by Assistant Director of Nursing (ADON)/designee.</p>	

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F 686	<p>Continued From page 39</p> <p>NJ EX Order. 264b1</p> <p>Review of the NJ EX Order. 264b1 Treatment Administration Record included the aforementioned NJ EX Order. 264b1 order and was signed with a check mark on each shift from NJ EX Order. 264b1 through NJ EX Order. 264b1.</p> <p>Review of the Care Plan revised NJ EX Order. 264b1 included a focus area of, "I have an NJ EX Order. 264b1." A further review of the resident's care plan specified an intervention to ensure placement and functionality of the NJ EX Order. 264b1.</p> <p>Review of the NJ EX Order. 264b1 Scale for Predicting NJ EX Order. 264b1 dated NJ EX Order. 264b1, revealed the resident was at NJ EX Order. 264b1 risk for NJ EX Order. 264b1.</p> <p>Review of the list of NJ EX Order. 264b1 in the electronic medial record revealed the resident's NJ EX Order. 264b1 t on NJ EX Order. 264b1 was NJ EX Order. 264b1 lbs and the following weight recorded on NJ EX Order. 264b1 was NJ EX Order. 264b1 lbs.</p> <p>During an interview with the surveyor on 08/08/23 at 10:48 AM, the Certified Nursing Assistant (CNA) stated Resident #129 was totally dependent on staff for activities of daily living, had a NJ EX Order. 264b1 on his/her NJ EX Order. 264b1, and had an NJ EX Order. 264b1. The CNA further stated that the nurse was responsible for checking the function of the NJ EX Order. 264b1 and that the importance of the NJ EX Order. 264b1 was to promote NJ EX Order. 264b1 healing.</p> <p>During an interview with the surveyor on 08/08/23 at 11:35 AM, the Licensed Practical Nurse stated Resident #129 had a NJ EX Order. 264b1 on his/her NJ EX Order. 264b1 and interventions included NJ EX Order. 264b1 treatments, repositioning, and an NJ EX Order. 264b1.</p>	F 686	ADON will review with Director of Nursing monthly x 3 months and will immediately inform Director of Nursing of any negative findings.	

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F 686	<p>Continued From page 40</p> <p>The LPN further stated that the maintenance staff installed the [redacted] and adjusted the settings to the resident's [redacted]. The LPN added that the nurses could adjust the [redacted] settings if necessary. The LPN explained the importance of the weight setting was to adjust the [redacted] of the [redacted] to prevent the [redacted] from worsening.</p> <p>During an interview with the surveyor on 08/08/23 at 11:54 AM, the LPN/Unit Manager (UM) stated interventions for residents with [redacted] include [redacted]. The LPN/UM further stated that [redacted] were set up by the maintenance staff based on the resident's [redacted]. The LPN/UM was unsure if the nurses were capable of adjusting the [redacted] setting if it was incorrect. The LPN/UM also stated that the nurses and CNAs were responsible for checking to ensure the [redacted] were set properly and should notify maintenance if there was an issue. The LPN/UM stated that the importance of setting the [redacted] to the correct [redacted] was to adjust the [redacted] of the [redacted].</p> <p>During an interview with the surveyor on 08/08/23 at 12:15 PM, the Director of Nursing (DON) stated interventions for residents with [redacted] included [redacted] care, repositioning, and [redacted]. The DON further stated that either the facility maintenance staff set up the in-house [redacted], or the rental company would set up their own [redacted]. The DON also stated that the nurses were responsible for checking the function of the [redacted] daily and should adjust the [redacted] settings to the resident's current [redacted]. The DON explained the importance of the [redacted] setting was to prevent too much or too little</p>	F 686			

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F 686	Continued From page 41 [REDACTED] which could [REDACTED] NJ EX Order. 264b1 Review of the facility's Support Surface Guidelines, undated, included, [REDACTED] NJ EX Order. 264b1 and [REDACTED] NJ EX Order. 264b1 g devices are to promote comfort for all bed or chairbound residents, prevent [REDACTED] NJ EX Order. 264b1 [REDACTED] " Further review of the policy included, "Use a [REDACTED] NJ EX Order. 264b1 scale such as the [REDACTED] NJ EX Order. 264b1 Scale to help determine the need for and appropriate type of [REDACTED] NJ EX Order. 264b1, " and, "Any individual at risk for developing [REDACTED] NJ EX Order. 264b1 should be placed on a [REDACTED] NJ EX Order. 264b1, such as [REDACTED] NJ EX Order. 264b1 when lying in bed."	F 686			
F 695 SS=D	NJAC 8:39-27.1(a) 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, record review, and review of pertinent facility documents it was determined that the facility failed to maintain proper infection control practices during [REDACTED] NJ EX Order. 264b1 care. This deficient practice was	F 695	F695 - Respiratory/Tracheostomy Care and Suctioning Immediate Action LPN was immediately educated with	9/10/23	

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F 695	<p>Continued From page 42</p> <p>identified for one of two residents reviewed for [redacted] care, (Resident #117) and was evidenced by the following:</p> <p>On 8/2/23 at 11:29 AM, the surveyor observed Resident #117 in their room in bed. The resident had a [redacted] hole to [redacted] (NJ EX Order. 264b1) which was attached to an [redacted] (machine that provides [redacted]).</p> <p>The surveyor reviewed the medical record for Resident #117.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility in [redacted] and readmitted in [redacted] and had diagnoses which included [redacted] and [redacted].</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated [redacted] reflected that the resident had [redacted]. Further review of [redacted] [redacted] reflected that the resident was [redacted] on staff for all activities of daily living (ADLs). A review of [redacted] - Special Treatments, Procedures, and Programs reflected the resident received the following [redacted] treatments: [redacted] and [redacted].</p> <p>A review of the Order Summary Report dated as of [redacted] included the following Physician's Orders (PO):</p>	F 695	<p>return demonstration by Assistant Director of Nursing/designee and nurse competency was completed successfully and deemed competent by 8/11. A written performance improvement plan (PIP) was initiated by 8/11 by Director of Nursing.</p> <p>Assistant Director of Nursing/designee initiated re-education/trach care competency with licensed nursing staff by 8/11.</p> <p>Identification of Others All residents under the care of this staff member have the potential to be affected.</p> <p>Systemic Changes All licensed nursing staff will have observed re-competency on trach care by Assistant Director of Nursing/designee.</p> <p>All licensed nursing staff to have observed handwashing re-competency by Infection Preventionist/designee.</p> <p>Random nursing trach re-competency will be done twice a week for 3 months by Assistant Director of Nursing/designee.</p> <p>Handwashing re-competency for all nursing staff will be done five times a week for 3 months by Infection Preventionist/designee.</p> <p>[redacted] competency to be done on hire, as needed, and annually with licensed nursing staff by Assistant Director of Nursing/designee.</p>	

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F 695	<p>Continued From page 43</p> <p>A PO dated [REDACTED] care every shift.</p> <p>A PO dated [REDACTED] NJ EX Order. 264b1 from [REDACTED] y every shift and when needed.</p> <p>On 8/8/23 at 10:15 AM, the surveyor observed the Licence Practical Nurse (LPN) provide [REDACTED] care for Resident #117 and observed the following:</p> <p>The LPN cleaned the Overbed Table (OBT) with [REDACTED] wipes.</p> <p>The LPN gathered the track supplies from the treatment cart which included a [REDACTED] NJ EX Order. 264b1, [REDACTED] NJ EX Order. 264b1 care [REDACTED] NJ EX Order. 264b1/ler. 264b1 ([REDACTED] NJ EX Order. 264b1 and an [REDACTED] NJ EX Order. 264b1). The LPN placed the supplies on the OBT.</p> <p>The LPN washed her hands and donned (put on) a disposable gown, faceshield and gloves. The LPN proceeded to open the [REDACTED] NJ EX Order. 264b1 and [REDACTED] NJ EX Order. 264b1 removed the [REDACTED] NJ EX Order. 264b1, covered the OBT, and opened the [REDACTED] NJ EX Order. 264b1. The LPN donned the sterile gloves and then with her right hand poured the [REDACTED] NJ EX Order. 264b1 into the [REDACTED] NJ EX Order. 264b1 that was inside the [REDACTED] NJ EX Order. 264b1 and with the same gloved hand (which was no longer [REDACTED] NJ EX Order. 264b1) reached into the [REDACTED] NJ EX Order. 264b1 kit and removed the [REDACTED] NJ EX Order. 264b1. The surveyor intervened just before the LPN inserted the [REDACTED] NJ EX Order. 264b1 into Resident #117's [REDACTED] NJ EX Order. 264b1 and asked the LPN to step away from the resident to discuss the breaks in [REDACTED] NJ EX Order. 264b1 technique.</p> <p>The LPN acknowledged the breaks, discarded all the supplies and obtained a [REDACTED] NJ EX Order. 264b1 [REDACTED] NJ EX Order. 264b1 and [REDACTED] NJ EX Order. 264b1. The</p>	F 695	<p>Handwashing competency will be done on all new hires, as needed, and annually by Infection Preventionist/designee.</p> <p>Quality Monitoring Director of Nursing will monitor/assess all audits and review with administrator monthly for 3 months.</p> <p>Director of Nursing will monitor/assess all audits weekly x 3 months. Director of Nursing will bring results of audits to Quality Assurance Performance Improvement Committee monthly x3 months. Quality Assurance Performance Improvement Committee, based on results of these audits, a decision will be made regarding the need for continued submission and reporting to the committee.</p>		

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F 695	<p>Continued From page 44</p> <p>LPN placed the supplies on the OBT. The LPN stated that her right hand was her dominant hand so she planned to keep that hand sterile. The LPN [REDACTED] Resident #117's [REDACTED] The LPN removed her sterile gloves and without sanitizing her hands donned a new pair gloves. The LPN removed the [REDACTED] from the [REDACTED] and placed it on the OBT, touching the [REDACTED] with her non sterile gloves then proceeded to open and place all the supplies on the OBT. The surveyor intervened and discussed the breaks. LPN acknowledged that she had contaminated the [REDACTED] field and discarded all the supplies.</p> <p>The LPN gathered new supplies, put all sterile supplies on the OBT and then used the outside of the [REDACTED] (which was not [REDACTED] to separate the supplies, moving them around the sterile field. The surveyor asked the LPN if the outside of the [REDACTED] package was [REDACTED] The LPN replied no and stated that she should not have touched the [REDACTED] supplies with the non [REDACTED] package. The surveyor asked the LPN if she would like to take some time to review the policy for [REDACTED] are. The LPN replied, "No, I do this every day."</p> <p>The LPN gathered new supplies, set up her [REDACTED] field and then reached over the field which caused her badge and blouse to touch and contaminate the [REDACTED] container which contained the [REDACTED] The LPN discarded all supplies and obtained all new supplies.</p> <p>The surveyor asked the LPN if she had received training for [REDACTED] care and [REDACTED] The LPN replied that the Assistant Director of Nursing (ADON) had given her a video to watch and was not sure if or when she had a competency.</p>	F 695		

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F 695	Continued From page 45 On 8/8/23 at 11:49 AM, the surveyor interviewed the Infection Preventionist/LPN (IP/LPN) who stated [REDACTED] care and [REDACTED] should be [REDACTED] procedure. She further stated that she and the Assitant Director of Nursing (ADON) were responsible for providing nurses with inservices and competencies. The surveyor asked the IP/LPN when the most recent [REDACTED] inservice was and if or when the LPN had received a competency. The IP/LPN replied that the LPN had been inserviced upon hire but was not sure if she had any training or competencies since. The IP/LPN acknowledged that the LPN had been working at the facility since [REDACTED] of [REDACTED]. The IP/LPN further stated that it was the Unit Manager's responsibility to "spot check", monitor and observe the nurses perform care and then to notify her or the ADON with any concerns. On 8/8/23 at 11:58 AM, the surveyor interviewed the LPN/UM who stated that he had never observed the LPN perform trach care for Resident #117. The LPN/UM stated that it was his responsibility to monitor and observe the nurses on his unit so that he could identify any concerns and then bring them to the attention of the IP/LPN and the ADON. The LPN/UM further stated that going forward he planned to monitor the nurses more closely while they provide care and treatments to the residents. On 8/8/23 at 12:52 PM, the surveyor informed the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), and the ADON of the concerns identified during the trach care and suctioning observation for Resident #117. The DON acknowledged that the LPN should be practicing [REDACTED] technique and proper hand	F 695			

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F 695	<p>Continued From page 46</p> <p>hygiene when providing trach care.</p> <p>On 8/10/23 at 12:49 PM, the DON stated that it was the facility's policy to ensure that the nurses had annual competencies for [REDACTED] care and suctioning and that she was in the process of "reestablishing that". The ADON stated that he had not observed the LPN during trach care or suctioning and had never completed a competency for her.</p> <p>A review of the facility's undated [REDACTED] "NJ EX Order. 264b1 Care" policy included...it is the policy of the facility to establish standards for the care and maintenance of [REDACTED] to assist in maintaining a [REDACTED], reduce the risk for [REDACTED] NJ EX Order. 264b1 ... and help to reduce [REDACTED] of surrounding skin... [REDACTED] NJ EX Order. 264b1 are changed during [REDACTED] care every day shift.</p> <p>A review of the facility's "Handwashing/ Hand Hygiene" policy, undated included ... hand hygiene is the primary means to prevent the spread of infections ...all personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections ...employees must wash their hands for forty to sixty seconds using antimicrobial of non-microbial soap and water ...before and after direct contact with residents ...after removing gloves ...before donning sterile gloves, before performing any non-surgical invasive procedures ...before handling clean or soiled dressings, gauze pads. Hand hygiene is always the final step after removing and disposing of personal protective equipment</p> <p>NJAC 8:39-25.2 (b), (c)4</p>	F 695			

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F 755 SS=D	<p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined the facility failed to: a.) ensure an accurate ordering and receiving of narcotic medications on</p>	F 755	<p>F755 - Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>Immediate Action</p>	9/10/23	

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F 755	<p>Continued From page 48</p> <p>the required Federal narcotic acquisition forms (DEA 222 forms) were completed with sufficient detail to enable accurate reconciliation for 5 of 6 forms provided; and b.) accurately document the administration of controlled medication for 2 sampled residents, (Resident #27 and Resident #44) identified upon inspection of 1 of 5 medication carts ([REDACTED] unit, [REDACTED] cart).</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) On 8/9/23 at 12:52 PM, the surveyor in the presence of the Licensed Practical Nurse (LPN) inspected the [REDACTED] unit, [REDACTED] cart. The surveyor and the LPN reviewed the narcotic medication located in a secured and locked narcotic box. When the narcotic inventory was compared to the corresponding declining inventory sheet, the surveyor identified the following concerns.</p> <p>Resident #27's [REDACTED] milligram (mg) [REDACTED] milliliter (ml) oral solution, a medication used for pain or [REDACTED], did not match the physical inventory. The plastic bag contained [REDACTED] bottles and the declining inventory sheet indicated there should be [REDACTED] bottles remaining.</p> <p>Resident # 44's [REDACTED] mg tablet also did not match. The blister pack contained [REDACTED] tablets and the declining inventory sheet indicated there should be [REDACTED] tablets remaining.</p> <p>At this time, the surveyor interviewed the LPN who stated she had administered the medications earlier to both residents and had not signed the declining inventory sheet for the doses she had administered. The LPN acknowledged the</p>	F 755	<p>DEA 222 forms were immediately reconciled by the Director of Nursing with the manifest provided by the pharmacy.</p> <p>LPN immediately signed for the narcotics that she administered. The LPN was immediately re-educated on proper documentation of narcotics by nurse educator/designee.</p> <p>Initiated licensed nursing staff re-education on proper documentation of narcotics by nurse educator/designee.</p> <p>Identification of Others All residents who receive narcotics have the potential to be affected.</p> <p>Systemic Changes Federal narcotic acquisition forms will be checked for completion by 2 RN or 1 RN and 1 RPh. This record will be kept with the DEA 222 forms.</p> <p>Re-education about narcotic accountability for licensed nursing staff will be completed by Assistant Director of Nursing/designee and Registered Pharmacist/designee.</p> <p>2 medication cart audits of narcotics will be done by Director of Nursing/designee weekly for 3 months.</p> <p>Quality Monitoring Director of Nursing will monitor/assess all audit/education results and review with administrator weekly for 3 months.</p>	

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F 755	<p>Continued From page 49</p> <p>declining inventory sheet should be signed when the medication was removed from the packaging.</p> <p>On 8/9/23 at 1:11 PM, the surveyor interviewed the Director of Nursing (DON) who stated as soon as the medication was removed from the packaging, the nurse must sign the declining inventory sheet. This was the process to avoid potential drug diversion.</p> <p>On 8/10/23 at 11:29 AM, the surveyor attempted to interview the facility Consultant Pharmacist via telephone, but was unable to do so, as the pharmacist was not available.</p> <p>A review of the facility's undated "Administering Medications" policy did not include a process for the administration of narcotic medications and completion of a declining inventory log.</p> <p>A review of the facility undated "Controlled Substances" policy included... the facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal and documentation of schedule II and other controlled substances...</p> <p>2.) On 8/9/23 at 12:00 PM, the surveyor reviewed the facility provided DEA 222 forms which revealed on five of the six provided forms Part 5, had not been completed upon receipt of the medications from the Provider Pharmacy as instructed on the reverse of the ordering form. The forms were as follows:</p> <p>Order form number: 220927856; 220927859; 220927860; 220927861; 220927867.</p> <p>On 8/9/23 at 12:46 PM, the surveyor and DON</p>	F 755	<p>Director of Nursing will monitor/assess all audits/re-educations weekly x 3 months. Director of Nursing will bring results to Quality Assurance Performance Improvement Committee monthly x3 months. Quality Assurance Performance Improvement Committee, based on results of these audits, a decision will be made regarding the need for continued submission and reporting to the committee.</p>		

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F 755	Continued From page 50 reviewed the provided DEA 222 forms. The DON acknowledged she should have completed in Part 5 as instructed on the reverse of the DEA 222 form as required. On 8/10/23 at 11:29 AM, the surveyor attempted to interview the facility Consultant Pharmacist via telephone, but was unable to do so, as the pharmacist was not available. A review of the Instructions for DEA Form 222, under Part 5. Controlled Substance Receipt, 1. The purchaser fills out this section on its copy of the original order form. 2. Enter the number of packages received and date received for each line item...	F 755			
F 761 SS=E	NJAC 8:39- 29.2(d), 29.7(c) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately	F 761		9/10/23	

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F 761	<p>Continued From page 51</p> <p>locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to: a.) appropriately discard unused medication and b.) properly label and date medication in accordance with manufacturer recommendations for medications being stored in 1 of 2 medication storage rooms inspected [REDACTED] unit medication room).</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) On 8/3/23 at 9:15 AM, during the medication administration observation, the surveyor observed the Licensed Practical Nurse (LPN) in the room of Resident #145. The surveyor observed the LPN informing Resident #145 that she would be administering the resident's medications. The surveyor observed that the resident was in their bed and just finished eating breakfast.</p> <p>On 07/12/23 at 9:20 AM, the surveyor observed the LPN preparing to administer seven medications to Resident #145 which included: NJ EX Order, 264b1 e (medication for lowering NJ EX Order, 264b1), NJ EX Order, 264b1 NJ EX Order, 264b1 tablet NJ EX Order, 264b1 supplement),</p>	F 761	<p>F761 - Label/Store Drugs and Biologicals</p> <p>Immediate Action Drug buster was immediately supplied to the unit by nursing staff.</p> <p>Director of Nursing/designee ensured a Drug buster was on other 3 units appropriately to discard unused medication.</p> <p>Re-education was done to licensed nursing staff regarding proper disposal of medications by Assistant Director of Nursing/designee.</p> <p>The undated Lorazepam was immediately removed from available stock by nurse and discarded as per policy by 2 registered nurses.</p> <p>Re-education was provided to licensed nursing staff regarding storage and dating of medications by Assistant Director of Nursing/designee.</p> <p>Identification of Others All residents with medications that need discarding have the potential to be</p>		

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F 761	<p>Continued From page 52</p> <p>NJ EX Order. 264b1 mg tablet (medication for NJ EX Order. 264b1), NJ EX Order. 264b1 mg tablet (medication for NJ EX Order. 264b1), NJ EX Order. 264b1 mg (medication used for treating NJ EX Order. 264b1), NJ EX Order. 264b1 mg (medication used for NJ EX Order. 264b1), and NJ EX Order. 264b1 mg (medication used for NJ EX Order. 264b1). The surveyor observed the LPN prepared the resident's medication and place them inside a medication cup with apple sauce. During the administration of the resident's medications, the surveyor observed Resident #145 NJ EX Order. 264b1 the medications. Resident #145 refused being administered the medications. The surveyor observed the LPN sign the Electronic Medication Administration Record (EMAR) which indicated the medications were not administered, and the resident NJ EX Order. 264b1.</p> <p>At that time, the surveyor asked the LPN how she was going to destroy the medications. The LPN stated that she had no drug buster inside her medication cart and that she would bring the medications to her Registered Nurse/Unit Manger (RN/UM). The surveyor followed the LPN to the nursing station and then followed her to the medication room. The LPN was observed looking around the medication room and then she left. The surveyor then observed the LPN hand the medications to the RN/UM. The medications were observed whole, mixed with apple sauce and were inside the medication cup.</p> <p>On 08/03/23 at 9:40 AM, the surveyor interviewed the LPN and the RN/UM regarding the process of destroying unused medications. The RN/UM stated that controlled medications were brought to the Director of Nursing (DON) and the destruction of the medications were observed</p>	F 761	<p>affected.</p> <p>Systemic Changes Re-education provided regarding proper disposal of medications/storage/dating of medications by Assistant Director of Nursing/designee and Registered Pharmacist/designee.</p> <p>Audit of nursing unit refrigerators for expired/undated medications weekly by Director of Nursing/designee x 3 months.</p> <p>Registered Pharmacist/designee audit of unit refrigerators for expired/undated medications monthly and report findings to Director of Nursing x 3 months.</p> <p>Quality Monitoring Director of Nursing will monitor/assess all audits/re-educations and review with administrator monthly.</p> <p>Director of Nursing will monitor/assess all audits/re-educations weekly x 3 months.</p> <p>Director of Nursing will bring results to Quality Assurance Performance Improvement Committee monthly x3 months. Quality Assurance Performance Improvement Committee, based on results of these audits, a decision will be made regarding the need for continued submission and reporting to the committee.</p>	

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F 761	<p>Continued From page 53</p> <p>with a license nurse. The RN/UM further told the surveyor that non-controlled medications could be crushed and thrown into the garbage.</p> <p>On 08/03/23 at 9:45 AM, after surveyor inquiry the surveyor observed the RN/UM bring a pill buster (liquid container used for destroying medications) to the nursing area and destroy the unused medication.</p> <p>On 8/3/23 at 11:45 AM, the surveyor interviewed the DON who stated that every nursing unit medication room should contain a pill buster and medication should be destroyed in the pill buster.</p> <p>On 8/4/23 at 11:15 AM, the surveyor interviewed the Consultant Pharmacist (CP) over the telephone who stated that all prescription medications should be destroyed in a pill buster. The CP further stated that prescription medications should never be crush and thrown into the garbage.</p> <p>On 8/04/23 at 1:45 PM, the surveyor met with the Licensed Nursing Home Administrator (LNHA) and DON. No further information was provided by the facility.</p> <p>A review of the facility's undated policy for Discarding and Destroying Medications was provided by the DON. The policy indicated the following:</p> <p>"Policy: "Medications that cannot be returned to the dispensing pharmacy (e.g., non-unit-dose medications, medications refused by the resident, and/or medications left by residents upon discharge) shall be destroyed"</p>	F 761			

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F 761	<p>Continued From page 54</p> <p>"3. Schedule II, III, and controlled drugs must be destroyed by the Director of Nursing Services and another licensed nurse."</p> <p>"4. Ointments, creams, and other like substances may be discarded into the trash receptacle in the medication room."</p> <p>"5. Drug buster is used for other types of medications."</p> <p>2.) On 8/8/23 at 12:14 PM, the surveyor in the presence of the LPN inspected the [REDACTED] unit medication room refrigerator. The surveyor observed two opened and undated multi-dose bottles of [REDACTED] milligrams per [REDACTED] milliliter (mg/ml) [REDACTED] oral solution in active inventory. The prescription label as well as the product label instructed, "Discard opened bottle after 90 days". The LPN acknowledged that neither the medication bottle nor the medication box had been dated when opened and should have been.</p> <p>On 8/8/23 at 12:29 PM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) for the [REDACTED] unit. Together the surveyor and the LPN/UM reviewed the findings of the [REDACTED] unit medication room refrigerator. The LPN/UM acknowledged there was no date on the multi-dose [REDACTED] bottles as to when the bottles were opened. The LPN/UM also acknowledged the manufacturer label which indicated short dating, and to discard the opened medication bottle 90 days after being opened. The LPN/UM further stated that if the medication bottle was not dated then the expiration date could not be calculated properly.</p>	F 761			

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F 761	Continued From page 55 On 8/9/23 at 12:46 PM, the surveyor interviewed the DON and together they reviewed the findings of the inspection of the [REDACTED] unit medication storage room. The DON stated the [REDACTED] [REDACTED] oral solution should have been dated when it was opened. The DON acknowledged the short dating [REDACTED] [REDACTED] oral solution, that opened multi-dose bottles must be discarded after 90 days. A review of the facility undated "Administering Medications" policy included...7... When opening a multi-dose container, place the date on the container. A review of the facility undated "Controlled Substances" policy included... the facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal and documentation of schedule II and other controlled substances...	F 761			
F 804 SS=D	NJAC 8:39-29.4 (a) (d) (h) Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by:	F 804		9/10/23	

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F 804	<p>Continued From page 56</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure safe and appetizing temperatures of food for 3 of 4 meal entrees observed during 1 of 1 meal observations (lunch) for 1 of 2 residents reviewed for food (Resident #122). This deficient practice was evidenced by the following:</p> <p>On 8/2/23 at 12:57 PM, the surveyor observed Resident #122 in their room. The resident stated that they did not receive their lunch tray today; that it was not on the meal cart, and they were waiting for staff to bring their lunch tray to them.</p> <p>On 8/3/23 at 12:00 PM, the surveyor observed the lunch meal trays arrive to the [REDACTED] nursing unit day room. The surveyor made the following observations:</p> <p>At 12:03 PM, Certified Nursing Aide (CNA#1) placed milk on all the trays.</p> <p>At 12:10 PM, Licensed Practical Nurse (LPN #1) passed out the first meal tray to an unsampled resident.</p> <p>At 12:13 PM, Resident #122 received their meal tray and asked CNA #1 to heat up their water for their hot chocolate; that it was cold. The surveyor observed on the resident's lunch tray chicken pot pie, turkey with gravy, rice, and green beans. The resident picked up the turkey and informed the surveyor that it was cold.</p> <p>At 12:20 PM, the last tray was passed to an unsampled resident.</p> <p>On 8/3/23 at 12:07 PM, the surveyor interviewed</p>	F 804	<p>F804 - Nutritive Value/Appear, Palatable/Prefer Temp</p> <p>Immediate Action Resident #122 preferences were re-taken by Registered Dietitian/designee by 8/11, a grievance form was completed, and resident s meal tray delivery time was re-adjusted to be on the first truck for service on 8/9.</p> <p>The Director of Quality Assurance/Food Service Director/designee visited Resident #122 to ensure preference haven't changed, food/drink on tray was prepared by methods that conserve nutritive value, flavor, appearance, palatable, attractive, and at a safe and appetizing temperature.</p> <p>Reach-in refrigerator/Walk-in refrigerator temperatures were permanently decreased by contractor/designee, so cold items would be stored and served at a lower temperature of 41 F or below.</p> <p>Administrator re-educated Food Service Director on 8/10 on:</p> <ol style="list-style-type: none"> 1. Food Service Director Job description 2. Kitchen temperature/test tray policy and procedures 3. Food temperature policy and procedure 4. Safe and appetizing temperatures of food 5. Food prepared by methods that conserve nutritive value, flavor, and appearance 6. Food and drink that is palatable, attractive, and at a safe and appetizing temperature 		

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F 804	<p>Continued From page 57</p> <p>Resident #122 who stated the food was not good; he/she did not like the taste and the food was always cold. The resident continued and told the surveyor that yesterday the kitchen forgot to send their lunch meal tray, so they received their tray late. The resident stated he/she always received their food last, and it was always cold.</p> <p>On 8/7/23 at 11:59 AM, the surveyor interviewed Resident #122 who stated last night for dinner, they received frozen turkey sticks and a hamburger. The resident stated the turkey sticks were cold and the hamburger was burnt on the outside and cold on the inside.</p> <p>On 8/7/23 at 12:00 PM, the surveyor observed the lunch meal trays arrive to the Oak nursing unit day room. The surveyor made the following observations:</p> <p>At 12:07 PM, Resident #122 asked LPN #1 if the lunch trays had arrived yet, and LPN #1 stepped out of the resident's room looked at the lunch trays, and then informed the resident the meal trays were on the floor.</p> <p>At 12:13 PM, Resident #122 received their meal tray which consisted of chicken pot pie, rice, yellow squash, and peaches. The resident reported that the squash was cold, they disliked the rice and pushed it off their tray, and the chicken pot pie was not hot, it was warm but would be better if it was hotter.</p> <p>On 8/8/23 at 11:07 AM, the surveyor informed the Food Service Director (FSD) they wanted to observe the lunch meal for the day which included food temperatures. The surveyor asked the FSD to calibrate two digital thin probed</p>	F 804	<p>Food Service Director/designee re-educated on 8/10 kitchen staff with return demonstration on food temperature policy and procedure to ensure safe and appetizing temperatures of food.</p> <p>Food Service Director/designee increased meal test tray audit frequency to 3x per week on 8/11.</p> <p>Food Service Director/designee re-competency staff to ensure safe and appetizing temperatures of food.</p> <p>Food Service Director/designee tested steam table/reach-in refrigerator/food temperatures in kitchen prior to service on 8/9, 8/10, and 8/11. All temperatures within regulatory range.</p> <p>Food Service regional position/designee was approved on 8/15 to provide oversight to the food service department on an ongoing basis with regular rounding.</p> <p>Food Service Director is no longer in the facility.</p> <p>Identification of Others All Residents with specific meal time preferences have the potential to be affected by this practice.</p> <p>Systemic Changes Re-education by Food Service Director/designee to kitchen staff on Food Temperature/Handling Cold Foods for Tray line policy will be completed</p>		

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F 804	<p>Continued From page 58</p> <p>thermometers in their presence; which the FSD completed using an ice bath, and the thermometers reached 32 degrees Fahrenheit (F). The surveyor asked the FSD what the minimum temperature for hot food and the maximum temperature for cold food should be. The FSD stated hot food should be at 145 degrees F or higher and cold food should be at 41 degrees F. The FSD stated the main entree was penne pasta with meat sauce, garlic bread, and steamed mixed vegetables; and the alternative regular meal was a chicken breast with mashed potatoes and cauliflower.</p> <p>On 8/8/23 at 11:15 AM, the surveyor observed the Cook using one of the thermometers calibrated to 32 degrees F take the following temperatures:</p> <p>Meat sauce 174 F Penne pasta 132 F Steamed mixed vegetables 162 F Alternative regular steamed cauliflower 154 F Alternative regular main chicken breast 170 F Pureed vegetables 136 F Puree beef 167 F Ground beef 167 F Mashed potatoes 162 F Orange juice 56 F Yogurt 46 F Vanilla pudding 57 F; the FSD stated the pudding was pre-portioned and placed in the refrigerator yesterday. Mandarin orange slices 57 F; the FSD stated the oranges were pre-portioned and placed in the refrigerator yesterday. Apple juice 54 F Nutritional health shakes 54 F Ham and cheese sandwich 53 F; the FSD stated it was made that morning at 8:00 AM, and placed</p>	F 804	<p>quarterly. Assigned kitchen staff will take temperatures of hot/cold food 30 min or less 3 x per day before tray line begins and halfway through service, to ensure appetizing and safe temperatures of food. If hot/cold food is not within range when tested, than it will be reheated/chilled to appropriate temperature. Kitchen staff will bring the temperature down for cold food/beverages identified by testing above 41F and identified foods that were below 135F and reheated prior to service according to policy. Food Service Director/designee will verify daily procedures are being followed by self-testing and review of documented temperatures on log. Records will kept and readily available for review. The administrator will be informed of any temperature not meeting required ranges.</p> <p>Reach-in refrigerator/Walk-in refrigerator temperatures were permanently decreased by contractor/designee, so cold items would be stored and served at a lower temperature of 41F or below. Temperatures will be audited by Food Service Director/designee at least daily.</p> <p>Cold food items (such as canned fruits, desserts, salads, puddings, cottage cheese, juice, milk) will be placed in the refrigerator/ice bin at least three to four hours before serving. Food should be chilled to 41 F or less at the time of service, cold food temperatures will be taken and recorded prior and halfway through service to assure foods are 41 F or below. Temperatures will be audited by</p>		

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F 804	<p>Continued From page 59</p> <p>in the refrigerator. At this time the surveyor observed the reach-in refrigerator for the tray line was at 45 F. Gravy 165 F. Garlic bread 124 F</p> <p>At this time, the surveyor did not observe anyone in the kitchen attempt to bring the temperature down for the cold food and beverage above 41 F; and the surveyor did not observe any foods that were below 135 F heated up prior to service. The FSD stated that the facility used open air carts to transport the food, and the facility used a plate warmer (a device used to heat the plates prior to serving), pellets (heated metal plate liners that go inside the insulated base), and insulated dome lids and bases to maintain heat.</p> <p>On 8/8/23 at 12:21 PM, the surveyor observed the first meal tray for the Oak nursing unit be plated.</p> <p>On 8/8/23 at 12:29 PM, the surveyor was informed by the Cook the last tray was plated for the Oak nursing unit and the surveyor requested sample meal trays that included a regular meal, alternative regular meal, ground texture meal, and pureed texture meal to accompany the meal cart.</p> <p>On 8/8/23 at 12:34 PM, the Dietary Aide (DA) left the kitchen with the meal cart which included the surveyor's requested sample meal trays. At this time, the surveyor and the FSD accompanied the DA with the calibrated thermometer to the Oak nursing unit.</p> <p>On 8/8/23 at 12:36 PM, the DA arrived at the Oak nursing unit and left the meal cart in the day</p>	F 804	<p>Food Service Director/designee before each service.</p> <p>Tray line speed will be audited by FSD/designee with likely adjustment of processes applied, so food temps remain above 135 or below 41 degrees during service in the kitchen due to that days slow down.</p> <p>The Food Service Director/designee will re-competency kitchen staff and then at least annually.</p> <p>Food Service Director/designee increased frequency to 3x per week meal test tray audits weekly x8 weeks, then monthly for 6 months to ensure residents with a safe, comfortable, clean, homelike environment. Meal test tray audits will be reviewed with Administrator weekly x8 weeks, then monthly for 6 months.</p> <p>Food Service Director/designee will test/verify kitchen steam table/reach-in refrigerator temperatures prior to service weekly at least 5 days week for 4 weeks, then monthly for 3 months. Kitchen steam table/reach-in refrigerator temperatures will be reviewed with Administrator weekly x8 weeks, then monthly for 6 months.</p> <p>Quality Monitoring Food Service Director/designee will immediately inform the Administrator of any negative findings of meal test tray audits, Food Temperature/Handling Cold Foods for Tray line policy.</p>		

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F 804	<p>Continued From page 60 room.</p> <p>On 8/8/23 at 12:36 PM, CNA #2 passed out the first resident meal tray.</p> <p>On 8/8/23 at 12:39 PM, CNA #3 placed milks on all the residents' meal trays and continued passing out the meal trays.</p> <p>On 8/8/23 at 12:45 PM, the last resident's meal tray was delivered to an unsampled resident.</p> <p>At this time, the surveyor observed the FSD obtained the following meal temperatures of the test trays:</p> <p>Regular meal texture: Penne pasta with meat sauce 122 F Mixed vegetables 115 F Garlic bread 110 F Mandarin oranges 60 F four-ounce (4 oz) whole milk 40 F 4 oz fat free milk 41 F Apple juice 51 F Yogurt 57 F Coffee 120 F Vanilla pudding 54 F Ham sandwich 56 F</p> <p>Regular alternative texture meal: Chicken breast 136 F Mashed potatoes 124 F Cauliflower 120 F</p> <p>Ground meal texture: Ground beef 123 F Mashed potatoes 130 F Pureed vegetables 120 F</p>	F 804	<p>The Food Service Director/designee will bring completed staff competencies, meal test tray audit results, documented temperatures on logs, Food Temperature/Handling Cold Foods for Tray line policy result, Reach-in refrigerator/Walk-in refrigerator temperature logs, and to Quality Assurance Performance Improvement Committee monthly x6 months. Quality Assurance Performance Improvement Committee, based on results of these audits, a decision will be made regarding the need for continued submission and reporting to the committee.</p>		

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F 804	<p>Continued From page 61</p> <p>Pureed meal texture: Pureed beef 126 F Mashed potatoes 130 F Pureed vegetables 133 F</p> <p>On 8/8/23 at 12:53 PM, the surveyor asked if the food and beverage temperatures were acceptable, and the FSD stated the only food that was acceptable for temperature to serve was the alternative chicken breast and the milks for beverages. The surveyor asked if the chicken was below the 145 F that the FSD stated was for hot food, how was that acceptable, and the FSD stated the temperature could be less and she would let the surveyor know the minimum temperature.</p> <p>On 8/8/23 at 12:55 PM, the surveyor interviewed Resident #122 who received the regular meal of penne pasta with meat sauce with mixed vegetables and a chicken pot pie. Resident #122 informed the surveyor that the food was served warm but not hot, and the food would be better if it was hot.</p> <p>On 8/9/23 at 11:06 AM, the FSD informed the surveyor that hot food should be a minimum of 135 F and not the 145 F as stated yesterday, so the chicken was the only hot food item above 135 F. The FSD also provided a copy of the facility's "Food Temperature" policy which indicated the same.</p> <p>A review of the facility's undated "Food Temperature" policy included...all hot food items must be cooked to the appropriate internal temperatures, held and served at temperatures of at least 135 F and all cold food items must be stored and served at a temperature of 41 F or</p>	F 804			

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

PRINTED: 03/01/2024
FORM APPROVED
OMB NO. 0938-0391

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F 804	Continued From page 62 below. A review of the undated facility provided "Handling Cold Foods for Trayline" policy included cold food items (such as canned fruits, desserts, salads, puddings, cottage cheese, juice, milk) will be placed in the refrigerator at least three to four hours before serving. Food should be chilled to 41 F or less...at the time of service...cold food temperatures will be taken and recorded prior and halfway through service to assure foods are 41 F or below.	F 804			
F 812 SS=F	NJAC 8:39-17.4(a)(2) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §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. §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:	F 812		9/10/23	

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F 812	<p>Continued From page 63</p> <p>Based on observations, interview, and review of pertinent facility documents, it was determined that the facility failed to: a.) maintain, store, and hold potentially hazardous foods in acceptable temperatures to prevent food-borne illness; b.) maintain multi-use food-contact surfaces in a manner to prevent bacterial growth; c.) maintain kitchen equipment in a sanitary manner; d.) store potentially hazardous foods to prevent food-borne illness; and e.) maintain handwashing sinks to ensure appropriate infection control practices.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 8/3/23 at 9:12 AM, the surveyor entered the kitchen and requested to wash their hands in the kitchen's handwashing sink. The Food Service Director (FSD) showed the surveyor the handwashing sink, and the surveyor proceeded to turn on the hot water handle, but the water came out in drops only. The surveyor then proceeded to turn on the cold water handle, and the water came out in a steady flow. The surveyor asked the FSD if there was another handwashing sink in the kitchen, and the FSD replied no. The surveyor asked how kitchen staff washed their hands without hot water, and the FSD stated that the staff could wash their hands in the bathroom and then sanitize their hands. The surveyor asked if hand sanitizer was an acceptable hand hygiene practice to use in the kitchen, and the FSD responded no. The FSD informed the surveyor that the sink was just fixed last week, so it must have just stopped working now, and that maintenance was unaware there was no hot water.</p> <p>On 8/3/23 at 9:20 AM, the surveyor in the</p>	F 812	<p>F812 Food Procurement, Store/Prepare/Serve/Serve-Sanitary</p> <p>Immediate Action</p> <p>The maintenance department/designee immediately replaced the hot water valve under the kitchen handwashing sink fixing hot water flow and tested water temperature to ensure to ensure compliance and infection control practices.</p> <p>On 8/3 Maintenance Department Director/designee re-educated staff on testing kitchen sink to ensure proper working condition/temperature after repairs are made. On 8/3 maintenance staff was also re-educated on proper communication to Maintenance Director by Maintenance Director.</p> <p>Food Service Director/designee re-educated kitchen staff on handwashing policy and procedure and notifying maintenance department when handwashing sink is not functioning properly by 8/10.</p> <p>The opened thirty-two-ounce (32 oz.) lemon juice container was discarded on 8/3 by kitchen staff.</p> <p>The meal tray line steam table long white cutting board was removed on 8/4 by Food Service Director.</p> <p>Under the steam table, two covered white plastic bins with lids that contained</p>		

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F 812	<p>Continued From page 64</p> <p>presence of the FSD calibrated a thin probed digital thermometer in an ice bath to 32 degrees Fahrenheit (F). The surveyor then obtained a water temperature from the handwashing sink which was 79 F. At this time, the FSD confirmed 79 F was not an acceptable temperature for handwashing, and they would find out what the acceptable temperature was to wash hands in the kitchen.</p> <p>On 8/3/23 at 9:30 AM, the surveyor in the presence of the FSD toured the kitchen and observed the following:</p> <p>1.) On a spice rack, one opened thirty-two ounce (32 oz) lemon juice container labeled opened 7/9/23, and use by 8/9/23. The packaging indicated refrigerate after opening.</p> <p>2.) On the meal tray line steam table, an attached long white cutting board. The cutting board was deeply pitted and discolored black and brownish. The FSD confirmed the kitchen should not be using the cutting board; it could cause contamination and bacterial growth.</p> <p>3.) Under the steam table, two covered white plastic bins with lids that contained serving utensils. The outside of the bins and lids were soiled with debris and stained with a brownish color dried substance. The FSD confirmed the bins should be cleaned.</p> <p>4.) Behind the convection ovens and between the stove, a buildup of a black substance and loose debris on the floors, and the tiling on the wall behind was stained with brownish drip patterns. The FSD confirmed the floor and tile walls needed to be cleaned; that staff cleaned once a</p>	F 812	<p>serving utensils were cleaned by kitchen staff on 8/3.</p> <p>Substance and loose debris on the floors behind the convection ovens and between the stove, including tiling on the wall was cleaned by kitchen staff on 8/3.</p> <p>All kitchen cutting boards were discarded and replaced on 8/3 by Food Service Director/designee.</p> <p>The walk-in milk located in the plastic bus bin was discarded by kitchen staff. Maintenance Director/designee called in contractor to adjust temp of walk-in refrigerator.</p> <p>In a storage area outside the main kitchen, milk reach-in refrigerator box's #1 and #2 were emptied and put out of service. Milk was discarded and new order placed with vendor for same day delivery. Food Service Director contacted vendor to replace or repair boxes #1 and #2.</p> <p>Indian cultural reach-in freezer chest and ice cream freezer chest were defrosted to remove the accumulation of ice by kitchen staff on 8/14.</p> <p>8/3 Indian cultural kitchen cabinet, the 2 spice containers had spoons removed, cleaned, and stored outside of containers according to policy and procedure. Kitchen staff were re-educated on food storage policy and procedure by Food Service Director on 8/3 verbally, then</p>		

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F 812	Continued From page 65 week. 5.) On a drying rack, two small green, one medium, one small white, and one large white cutting boards all pitted and discolored black and brownish. The large white cutting board was also melted. The FSD confirmed the cutting boards should not be in use. 6.) In the walk-in refrigerator, the surveyor observed a plastic bus bin which contained a variety of approximately 30 resident milk cartons. The surveyor felt the milk cartons that were warm to touch. Using the calibrated thermometer, the surveyor obtained the following temperatures: 8 oz fat free milk 55 F; 4 oz whole milk 50 F; and 4 oz lactose free milk 50 F. The ambient temperature of the back of the walk-in refrigerator was 40 F. At this time, the FSD stated that the milk should be at 41 F or below. 7.) In a storage area outside the main kitchen, milk reach-in refrigerator box number one that was partially ajar. The ambient temperature was 50 F. The surveyor using the calibrated thermometer obtained the following temperatures: 8 oz fat free milk 55 F; 4 oz whole milk 58 F; and 4 oz fat free milk 53 F. 8.) In a storage area outside the main kitchen, milk reach-in refrigerator box number two, the ambient temperature was 50 F. The surveyor using the calibrated thermometer obtained a temperature of an 8 oz whole milk that was 45 F. 9.) In the [REDACTED] cultural reach-in freezer chest, an accumulation of ice. The FSD confirmed it should not have ice accumulation.	F 812	Indian Program Director/designee on 8/10. Administrator re-educated Food Service Director on 8/10 with return demonstration on: 1. Food Service Director Job description 2. Kitchen temperature/test tray policy and procedures 3. Safe and appetizing temperatures of food 4. Food Temperature Policy 5. General Sanitation of the Kitchen Policy 6. Food Storage Policy 7. Reheating of Food Policy 8. Receivable and Storage Policy 8. Food prepared by methods that conserve nutritive value, flavor, and appearance 9. Food and drink that is palatable, attractive, and at a safe and appetizing temperature Food Service Director/designee re-educated by 8/10 kitchen staff on: Kitchen temperature/test tray policy and procedures, safe and appetizing temperatures of food, food temperature policy, general sanitation of the kitchen policy, food storage policy, reheating of food policy, receivable and food storage policy to ensure food prepared by methods that conserve nutritive value, flavor, appearance and food and drink that is palatable, attractive, and at a safe and appetizing temperature. Food Service Director/designee re-competency staff to ensure food is		

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F 812	<p>Continued From page 66</p> <p>10.) In the ice cream freezer chest, ice accumulation. The FSD confirmed it should not be there.</p> <p>11.) In a storage area outside the main kitchen area on a storage rack, one small red, two small white, and one small blue cutting boards that were pitted and discolored. The FSD confirmed they should not be used.</p> <p>On 8/3/23 at 10:00 AM, the surveyor and FSD toured the Indian cultural kitchen and observed in a cabinet, a spice container labeled tata soda and another spice container labeled black salt. Both containers had spoons stored directly inside. The FSD confirmed spoons and scoops should not be left inside spices.</p> <p>On 8/3/23 at 10:10 AM, the surveyor interviewed the Maintenance Director (MD) who stated he was now aware that the hot water for the handwashing sink was not working; someone had fixed the sink last week, and the hot water valve was shut off and not turned back on. The MD acknowledged that 79 F was not an acceptable temperature to wash your hands in the kitchen.</p> <p>On 8/3/23 at 11:58 AM, the surveyor re-interviewed the MD who stated the sink was still not fixed; that last week the FSD informed him in passing that the sink was dripping so one of his maintenance workers replaced the sink and had to shut off the valve. The MD stated the hot water valve was stuck in the off position, and not turned back on, so the valve needed to be replaced. The MD stated the maintenance department fixed the sink so there was no work order or invoice as to when the sink was replaced.</p>	F 812	<p>prepared by methods that conserve nutritive value, flavor, and appearance/food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Food Service Director/designee tested steam table/reach-in refrigerator/food temperatures in kitchen prior to service on 8/9, 8/10, and 8/11. All temperatures within regulatory range.</p> <p>Food Service regional position/designee was approved on 8/15 to provide oversight to the food service department on an ongoing basis with regular rounding.</p> <p>Food Service Director is no longer in the facility.</p> <p>Identification of Others All Residents have the potential to be affected by this practice.</p> <p>Systemic Changes The Food Service Director/designee will re-competency kitchen staff with return demonstration and then re-competency at least annually.</p> <p>Food Service regional position was approved on 8/15 to provide oversight to the food service department on an ongoing basis with regular visits/rounding, then will report findings to Administrator/designee. Regional/designee will immediately inform the Administrator of any negative findings.</p>		

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F 812	<p>Continued From page 67</p> <p>On 8/8/23 at 1:01 PM, the MD informed the surveyor that the kitchen handwashing sink was now fixed. The MD confirmed the hot water valve was stuck in the off position, and acknowledged he would have expected staff to have informed him that there was no hot water.</p> <p>On 8/3/23 at 1:15 PM, the surveyor in the presence of the FSD calibrated a digital thin probed thermometer in an ice bath to 32 F.</p> <p>On 8/8/23 at 1:18 PM, the surveyor accompanied by the FSD went into the walk-in refrigerator and using the calibrated thermometer obtained the following resident milk carton temperatures:</p> <p>8 oz fat free milk 56 F 4 oz fat free milk 54 F 8 oz fat free lactose milk 53 F 8 oz reduced fat free milk 51 F 4 oz whole milk 54 F 8 oz whole milk 54 F</p> <p>On 8/3/23 at 1:22 PM, the surveyor observed milk reach-in refrigerator box number one was turned off. The FSD stated that the refrigerator was not operating properly, so the kitchen transferred the milk to the walk-in refrigerator. The FSD acknowledged that the milk temperatures were still not an acceptable temperature, and stated the milk was only delivered that morning. The surveyor asked the FSD if they accepted deliveries on food and milk that were not at 41 F or below, and the FSD stated no. The surveyor then asked the FSD if the kitchen staff took temperatures of cold food and beverages when delivered, and the FSD responded no. The FSD acknowledged that the milk was above 41 F for at</p>	F 812	<p>Food Service Director/designee will audit/test temperature of food on kitchen steam table, reach-in refrigerator, walk-in refrigerator, delivered milk, stored milk, hand-washing faucet water temperature, Indian kitchen spice spoon storage, cutting boards, refrigerate after opening items are stored properly, plastic bin under steam table, and general sanitation of the kitchen daily - at least 5 days week for 4 weeks, then monthly for 6 months. This audit will be reviewed with Administrator daily for 4 weeks, then monthly for 6 months. Food Service Director/designee will immediately inform the Administrator of any negative findings to maintain, store, and hold potentially hazardous foods in acceptable temperatures to prevent food-borne illness, maintain multi-use food-contact surfaces in a manner to prevent bacterial growth, maintain kitchen equipment in a sanitary manner, store potentially hazardous foods to prevent food-borne illness; and maintain handwashing sinks to ensure appropriate infection control practices.- at least 5 days week for 4 weeks, then monthly for 6 months. This audit will be reviewed with Administrator daily for 4 weeks, then monthly for 6 months. Food Service Director/designee will immediately inform the Administrator of any negative findings.</p> <p>Quality Monitoring The Food Service Director/designee will bring completed staff competencies and audit results to Quality Assurance Performance Improvement Committee</p>		

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F 812	<p>Continued From page 68</p> <p>least four hours and needed to be discarded now.</p> <p>On 8/3/23 at 8:56 AM, the FSD informed the surveyor that new milk was delivered an hour ago at a receiving temperature of 35 F.</p> <p>On 8/3/23 at 12:57 PM, the FSD provided the surveyor with a document titled "Proper Handwashing Fact Sheet", which included to wet your hands with running water as hot as you can comfortably stand (at least 100 F). The FSD confirmed the hot water should have been at least 100 F.</p> <p>On 8/8/23 at 11:07 AM, the surveyor informed the FSD they wanted to observe lunch meal temperatures including the tray line. The surveyor asked the FSD what the minimum temperature hot food and the maximum temperature cold food should be. The FSD stated hot food should be at 145 F (the FSD later informed 135 F) and cold food should be 41 F or below. At this time, the FSD calibrated two thin probed digital thermometers to 32 F in an ice bath.</p> <p>On 8/8/23 at 11:15 AM, the surveyor observed the Cook obtain the food and beverage temperatures from the lunch tray line. The following hot foods were below 135 F, and the following cold food and beverage was above 41 F:</p> <p>Penne Pasta 132 F Garlic Bread 124 F Yogurt 46 F Vanilla pudding 57 F; the FSD stated it was pre-portioned and placed in the refrigerator yesterday. Mandarin oranges 54 F; the FSD stated it was</p>	F 812	<p>monthly x6 months. Quality Assurance Performance Improvement Committee, based on results of these audits, a decision will be made regarding the need for continued submission and reporting to the committee.</p> <p>Food Service Regional position/designee will report findings to Quality Assurance Performance Improvement Committee at least bi-monthly x6 months. Quality Assurance Performance Improvement Committee, based on results of these audits, a decision will be made regarding the need for continued submission and reporting to the committee.</p>		

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

PRINTED: 03/01/2024
FORM APPROVED
OMB NO. 0938-0391

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F 812	<p>Continued From page 69</p> <p>pre-portioned and placed in the refrigerator yesterday.</p> <p>Ham and cheese sandwich 53 F; the FSD stated it was made around 8:00 AM and placed in the refrigerator. The surveyor observed the reach-in tray line refrigerator the sandwich was held in was at 45 F.</p> <p>Orange juice 56 F Apple juice 54 F Nutritional health shake 54 F</p> <p>At this time, the surveyor did not observe any kitchen staff attempt to heat any food that was below 135 F or cool down any cold food or beverage that was above 41 F prior to meal service.</p> <p>On 8/9/23 at 11:06 AM, the FSD informed the surveyor that hot food should be maintained at 135 F or above and provided the facility's undated "Food Temperature" policy which indicated the same.</p> <p>A review of the undated facility provided "Food Temperature" policy included...all hot food items must be cooked to the appropriate internal temperatures, held and served at temperatures of at least 135 F. The "Food Temperature" policy further indicated, "All cold food items must be stored and served at a temperature of 41 F or below."</p> <p>A review of the undated facility provided "Handling Cold Foods for Trayline" policy included cold food items (such as canned fruits, desserts, salads, puddings, cottage cheese, juice, milk) will be placed in the refrigerator at least three to four hours before serving. Food should be chilled to 41 F or less...at the time of service...cold food</p>	F 812			

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F 812	<p>Continued From page 70</p> <p>temperatures will be taken and recorded prior and halfway through service to assure foods are 41 F or below.</p> <p>A review of the undated facility provided "General Sanitation of Kitchen" policy included food and nutrition services staff will maintain the sanitation of the kitchen through compliance with a written, comprehensive cleaning schedule...</p> <p>A review of the undated facility provided "Food Storage" policy included...scoops must be provided for bulk foods (such as sugar, flour, and spices). Scoops are not to be stored in food or ice containers, but are kept covered in a protected area near the containers...perishable foods such as meat, poultry, fish, dairy products, fruits, vegetables and frozen products must be frozen or stored in the refrigerator or freezer immediately after receipt to assure nutritive value and quality. Refrigerator temperatures should be thermostatically controlled to maintain food temperatures at or below 41</p> <p>F...Time/Temperature Control for Safety [TCS] foods must be maintained at or below 41</p> <p>F...refrigerated foods should be stored upon delivery...</p> <p>A review of the undated facility provided "Receivable and Storage Policy" included upon delivery, all foods will be checked to ensure packaging is intact and marked off against the packaging slip. Check for signs or thawing and refreezing on perishable food items...immediately after delivery, store all refrigerated and frozen foods first, with-in the hour. Check temperatures to ensure that all frozen foods are frozen and all refrigerated foods are 40 F or lower.</p>	F 812			

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F 812	Continued From page 71	F 812			
F 880 SS=E	<p>NJAC 8:39-17.2(g)</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other 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</p>	F 880		9/10/23	

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F 880	<p>Continued From page 72</p> <p>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, record review, and review of pertinent facility documentation it was determined that the facility failed to: a.) implement Transmission Based Precautions for a resident with a NJ EX Order. 264b1 for 1 of 3 residents, (Resident #133) reviewed for NJ EX Order. 264b1 use, b.) provide appropriate infection control practices to prevent</p>	F 880	<p>F880 - Infection Prevention & Control</p> <p>Immediate Action Resident #133 with NJ EX Order. 264b1 was put on NJ EX Order. 264b1 including signage and Personal Protective Equipment (PPE), as soon as staff was</p>		

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F 880	<p>Continued From page 73</p> <p>the spread of infection during one of one wound care treatment observation for, (Resident #117), and c.) follow appropriate infection control practices and perform hand hygiene as indicated during dining observations on 1 of 4 nursing units, ([REDACTED] Unit) for, (Resident #8, #19, #29, #115, #138 and #167).</p> <p>The deficient practice was evidenced by the following:</p> <p>1.) On 08/02/23 at 10:42 AM, the surveyor observed Resident #133 sitting in a chair in his/her room. The resident stated that he/she had an [REDACTED], but was unsure where. The surveyor observed that the entrance to the resident's room did not include any signage for NJ EX Order, 264b1) or any supply of personal protective equipment (PPE).</p> <p>The surveyor reviewed the medical record for Resident #133.</p> <p>According to the Admission Record, Resident #133 had diagnoses which included, but were not limited to, NJ EX Order, 264b1 [REDACTED]</p> <p>Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] included the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED], which indicated the resident's cognition was [REDACTED]. Further review of the MDS revealed the resident was occasionally [REDACTED] of [REDACTED].</p> <p>Review of a Progress Note written by the Nurse</p>	F 880	<p>made aware of NJ EX Order, 264b1 [REDACTED]). The care plan was updated by nurse to reflect the NJ EX Order, 264b1 [REDACTED]</p> <p>LPN who provided wound care to resident #117 was re-educated on [REDACTED] care and hand hygiene, a re-competency was done for [REDACTED] care and hand hygiene by Assistant Director of Nursing/designee. A written performance improvement plan was initiated with the LPN which was completed successfully and nurse deemed competent.</p> <p>Certified nursing assistant who was observed during dining observation of residents #8,#19,#29,#115, #138, and #167 was immediately re-educated on hand hygiene with a re-competency completed.</p> <p>Re-education was provided regarding NJ EX Order, 264b1 [REDACTED]), [REDACTED] care, and hand hygiene by Assistant Director of Nursing/designee for certified nursing assistants and licensed nursing staff.</p> <p>Identification of Others All residents have the potential to be affected.</p> <p>Systemic Changes Ongoing education by Infection Preventionist/designee for nursing staff using Infection Control Assessment and Response Unit (ICAR) tools and suggestions for infection prevention.</p>		

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F 880	<p>Continued From page 74</p> <p>Practitioner (NP) dated [redacted] at 1:11 PM, revealed the resident "reports of [redacted], " and a [redacted] with [redacted] lab test was ordered.</p> <p>Review of the [redacted] lab result revealed the lab received the [redacted] sample on [redacted] at 8:25 AM and reported the results to the facility on [redacted] at 11:25 AM. The results were flagged as [redacted] and indicated the [redacted] and was [redacted].</p> <p>Further review of the [redacted] revealed, [redacted] indicated," and, "after multiple attempts, unable to reach nurse, faxed to client [redacted].</p> <p>Review of a Progress Note written by the NP, dated [redacted] at 2:11 PM, revealed the NP ordered [redacted] but did not include [redacted].</p> <p>Review of the Order Summary Report, as of [redacted], did not include a physician's order for [redacted].</p> <p>Review of the Care Plan, dated [redacted] included a focus of, "I am o [redacted]. The care plan did not include [redacted].</p> <p>During an interview with the surveyor on 08/04/23 at 10:42 AM, the Certified Nursing Aide (CNA) stated Resident #133 was [redacted] and used the toilet. The CNA further stated the resident was not on [redacted]. When asked how the CNA would know which residents were on [redacted] the CNA stated she would receive that</p>	F 880	<p>Re-education by Assistant Director of Nursing/designee to licensed nursing staff on communicating resident culture results to Infection Preventionist, [redacted] with signage, and Personal Protective Equipment (PPE) to be started as needed upon receipt of culture results.</p> <p>Infection Preventionist/designee to check culture results and monitor [redacted] daily.</p> <p>Wound care re-competency (includes hand-hygiene) to be completed on all licensed nursing staff by Assistant Director of Nursing/designee.</p> <p>Wound care competency (includes hand-hygiene) to be done on hire and annually.</p> <p>Handwashing re-competency/observation during meals 4 x week for 3 months by Infection Preventionist/designee.</p> <p>Quality Monitoring Director of Nursing will monitor/assess all audits weekly x 3 months and review with administrator monthly for 3 months.</p> <p>Director of Nursing will monitor/assess all audits/re-education/re-competencies weekly x 3 months. Director of Nursing will bring results of audits to Quality Assurance Performance Improvement Committee monthly x3 months. Quality Assurance Performance Improvement</p>	

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F 880	<p>Continued From page 75</p> <p>information in report, there would be a sign on the resident's doorway, and PPE supplies would be outside of the resident's room.</p> <p>During an interview with the surveyor on 08/04/23 at 10:46 AM, the Licensed Practical Nurse (LPN) stated Resident #133 was on NJ EX Order. 264b1 and used the toilet. The LPN further stated the resident started an NJ EX Order. 264b1 (NJ EX Order. 264b1) NJ EX Order. 264b1 days prior but was not on NJ EX Order. 264b1. When asked how the LPN would know which residents were on NJ EX Order. 264b1, the LPN stated the Infection Preventionist (IP) would notify staff and place a sign on the resident's doorway and PPE supplies outside of the resident's room. The LPN also stated it was important that staff follow TBP to prevent the spread of infection.</p> <p>During an interview with the surveyor on 08/04/23 at 10:51 AM, Licensed Prcatical Nurse/Unit Manager (LPN/UM) stated Resident #133 was on NJ EX Order. 264b1 and used the toilet. The LPN/UM further stated the resident had complained of NJ EX Order. 264b1 and was prescribed an NJ EX Order. 264b1. The LPN/UM further stated that the resident was not on T NJ EX Order. 264b1 because the NJ EX Order. 264b1 result showed NJ EX Order. 264b1, and not a NJ EX Order. 264b1 that resist treatment with more than one NJ EX Order. 264b1. The LPN/UM explained that if a resident had a NJ EX Order. 264b1, the resident would be placed on NJ EX Order. 264b1 which was indicated by a sign on the resident's doorway. The LPN/UM also stated that it is important for staff to wear PPE for residents on NJ EX Order. 264b1 to protect the staff and residents from NJ EX Order. 264b1.</p> <p>During an interview with the surveyor on 08/04/23</p>	F 880	<p>Committee, based on results of these audits, a decision will be made regarding the need for continued submission and reporting to the committee.</p>		

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F 880	<p>Continued From page 76</p> <p>at 11:47 AM, the Licensed Practical Nurse/Infection Preventionist (LPN/IP) stated that residents with a suspected [REDACTED] were evaluated by the physician or NP and a [REDACTED] was ordered. When the [REDACTED] results were received, the IP would review the results and initiate [REDACTED] if indicated. The LPN/IP explained that residents with a [REDACTED] would be placed on [REDACTED] precautions, would have an isolation sign on their doorway, and a yellow apron hung on the door that contained the PPE needed for the resident's care. When asked about Resident #133's UA C&S results, the LPN/IP stated she was just notified by the Assistant Director of Nursing (ADON) that the resident had a [REDACTED] with [REDACTED]. The LPN/IP further stated that the LPN/UM should have notified the LPN/IP on [REDACTED] when the [REDACTED] results were received, so contact precautions could have been initiated for the resident.</p> <p>During a follow-up interview with the surveyor on 08/04/23 at 12:10 PM, the LPN/UM stated Resident #133's [REDACTED] results showed [REDACTED] [REDACTED] and that the resident should have been placed on contact precautions as soon as the results were received by the facility. The LPN/UM further stated that she had received verbal report of the [REDACTED] results, but was not told it was [REDACTED]. The LPN/UM added that she should have reviewed the [REDACTED] results herself and that the [REDACTED] " portion of the lab result was missed by facility staff. When asked who reviewed the lab results, the LPN/UM stated there was always a nursing supervisor in the facility who could review the results and initiate the [REDACTED].</p> <p>During an interview with the surveyor on 08/04/23</p>	F 880		

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F 880	<p>Continued From page 77</p> <p>at 12:25 PM, the (Director of Nursing (DON) stated that if a lab result included a [REDACTED], the nurse should call the physician for orders and initiate [REDACTED]. The DON further stated that staff knew which residents were on [REDACTED] because there was a sign posted on the resident's doorway and a yellow apron containing PPE on the door. The DON explained that staff should wear a gown and gloves when providing care to prevent the spread of infection. The DON then acknowledged that [REDACTED] should have been initiated on 0 [REDACTED] for Resident #133 when the facility received the [REDACTED] report which indicated NJ EX Order. 264b1.</p> <p>Review of the facility's NJ EX Order. 264b1 policy, undated, included, "The staff and practitioner will evaluate each individual known or suspected to have infection or [REDACTED] with a NJ EX Order. 264b1 for room placement and initiation of [REDACTED] Precautions on a case-by-case basis," and, "Should a resident be placed on [REDACTED] Precautions implement the following:.. Consult appropriate isolation policy ... Have supply of gowns readily available ... Place facility-specific signs/stickers on the door and on the chart." Further review of the policy included, "Notify physicians and other healthcare personnel who provide care for the resident that the resident is NJ EX Order. 264b1 with a NJ EX Order. 264b1 [REDACTED] NJ EX Order. 264b1</p> <p>Review of the facility's Isolation - Categories of NJ EX Order. 264b1 Precautions policy, undated, included under the [REDACTED] Precautions section, "In a addition to Standard Precautions, implement [REDACTED] Precautions for residents known or suspected to be NJ EX Order. 264b1 with</p>	F 880			

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F 880	<p>Continued From page 78</p> <p>microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident care items in the resident's environment."</p> <p>Review of the facility's Infections - Clinical Protocol policy, undated, included, "The nurse will notify the physician of the findings, including all pertinent details about the resident's condition, not just the temperature or lab test results," and, "The physician and staff will identify individuals with infections that may represent infection transmission risks and (in conjunction with the infection control coordinator) will implement relevant precautions."</p> <p>2.) On 8/2/23 at 11:29 AM, the surveyor observed Resident #117 in bed with his/her eyes open. The resident did not respond to the surveyor.</p> <p>The surveyor reviewed the medical record for Resident #117.</p> <p>A review of the resident's Admission Record face sheet (admission summary) reflected that the resident was admitted to the facility in [REDACTED] and readmitted in [REDACTED] with diagnoses that included but were not limited to [REDACTED]</p> <p>A review of the quarterly MDS dated [REDACTED], reflected the resident had [REDACTED] cognition. The MDS further indicated that Resident #117 was dependent on staff for activities of daily living, and had a [REDACTED] on [REDACTED] on [REDACTED]. A further review of the resident's</p>	F 880		

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F 880	<p>Continued From page 79</p> <p>MDS, [REDACTED] - NJ EX Order. 264b1 indicated the resident had one NJ EX Order. 264b1 [REDACTED]</p> <p>A review of the NJ EX Order. 264b1 Order Summary Report which was transcribed onto the Treatment Administration Record (TAR) included a physician's order (PO) dated [REDACTED] to cleanse the [REDACTED] with NJ EX Order. 264b1; apply NJ EX Order. 264b1 used to prevent and treat NJ EX Order. 264b1); [REDACTED] (absorbs NJ EX Order. 264b1); and cover with a dry dressing two times a day and when needed for [REDACTED] care.</p> <p>On 8/4/23 at 11:24 AM, the surveyor observed the LPN perform a [REDACTED] treatment to Resident #117's [REDACTED], while the CNA assisted with the positioning of Resident # 117. The LPN disinfected the over-bed table (OBT) with bleach wipes and then applied a clean barrier.</p> <p>The LPN applied soap to her hands and immediately put them under running water without lathering or applying friction. She then assembled the needed supplies from the treatment cart and placed them on the OBT in the resident's room. Among the supplies was a tube of [REDACTED] ointment, NJ EX Order. 264b1, 4 x 4 gauze sponges, 4 x 4 dressing, a bottle of [REDACTED] solution, an applicator and a pair of scissors.</p> <p>The LPN provided the treatment to Resident # 117's [REDACTED] per the physician's orders. The LPN applied soap to her hands and immediately put them under running water for 18 seconds without lathering or applying friction. The LPN donned a</p>	F 880			

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F 880	<p>Continued From page 80</p> <p>disposable gown, face shield, and gloves. During the treatment, the LPN cleansed the [REDACTED] with [REDACTED] with NJ EX Order. 264b1 then dried the [REDACTED] using a 4 x 4 gauze pad, doffed the soiled gloves, and without performing hand hygiene donned a new pair of gloves. The LPN opened and cut the NJ EX Order. 264b1, applied the [REDACTED] ointment to the applicator, and applied the ointment to the [REDACTED] while the LPN held the tube of [REDACTED] ointment in her left hand which was touching the resident's bare skin.</p> <p>On 8/4/23, at the same time the LPN reached into her pocket with the same gloved hands and removed a marker and a cell phone. The LPN dated and initialed the 4 x 4 dressing and then put the marker back into her pocket and left the cell phone on the OBT. The LPN removed her gloves and donned a new pair without washing or sanitizing her hands. The LPN applied the NJ EX Order. 264b1 and applied the 4 x 4 dressing to the [REDACTED]. The LPN gathered all of the supplies and with the same gloves, opened the treatment cart and placed the tube of [REDACTED] cream, opened NJ EX Order. 264b1 dressing, package of 4x4 gauze and [REDACTED] back into the treatment cart. The LPN removed her gloves and gown, discarded them in the trash, and removed the trash from the resident's room. The LPN did not sanitize her hands or sanitize the OBT before leaving the resident's room.</p> <p>On 8/4/23 at 12:18 PM, the surveyor discussed the breaks in technique with the LPN. The LPN acknowledged she should have performed hand hygiene by first wetting her hands with water and then applying friction and lathering for at least 20 seconds. The LPN further stated that she should have cleansed or sanitized her hands each time</p>	F 880			

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OMB NO. 0938-0391

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F 880	<p>Continued From page 81</p> <p>she removed her gloves and before she donned a new pair of gloves. The LPN further acknowledged that she should not have opened the treatment cart with soiled gloves and should not have returned the supplies to the treatment cart.</p> <p>A review of the facility's "Handwashing/ Hand Hygiene" policy, undated included ... hand hygiene is the primary means to prevent the spread of infections ...all personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections ...employees must wash their hands for forty to sixty seconds using antimicrobial of non-microbial soap and water ...before and after direct contact with residents ...after removing gloves ...before donning sterile gloves, before performing any non-surgical invasive procedures ...before handling clean or soiled dressings, gauze pads. Hand hygiene is always the final step after removing and disposing of personal protective equipment.</p> <p>A review of the facility's "[REDACTED] Care" policy, updated May 28, 2015, included ...wipe reusable supplies as indicated (outsides of containers that were touched by unclean hands) ...take only the disposable supplies that are necessary for the treatment into the room. Disposable supplies cannot be returned to the cart.</p> <p>On 8/8/23 at 12:52 PM, the surveyor met with the Licensed Nursing Home Administrator (LNHA), DON, and ADON and discussed the concerns observed during the [REDACTED] treatment. The DON acknowledged that the LPN should have performed hand hygiene using acceptable</p>	F 880			

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F 880	<p>Continued From page 82</p> <p>techniques including each time she removed her soiled gloves and before putting on new gloves. The DON stated that the entire process should take between 40 - 60 seconds. The DON further stated that the LPN should only have brought the supplies she was going to use into the resident's room.</p> <p>3.) On 08/02/23 at 12:41 PM, the surveyor observed the CNA on the [REDACTED] unit approach the food cart, remove a tray from the cart and place the tray it in front of Resident #19, who was seated in the main dining area. The surveyor further observed the CNA return to the food cart, remove another tray and place it on the bedside table (BST) in Resident #138's room.</p> <p>The CNA then returned to the dining area and used her hands to remove four milk containers from an ice filled bin. She then placed the milk containers on trays which were in the food cart. Next the CNA was observed removing a tray from the cart and placed it on the BST in Resident #115's room. She removed the plastic food lid, and return to the dining area where she placed the plastic lid on a table with other lids.</p> <p>The CNA then returned to the food cart, removed another food tray and placed the tray of food in front of Resident #29, who was seated in the dining area. The CNA removed the plastic food lid from the tray, opened two milk containers, removed the foil lid from a juice container, opened the plastic ware and placed a spoon in a cup. She further removed the lid from the yogurt, removed the lid from the cup of grapes, then went to another table that contained a pitcher filled with liquid and a stack of cups. The CNA then obtained a plastic cup, returned to Resident #29,</p>	F 880			

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F 880	<p>Continued From page 83</p> <p>poured a container of milk into the cup and placed it in front of the resident who then picked up the cup of milk and drank from it. The CNA then touched the handle of the resident's wheelchair and went directly to the food cart and removed a tray that she placed in front of Resident #167.</p> <p>The surveyor further observed the CNA remove the plastic food lid from Resident #167's tray, remove the lid from the soup, pour the soup over the rice, open the plastic ware and place a spoon in the rice. The CNA then removed the lid from the yogurt, removed the lid from the pudding, and moved the tray closer to the resident.</p> <p>The CNA then went directly to the food cart and removed a tray which she placed on the BST in Resident #8's room. She removed the plastic food lid, touched the resident's leg and hand and assisted the resident to sit on the edge of the bed. She then moved the BST closer to the resident, removed the lid from the soup, opened the plastic ware, moved the wheelchair closer to the wall, opened a clothing protector, placed the clothing protector on the resident, and carried the tray lid from the room.</p> <p>In the dining area, the CNA picked up an empty plastic baggie from the floor and went to speak with another resident in the dining area where she touched the tray lid that was sitting on the resident's table. No hand hygiene (HH) was observed during these observations.</p> <p>On 08/02/23 at 12:49 PM, the surveyor interviewed the CNA who stated that it was the CNA's and the nurse's responsibility to pass the meal trays. She stated that before the trays were</p>	F 880			

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F 880	<p>Continued From page 84</p> <p>touched, when food was touched and when the resident was fed that her hands were washed with soap and water and that HH was performed between each resident. The surveyor informed the CNA of the tray pass observation. The CNA stated that no HH needed to be performed when delivering trays or when food was opened. She stated that if she touched "dirty stuff" such as "something sticky on the table," that then she would then have washed her hands. When the surveyor inquired as to whether HH should have been done during the meal tray pass, the CNA acknowledged that she should have performed HH and stated she forgot. She stated that it was important for infection control to perform HH between each resident and any time she touched the resident or their food tray.</p> <p>On 08/07/23 at 10:34 AM, the surveyor interviewed the LPN who stated that the CNA was responsible for distributing the meal trays to the residents and that HH was performed when a resident was fed, touched, between residents, when items near the resident were touched and upon exiting the resident's room. The surveyor informed the LPN of the meal tray pass observation from 08/02/23 and she acknowledged that the CNA did not perform HH correctly. The LPN stated that it was important to perform HH correctly, so germs were not transferred between residents.</p> <p>On 08/07/23 at 10:44 AM, the surveyor interviewed the LPN/UM, who stated that prior to the meal tray pass that resident's hands were wiped with sanitizing wipes and that staff washed their hands with soap and water. The LPN/UM stated that once anything was opened on the resident's tray that HH was performed before</p>	F 880			

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F 880	<p>Continued From page 85</p> <p>going to the next tray. The surveyor informed the LPN/UM of the meal tray pass observation from 08/02/23 and she acknowledged that the CNA did not perform HH correctly. The LPN/UM stated that the CNA should have used hand sanitizer any time that she touched anything outside of the clean tray and that it was important to perform HH correctly for infection prevention.</p> <p>On 08/08/23 at 10:33 AM, the surveyor interviewed the ADON who stated that during the meal tray pass, staff performed HH if the resident needed to be set up, if containers were opened, if food was cut, or if the BST needed to be moved closer to the resident. The surveyor informed the ADON of the meal tray pass observation from 08/02/23 and he acknowledged that the CNA did not perform HH correctly. The ADON stated that the CNA should have performed HH after she touched each tray, when she touched the wheelchair, when the resident was touched, and when she touched the trash on the floor. The ADON further stated that it was important to perform HH correctly during the meal tray pass for infection prevention.</p> <p>On 08/08/23 at 10:44 AM, the surveyor interviewed the LPN/IP who stated that during the meal tray pass that staff washed their hands with soap and water before and after trays were passed, and that hand sanitizer was used between residents. The surveyor informed the LPN/IP of the meal tray pass observation from 08/02/23 and she acknowledged that the CNA did not perform HH correctly. The LPN/IP stated that the CNA should have performed HH when she touched each tray, after she touched the wheelchair, after touching the resident and after picking up the trash from the floor. The LPN/IP</p>	F 880			

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F 880	<p>Continued From page 86</p> <p>further stated that it was important to perform HH correctly, so germs were not spread.</p> <p>On 08/08/23 at 10:54 AM, the surveyor interviewed the DON who stated that staff washed their hands prior to passing the meal trays, if food items were opened, or any other items were touched. The surveyor informed the DON of the meal tray pass observation on 08/02/23 and she acknowledged that the CNA did not perform HH correctly. The DON stated that the CNA should have performed HH after opening any food item, when she touched the wheelchair, when she picked the trash from the floor, when she obtained the cup, and when she touched the resident. The DON further stated that it was important to perform HH correctly during the meal tray pass for infection prevention.</p> <p>On 08/08/23 at 12:48 PM, the surveyors met with the LNHA who was made aware of the meal tray pass observation from 08/02/23.</p> <p>A review of the undated facility policy, "Handwashing/Hand Hygiene," revealed, Policy Interpretation and Implementation: 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 5. Employees must wash their hands for forty (40) to sixty (60) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: a. Before and after direct contact with residents, e. After handling items potentially contaminated with blood, body fluids, or secretions. 6. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub ...for all the following</p>	F 880			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/11/2023
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CEDAR OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1311 DURHAM AVENUE SOUTH PLAINFIELD, NJ 07080		
(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 880	<p>Continued From page 87</p> <p>situations: a. Before and after direct contact with residents, g. After contact with a resident's intact skin, i. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident.</p> <p>A review of the facility documentation, "In Service and Continuing Education," Topic: hand hygiene prior to serving food and handling trays, dated 07/07/23, revealed CNA #1's signature confirming attendance.</p> <p>A review of the facility documentation, "In Service and Continuing Education," Topic: handwashing, dated 02/21/23, revealed CNA #1's signature confirming attendance.</p> <p>NJAC 8:39-19.4 (m)(n); 27.1(a)</p>	F 880			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061216	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/28/2023
NAME OF FACILITY ARISTACARE AT CEDAR OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 1311 DURHAM AVENUE SOUTH PLAINFIELD, NJ 07080	

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 _____	09/10/2023	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
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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 8/11/2023		<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 061216	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/28/2023
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