PRINTED: 07/13/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		315147	B. WING		C 01/27/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	01/2//2022
(X4) ID PREFIX TAG	(EACH DEFIC EN	STATEMENT OF DEFIC ENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 000	INITIAL COMMENT	rs .	F 000		
	COMPLAINT#: NJ	146235, NJ150871			
	CENSUS: 166				
	SAMPLE SIZE: 3				
	COMPLIANCE WIT 42 CFR PART 483,	NOT IN SUBSTANTIAL H THE REQUIREMENTS OF SUBPART B, FOR LONG LITIES BASED ON THIS			
F 600 SS=G	Free from Abuse an CFR(s): 483.12(a)(•	F 600		2/25/22
	Exploitation The resident has the neglect, misappropriand exploitation as includes but is not licorporal punishment.	e right to be free from abuse, riation of resident property, defined in this subpart. This mited to freedom from t, involuntary seclusion and mical restraint not required to medical symptoms.			
	§483.12(a) The faci	lity must-			
	physical abuse, cor involuntary seclusio	se verbal, mental, sexual, or poral punishment, or n; IT is not met as evidenced			
	C#: NJ146235, NJ	150871		This plan of correction constitutes New Grove Manor's attestation of compliant to the regulation. This does not constitute an admission of guilt.	ce
	Based on observation	ons, interviews, review of		F600 SS G Abuse and Neglect	
ABORATORY	D RECTOR'S OR PROVINFI	R/SUPPLIER REPRESENTATIVE'S SIGNATUF	RE .	TITLE	(X6) DATE

Electronically Signed 02/24/2022 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.

	OF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		315147	B. WING			l	27/2022
NAME OF P	ROVIDER OR SUPPLIER	1 1		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	2112022
					01 NORTH GROVE STREET		
GROVE PA	ARK HEALTHCARE AND	REHABILITATION			AST ORANGE, NJ 07017		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 600	Continued From page	e 1	F	600			
F 600	medical records (MR: documents on 1/25/2 determined that the fapolicies and procedur Neglect-Clinical Proto Neglect and Mistreatiresident who encounstaff. This deficient pridentified for 1 of 3 reinvolving three staff in Resident #2 at risk for This deficient practice following: Review of a revised fittled; "Abuse and Neincluded under "Defir at 483.5 as "the willfu unreasonable confine punishment with resumental anguish. Abus deprivation by an indiof good (s) or service attain or maintain phypsychosocial well-beir residents, irrespective condition, cause physical abuse, and rabuse facilitated or extechnology4. "Willf as used in the definitiindividual must have the individual must have the individual must have the remaining the staff of the staff or the staf	s), and other pertinent facility 022 and 1/27/2022, it was acility failed to follow their res titled "Abuse and ocol" and "Resident Abuse ment [The Law]" for a tered verbal abuse from ractice was investigated and sidents (Resident #2), nembers, and placed r psychological harm. The was evidenced by the acility policy dated 1/2021 glect-Clinical Protocol" acilitions" "1. "Abuse" is defined all infliction of injury, ement, intimidation, or alting physical harm, pain or se also includes the evidual, including a caretaker, as that are necessary to resical, mental, and ng. Instances of abuse of all the of any mental or physical sical harm, pain or mental erbal abuse, sexual abuse, mental abuse, including nabled through the use of ull" as defined at 483.5 and on of "abuse" means "the acted deliberately, not that ave intended to inflict injury	F	600	¿ Resident¿#2 was evaluated by LCS\ on 1/28/2022 for her psychosocial well-being; No new recommendations. Resident #2□ no longer resides at the facility since	are # 2 ing I by the in or N	
	psychosocial well-bei residents, irrespective condition, cause phys anguish. It includes v physical abuse, and r abuse facilitated or e technology4. "Willf as used in the definiti individual must have the individual must have or harm."	ng. Instances of abuse of all e of any mental or physical sical harm, pain or mental erbal abuse, sexual abuse, mental abuse, including nabled through the use of ul" as defined at 483.5 and on of "abuse" means "the acted deliberately, not that			the assistant administrator and nursing supervisors. Abuse P&P will be posted the public areas as a visual reminder for staff. Facility LPN, SW and Former DO were counseled by administrator on customer service and de-escalation immediately following incidents in which they were involved. LPN and SW were re-educated on Abuse P&P which includes: Abuse and Neglect- Clinical Protocol; Abuse Investigation and	in or N	

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				CIVID IN	<u> </u>
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		315147	B. WING _			01	/27/2022
	ROVIDER OR SUPPLIER ARK HEALTHCARE ANI	D REHABILITATION		10	TREET ADDRESS, CITY, STATE, ZIP CODE 11 NORTH GROVE STREET AST ORANGE, NJ 07017		
(X4) ID PREFIX TAG	(EACH DEFIC EN	TATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 600	residents must be tre respect. In the event sexual, physical, or regarding a resident, be conducted by the findings must by (be manner, as specified "Definitions" included infliction of injury, un intimidation, or punis harm or pain or men an individual includin services that are neophysical, mental, and This presumes that i residents, even those harm, or pain or men revealed "Verbal Abu written or gestured la disparaging and derotheir families or within describe residents, reto comprehend, or did A further review of the Procedure for Abuse included the following. 1. Screening: Two references employers) ASI registry che Nursing Assistant) or criminal background State Board Registible check of nurs	"Policy" included, "All eated with dignity and that an allegation of verbal, mental abuse is made, a prompt investigation must administrative staff, and their preported in (a) timely later in this Policy." Under d'Abuse" means the willful reasonable confinement, shment with resulting physical tal anguish, or deprivation by a caretaker of goods or cessary to attain or maintain depsychosocial well-being. Instances of abuse of all ein a coma cause physical anguish. The Policy also use refers to any use of oral, anguage that includes togatory terms to residents or in their hearing distance, to egardless of their age, ability isability." The Policy under "Policy and the Prevention (continued)" g: (preferably from previous ck of current CNA (Certified ertification for new hires, with check completed. gistry Check, as well as ing licenses. nary period with strict	F6	600	¿ All residents will be reminded of propprocedure to report allegations of abus during their quarterly care conference well as monthly resident council meetin All allegations will be brought to the Director of Nursing and Administrator attention immediately, and they will implement investigation per policy and procedure of Facility titled Abuse Investigation and Reporting (reviewed/revised date 12/2021). ¿ Administrator was in serviced by regional administrator on Abuse P&P which includes: Abuse and Neglect-Clinical Protocol; Abuse Investigation at Reporting; Abuse Prevention Programs (review/revised date 12/2021) on 2/24/2022. All allegations and concerns will be reviewed monthly by the Administrator and regional administrator X3 months and then Quarterly at the QAPI meeting X 2 quarters.	e as ng. s	

	OF DEFIC ENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT P A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		315147	B. WING		C 01/27/2022
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F 600	. Outside service on resident care un proof of employmer prior to providing sea. License/certificat their profession. Exvalidation will be ch consumer affairs. b. Criminal backgroemployment application employee has never (such as crimes of a dishonesty, financiatetc.) 2. Training: . All orientees reaffiliation attend initiation attending pertaining to definitition report knowledges supervisors, including that can be done are unantalingular to maintain knowle of abuse; including possible abuse, how recognize increased frustration that may What constitutes attending and misappropriation staff understand how differences can lead conflicts. Focus with in caring for difficult what options are available in a difference and a difference attending the authority and a difference and a difference are available in a difference and a difference and a difference are available in a difference and a differen	e providers providing services its will provide the following at pre-screening requirements ervices at the facility: tion numbers pertaining to expiration dates, and license ecked through New Jersey und verification or ation which indicates repense been convicted of a crime abuse/neglect, violence, all or personal misconduct, gardless of department ital orientation on identifying gabuse, with handouts ons and types of abuse, how are of possible abuse to ing use of toll-free reporting	F 60	0	

	OF DEFIC ENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` '	PLE CONSTRUCTION IG		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	O REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COL 101 NORTH GROVE STREET EAST ORANGE, NJ 07017		7172172022
(X4) ID PREFIX TAG	(EACH DEFIC EN	TATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 600	needed. 3. Prevention: On admission and di interdisciplinary mee as needed with famil provide information of may report all conce possible abuse, neglipersonal property. Fear of retribution and investigation and interdisciplinary meeting abuse and/or neglect B. Unit meetings with complaints and conclower stress and dector C. Meetings of depair previous 24 hour incomplaints and conclower stress and dector Meetings of depair previous 24 hour incomplaints and conclower stress and dector Meetings of depair previous 24 hour incomplaints and conclower stress and dector Meetings of depair previous 24 hour incomplaints and conclower stress and dector Meetings of depair previous 24 hour incomplaints of depair previous 24 hour incomplaints of depair stress of depair previous 24 hour incomplaints of depair stress of depair previous 24 hour incomplaints of depair stress of depair previous 24 hour incomplaints of depair stress of depair st	uring regularly scheduled tings, quarterly, annually and ies, residents and staff, on how and to whom they rns, complaints and issues of ect or misappropriation of Provide reassurance of no doutline plan of immediate ervention. Prevention Plan mited to the following: unds by supervisors in each ded areas that may make to more likely to occur in staff to discuss care issues, erns to avoid frustration, irrease "burnout." In the the ads to review all ident reports and active reports to determine daily to balance units to census and acuity level. In report involving direct care put to determine daily of care and empower beforehand to avoid gresidents' needs. If daily in performance of job ential abuse/neglect; i.e. foul dling, neglect, with	F 6			

	DF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` ′	PLE CONSTRUCTION		TE SURVEY MPLETED
		315147	B. WING _			C 1/27/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 101 NORTH GROVE STREET EAST ORANGE, NJ 07017		1/2//2022
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F 600	Continued From pag	e 5	F 6	600		
		nonitoring of incidents from ervisor to Director of Nursing determine scope of				
	conduct a full body a is physical abuse) ar the medication recor	or nursing supervisor will assessment (if the allegation and document all findings in d. by care for resident as				
	C. complete Unusua according to Accider Policy and procedure D. R.N. (Registered	nt and Incident reporting e. Nurse) Supervisor to				
	interviews and writte persons involved, ind possible, investigate	y Investigate report with n statements from all cluding the resident, if three prior shifts. against an employee, the				
	employee will be ren once the statement I suspended pending investigation. Union	noved from the workplace has been taken and will be completion of the protocol to be followed if				
	possible retribution H. All written statements to be completed and file cover in the Direct K. Director of Nursin	to be protected against ents and documentation are maintained under separate ctor of Nursing's office g is responsible for the policy and procedure				
	monitored closely to daily quality of life. Ir	d in an investigation are avoid further disruption of nterventions are implemented repartment and Nursing				

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		315147	B. WING _		_	01/	27/2022
	ROVIDER OR SUPPLIER	REHABILITATION		STREET ADDRESS, CITY, STA 101 NORTH GROVE STREE EAST ORANGE, NJ 070	ET .	1 01112	
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	((EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	Immediate removal of employee, other residence or physical hazard, to Counseling (is) available. The Reporting: All violations and alle of any form of abuse/LTC.reportables@docomputers not available to 1-800-792-9770 or 1-609-392-202. If resides of the management of the residence of the reside	the) resident and family. If "threat," where an dent (s), social circumstance, or provide security and safety. It is ged or suspected incidents in the provide security and safety. It is ged or suspected incidents in the provide security and safety. It is ged or suspected incidents in the providents in the providents in the provident in the	F	500			

	DF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` ′	PLE CONST		(X3) DATE COMP	SURVEY
		315147	B. WING				C 27/2022
NAME OF P	ROVIDER OR SUPPLIER	010147		STREET A	ADDRESS, CITY, STATE, ZIP CODE	<u> U1/.</u>	27/2022
TO TWIL OF TH	to vibert of tool i eleft				TH GROVE STREET		
GROVE PA	ARK HEALTHCARE AND	REHABILITATION			RANGE, NJ 07017		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	say who was there. A	nt, but he/she didn't want to ccording to Resident #2,	F6	600			
	nurse on the 4th floor	rred on 1/3/2022 with a who said, "me she will f yelled at me and called me a					
	the SW stated that Rout on pass on a Frid resident did not give facility's policy, so the further stated the resipass at 3:00 a.m. that to the lobby and was so the SW felt threate Police, who took a staresident. After the Poin the lobby yelling at the resident and calle "prince/princess." The informed Resident #2 would meet with the resident and a meeting was unphad a meeting with the Resident #2 the follower moved as the resident resident as the resident removed as the resident resident removed as the resident	e SW stated she then that the Administrator resident on Monday. The SW e raised my voice and the professional. She stated she le Administrator and wing week, and she was ent's SW.					
	the Licensed Practice Resident #2 came to floor on the elevator, he/she was not allow quarantine and Covid her and went down the Director of Nursing of and then the Adminis	the fourth floor from the fifth and she told Resident #2					

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	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COD 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	•	
(X4) ID PREFIX TAG	(EACH DEFIC EN	TATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 600	her and behaved in a LPN explained, "I madon't remember; I did continued to explain language. Cursing is language." The LPN inappropriate" Sh document the incide on abuse at the facil explained to the Sur Administrator on 1/3. involving Resident # handle it. She was n statement about the During an interview of the Administrator staday on Friday afternowhen Resident #2 w resident kept pushing Physician Order to g Administrator explain #2 on the phone on Monday, he met with and the agreement of Administrator further place that was not possible that was not possibl	gressive language towards a threatening manner. The ay have said, I'll f you up! I dn't curse at (him/her)." She "I used expressive unprovoked, verbal said, "what I said was e also stated that she did not nt and did not receive training ity. The LPN further veyors that she spoke to the /2022 about the incident 2, and he said he would ot asked to provide a incident. on 1/25/2022 at 3:53 p.m., ted he was leaving for the pon (12/17/2021) at 3:00 p.m. anted to go out on pass; the goal the idea but needed a cout on pass. The need he spoke with Resident his way home. So, on that in the SW and Resident #2 was to switch the SW. The stated this incident went to a refessional. He met with the did counseled her on the verbal and name-calling that then the resident was a resident knows exactly very protocol." When asked by the	F 6			

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(X4) ID PREFIX TAG	(EACH DEFIC EN	STATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL R LSC IDENT FY NG INFORMATION)	D PREFI) TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA	DATE
F 600	Resident #2 said he and being picked on The Administrator exoccurred between R resident went to the to shower. The nurs shouldn't be down h profanity towards the Administrator, Resident which are to show the did not compare the Administrator stated staff and instigated I "I did an investigation the Receptionist and Administrator explain audio footage. He reserved he got a state thought h	According to the Administrator, /she "felt angry & humiliated h." Explained when the incident desident #2 and the LPN; the fourth floor from the fifth floor e said to the resident, "You ere, " and the resident used e nurse. According to the dent #2 threatened to hurt the en asked by the Surveyors olete an investigation, the Resident #2 manipulated both incidents. He explained, on, I did the camera, spoke to determine the end as tatement from the observed a portion of the end there's a camera but no exceived a statement from the observed a portion of the end the incident with the former. He explained that Resident from the nurse, but he finued to interview the the incident with the former. He explained that Resident from, the room was needed to resident did not want to the Administrator, the DON inted the room for prostituting; al. He continued to explain or puts down staff; "there was one could take, but there is provement." As a result, he he DON and removed her he ADON (Assistant Director	F	600		
		teract with the resident. The e Administrator how he				

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F 600	self from the situation of voice and word of the counseling becare the counseling becare was verbal abuse, however abuse to be the resident feel threated it hits you, I'm so shuts me downgo afraid to do something resident feeling thread the incidents, he reput from the incidents, he reput from the incidents, he reput from the incident, I didn'the Monday, and the rewere angry, upset, a mel. The resident didn'the met; never said I feed after the incident with explained that the rephone and complain profanity. The Admit DON and Resident and the resident was threatened." The Admit DON and the resident was threatened. The Admit Don't have the former DO the former	? He explained: "to remove on, sustain a professional tone hoice. There was no copy of ause it was done verbally." asked the Administrator what he replied, "I would consider the words that would make the ened, scared to do something ared to do this, shakes me, ones a step further than talking, ing. In my eyes, I don't see the eatened or scared." asked the Administrator if he how he/she felt after each of oblied the following: After the east ask his/her feelings until sident said his/her [feelings and felt like you're picking on id not say, "my needs are not el scared or threatened" the the nurse, he further esident called me on the need of the nurse using nistrator explained with the #2's incident he was present, s "upset, not scared or diministrator stated, "I'm good; I could tell the resident was she was angry and upset." review on 1/25/2022 at 4:48 No stated she asked Resident of the nurse escalated.	F	600		
	Resident #2 said he room because the r	o do, but things escalated. be/she could not change the esident was transgender. This neard this about the resident.				

NAME OF PROVIDER OR SUPPLIER GROVE PARK HEALTHCARE AND REHABILITATION (X4) ID PREFIX TAG CONTINUED FROM THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION) F 600 Continued From page 11 It was out of the left field. There was no clinical indication for him/her to have a private room. I might have said he/she was making that up. "I said, it's difficult to be a prostitute when you have roommates. I was frustrated" The DON continued to explain, " I did act out of line. I'm a professional and a DON. I'm upset with myself. It's hard to keep emotions in line" The DON		OF DEFIC ENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT A. BUILDII	PLE CONSTRUCTION IG	' '	ATE SURVEY OMPLETED
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F 600 Continued From page 11 It was out of the left field. There was no clinical indication for him/her to have a private room. I might have said he/she was making that up. "I said, it's difficult to be a prostitute when you have roommates. I was frustrated" The DON continued to explain, " I did act out of line. I'm a professional and a DON. I'm upset with myself. It's hard to keep emotions in line" The DON		0 1/21/2022					
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stated, " I let emotions get the best of me." It was not a professional thing to do." The Surveyor asked the DON if referring to Resident #2 as a prostitute was appropriate. She replied, "Of course not, it was not appropriate, I would not act in that way." She explained after the situation escalated, she walked away. According to the DON, the Administrator spoke with her after the incident. "It was unprofessional. I already knew." She stated she did not write a statement. The DON stated, "I don't think it was verbal abuse. I don't think (he/she) felt threatened by what I was saying to (him/her)." During an interview on 1/25/2022 at 5:13 p.m. with the current DON (the former ADON), he stated he was rounding the floors when Resident #2 and the former DON altercation happened. According to the DON, he vaguely remembered it. He recalled there was a lot of yelling, but he could recall the exact words. When the Surveyor asked him, what verbal abuse was, he replied, "definitely the intent to do harm" During an interview on 1/27/2022 at 11:33 a.m. with the Receptionist, when the Surveyor asked her about the incident on 1/3/2022 with the LPN, she explained, she got off the elevator on the fourth floor, the resident told the nurse, [You think	F 600	It was out of the left indication for him/ho might have said he, said, it's difficult to I roommates. I was f continued to explain professional and a It's hard to keep emstated, " I let emowas not a profession asked the DON if reprostitute was approcourse not, it was not in that way." She execulated, she walk DON, the Administ incident. "It was ungo She stated she did DON stated, "I don'don't think (he/she) saying to (him/her). During an interview with the current DO stated he was round #2 and the former I According to the DO it. He recalled the exact asked him, what we "definitely the intention of the Receptionin her about the incides she explained, she	it field. There was no clinical er to have a private room. I she was making that up. "I be a prostitute when you have rustrated" The DON n, " I did act out of line. I'm a DON. I'm upset with myself. notions in line" The DON tions get the best of me." It mal thing to do." The Surveyor eferring to Resident #2 as a opriate. She replied, "Of not appropriate, I would not act explained after the situation sed away. According to the rator spoke with her after the professional. I already knew." not write a statement. The think it was verbal abuse. I felt threatened by what I was " I on 1/25/2022 at 5:13 p.m. on 1/25/2022 at 5:13 p.m. on the former ADON), he ding the floors when Resident DON altercation happened. ON, he vaguely remembered was a lot of yelling, but he not words. When the Surveyor robal abuse was, he replied, at to do harm" I on 1/27/2022 at 11:33 a.m. on 1/27/2022 at 11:33 a.m. on 1/3/2022 with the LPN, got off the elevator on the	F			

STATEMENT OF DEFIC ENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENT FICATION NUMBER:		` ′	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		315147	B. WING _			C 01/27/2022
	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	•	
(X4) ID PREFIX TAG	(EACH DEFIC EN	TATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL R LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	p.m., Resident #2 st happened. "It's the A anything or protectir asked Resident #2 hincident, Resident # with the SW. Reside he/she reached out had a meeting two during the meeting, demeaning and, roll walked out of the me he/she then told the be accountability an changed, and she was resident #2 further involving the DON, the DON was standing i resident, he/she, did his/her home. Accord told in a condessable to prostitute. The anything. He had not the resident stated uncomfortable, horriwant to leave his/he he/she did not speal this incident. Resident #2 stated to personality clash. Refrom the fifth floor, was first protection.	erview on 1/27/2022 at 12:00 ated the issue was not what Administrator not doing ag me." When the Surveyor now he/she felt after each 2 explained the first incident ent #2 felt embarrassed, so to the Administrator, and they ays after. Resident #2 stated the SW continued to be and her eyes, she got up and setting. The resident said Administrator there needs to d requested the SW be	F 6			
	Resident #2, "Take y	ourth floor. The nurse said to your disrespectful ass off the esident replied, "what else are en, the nurse said to the				

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:		(X2) MULT P	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		315147	B. WING		C 01/27/2022
	ROVIDER OR SUPPLIER ARK HEALTHCARE AN	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	1 11211212
(X4) ID PREFIX TAG	(EACH DEFIC EN	TATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 600	it!" The resident wer and told him what ha Administrator said to want me to do? The feel safe here." The resident to explain w statement. The resid happens if he/she sa and the nurse wants stated at the momer felt very unsure and nurse could do some During a second intep.m., the Administra result of the harm to humiliated. He explacomfortable with eas switched, the ADON contact, and the nur floor. He stated, "I w resolutions and spol Surveyor showed th "Abuse" Policy and a explained that he as situation, he told the he would handle it. I he/she could stay in solution with the res repeated that he/she was no anguish, and comfortable with the The Administrator fur de-escalated and has concerning the nurs resolution. The Administrator fur secolution. The Administrator fur the Administ	o!" The resident replied, "do at to see the Administrator ad happened. The be Resident #2, what do you resident said to him, "I can't Administrator asked the what he/she meant by that dent continued to explain what ees the nurse on the elevator is to "fk me up"? He/she at, "I felt angry" Afterwards, "I unsafe with the nurse. The ething to me." erview on 1/27/2022 at 12:32 tor indicated he didn't see the the (resident) as being ained the resident felt ch incident; the SW was was the clinical point of se was switched to another tas involved with all the te to the resident." The te Administrator a copy of the te asked him if he followed it; he sessed and de-escalated the former DON to go away, and the spoke to the resident that the room and figured out a tident. He stated the resident the was angry and upset, there the the resident was solution.	F 60		

	TEMENT OF DEFIC ENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULT PLE CONSTRUCTION A. BUILDING A. BUILDING			(X3) DATE SURVEY COMPLETED		
		315147	B. WING _			C 01/27/2022
	ROVIDER OR SUPPLIER	ID REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP (101 NORTH GROVE STREET EAST ORANGE, NJ 07017	•	0172172022
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F 600	Administrator said F resident said the proper repeated the words informed the reside to another floor, and make it a safe situal resident if the nurse Administrator stated he didn't recall the runsafe. The Administrator stated he didn't resident would've sawould have reported He also said I would and get a Psychiatr him/her; if I knew shacted on it. The Adreveryone to be more Surveyor's visit on such behavioral training situations, and not runsafe further explained conference room, the each person though policy and mission sign it; but he did not incidents. He only of documentation. During the exit confip.m., in the present	Resident #2 told him the ofanity first, and the nurse back to the resident. He not that the nurse was moved to he told the resident, "I'll tion." He informed the was there to call him. The to the resident felt angry, but resident saying he/she felt strator explained that if the aid he/ she felt threatened, he do the incidents to the NJDOH ist or Psychologist to see the felt like that, I would have ministrator stated he would like the professional. Also, after the I/25, he has now implemented on how to handle, de-escalate	F	600		
	the word derogatory Abuse" Policy unde Administrator replie was more than regu	rator what is the meaning of /, as stated; in the facility's" r "Verbal Abuse?" The d that Derogatory means it lar name-calling, putting on the same level as				

		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		315147	B. WING _			C 11/27/2022	
	ROVIDER OR SUPPLIER	AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 101 NORTH GROVE STREET EAST ORANGE, NJ 07017		1112112022	
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFIC ENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 600	prove a thorough each incident for the Resident #2 and the members. A review of the Entervealed the following to the followi	survey, the facility could not investigation was completed for the verbal altercations between the aforementioned staff dectronic Medical Record (EMR) wing: acility Admission Record, initially admitted to the facility readmitted on accord to the facility with the doubt were not limited to:	Fé	500			
	dated 12/21/2021 Brief Interview of meaning the and the resident was Activities of Daily A review of Residincluded under "Febhaviors related signs/weights of Resident will adjuance and treated the resident will be with care and treated the revision date "Interventions/Tasconfrontation E	ent #2's Care Plan (CP) ocus": Resident has impaired to refusals of care/vital lated 2/13/2021. Under "Goal": st to facility staff and routines. oe compliant and cooperative atments through the next review ed 9/3/2021, under sks": Avoid power struggles and					

	DEFICENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	1 ' '	PLE CONSTRUCTION 3		TE SURVEY MPLETED
		315147	B. WING			C 1/27/2022
	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	1 0	11/21/2022
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 600	Resident has evident behavioral symptoms will not consume in the facility through dated 9/3/2021, under Psychology consult a prevent X Order 26 § 451 N.J.A.C.: 8:39-4.1 (a)	CP showed under "Focus": ce of ineffective coping and related to: EX Order 26 § 451 . Under "Goal": Resident while residing next review date, revision er "Interventions/Tasks": s needed, set firm limits to	F 60	00		
F 609 SS=D	neglect, exploitation, must: §483.12(c)(1) Ensure involving abuse, neglimistreatment, includi source and misapproare reported immedia hours after the allega that cause the allega serious bodily injury, the events that cause the administrator of the officials (including to adult protective servifor jurisdiction in long	(4) se to allegations of abuse, or mistreatment, the facility that all alleged violations	F 60	99		2/25/22

AND DI AN OF CORRECTION IDENT FICATION NUMBER		' '	(X2) MULT PLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		315147	B. WING _				27/2022
	ROVIDER OR SUPPLIER	REHABILITATION		10	TREET ADDRESS, CITY, STATE, ZIP CODE 01 NORTH GROVE STREET AST ORANGE, NJ 07017	1 0 11.	
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 609	§483.12(c)(4) Report investigations to the adesignated represent accordance with Stat Survey Agency, withi incident, and if the all appropriate corrective This REQUIREMENT by: C#: NJ146235, NJ15 Based on interviews, and review of other produmentation on 1/2 was determined that Staff to Resident verification of a resident (Resident Neglect-Clinical Abuse Neglect and Nof 3 residents (Resident Neglect Surveyors interviewed appeared emotional adealing with ongoing	the results of all administrator or his or her rative and to other officials in e law, including to the State in 5 working days of the leged violation is verified e action must be taken. It is not met as evidenced so so and including to the section of the leged violation is verified e action must be taken. It is not met as evidenced so so and medical record (MR) review, ertinent facility 25/2022 and 1/27/2022, it the facility failed to report on all altercations to the New of Health (NJDOH), as well as cility's policies titled "Abuse Protocol" and "Resident listreatment [The Law]" for 1 ent # 2) involving three staffer ent practice was evidenced in/2022 at 12:21 p.m., the		609		vee ute by ator	
	members: the Social of Nursing (DON), an Resident #2 said all owithin the past two w 12/27/2021, the form prostitute in front of the social of the social social said and the social said said said said said said said said	of the incidents happened eeks. Resident #2 stated on			corporal punishment, mistreatment, involuntary seclusion, neglect or misappropriation of property. ¿ All facility staff were re-educated on t facility Abuse Investigation and Reporti policy (reviewed/revised date 12/2021) by Assistant Administrator and Nursing	ng ,)	

STATEMENT OF DEFIC ENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENT FICATION NUMBER:		` ′	(X2) MULT PLE CONSTRUCTION A. BUILDING			
		315147	B. WING			C 27/2022
	ROVIDER OR SUPPLIER ARK HEALTHCARE AND	REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	1 01/	ZIIZOZZ
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 609	don't you want to swir able to prostitute]. Re residents were prese say who was there. A another incident occurnurse on the 4th floor me up," and the SW y "prince/princess." A review of the Electr revealed the following According to the facil Resident #2 was initial and was readiagnoses included be X Order 26 § 4th A Minimum Data Set dated 12/21/2021, respired Interview of Mer and the resident was Activities of Daily Livi A review of Resident included under "Focubehaviors related to rigns/weights date Resident will adjust to The resident will be considered.	e, and core refused. It #2, the DON said, [why tch rooms? You won't be esident #2 stated other int, but he/she didn't want to according to Resident #2, ared on 1/3/2022 with a who said, "me she will f yelled at me and called me a conic Medical Record (EMR) is: Ity Admission Record, ally admitted to the facility admitted on conic medical record (EMR) in the ware not limited to: Ity Admission Record, ally admitted to the facility admitted on conic medical record (EMR) in the ware not limited to: Ity Admission Record, ally admitted to the facility admitted to the facility admitted on conic medical status (BIMS) score of esident was conference to the with all ing (ADLs). Ity Admission Record, with all ing (ADLs). Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record (EMR) Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record (EMR) Ity Admission Record, conference in the facility with utwere not limited to: Ity Admission Record (EMR) It	F 60	Supervisors on 2/24/2022. ¿ DON/ADMIN will review all incident determine if they are reportable event and ensure the policy of Abuse Investigation and Reporting is being followed (reviewed/revised date 12/20 monthly for three months. ¿ ADMIN/DON will report weekly for the months, to the Corporate DON or designee who will audit one reportable event file per month x 3 months for evidence of appropriate event reporting. ¿ Findings will be reviewed by ADMIN monthly X3 months and then Quarter facility QAPI committee who will determine further interventions as needed.	ts 021) hree e ng.	

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315147	B. WING _			01/	27/2022
	ROVIDER OR SUPPLIER	REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	CODE	1 0117	
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
F 609	confrontation Enco communication/simple wants and needs. Further review of the Resident has evidence behavioral symptoms will not consume in the facility through dated 9/3/2021, under Psychology consult aprevent in the facility through dated 9/3/2021, under Sychology consult aprevent in the SW stated that Rout on pass on a Frict resident did not give facility's policy, so the further stated the respass at 3:00 a.m. that to the lobby and was so the SW felt threate Police, who took a stresident. After the Point the lobby yelling at the resident and called "prince/princess." The informed Resident #2 would meet with the said I should not have name-calling was unlad a meeting with the Resident #2 the follower moved as the resident removed as the resident resident removed as the resident removed.	c. Avoid power struggles and surage verbal e words to communicate CP showed under "Focus": ce of ineffective coping and related to: X Order 26 § 4b1 L. Under "Goal": Resident while residing next review date, revision or "Interventions/Tasks": s needed, set firm limits to to the structure of the pass was denied. The SW dent emailed her about the transming, then he/she came yelling and using profanity, ened, so she called the attement from her and the attement the Administrator resident on Monday. The SW the raised my voice and the professional. She stated she are Administrator and wing week, and she was ent's SW. In 1/25/2022 at 2:46 p.m.,	F	509			

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` ′	(X2) MULT PLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						(2	
		315147	B. WING			01/	27/2022	
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		-	
GPOVE D	ARK HEALTHCARE AND	DEHARII ITATION		1	01 NORTH GROVE STREET			
GROVE	ARR HEALTHCARE AND	REHABILITATION		E	EAST ORANGE, NJ 07017			
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 609	floor on the elevator, he/she was not allow quarantine and Covid her and went down the Director of Nursing of and then the Administration to explain, language. The LPN inappropriate She document the incider on abuse at the facility explained to the Survadinistrator on 1/3/involving Resident #2 handle it. She was not statement about the interest was not reported to the that he was leaving fafternoon (12/17/202) Resident #2 wanted resident #2 wanted resident #2 wanted resident #2 on the pon that Monday, he in Resident #2 and the	the fourth floor from the fifth and she told Resident #2 ed on her floor due to d. The resident walked past the hall; the LPN called the in the phone with no reply strator. There was another obtionist). The LPN stated Order 26 § 4b1 The py have said, I'll f you up! I lin't curse at (him/her)." She "I used expressive unprovoked, verbal said, "what I said was er also stated that she did not not and did not receive training ty. The LPN further reyors that she spoke to the 2022 about the incident expand he said he would not asked to provide a incident. In 1/25/2022 at 3:53 p.m., the the incident with the SW he NJDOH. He explained for the day on Friday 1) at 3:00 p.m. when to go out on pass; the grade the idea but needed a could on the spoke with hone on his way home. So,	F	609				

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` ′	PLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		315147	B. WING _			C 01/27/2022	
	ROVIDER OR SUPPLIER ARK HEALTHCARE A	ND REHABILITATION	1	STREET ADDRESS, CITY, STATE, ZIP 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	•	· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX TAG	(EACH DEFIC E	STATEMENT OF DEFIC ENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENT FY NG INFORMATION)	D PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 609	the verbal unprofet that happened with Administrator explications was threatened by very well (how) to by the Surveyor with Counseled? He extraise her voice and resident felt threat getting what (he/slick) was not approved. Resident #2 said hand being picked of the Administrator occurred between resident went to the to shower. The numbhouldn't be down profanity towards and instigated and instigated. "I did an investigated the Receptionist and Administrator explication footage. He Receptionist (who incident between the thought he got a shad to check on it. The Surveyors con Administrator about DON on 12/27/202	Monday and counseled her on ssionalism and name-calling in Resident #2. The ained, "I don't feel the resident it. The resident knows exactly follow protocol." When asked that he meant by the SW was plained he told the SW not to id name-call. "I don't feel the ened. (The resident) was not ne) wanted" because the pass According to the Administrator, ne/she "felt angry & humiliated on." explained when the incident Resident #2 and the LPN; the resident #2 and the LPN; the resident #2 and the LPN; the resident #2 threatened to hurt the hen asked by the Surveyors inplete an investigation, the red Resident #2 manipulated if both incidents. He explained, ion, I did the camera, spoke to and the resident." The ained: there's a camera but no received a statement from the resident) and tatement from the nurse, but he	F	609			

	OF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT A. BUILDII	FPLE CONSTRUCTION NG		OMPLETED
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(X4) ID PREFIX TAG	(EACH DEFIC EN	STATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL R LSC IDENT FY NG INFORMATION)	D PREFII TAG	•	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 609	move. According to said the resident was it was unprofessiona Resident #2 verbally only so much some always room for impressionally counseled the from the floor, and the counseled the DON self from the situation of voice and word of the counseling because when the Surveyor was verbal abuse, he verbal abuse to be the resident feel threate with hits you, I'm scalable the counseling threather when the Surveyor asked the resident feeling threather when the surveyor when	resident did not want to the Administrator, the DON anted the room for prostituting; al. He continued to explain a puts down staff; "there was one could take, but there is provement." As a result, he he DON and removed her the ADON (Assistant Director teract with the resident. The explained: "to remove on, sustain a professional tone noice. There was no copy of the explained: "to remove on, sustain a professional tone noice. There was no copy of the explained: "to remove on sustain a professional tone noice. There was no copy of the explained: "I would consider the words that would make the ned, scared to do something ared to do this, shakes me, the sa step further than talking, ang. In my eyes, I don't see the	F	609	1)	
	After the incident wi explained that the re phone and complair profanity. The Admir DON ane Resident	el scared or threatened" th the nurse, he further esident called me on the ned of the nurse using histrator explained with the #2's incident he was present, s "upset, not scared or				

	OF DEFIC ENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		315147	B. WING		C 01/27/2022	
	ROVIDER OR SUPPLIER	ND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017		•	
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F 609	with body language not threatened. He/During a phone into p.m., the former DC #2 to change his/he previously agreed to Resident #2 said he room because the room by he said, it's difficult to roommates. I was for continued to explain a professional and It's hard to keep emstated, " I let emwas not a professional and It's hard to keep emstated, " I let emwas not a professional sked the DON if reprostitute was approcourse not, it was not in that way." She excalated, she walk According to the DO with her after the in I already knew." She statement. The DO verbal abuse. I don by what I was sayir During an interview with the Receptioni her about the incide she explained, she	dministrator stated, "I'm good st; I could tell the resident was she was angry and upset." erview on 1/25/2022 at 4:48 ON stated she asked Resident of common terms of the room, which the resident of common terms of the resident was transgender. This meand this about the resident. It field. There was no clinical of the room of the was making that up. "I of a prostitute when you have rustrated" The DON of the meand this about the resident. I'm a DON. I'm upset with myself. The poon of the common terms of the poon to the state of the situation to the state of the situation tends are the stated she did not write a N stated, "I don't think it was "t think (he/she) felt threatened	F 60	9		

STATEMENT OF DEFIC ENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENT FICATION NUMBER:		(X2) MULT A. BUILDII	PLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		315147	B. WING _			C 01/27/2022
	ROVIDER OR SUPPLIER	ID REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	CODE	0172772022
(X4) ID PREFIX TAG	(EACH DEFIC EN	ARY STATEMENT OF DEFIC ENCIES FIC ENCY MUST BE PRECEDED BY FULL RY OR LSC IDENT FY NG INFORMATION)		PROVIDER'S PLAN O X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 609	During a second into p.m., Resident #2 shappened. "It's the anything or protecting asked Resident #2 incident, Resident #2 incident, Resident #2 incident, Resident #2 incident, Resident #4 with the SW. Resident he/she reached out had a meeting two during the meeting, demeaning and, rol walked out of the meloshe then told the be accountability ar changed, and she was resident #2 further involving the DON, DON was standing resident, he/she, did his/her home. Accountable to prostitute. To anything. He had not the resident stated uncomfortable, horrowant to leave his/her	u yesterday? I'm going to put iday]. erview on 1/27/2022 at 12:00 tated the issue was not what Administrator not doing ng me." When the Surveyor how he/she felt after each t2 explained the first incident ent #2 felt embarrassed, so to the Administrator, and they days after. Resident #2 stated the SW continued to be ling her eyes, she got up and eeting. The resident said a Administrator there needs to not requested the SW be	F	509	NCY)	
	this incident. Resident #2 stated personality clash. R from the fifth floor, v conflict. According t visit a friend on the	the LPN; there was a lesident #2 knew the nurse where they had a previous to Resident#2, he/she went to fourth floor. The nurse said to your disrespectful ass off the				

	DF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		315147	B. WING _			01/2	7/2022	
	ROVIDER OR SUPPLIER ARK HEALTHCARE AND) REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP OF 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	CODE	•		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	TATEMENT OF DEFIC ENCIES BY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE	
F 609	you going to do? The resident, "I'll f you up it!" The resident went and told him what ha Administrator said to want me to do? The feel safe here." The resident to explain w statement. The resid happens if he/she se and the nurse wants stated at the moment felt very unsure and nurse could do some During a second inte p.m., the Administrator result of the harm to humiliated. He explain comfortable with each switched, the ADON contact, and the nurse floor. He stated, "I was resolutions and spok Surveyor showed the "Abuse" Policy and a explained that he assituation, he told the he would handle it. He/she could stay in solution with the residence and part of the Administrator fur de-escalated and half the the Administrator fur de-escalated and half the side that he/she was no anguish, and comfortable with the	sident replied, "what else are en, the nurse said to the !" The resident replied, "do to see the Administrator d happened. The Resident #2, what do you resident said to him, "I can't Administrator asked the hat he/she meant by that ent continued to explain what es the nurse on the elevator to "fuck me up"? He/she t, "I felt angry" Afterwards, "I unsafe with the nurse. The othing to me." Inview on 1/27/2022 at 12:32 for indicated he didn't see the the (resident) as being fined the resident felt in hincident; the SW was was the clinical point of the was switched to another as involved with all the et to the resident." The exadministrator a copy of the sked him if he followed it; he exessed and de-escalated the former DON to go away, and the spoke to the resident that the room and figured out a dent. He stated the resident was angry and upset, there the resident was solution.	F	609				

	OF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		315147	B. WING			01/	27/2022
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
GROVE PA	ARK HEALTHCARE A	ND REHABILITATION			01 NORTH GROVE STREET		
O.KOV217				Е	AST ORANGE, NJ 07017		
(X4) ID PREFIX TAG	(EACH DEFIC E	' STATEMENT OF DEFIC ENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENT FY NG INFORMATION)	D PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 609	the nurse and the what the nurse said Administrator said resident said the prepeated the word informed the resid to another floor, and make it a safe situresident if the nurse Administrator state he didn't recall the unsafe. The Admir resident would've then he would hav NJDOH. The Administrator to be more t	ministrator stated he spoke to resident, he did not remember d, but it was profanity. The Resident #2 told him the rofanity first, and the nurse is back to the resident. He ent that the nurse was moved ind he told the resident, "I'll action." He informed the se was there to call him. The ed the resident felt angry, but resident saying he/she felt inistrator explained if the said he/ she felt threatened, he reported the incidents to the inistrator stated he would like one professional, doing a now on how to handle actions and not reacting. He counseling was done in the talked about the incident, what the presence on the staff would not do it with these three counseled each staff with no	F	609			
	p.m., in the preser and Regional Nurs asked the Adminis the word derogato Abuse" Policy und the Derogatory me name-calling, putti	ince of the current DON, ADON, see Consultant, the Surveyor trator what is the meaning of ry, as stated in the facility's" er "Verbal Abuse," he stated cans it was more than regular ng someone down, not on the ryone else, and context, tone.					
		ated facility policy titled leglect and Mistreatment "The					

	OF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT A. BUILDI	PLE CONSTRUCTION NG		ATE SURVEY DMPLETED
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F 609			F	609		
	included: "It is the pall residents from phinvoluntary seclusion physical or chemical the resident's medic exploitation or misal property, and to involve or suspected occurremisappropriation to agencies." "All residents must be respect. In the vent sexual, physical, or regarding a resident be conducted by the findings must by (be as specified later in "All employees are a resident, whether injury is known. Any form of abuse is also the incident to the comember failing to resubject to disciplinate immediate discharge grounds for civil action." "Definitions" include infliction of injury, urintimidation, or punisharm or pain or mer an individual includit services that are ne	buse/Neglect Mistreatment" olicy of this facility to protect hysical or mental abuse, n, corporal punishment, any I restraint not required to treat cal symptoms or neglect, ppropriation of personal estigate and report all alleged rences of abuse, neglect or the appropriate regulatory the treated with dignity and that an allegation of verbal, mental abuse is made t, a prompt investigation must e administrative staff, and their e) reported in timely manner, this policy." expected and must any sign of injury sustained by or not the nature if (of) the or employee witnessing any or required to promptly report harge nurse. Any staff eport these incidents will be ry action which may include e. Such action may as well be				

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	, ,	(X2) MULT PLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		315147	B. WING _				C 1/27/2022
	ROVIDER OR SUPPLIER	1		101 NO	ADDRESS, CITY, STATE, ZIP CODE RTH GROVE STREET ORANGE, NJ 07017	, ,	11/21/2022
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F 609	Continued From pag	e 28	F 6	609			
		nstances of abuse of all e in a coma cause physical ntal anguish."					
	gestured language the derogatory terms to within their hearing o	s of their age, ability to					
	Procedure for Abuse	All violations and alleged or suspected incidents of any form of abuse/neglect will be reported via the LTC.reportables@doh.nj.gov system or if computers are not available to the Department of Health to 1-800-792-9770 or in off-hours to					
	of any form of abuse the LTC.reportables computers are not a						
	believe a resident ha or neglected shall re their Supervisor, Dire Administrator.	ard to Abuse policy should be					
	. Report any employ knowledge of any ac						

	OF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` '	PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED
		315147	B. WING		C 01/27/2022
	ROVIDER OR SUPPLIER	ID REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	- ONLINEULL
(X4) ID PREFIX TAG	(EACH DEFIC EN	STATEMENT OF DEFIC ENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 609		/ee unfit for service or any is by a court of law to	F 60	09	
F 835 SS=D	enables it to use its efficiently to attain or practicable physical well-being of each r. This REQUIREMEN by: C#: NJ146235, NJ2 Based on interviews and review of other documentation on 1 was determined that failed to investigate to the New Jersey E (NJDOH). The Adm the facility's policies Neglect-Clinical Pro Neglect and Mistrea "Administrator" job of deficient practice was verbal altercations f. #2) and was eviden	tion. Iministered in a manner that resources effectively and or maintain the highest, mental, and psychosocial esident. IT is not met as evidenced 150871 s, medical record (MR) review, pertinent facility /25/2022 and 1/27/2022, it the facility Administrator and report verbal altercations Department of Health inistrator also failed to ensure	F 83	This plan of correction constitutes Ne Grove Manor's attestation of compliant to the regulation. This does not constitute an admission of guilt. F835 Administration; Resident #2 no longer resides at the facility since [SCORDET 26.4(b)(1)] Resident #2's Investigation summary reports were documented and submitted to the Department of Health by facility Administrator on 2/24/2022. All residents are at risk to be affected the deficient practice. Administrator in-serviced by regional administrator, 2/24/2022 on proper methods for	ed by

	OF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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GROVE PA	ARK HEALTHCARE AND	REHABILITATION			EAST ORANGE, NJ 07017		
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F 835	Continued From pag	e 30	F 8	335			
		ally admitted to the facility			investigating, documenting and reporting	na	
		admitted on EX Order 26 § 4b1 with			interventions when an incident is broug		
		out were not limited to:			to his attention or witnessed.	,	
	EX Order 26 § 4b						
					¿ All facility staff were re-educated on t	the	
					facility Abuse Investigation and Reporti		
					policy (reviewed/revised date 12/2021)	by	
					Assistant Administrator and Nursing		
	A Minimum Data Cat	(MDC) are accomment to all			Supervisors on 2/24/2022.		
		(MDS), an assessment tool, evealed the resident had a			¿ Administrator will review all		
	,	ntal Status (BIMS) score of			investigations and allegations of abuse	· to	
		resident was Ex.Order 26.4(b)(1)			ensure the Abuse Investigation and	10	
	and the resident was				Reporting policy (reviewed/revised date	е	
	Activities of Daily Liv	•			12/2021) is being followed and will repo		
					weekly to the facility's regional		
		#2's Care Plan (CP)			Administrator for three months. Region		
		us": Resident has impaired			Administrator or designee will audit one		
	behaviors related to				investigation per week X4 weeks and the	nen	
		ed 2/13/2021. Under "Goal":			one per month X 3 months		
		o facility staff and routines. compliant and cooperative			ز Findings will be reviewed by Regiona	s.I.	
		ents through the next review			Administrator monthly X3 months and	11	
	date, revision dated	•			then Quarterly by facility QAPI committ	ee	
		Ex.Order 26.4(b)(1)			who will determine further interventions		
					needed.		
		e words to communicate					
	wants and needs.						
	Further review of the	CP showed under "Focus":					
	Resident has eviden	ce of ineffective coping and					
	behavioral symptoms	related to: EX Order 26 § 4b1					
		. Under "Goal": Resident					
		Order 26 § 4b1 while residing					
	, ,	next review date, revision					
	,	er "Interventions/Tasks":					
	prevent Ex.Order 26.4(b)(1	as needed, set firm limits to					
	hieveiii	I					

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	OF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF P	ROVIDER OR SUPPLIER	ı	-	s	TREET ADDRESS, CITY, STATE, ZIP CODE		
000VE D	NOW HEAT THO A DE AND	DELLA DIL ITATIONI		1	01 NORTH GROVE STREET		
GROVE PA	ARK HEALTHCARE AND	REHABILITATION		E	AST ORANGE, NJ 07017		
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F 835	Outimed France 24			025			
1 000	Continued From page		F	835			
	Surveyors interviewe	/2022 at 12:21 p.m., the					
	appeared emotional a						
		harassment, I feel targeted					
		dministrator." Resident #2					
		ncidents involving three staff					
	members: the Social	Worker (SW), the Director					
	of Nursing (DON), an	d a nurse occurred.					
	Resident #2 said all of the incidents happened						
	within the past two we						
	12/27/2021, the form						
	E	ne Administrator, and he did					
	due to a room change	explained the issue was					
		it #2, the DON said, [why					
	_	tch rooms? You won't be					
	_	sident #2 stated other					
		nt, but he/she didn't want to					
		according to Resident #2,					
	another incident occu	rred on 1/3/2022 with a					
		who said, "me she will f					
		yelled at me and called me a					
	"prince/princess."						
	During an interview o	n 1/25/2022 at 2:04 p.m.,					
		esident #2 requested to go					
	-	ay, 12/17/2021, but the					
		72 hours' notice per the					
		e pass was denied. The SW					
		dent emailed her about the					
		t morning, then he/she came yelling and using profanity,					
	•	yelling and using profanity, ened, so she called the					
		atement from her and the					
		lice left, the resident stayed					
		her, so she yelled back at					
	the resident and calle	<u>-</u>					
		e SW stated she then					
		that the Administrator					

	OF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT A. BUILDII	PLE CONSTRUCTION NG		OATE SURVEY OMPLETED
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	ROVIDER OR SUPPLIER	ID REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	•	• · · · · · · · · · · · · · · · · · · ·
(X4) ID PREFIX TAG	(EACH DEFIC EN	STATEMENT OF DEFIC ENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENT FY NG INFORMATION)	D PREFII TAG	PROVIDER'S PLAN C X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 835	said I should not hat name-calling was used a meeting with Resident #2 the followed as the resident #2 the followed as the resident #2 came to floor on the elevator he/she was not allowed quarantine and Cowher and went down Director of Nursing and then the Admin staff there (the Recident #2 used a her and behaved in LPN explained, "I me don't remember; I don't remember;	resident on Monday. The SW ve raised my voice and the inprofessional. She stated she the Administrator and owing week, and she was ident's SW. on 1/25/2022 at 2:46 p.m., ce Nurse (LPN) stated to the fourth floor from the fifth r, and she told Resident #2 wed on her floor due to id. The resident walked past the hall; the LPN called the on the phone with no reply istrator. There was another eptionist). The LPN stated ggressive language towards a threatening manner. The may have said, I'll f you up! I idn't curse at (him/her)." She in, "I used expressive is unprovoked, verbal is said, "what I said was the also stated that she did not ent and did not receive training lity. The LPN further reveyors that she spoke to the 3/2022 about the incident #2, and he said he would not asked to provide a expressive incident. on 1/25/2022 at 3:53 p.m., ated he was leaving for the moon (12/17/2021) at 3:00 p.m. wanted to go out on pass; the ing the idea but needed a	F	335		

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION A. BUILDING		· /	(X3) DATE SURVEY COMPLETED	
		315147	B. WING _			C 1/27/2022	
	ROVIDER OR SUPPLIER	AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 101 NORTH GROVE STREET EAST ORANGE, NJ 07017		TILLITZ CE	
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFIC ENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENT FY NG INFORMATION)	D PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 835	#2 on the phone of Monday, he met wand the agreemer Administrator furth place that was no SW that Monday sunprofessionalism happened with Reexplained, "I don't threatened by it. I well (how) to follow Surveyor what he counseled? He expaise her voice an resident felt threat getting what (he/swas not approved Resident #2 said and being picked. The Administrator occurred between resident went to the shower. The number of the shower is to shower. The number of the shower is to shower is to shower is to shower in the shouldn't be down profanity towards. Administrator, Rellen in the staff and instigate "I did an investigate the Receptionist and instigate and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and instigate in the Receptionist (who incident between its staff and	lained he spoke with Resident on his way home. So, on that with the SW and Resident #2 at was to switch the SW. The ner stated this incident went to a transfer that the sident was to a transfer that and counseled her on the verbal of and name-calling that esident #2. The Administrator of the feel the resident was the resident knows exactly very of w protocol." When asked by the meant by the SW was explained he told the SW not to do name-call. "I don't feel the tened. (The resident) was not the) wanted" because the pass and According to the Administrator, the/she "felt angry & humiliated"	F	835			

STATEMENT OF DEFIC ENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315147	B. WING_			C 1/27/2022	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, 2 101 NORTH GROVE STREET EAST ORANGE, NJ 07017		11/21/2022	
(X4) ID PREFIX TAG	(EACH DEFIC EN	TATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE I TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 835	DON on 12/27/2021. #2 was in a private refor isolation, and the move. According to the said the resident was it was unprofessional Resident #2 verbally only so much some calways room for impressional three floor, and the counseled the DON self from the situation of voice and word characteristic was verbal abuse, he verbal abuse to be the resident feel threater it hits you, I'm scale shuts me downgo afraid to do somethin resident feeling threat when the Surveyor asked the resident he incidents, he rep SW incident, I didn't Monday, and the resident was in a private resident feeling threater when the Surveyor asked the resident he incidents, he rep SW incident, I didn't Monday, and the resident was under the surveyor asked the resident feeling threater was the surveyor asked the resident, I didn't Monday, and the resident was the surveyor asked the resident, I didn't Monday, and the resident was the surveyor asked the resident, I didn't Monday, and the resident was the surveyor asked the resident, I didn't Monday, and the resident was the surveyor asked the resident he incidents, he rep	nued to interview the the incident with the former. He explained that Resident from, the room was needed resident did not want to the Administrator, the DON inted the room for prostituting; I. He continued to explain puts down staff; "there was the could take, but there is rovement." As a result, he he DON and removed her he ADON (Assistant Director feract with the resident. The Administrator how he of the explained: "to remove in, sustain a professional tone toice. There was no copy of fuse it was done verbally." The explained: "to remove in a sked the Administrator what it is replied, "I would consider the words that would make the med, scared to do something red to do this, shakes me, the sa step further than talking, and. In my eyes, I don't see the	F	335			
		d not say, "my needs are not I scared or threatened"					

		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		315147	B. WING _			C 01/27/2022	
	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP O 101 NORTH GROVE STREET EAST ORANGE, NJ 07017		1112112022	
(X4) ID PREFIX TAG	(EACH DEFIC EN	TATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 835	explained that the rephone and complain profanity. The Admir DON ane Resident # and the resident was threatened." The Ad with body language; not threatened. He/s During a phone inter p.m., the former DOI #2 to change his/her previously agreed to Resident #2 said he/room because the rewas the first time I h It was out of the left indication for him/he might have said he/s said, it's difficult to b roommates. I was frecontinued to explain professional and a DIt's hard to keep emostated, " I let emot was not a profession asked the DON if ref prostitute was approcourse not, it was not in that way." She expessed the DON with her after the incolumn I already knew." She statement. The DON statement. The DON	th the nurse, he further sident called me on the ed of the nurse using histrator explained with the \$2's incident he was present, so "upset, not scared or ministrator stated, "I'm good I could tell the resident was the was angry and upset." I view on 1/25/2022 at 4:48 N stated she asked Resident to room, which the resident do, but things escalated. The search this about the resident was transgender. This eard this about the resident. The was no clinical to have a private room. I she was making that up. "I see a prostitute when you have ustrated" The DON, " I did act out of line. I'm a poon. I'm upset with myself. So the could not change the search the best of me." It had thing to do." The Surveyor ferring to Resident #2 as a priate. She replied, "Of the appropriate, I would not act colained after the situation end away. N, the Administrator spoke ident. "It was unprofessional. The stated, "I don't think it was think (he/she) felt threatened	F8	335			

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT I	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		315147	B. WING			C 01/27/2022	
	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	- '		
(X4) ID PREFIX TAG	(EACH DEFIC EN	TATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 835	with the Receptionisher about the incide she explained, she growth floor, the reside I threw water on you my hands on you to During a second into p.m., Resident #2 sthappened. "It's the Anything or protectir asked Resident #2 hincident, he she reached out had a meeting two during the meeting, demeaning and, roll walked out of the meh/she then told the be accountability an changed, and she with Resident #2 further involving the DON, to DON was standing i resident, he/she, did his/her home. Accortold her in a condessable to prostitute. The	on 1/27/2022 at 11:33 a.m. t, when the Surveyor asked nt on 1/3/2022 with the LPN, got off the elevator on the dent told the nurse, [You think I yesterday? I'm going to put day]. erview on 1/27/2022 at 12:00 ated the issue was not what Administrator not doing ag me." When the Surveyor now he/she felt after each 2 explained the first incident ent #2 felt embarrassed, so to the Administrator, and they lays after. Resident #2 stated the SW continued to be ing her eyes, she got up and eeting. The resident said Administrator there needs to d requested the SW be las removed. explained the second incident he Administrator, and the in the resident's doorway. The lift want to move; it was ding to Resident #2, the DON cending voice, "I won't be ne Administrator didn't do	F 83	,			
	The resident stated uncomfortable, horri want to leave his/he	response or no defense." he/she felt embarrassed, ble, and sad. He/She did not r room. Resident #2 stated k to the Administrator about					

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		315147	B. WING _			C 01/27/2022		
	ROVIDER OR SUPPLIER ARK HEALTHCARE ANI	O REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017				
(X4) ID PREFIX TAG	(EACH DEFIC EN	TATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 835	from the fifth floor, we conflict. According to visit a friend on the final Resident #2, "Take ye floor, and then the reyou going to do? The resident, "I'll f you up it!" The resident went and told him what ha Administrator said to want me to do? The feel safe here." The resident to explain we statement. The resident to explain we statement. The resident to explain we statement. The resident happens if he/she see and the nurse wants stated at the moment felt very unsure and nurse could do some During a second interport. The floor is the harm to humiliated. He explained the harm to humiliated. He explained the he would handle it. He/she could stay in solution with the resident with each situation, he told the he would handle it. He/she could stay in solution with the resident with the resident was situation with the resident with the resident was situation with the resident was situation.	ne LPN; there was a esident #2 knew the nurse here they had a previous of Resident#2, he/she went to courth floor. The nurse said to rour disrespectful ass off the esident replied, "what else are en, the nurse said to the el!" The resident replied, "do to see the Administrator and happened. The Resident #2, what do you resident said to him, "I can't Administrator asked the that he/she meant by that ent continued to explain what ees the nurse on the elevator to "fuck me up"? He/she t, "I felt angry" Afterwards, "I unsafe with the nurse. The	F8	35				

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:		(X2) MULT PLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD	_		(
		315147	B. WING				27/2022	
	ROVIDER OR SUPPLIER ARK HEALTHCARE AN	D REHABILITATION		1	TREET ADDRESS, CITY, STATE, ZIP CODE 01 NORTH GROVE STREET AST ORANGE, NJ 07017	<u>, , , , , , , , , , , , , , , , , , , </u>		
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFIC EN REGULATORY OF	D PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
F 835	resolution. The Adm the nurse and the rewhat the nurse said. Administrator said is resident said the progrepated the words informed the resident to another floor, and make it a safe situal resident if the nurse Administrator stated he didn't recall the runsafe. The Administrator state he more profession on how to hand and not reacting. He was done in the conthe incident, what eat happened, how it fits statement, and the statement, and the statement, and the statement had the statement and the statement of the p.m., in the presence and Regional Nurse asked the Administrate word derogatory Abuse" Policy under	In the resident was a solution. In ther explained he andled the situation a inistrator stated he spoke to esident, he did not remember but it was profanity. The desident #2 told him the ofanity first, and the nurse back to the resident. He at that the nurse was moved the told the resident, "I'll ion." He informed the was there to call him. The the resident felt angry, but desident saying he/she felt estrator explained that if the aid he/ she felt threatened, he at the incidents to the NJDOH, atted he would like everyone onal, doing behavioral training the de-escalating situations a further explained counseling ference room, talked about	F	835				

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` '	PLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		315147	B. WING _			C 01/27/2022		
	ROVIDER OR SUPPLIER ARK HEALTHCARE AN			STREET ADDRESS, CITY, STATE, ZIP CO 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	•	7112112022		
(X4) ID PREFIX TAG	(EACH DEFIC EN	TATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL R LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 835	down, not on the sa and context, tone. At the time of the suprove a thorough inveach incident for the Resident #2 and the members. Review of a Revised "Abuse and Neglect but was not limited to defined at 483.5 as unreasonable confir punishment with resmental anguish. Abut deprivation by an involution of good or services maintain physical, in well-being. Instance irrespective of any includes verbal abuse, and mental a facilitated or enable technology4. "Will as used in the definitindividual must have the individual must have the individual must have the individual dedunderesidents must be trespect. In the even sexual, physical, or	ge 39 ame-calling, putting someone me level as everyone else, rvey, the facility could not vestigation was completed for everbal altercations between aforementioned staff d 1/2021 facility policy titled; -Clinical Protocol" included o; "Definitions" "1. "Abuse" is "the willful infliction of injury, mement, intimidation, or ulting physical harm, pain or use also includes the dividual, including a caretaker, that are necessary to attain or mental, and psychosocial es of abuse of all residents, mental or physical condition, n, pain or mental anguish. It is e, sexual abuse, physical abuse including abuse dithrough the use of liful" as defined at 483.5 and tion of "abuse," means "the e acted deliberately, not that have intended to inflict injury facility's undated Policy titled glect and Mistreatment "The "Policy" included, "All eated with dignity and that an allegation of verbal, mental abuse is made of a prompt investigation must	F	335				

		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT A. BUILDII	PLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		315147	B. WING _			C 01/27/2022	
	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	•	0172172022	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)		(EACH DEFIC ENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION			(X5) COMPLETION DATE	
F 835	findings must by (be manner, as specifie "Definitions" include infliction of injury, ur intimidation, or puni harm or pain or mer an individual includi services that are ne physical, mental, an This presumes that residents, even thos harm, or pain or me revealed "Verbal Ab written or gestured I disparaging and der their families or with describe residents, to comprehend, or or A further review of t Procedure for Abust included the followin "1. Screening: Two references employers) ASI registry che	e administrative staff, and their e) reported in (a) timely d later in this Policy." Under d "Abuse" means the willful breasonable confinement, shement with resulting physical atal anguish, or deprivation by any a caretaker of goods or cessary to attain or maintain d psychosocial well-being. instances of abuse of all se in a coma cause physical antal anguish." The Policy also use refers to any use of oral, anguage that includes orgatory terms to residents or in their hearing distance, to regardless of their age, ability disability." The Policy under "Policy and the Prevention (continued)" and the prevention (continued) and the prevention (continued) are continued of the contin	F	335			
	criminal background State Board Re visible check of nurs 90-day probatic monitoring and oried Outside service on resident care uni proof of employmen prior to providing se	gistry Check, as well as sing licenses. onary period with strict					

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:		(X2) MULT F	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		315147	B. WING		01/27/2022	
	ROVIDER OR SUPPLIER	ND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	,	
(X4) ID PREFIX TAG	(EACH DEFIC E	STATEMENT OF DEFIC ENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION	
F 835	validation will be checonsumer affairs. b. Criminal backgrous employment applice employee has never (such as crimes of dishonesty, financiaetc.) 2. Training: All orientees reaffiliation attend inicabuse and reportin pertaining to definite to report knowledge supervisors, included that can be done at all employees regular staff in serveto maintain knowledge supervisors, including possible abuse, horecognize increase frustration that may what constitutes at and misappropriations aff understand he differences can lead conflicts. Focus with staff understand with the constitutes and misappropriations.	egardless of department tial orientation on identifying abuse, with handouts ions and types of abuse, how e of possible abuse to ing use of toll-free reporting nonymously. in all departments attend rices annually and as needed edge and promote prevention identifying instances of w to report allegations, how to d stress, signs of burnout and relad to abuse situations. buse, neglect, mistreatment on of resident property. Help ow cultural, religious and ethnic d to misunderstanding and th orientation and in-servicing	F 83			
	what options are a abusive situations; "buddy-system", et needed. 3. Prevention: On admission and	t or aggressive residents and vailable to caregivers to avoid i.e. changing assignments, c. including 1:1 counseling if during regularly scheduled setings, quarterly, annually and				

		IDENT EICATION NUMBER:		PLE CONSTRUCTION	· ,	(X3) DATE SURVEY COMPLETED		
		315147	B. WING _			01/27/2022		
	ROVIDER OR SUPPLIER ARK HEALTHCARE AND	REHABILITATION		STREET ADDRESS, CITY, STATE, Z 101 NORTH GROVE STREET EAST ORANGE, NJ 07017		7112022		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFI) TAG	PROVIDER'S PLAN ((EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE		
F 835	provide information of may report all concerpossible abuse, negle personal property. Personal property. Personal property. Personal property. Personal property. Personal property. Personal property in the includes, but is not limit. A. Environmental rouse department of seclud abuse and/or neglect. B. Unit meetings with complaints and concellower stress and decided complaints and concellower stress and decided. Meetings of depart previous 24 hour incided supervisor's Investigations possibility of abuse. D. Staff scheduling of according to resident E. Shift-to-Shift daily staff to ensure continustaff with knowledge frustration in meeting F. Supervision of staff duties to identify potellanguage, rough hand immediate intervention. 4. Identification: Immediate interventional investigation of a increase in depressive and occurrences that Chain of command mediate intervention.	es, residents and staff, in how and to whom they ins, complaints and issues of ect or misappropriation of rovide reassurance of no if outline plan of immediate invention. Prevention Plan inited to the following: ands by supervisors in each ed areas that may make in more likely to occur is staff to discuss care issues, erns to avoid frustration, rease "burnout." It then the heads to review all dent reports and eative reports to determine define the heads to review all dent reports and acuity level. It is a report involving direct care uity of care and empower beforehand to avoid residents' needs. If daily in performance of job ential abuse/neglect; i.e. foul ddling, neglect, with on. Intelligible the procedure of the procedure	F	335				

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION		I DENT EICATION NUMBER:		PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED		
		315147	B. WING _			C 01/27/2022		
	ROVIDER OR SUPPLIER	ID REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017		7112022		
(X4) ID PREFIX TAG	(EACH DEFIC EN	STATEMENT OF DEFIC ENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 835	conduct a full body is physical abuse) at the medication record. B. Initiate emergency warranted. C. complete Unusua according to Accide policy and procedur D. R.N. (Registered complete Superviso interviews and writte persons involved, in possible investigate E. If the allegation is employee will be reconce the statement suspended pending investigation. Union applicable. Resider possible retribution. F. Allegation must be Nursing, Social Sensoon as allegation in G. Reporting to all reby Director of Nursing occurrence within personate the statement of the cover in the Director of Nursing occurrence within personated. NJ Deposition of NJ Depositi	e or nursing supervisor will assessment (if the allegation and document all findings in rd. ey care for resident as al Occurrence Report and Incident reporting e. Nurse) Supervisor to ry Investigate report with en statements from all acluding the resident, if three prior shifts. It is against an employee, the moved from the work place has been taken and will be completion of the in protocol to be followed if and to be protected against the reported to Director of vices and Administration as	F8	35				

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		315147	B. WING _			C 01/27/2022		
	ROVIDER OR SUPPLIER	AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 101 NORTH GROVE STREET EAST ORANGE, NJ 07017		1112112022		
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F 835	suspicion do not of J. Specific report following, will be in Department of He K. Director of Nur completion of abuappropriately. 6. Protection: All residents involong monitored closely daily quality of life implemented by S. Nursing Administr Immediate removemployee, other in physical hazard, it Counseling availated. 7. Reporting: All violations and of any form of abuaters not availated to 1-800-792-977 1-609-392-202. If also be made to 01-877-582-6995. Within 2 hours if sand within 24 hour injury. Any employee who believe a resident or neglected shall their Supervisor, I. Administrator.	24 hours if the events causing	F	335				

STATEMENT OF DEFIC ENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENT FICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		315147	B. WING _			C 01/27/2022		
	PROVIDER OR SUPPLIER	ND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	•	OHEHEGEE		
(X4) ID PREFIX TAG	(EACH DEFIC EN	STATEMENT OF DEFIC ENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 835	directed to the Direction Necessary contermination, changed depending on resultance Report any emission of the Nurses, etc. Report any emission of the Review of the facility description revealed Summary" revealed delegated with the for internal operation with Federal and Stand established policies of the nursing efficient mannerTinerpret and transmitters.	ctor of Nursing. rective action, including e of environment etc. ts of the investigation. ployee unfit for service or any actions by a court of law to the egistry or NJ State Board of ployee unfit for service or any as by a court of law to sumer Affairs" by "Administrator" job d the following: Under "Job d, "The Administrator is full responsibility and authority ans of the facility in accordance tate regulations and standards liciesIt is the administrator's patients receive the best are as ordered by the while receiving this care, their ous, domiciliary needs and at fall within the scope of the ang home are met in an the Administrator must also at the policies of the home to to insure compliance with	F8	35				

	POST-CERTIFICATION REVISIT REPORT										
	R / SUPPLIER / C	LIA /	MULTIPLE CONS	STRUCTION						DATE O	F REVISIT
315147	CATION NUMBER	Y1	A. Building B. Wing						Y2	3/14/20	22 _{Y3}
NAME OF	FACILITY		•			STREE	T ADDRESS, CIT	Y, STATE, ZIF	CODE	•	
GROVE F	PARK HEALTHO	CARE AND	O REHABILITATI	ON		101 NORTH GROVE STREET					
						EAST C	RANGE, NJ 070	17			
program, corrected provision	to show those of and the date su	leficiencie ıch correc	s previously repositive action was a	orted on the accomplishe	CMS-2567, Stated. Each deficien	ement of E cy should	Deficiencies and be fully identifie	Plan of Cor d using eithe	ent Amendments rection, that have er the regulation or of each requireme	LSC	
ITE	И		DATE	ITEM			DATE	ITEM			DATE
Y4			Y5	Y4			Y5	Y4			Y5
				12. 5. f				10.0.5			
ID Prefix	F0600		Correction –	ID Prefix	F0609		Correction	ID Prefix	F0835		Correction
Reg.#	483.12(a)(1)		Completed	Reg. #	483.12(c)(1)(4)		Completed	Reg. #	483.70		Completed
LSC			03/14/2022	LSC			03/14/2022	LSC			03/14/2022
ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #			Completed	Reg.#			Completed
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REVIEWE STATE AG		REVIEW (INITIAL		DATE	SIGNAT	URE OF SU	JRVEYOR			DATE	
REVIEWE	D BY	REVIEW		DATE	TITLE					DATE	

1/27/2022

FOLLOWUP TO SURVEY COMPLETED ON

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO