D PLAN OF CORRECTION IDENT FICATION NUMBER: A. B	BUILDING _		OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
ID PLAN OF CORRECTION IDENT FICATION NUMBER: A. B 315147 B. W IAME OF PROVIDER OR SUPPLIER	BUILDING _			
IAME OF PROVIDER OR SUPPLIER			COMPLETED	
GROVE PARK HEALTHCARE AND REHABILITATION	s		C 09/15/2020	
		TREET ADDRESS, CITY, STATE, ZIP CODE	00,10,2020	
	1	01 NORTH GROVE STREET		
(X4) ID SUMMARY STATEMENT OF DEFIC ENCIES	E	EAST ORANGE, NJ 07017		
()	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 000 INITIAL COMMENTS	F 000			
C #: NJ 139383				
Census: 109				
Sample Size: 4F 607Develop/Implement Abuse/Neglect PoliciesSS=GCFR(s): 483.12(b)(1)-(3)	F 607		10/16/20	
§483.12(b) The facility must develop and implement written policies and procedures that:				
§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,				
§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and				
§483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced				
by: C #: NJ 139383		This Plan of Correction is the facility credible allegation of compliance.	S	
Based on interviews, record review, as well as review of other facility documents on 9/14/20 and 9/15/20, it was determined that facility failed to		Preparation and/or execution of this pla of correction does not constitute admission or agreement by the provide		
ensure a safe environment by not implementing their written policies and procedure to prohibit and prevent Resident abuse for 1 of 4 residents (Resident #1). On 5/25/20 approximately 6:00 am		the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely becau	Ise	
to 6:30 am, Certified Nursing Aide (CNA #1) stated that when she walked into the dining room, she saw Resident #2 (Ex.Order 26.4(b)(1)) touching		it is required by the provisions of feder and state law. The facility respectfully denies this deficiency, notwithstanding	the	
Resident #1 (Ex.Order 26.4(b)(1)) pants. Resident #2 told CNA #1 that Resident 1 "wanted it." The facility failure to investigate, report and		following actions that have been taken I. CORRECTIVE ACTION		
RATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE 10/15/20	

Electronically Signed

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.

	DF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MUL A. BUILD			(X3) DATE SURVEY COMPLETED	
		315147	B. WING				C 09/15/2020
	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE		09/15/2020
					1 NORTH GROVE STREET		
GROVE P/	ARK HEALTHCARE AND	REHABILITATION		E	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 PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETIO DATE
E 007			_				
F 607	Continued From page		F	607			
		ons when an incident was			Resident #2 was Ex.Order 26.4(b)(1)		
	identified on 5/25/20	involving Residents #1 and			as soon as the facility becar		
	#2, resulted in Reside				aware of the encounter with Resider		
	5/26/20 which led to	nt #1 the following day on Resident #1's ^{Ex.Order 26.4(b)(1)}			Resident #2 did not return to the fac	inty.	
					The care plan for Resident #1 was		
					updated and staff that provide care t	0	
					Resident #1 and staff received		
	This deficient practice following:	e is evidenced by the			re-education about the changes.		
	5				Staff that failed to follow the facility	policy	
	1. According to the "A	Admission Record (AR)"			were counseled and received		
	Resident #1 was orig	inally admitted to the facility			re-education.		
	on Ex.Order 26.4(b)(1) with diag	noses which included but			The DON and Administrator are no I	onger	
	were not limited to: Ex.Order 26.4(b)(1)	x.Order 26.4(b)(1) and			employed at the facility.		
					II. IDENTIFY AT RISK RESIDENTS		
		et (MDS), an assessment			All residents who are cognitively imp	aired	
		owed that the Resident was			have the potential to be affected.		
		and required extensive					
		with Activities of Daily Living owed that the Resident			III. SYSTEMIC CHANGE Facility staff received re-education		
	would require supervi				regarding the facility policy to immed	liatoly	
					report any resident interactions that		
	The "Focus" care play	n for Resident #1, was			questionable or may appear inappro		
	-	showed that the Resident			to the supervisor and administration	-	
	was Ex.Order 26.4				·		
	by an unusual occurr	ence on 5/26/20 involving a			Visual reminders regarding the facili	ty	
	Resident (Resident #				policy were placed at each nurses□ station.		
	According to the AR	Resident #2 was admitted to					
	the facility on Ex.Order 26.4(with diagnosis which			A new DON and Administrator were		
	included but was not	limited to: Ex.Order 26.4(b)(1)			and now include reviewing facility po		
					during morning management meetin	•	
	The MDS for Beeider	at #2 datad $5/11/20$ abound			and discussing any occurrences tha	пау	
		nt #2 dated 5/14/20 showed Drder 26.4(b)(1) and required			require reporting or action to ensure compliance with facility policies.		
		f with ADLs. The MDS			compliance with lacinty policies.		
	showed that the Resi						

Facility ID: NJ60704

If continuation sheet Page 2 of 12

TATEMENT (OF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT P	LE CONSTRUCTION	(X3) D	NO. 0938-039
ND PLAN OF	CORRECTION	IDENT FICATION NUMBER:	A. BUILDING	3	C	OMPLETED
		315147	B. WING			C 09/15/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		03/13/2020
GROVE P	ARK HEALTHCARE AND	REHABILITATION		101 NORTH GROVE STREET 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 PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 607	Continued From page	e 2	F 60	7		
	supervision in ambula			IV. MONITOR CORRECTIVE		
The undated "Focus" care plan f showed that the Resident was		dent was Ex.Order 26.4(b)(1)		The DON/Administrator/Design all concerns and occurrences ensure the facility protocol is for regarding reporting, investigation	daily to bllowed on, and	
th di Ti 5, w H w IN R 5/C # th va a R e (5 no in in w	not limited to: on 5/26	htervention included but was 5/20, the Resident was ^{exonder2} and		implementation of intervention review includes discussion of t report daily in addition to any v	he 24 hour rerbal	
	the Police Departmer did not return to the fa	nt was notified. The Resident acility.		concerns reported. The Regic will audit investigations for thre to ensure the facility protocol is	e months	
	5/26/20 at 4:00 am in	le Event (FRE) dated volving Residents #1 and #2 lew Jersey Department of		Results will be reported at the meeting by the Administrator x	-	
	Health (NJDOH) on 5 with the FRE the form INCIDENT OF SEXU Residents #1 and #2. 5/26/20 at approxima	i/26/20 at 2:00 pm. Attached n "INVESTIGATION INTO		Completion Date: 10/16/20		
	that Resident #1 wan verbalized that Resid and Resident #2 had Resident #2 revealed	ed. Resident #2 verbalized ted it. Resident #2 ent #1 was his/her girlfriend sex with Resident #1. I that he/she had prior sexual ent #1 which was last night				
	not receive the FRE r investigation regardin involving Residents #	and reported to Licensed				
	CNA #1 saw Residen Resident #2 was gett who was lying in bed	r Summary of the that on 5/26/20 at 4:00 am, t #2 in Resident #1's room. ing up off of Resident #1 , both clothing below the nt. Resident #2 verbalized				

Facility ID: NJ60704

If continuation sheet Page 3 of 12

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
STATEMENT	OF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		315147	B. WING				C 15/2020	
NAME OF P	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE			
				1	01 NORTH GROVE STREET			
GROVE P	ARK HEALTHCARE AND	REHABILITATION		E	EAST ORANGE, NJ 07017			
(X4) ID PREFIX TAG				D PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
F 607	having sex with Reside respond to the questi- examined. The Police and interviewed both Ex.Order 26.4(b)(#2 was Ex.Order 26 evaluation. The facility "NEW JEF TRANSFER FORM [N dated 5/26/20 under to showed "Sexual Abus another Patient." The surveyor conduct Practical Nurse (LPN 9/14/20 at 9:30 am. L #1 was confused and at the facility was very ambulatory. The surveyor conduct on 9/14/20 at 9:55 and the surveyor and could The surveyor and could The surveyor conduct Resident #3 (the room had ^{Ex.Order 26.4(b)(1)} , or Resident #3, unable to time of the incident, s into their room twice a he/she was his/her we between the Resident # Resident talking to Re recalled not able to us was not working at th	dent #1. Resident #1 did not ons and refused to be a Department was notified residents. Resident #1 was (1) and Resident 5.4(b)(1) RSEY UNIVERSAL NJUTF]" for Resident #1 the reason for transfer se Sexual Molested by ted a tour with the Licensed #1), on the 5th floor on PN #1 stated that Resident Resident #2, who no longer y alert, oriented and ted an interview Resident #1 h, the Resident just stared at Id not answer the questions. ted an interview with nmate of Resident #1), who on 9/14/20 at 9:58 am. o recall the exact date and tated that a Resident came and told Resident #1 that oman. The privacy wall	F	607				

Facility ID: NJ60704

If continuation sheet Page 4 of 12

STRTEMENT OF CEPC ENCES (X) PROVIDERISINFLENCIAL IDENTIFICATION NUMBER. (D) MULTIPLE CONSTRUCTION A BULDING			ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/21/2023 MAPPROVED D. 0938-0391
319147 B. WH0 09/15/2020 NMME OF PROVIDER OR SUPPLIER SIMMARY STREET LOTORS SIMMARY STREET LOTORS SIMMARY STREET CERCE INCES	STATEMENT (OF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA	· /			(X3) DATE COMF	SURVEY PLETED
ISINGRAME STREET CAN DREAMBLITATION SUMMARY STREMENT OF DEFICENCES PREFIX TAG SUMMARY STREMENT OF DEFICENCES PREFIX TAG CANAGE, NJ 0707 Continued From page 4 ERGUATION OF LOCIDENT PY MG UPCRMATTON) F 607 F100v Continued From page 4 Early attraction F 607 F010v up interview with Resident #3 on 9/15/20 at 10:75 am, the Resident \$ated that he/she would feel temble if someone would touch them without their consent. Resident #30 would not let anyone touch him/her because Resident #3 would beat that person up. Resident #3 stated that the facility staff should protect them. Furthermore, the Resident #3 stated that this was like a bad freem, painful and being sent to the Hospital would not help. On 9/14/20 at 12:12 pm, the surveyor conducted a telephone interview with the EVN #2 (the primary nurse for Residents #1 and #2, who worked on the night shift. She stated she could not recall if there was montoring in place for Residents #1 and #2, who she worked on the adorementioned shift. She recalled that the was an incident between Residents #1 and #2 in the PR on 52/520 between 6:00 am and 6:30 am. She explained fifts here was montoring such as one to ore monitoring Continued interview with LPN #2 on 9/14/20, she stated she was not aware of the incident involving Residents #1 and #2, who the wore found in the DR together. However, she knew about it, these Residents wore not aware of the incident involving Residents #1 and #2, who they wore found in the DR			315147	B. WING	B. WING		-	
GROUP PARK HEALTHCARE AND REHABILITATION EAST ORANGE, NJ 97917 (VAI) ID PREETK TAC SUMMARY STATEMENT OF DEFICE NOIES (EACH DEFIC EVALUES TO FUEL) REGULATION OR USE (DERF FY NG INFORMATION) D PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH DEFIC EVALUES (EACH DEFIC EVALUES) (EACH DEFICIENCY) 0001 (EACH DEFIC EVALUES) (EACH DEFIC EVALUES) (EACH DEFIC EVALUES) (EACH DEFIC EVALUES) (EACH DEFIC EVALUES) (EACH DEFICIENCY) 0001 (EACH DEFIC EVALUES) (EACH DEFIC EVALUES) (EACH DEFIC EVALUES) (EACH DEFICIENCY) (EACH DEFICENCY) (EACH DEFICIENCY)	NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
CAN ID PRETIX TAG SUMMARY STATEMENT OF DEFICENCES (EACH CORRECTION SHOULD BE REGULATORY OR LSC DENT Y NG INFORMATION) D PREFIX TAG CROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) CONSTRICT CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE ACTION EAPPROPRIATE DEFICIENCY) CONSTRICT CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) F 607 Continued From page 4 leave the room. F 607 F 607 F 1015 am, the Resident #3 on 9/15/20 at 10:15 am, the Resident #3 and 9/15/20 at 10:15 am, the Resident #3 stated that the facility stated that he/she would be at that person up. Resident #3 stated that the facility stated from gent to the Hospital would not help. F 607 On 9/14/20 at 12:12 pm, the surveyor conducted a telephone interview with the LPN 42 (the primary nurse for Residents #1 and #2, who worked on the night shift at 11:00 pm-7:00 am. She stated that her residents were on monitoring or frequent supervision they would tell the CNAs at the beginning of their shift. She stated she could not recall if there was monitoring in place for Residents #1 and #2, whon she worked on the aforementioned shift. She recalled that in May 2020, was the peak of Covid 19 and residents were not allowed to be together neither were they allowed to come out of their rooms. CNA #1 did not tell her and it was on the report that there was an incident between Residents #1 and #2 the DE R together. However, she knew about it, these Residents would not be no the same floor if possible or would be on constant monitoring such as one to one monitoring feedents #1 and #2 when they were found in the DR together. However, she knew about th;					1	101 NORTH GROVE STREET		
Prigrix TAG IEACH CORE CLUENC ACTION SHOULD BE REGULTORY OR LSC IDENT FY ING INFORMATION) PREX TAG IEACH CORE CLUENC ACTION SHOULD BE CROSS-HEERENCED TO THE APPROPRIATE DEFICIENCY) COMMITTION INFORMATION DEFICIENCY) F 607 Continued From page 4 leave the room. F 607 F 607 F flow up interview with Resident #3 on 9/15/20 at 10.15 am, the Resident #3 would not let anyone touch him/ther because Resident #3 would beat that person up. Resident #3 stated that the facility staff should protect them. F 607 On 9/14/20 at 12:12 pm, the surveyor conducted a telephone interview with the LPN #2 (the primary nurse for Resident #4 and #2, who worked on the night shift at 11:00 pm-7:00 am. She stated that where result was not aware on monitoring or frequent supervision they would tell the the CNAs at the beginning of their shift. She stated she could no tread if there was monitoring in place for Residents #1 and #2 when she worked on the aforementioned shift. She recalled that in May 2020, was the peak of Covid 19 and residents were not allowed to be together neither were they allowed to core out of their rooms. CNA #1 did not tell her and it was on the report that there was no indored by 200 did 140 that in May 2020, was the peak of Covid 19 and residents #1 and #2 when she and 6:30 am. She explained if she Knew about it, these Residents #1 and #2 an 9/14/20, she stated she was not aware of the incident involving Residents #1 and #2 when shout the prosting such as one to ore monitoring Event Constant monitoring such as one to ore monitoring	GROVE	ARK HEALI HUARE AND	REHABILITATION		E	EAST ORANGE, NJ 07017		
leave the room. Follow up interview with Resident #3 on 9/15/20 at 10:15 am, the Resident stated that he/she would feel tertible if someone would touch them without their consent. Resident #3 would not let anyone touch him/her because Resident #3 would beat that person up. Resident #3 stated that the facility staff should protect them. Furthermore, the Resident stated that this was like a bad dream, painful and being sent to the Hospital would not help. On 9/14/20 at 12:12 pm, the surveyor conducted a telephone interview with the LPN #2 (the primary nurse for Residents #1 and #2, who worked on the night shift at 11:00 pm-7:00 am. She stated that when residents were on monitoring or frequent supervision they would tell the cold not recall if there was monitoring in place for Residents #1 and #2 when she worked on the aforementioned shift. She recalled that in May 2020, was the peak of Covid 19 and residents were not allowed to be together neither were they allowed to come out of their rooms. CNA #1 di di not tell her and it was on the repoint and #30 am. She explained if she knew about it, these Residents would not be on the same floor <td>PREFIX</td> <td>(EACH DEFIC ENC</td> <td>Y MUST BE PRECEDED BY FULL</td> <td>PREF</td> <td></td> <td>(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE</td> <td>BE</td> <td>COMPLETION</td>	PREFIX	(EACH DEFIC ENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETION
Follow up interview with Resident #3 on 9/15/20 at 10:15 am, the Resident stated that he/she would feel terrible if someone would touch them without their consent. Resident #3 would not let anyone touch him/her because Resident #3 would beat that person up. Resident #3 stated that the facility staff should protect them. Furthermore, the Resident stated that this was like a bad dream, painful and being sent to the Hospital would not heip. On 9/14/20 at 12:12 pm, the surveyor conducted a telephone interview with the LPN #2 (the primary nurse for Residents #1 and #2, who worked on the night shift at 11:00 pm-7:00 am. She stated that when residents were on monitoring or frequent supervision they would tell the CNAs at the beginning of their shift. She stated she could not recall if there was monitoring in place for Residents #1 and #2 when she worked on the idlents #1 and #2 when she worked on the idlents #1 and #2 when she worked on the explained if a was on the report that in May 2020, was the peak of Covid 19 and residents were not allowed to be together neither were they allowed to come out of their rooms. CNA #1 did not tell her and it was on the report that there was an incident between Residents #11 and #2 in the DR on 5/25/20 between 6:00 am and 6:30 am. She explained if she knew about it, these Residents would not be on the same floor if possible or would be on constant monitoring such as one to one monitoring Continued interview with LPN #2 on 9/14/20, she stated she was not aware of the incident involving Residents #1 and #2 when they were found in the DR together. However, she knew about the	F 607	Continued From page	e 4	F	607			
at 10:15 am, the Resident stated that he/she would feel terrible if someone would touch them without their consent. Resident #3 would not let anyone touch him/her because Resident #3 would beat that person up. Resident #3 stated that the facility staff should protect them. Furthermore, the Resident stated that this was like a bad dream, painful and being sent to the Hospital would not help. On 9/14/20 at 12:12 pm, the surveyor conducted a telephone interview with the LPN #2 (the primary nurse for Resident #3 that 41 and #2, who worked on the night shift at 11:00 pm-7:00 am. She stated that when residents were on monitoring or frequent supervision they would tell the CNAs at the beginning of their shift. She stated she could not recall if there was monitoring in place for Residents #1 and #2, who worked on the aforementioned shift. She recalled that in May 2020, was the peak of Covid 19 and trasidents were not allowed to be together neither were they allowed to come out of their rooms. CNA #1 did not tell her and it was on the report that there was an incident between Residents #1 and #2 in the DR on 5/25/20 between 6:00 am and 6:30 am. She explained if she knew about it, these Residents would how to enstant monitoring such as one to one monitoring Econtinued interview with LPN #2 on 9/14/20, she stated she was not aware of the incident involving Residents #1 and #2 when they were found in the DR together. However, she knew about the		leave the room.						
		at 10:15 am, the Res would feel terrible if s without their consent. anyone touch him/he would beat that perso that the facility staff s Furthermore, the Res like a bad dream, pai Hospital would not he On 9/14/20 at 12:12 p a telephone interview primary nurse for Res worked on the night s She stated that when monitoring or frequent the CNAs at the begin stated she could not the in place for Residents worked on the aforent that in May 2020, was residents were not all were they allowed to CNA #1 did not tell he that there was an inci and #2 in the DR on 8 and 6:30 am. She exp these Residents would b such as one to one m Continued interview w stated she was not aw Residents #1 and #2	ident stated that he/she iomeone would touch them . Resident #3 would not let r because Resident #3 on up. Resident #3 stated hould protect them. sident stated that this was inful and being sent to the elp. om, the surveyor conducted with the LPN #2 (the sidents #1 and #2, who shift at 11:00 pm-7:00 am. residents were on it supervision they would tell nning of their shift. She recall if there was monitoring is #1 and #2 when she nentioned shift. She recalled is the peak of Covid 19 and lowed to be together neither come out of their rooms. er and it was on the report ident between Residents #1 5/25/20 between 6:00 am plained if she knew about it, ld not be on the same floor e on constant monitoring monitoring with LPN #2 on 9/14/20, she ware of the incident involving when they were found in the					

Facility ID: NJ60704

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT	DF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		315147	B. WING				C / 15/2020
NAME OF P	ROVIDER OR SUPPLIER		1	5	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
GROVE P	ARK HEALTHCARE AND	REHABILITATION			101 NORTH GROVE STREET EAST ORANGE, NJ 07017		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL .SC IDENT FY NG INFORMATION)	D PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
F 607	LPN #2, stated what we FRE. She stated that and unable to explain 5/26/20. The LPN state was Ex.Order 26.4 (which made her belie happened. Resident # #1 was his/her woman stated that after she were she immediately report and the former Direct Residents #1 and #2. The surveyor conduct with CNA #1 on 9/14/ stated she was doing approximately 4:00 at #2 was not in his/her went to check Resider on to state what she were aforementioned FRE CNA #1 stated the reat Resident #1's room to because she saw bot Room (DR) on 5/25/2 to 6:30 am the previor Continued telephone on 9/14/20 and 9/17/2 the CNA for both Resign to 7:00 am from 5 revealed at approximately when she walked into Resident #2 touching She revealed that Re slightly pulled down frasked Resident #2 were the surve were the state of the surve of the	was on the aforementioned Resident #1 was confused what had happened on ted on 5/26/20, Resident #1 (b)(1) was on the floor, ve something had #2 told LPN #2 that Resident n and they had sex. LPN #2 vas alerted by the CNA #1, rted to the nurse supervisor or of Nursing (DON). were ^{Ex.Order 26.4(b)(1)} separately. ted a telephone interview 20 at 1:17 pm. CNA #1 her rounds on 5/26/20 at m and noticed that Resident room. CNA #1 immediately nt #1's room and she went witnessed on the dated 5/26/20 at 4:00 am. ason she went directly to o look for Resident #2 was h Residents in the Dining 0 at approximately 6:00 am us morning. interview with the CNA #1 20. She stated that she was idents #1 and #2 at 11:00 /24/20 into 5/25/20. She ately 6:00 am to 6:30 am, o the 5th floor DR, she saw the pants of Resident #1.	F	607			

Facility ID: NJ60704

If continuation sheet Page 6 of 12

		ID HUMAN SERVICES MEDICAID SERVICES					INTED: 04/21/2023 FORM APPROVED IB NO. 0938-0391
STATEMENT (DF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	· ,		E CONSTRUCTION		B) DATE SURVEY COMPLETED
		315147	B. WING				C 09/15/2020
NAME OF P	ROVIDER OR SUPPLIER	•		:	STREET ADDRESS, CITY, STATE, ZIP CODE		
GROVE P	ARK HEALTHCARE AND				101 NORTH GROVE STREET		
GROVET					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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 607	that Resident #1 coul touching because Re CNA #1 stated that w inappropriate touchin consent from Resider she saw. CNA #1 exp separated both Resid reported what she sai assigned to Resident that she reported to L DR. She heard LPN # Resident #2 did that t LPN #3 did not check that LPN #3 did not lis she wrote her statem Nursing Supervisor (f approximately closer NS #1 what she saw Residents #1 and #2 hear from LPN #3. Cl statement to the NS, she did not keep a co stated that the origina given to LPN #3. Continued telephone CNA stated when she night shift 11:00 pm to 5/26/20), she was su still on the 5th floor of Resident #1. She was would have been mov from Resident #1 beo DR. CNA #1 was not that night (5/25/20 int mentioned exactly wf (CNA #2), the assigned	dent #1. CNA #1 explained d not consent to the sident #1 was ^{Exoder 264(0)(1)} . hat she saw was g and with or without nt #1 she had to report what blained that after she lents and she immediately w to LPN #3 (nurse s #1 and #2). She stated .PN #3 what she saw in the #3 ask Resident #2 why to Resident #1. However, a Resident #1. CNA #1 felt sten to what she said and so ent and went to see the NS #1) on 5/25/20 to 7:00 am. She reported to in the DR involving and the NS said she did not NA #1 gave the copy of her in which she realized later opy to herself. The CNA al copy of her statement was e interview with CNA #1. The e returned to work on the to 7:00 am (5/25/20 into prised that Resident #2 was in the same floor with s expecting that Resident #2 ved to another floor away cause of what she saw in the assigned for both Residents o 5/26/20). However, she hat she saw to the CNA	F	607	7		

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DEPARTMENT OF HEALTH ANI CENTERS FOR MEDICARE & M					RINTED: 04/21/2023 FORM APPROVED MB NO. 0938-0391
	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:		LE CONSTRUCTION		3) DATE SURVEY COMPLETED
	315147	B. WING		_	C 09/15/2020
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	ATE, ZIP CODE	
GROVE PARK HEALTHCARE AND	REHABILITATION		101 NORTH GROVE STREE EAST ORANGE, NJ 070		
PREFIX (EACH DEFIC ENCY	TEMENT OF DEFIC ENCIES 'MUST BE PRECEDED BY FULL SC IDENT FY NG INFORMATION)	D PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BE ICED TO THE APPROPRIATE IEFICIENCY)	(X5) COMPLETION DATE
 know about the incident #2 did not give them reacted their shift. CNA #1 states check on Resident #2 was impossible because those residents assigned. The surveyor conducted with LPN #3 on 9/14/2 that she was not the n and #2 and she did now where Residents #1 and #2 and she did now #1 following Resident #1, Manager (UM #1) on 5 stated that she gave C UM that same day (5/2 On 9/15/20 at 9:00 amd an interview with the forwho was employed at 5/26/20). He stated that incident on 5/25/20 app 6:30 am. He explained having sex with Reside which was on 5/25/20. No investigation done of former DON did not investiga	knew that LPN #2 did not nt in the DR because LPN eport about it at the start of ted that she had tried to frequently if she could but it se she had to look after ned on her section. ed a telephone interview 0 at 11:50 am, she stated urse for both Residents #1 of work on the 5th floor nd #2 resided. hterview with LPN #3 on he confirmed she was the th Residents #1 and #2 were found in the DR on 6:00 am and 6:30 am. LPN Id her that Resident #2 was in which she told the Unit 5/25/20 at 7:00 am. She CNA #1's statement to the 25/20). h, the surveyor conducted ormer Administrator (A #1, the facility on 5/25/20 and at he was not aware of the oproximately 6:00 am to d that Resident #2 admitted ent #1 the night before . He stated that there was on 5/25/20 because the dicate to him that that day (5/25/20).	F 60			

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	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT F	PLE CONSTRUCTION	OMB NO. (X3) DATE S	
ND PLAN OF	CORRECTION	IDENT FICATION NUMBER:	· · /	G	COMPL	ETED
			D 14/11/0		С	
		315147	B. WING			5/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E	
GROVE P	ARK HEALTHCARE AND	REHABILITATION		101 NORTH GROVE STREET EAST ORANGE, NJ 07017		
(X4) ID	SUMMARY ST	ATEMENT OF DEFIC ENCIES		PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETIO
F 607	Continued From page	e 8	F 60	70		
		stated that he found out				
	about the incident in	the DR involving Residents				
		ter the incident on 5/26/20.				
	-	e interview with CNA #1, the				
		sident #1 and Resident #2 mity to each other in the DR.				
	The DON did not remem	-				
	-	iate touching between the				
		tated she mentioned this				
	-	r statement to LPN #3.				
		viewed LPN #3, on 5/26/20,				
	-	with her the Statement from				
		o the DON. The DON stated (including CNA #1 and LPN				
		Administrator and the DON				
	, -	Administrator did with those				
	staff statements. The	DON stated that he did not				
		written by the CNA #1 and				
		plained that what CNA #1				
		Residents #1 and #2 in the vestigation because in May				
		lowed to leave their rooms				
		oximity to each other was				
		n due to Covid-19 situation				
		NA #1 had concerns. The				
		w about the DR situation on				
		nvestigated immediately,				
		nistrator and appropriate ents would be transferred to				
	an ACH.					
	The "Progress Notes	(PN)" for May 2020 for				
	Residents #1 and #2	, showed no documentation				
	Residents #1 and #2	, showed no documentation ng Residents #2 following				
	Residents #1 and #2 from LPN #3 regardir Resident #1 in the DF The surveyor conduc	, showed no documentation ng Residents #2 following				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		315147	B. WING				_ 15/2020
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	1	
GROVE P	ARK HEALTHCARE AND	REHABILITATION			101 NORTH GROVE STREET EAST ORANGE, NJ 07017		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL SC IDENT FY NG INFORMATION)	D PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 607	Continued From page UM was not available The surveyor viewed the DR on 9/15/20 at Administrator (A #2) s on the video would ha which at 5/25/20 (DR have a date of 5/26/2 incident) would have Video viewing. The vi am (original date was showed that Resident with Resident #1 behi #2 pulled down his/he #1 while talking to Re appeared to touch Re CNA #1 walked in and his/her pants. CNA #1 both Residents. Then CNA exiting the DR. Continued viewing the dated 5/27/20 at 3:48 am). #2 walked into Reside am, CNA #1 went into Then CNA #1 stepped Resident #2. CNA #1 room with CNA #2 an	the video of the incident in 12:47 pm. The current stated that what will be seen ave a date a day ahead in incident) incident would 0. The 5/26/20 (bedroom a date appearing 5/27/20. deo dated 5/26/20 at 6:18 s 5/25/20 at 6:18 am) t #2 was walking into the DR ind Resident #2. Resident er pants in front of Resident sident #1. Then Resident #2 esident #1's clothes, then d Resident #2 pulled up 1 appeared to be talking to both Residents followed the e Video camera. The video am (original date was The video showed Resident ent #1's room. Then at 4:14 o the Room of Resident #1.		607			
	5/26/20 showed a prin Attached with 'ED [Emergency Depa electronically signed of	AH for Resident #1 dated mary diagnosis of ^{ECOrder 26.4(b} h the NJUTF form was the artment] Note-Physician" on 5/26/20, under ED ht showed that the ^{ECOrder 26.4(b)(1)}					

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0.0938-0391
STATEMENT (DF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:			LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		315147	B. WING				C 15/2020
NAME OF P	ROVIDER OR SUPPLIER			:	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00.	
	ARK HEALTHCARE AND				101 NORTH GROVE STREET		
GROVEP	ARK HEALINGARE AND	REPABILITATION			EAST ORANGE, NJ 07017		
(X4) ID PREFIX TAG				D PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 607	Ex.Order 26.4(b)(Nurse (RN) complete Resident #1's Repress Resident to receive the with the NJUTF form Department Clinical S under Instructions give Discharge showed ed Medications instructed Ex.Order 26.4(b)(The facility's policy titl RESIDENT ABUSE IN reviewed/revised on 7 "Residents have the may it be verbal, sexual abusePolicy Interpri Implementation:Sex is not limited to, sexual assaultPREVENTIO abuseare more likel correction or intervent madeINVESTIGATI ofabuse of residents completed1. Approp is notified, and investi report of problem. Sta resident, suspect (if o eyewitnesses and any are taken. 2. Relevan and preserved. 3 Alle promptlyand finding reportIn the case of abusewhere warran notified. If resident or	1) Registered d the examination and entative agreed for the he treatment for Conder264(0)(1) Attached was the "Emergency Summary" dated 5/26/20, en to the Patient at lucation on Conder264(0)(1) . Under the d to take home, showed 1)) to take daily. led, "POLICY FOR NVESTIGATION" was 7/2020 showed: e right to be free from abuse, ual, physical or mental etation and sual abuse is defined as, but al harassment, sexual DN:Situations in which y to occur are identified and tion is ON:In any instance san incident report is priate supervisory personnel gation begins promptly after itements or interviews of ne is identified), any y circumstantial witnesses t documentation is reviewed ged victim is examined documented in the either resident to resident	F	607	7		

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	-	ID HUMAN SERVICES MEDICAID SERVICES			FORM	D: 04/21/2023 MAPPROVED D. 0938-0391
	DF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	. ,		COMF	E SURVEY PLETED
		315147	B. WING			C / 15/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
GROVE P	ARK HEALTHCARE AND	REHABILITATION		101 NORTH GROVE STREET EAST ORANGE, NJ 07017		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL SC 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 607	further disruption of d Interventions are impl removal of "threat". w residentto provide s Counseling available REPORTING/RESPO will notify New Jersey Health,no later than which person making to further the investige The facility's policy tit	s involved in the itored closely to avoid aily quality of life. lementedImmediate thether employee, other security and safety. when warranted. DNSE: [Name of the facility] y State Department of two hoursAny information report considers necessary ation" led, "RESIDENT RIGHTS ed/revised 12/2019, showed;	F 60	7		

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