AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED		
		345340	B. WING		С		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	08/31/2021		
	CONDER ON SOLVER			3001 EVESHAM ROAD			
COMPLET	E CARE AT VOORHEES	, LLC		VOORHEES, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETIC		
F 000	INITIAL COMMENTS	3	F 00				
	Complaint #: NJ145 NJ143963 and NJ14 Census: 114 Sample Size: 7	582; NJ145092; NJ144948; 3563					
F 602	The facility is not in c requirements of 42 C Long Term Care Faci complaint survey. Free from Misapprop	FR Part 483, Subpart B, for lities based on this	F 60:	2	9/27/21		
	neglect, misappropria and exploitation as d includes but is not lin corporal punishment, any physical or chem treat the resident's m This REQUIREMENT by:	involuntary seclusion and ical restraint not required to edical symptoms. 「 is not met as evidenced		The family of regident #4 and regider	nt #E		
	determined that the f residents free from m for two (Residents #4 reviewed for misappr Specifically, the facili the resident's respon from the Personal Ne accounts on behalf o Findings included: Reference: According	ew and interviews, it was acility failed to keep iisappropriation of property and #5) of seven residents opriation of property. ty failed to obtain consent of sible party to spend money eeds Allowance (PNA) f the resident.		The family of resident #4 and resider were notified by the current company administration that the money spent f the residents' PNA (Personal Needs Account)without their consents will be reimbursed appropriately in resident # PNA account and via check to resider POA. (The facility's current ownership who took over management of operat on 4/1/2021, will follow up with the pri ownership to obtain repayment so as to delay reimbursement to the resider accounts) No residents were harmed. All residents who have a PNA (Perso	r's from #5 nt #4 p, tions ior not nts'		
	Aging publication on	COVID-19 Stimulus Checks'		Needs Account) have the potential to	be		
00.000		SUPPLIER REPRESENTATIVE'S SIGNATUR		TITLE	(X6) DATE		

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.

	-	D HUMAN SERVICES				FOR	M APPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				OMB NO	<u>). 0938-0391</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	315219		B. WING			C 08/31/2021	
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE		
		116		3	001 EVESHAM ROAD		
COMPLETE CARE AT VOORHEES, LLC				VOORHEES, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
F 602	CARE AT VOORHEES, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Impact on Medicaid Eligibility last updated on 01/07/2021 and accessed on 08/31/2021 at https://www.medicaidplanningassistance.org/covi d-19-stimulus-checks-impact/, "Stimulus checks do not count as income, and therefore do not impact Medicaid beneficiaries or applicants. However, should the stimulus money not be spent within 12 months, it will be counted as an asset, and therefore could impact eligibility in the year ahead." 1. Resident #4 was admitted to the facility on		F 602		affected. The PNA accounts of these residents are being reviewed to ensur that no one else was affected. Business Office Manager (BOM) and Social Workers were in-serviced on th current company's policy regarding management of Residents' PNA Accounts. Emphasized that it is imperative to obtain resident's consen resident(s) POA/Responsible Party consent, if resident is unable to give consent) prior to spending any money from the resident's PNA account. Business Office Manager was educate on updates regarding the Impact of COVID-19 Stimulus Checks on Medic Eligibility. The Business Office Manager or desig will audit 5 Medicaid residents per mo X6 months to ensure that resident's consent (or resident(s) POA/Respons Party if resident is unable to give cons is obtained prior to spending any mon from the resident's PNA account. All findings will be reported and review monthly to the QAPI committee to ens ongoing compliance for the next 4 quarters.	e t (or ed aid gnee nth ble ent) ey	

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 315219 B. WING 08/31/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3001 EVESHAM ROAD COMPLETE CARE AT VOORHEES, LLC VOORHEES, NJ 08043 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 602 Continued From page 2 F 602 responsible party to spend money on behalf of the resident. 2. Resident #5 was admitted to the facility on According to the computerized physician orders, the resident's diagnoses included and The quarterly MDS revealed the resident had severe cognitive impairment as indicated by a Brief Interview for Mental Status (BIMS) score of The resident required one-person physical assistance with personal hygiene. The resident required set-up assistance to eat and dress. A review of Resident #5's Personal Needs Allowance (PNA) account revealed that, on , purchases were made from a company on behalf of the resident totaling A review of the resident's medical record revealed no documentation that the facility sought or obtained the consent of the resident's responsible party to spend money on behalf of the resident. On 08/31/2021 at 4:19 PM, the Business Office Manager (BOM) stated most residents had direct deposit PNA accounts. She said some of the residents who had Social Security checks directed into the accounts were entitled to keep dollars for their personal use each month. Per the BOM, the same group of residents were the ones who received their stimulus checks deposited directly into their accounts. She reported if a resident did not spend their monthly . it accumulated in the resident's PNA account. According to the BOM, the residents' PNA account balances were not to exceed She noted the facility used software to monitor the accounts and identified that the

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING С 315219 B. WING 08/31/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3001 EVESHAM ROAD COMPLETE CARE AT VOORHEES, LLC VOORHEES, NJ 08043 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 602 Continued From page 3 F 602 software automatically populated and listed the residents who were closing in on the limit. She said the software generated a letter which advised residents or residents' representatives on the need to "spend down" in order to maintain Medicaid eligibility. The BOM stated when residents received their stimulus checks, most residents' PNA balances rose over She said the facility did not obtain clarification about the fact that the stimulus checks did not affect residents' continued eligibility for Medicaid at the time. She acknowledged that the facility, after receiving clarification that the stimulus check amount would not count as income to the residents, still mandated that excess money in the residents' accounts be spent down for fear that the residents might lose their Medicaid eligibility. The BOM acknowledged that Resident #4's responsible party did not authorize the facility to spend the resident's PNA money in the amount of on clothing. On 08/31/2021 at 4:33 PM, the social service director (SSD), the Director of Nursing (DON), and the Nursing Home Administrator (NHA) were interviewed jointly. They said they recently assumed management of the facility a couple of weeks prior to the survey. Specifically, they said the facility was recently sold over to another company, resulting in the old administration being laid off. The NHA said that the issue with prior management's failure to comply with stimulus check guidance, specifically that stimulus money did not count as income to residents, had since been identified and corrected. However, she acknowledged that current management "inherited" the past as well as the future of the facility since it took over. On 08/31/2021 at 4:48 PM, a follow-up interview Facility ID: NJ60414

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		D HUMAN SERVICES MEDICAID SERVICES					MAPPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315219	B. WING _				C /31/2021
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT VOORHEES, LLC				300	EET ADDRESS, CITY, STATE, ZIP CODE 1 EVESHAM ROAD ORHEES, NJ 08043	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
F 602	was conducted with the that, just as in the case knew that the stimulus income for Resident # money without approv- responsible party. The current company provided by the NHA The policy read, in par- have the right to mana affairs; additionally, the account for their personal Personal Needs Allow of this facility that our PNA and personal fur accordance with State as well as applicable	the BOM. She acknowledged se of Resident #4, the facility is money did not count as 45 but still spent down the val from the resident's 25 Management Policy was on 08/31/2021 at 4:53 PM. rt, "Residents of this facility age their personal financial uey have the right to an onal funds and/or monthly vance (PNA). It is the policy residents' rights concerning nds/PNA accounts will be in e and Federal regulations,	F6	02			

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Facility ID: NJ60414

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