

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

PRINTED: 03/28/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315500</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/19/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN LAKE HEALTHCARE AT VOORHEES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1086 DUMONT CIRCLE</b> <b>VOORHEES, NJ 08043</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  Complaint #: NJ147131, #NJ144631, #NJ145879, #NJ146555, #NJ146603, #NJ148518, #NJ145505, #NJ144737, #NJ145676 Census: 98 Sample Size: 14  The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 656 SS=G	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR	F 656		1/18/22

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

TITLE

(X6) DATE

Electronically Signed

01/06/2022

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.

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F 656	<p>Continued From page 1</p> <p>recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ145505</p> <p>Based on interviews, record reviews, and facility policy review, it was determined that the facility failed to develop and implement a comprehensive care plan needed to outline interventions to care for <b>NJ EX Order. 264b1</b> for one (Resident #1) of three residents reviewed for care planning. This had the potential to affect all residents.</p> <p>Findings included:</p> <p>1. A review of Resident #1's face sheet indicated the facility re-admitted the resident on <b>NJ EX Order. 264b1</b> with diagnoses that included coronary artery <b>NJ EX Order. 264b1</b>. A review of Resident #1's quarterly Minimum Data Set (MDS), dated <b>NJ EX Order. 264b1</b>, indicated the resident had a Brief Interview for Mental Status (BIMS)</p>	F 656	<p>R1 no longer resides in the facility.</p> <p>Utilizing the <b>NJ EX Order</b> QAPI tool- the Director of Nursing/designee will complete a comprehensive review of all current residents care plans to validate all care plans are completed and up to date, with a focus on <b>NJ EX Order. 264b1</b> to ensure all <b>NJ EX Order. 264b1</b> and <b>NJ EX Order. 264b1</b> care plans are current and in place.</p> <p>The Director of Nursing/designee will educate the licensed nurses on the "Focus of F-tag 656" and the "care planning" and <b>NJ EX Order</b> assessment procedure" on or before the date of compliance.</p> <p>The Director of Nursing/designee will audit residents with <b>NJ EX Order. 264b1</b></p>		

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F 656	<p>Continued From page 2</p> <p>score of <b>NJ EX Order. 264b1</b> indicating <b>NJ EX Order. 264b1</b>. The MDS indicated the resident required <b>NJ EX Order. 264b1</b> of <b>NJ EX Order. 264b1</b> staff members for bed mobility and transferring. The resident had one <b>NJ EX Order. 264b1</b>.</p> <p>A review of Resident #1's Admission/Re-Admission evaluation, dated <b>NJ EX Order. 264b1</b> at 2:45 PM, indicated Resident #1 did not have any <b>NJ EX Order. 264b1</b> issues.</p> <p>A review of Resident #1's <b>NJ EX Order. 264b1</b> score, dated <b>NJ EX Order. 264b1</b> indicated the resident had a score of <b>NJ EX Order. 264b1</b> which meant the resident was not at risk for <b>NJ EX Order. 264b1</b>.</p> <p>A review of Resident #1's <b>NJ EX Order. 264b1</b> round notes, dated <b>NJ EX Order. 264b1</b> at 2:43 PM, indicated the resident was admitted to the facility with a <b>NJ EX Order. 264b1</b> to the <b>NJ EX Order. 264b1</b> to the <b>NJ EX Order. 264b1</b> ). The notes indicated the resident had a <b>NJ EX Order. 264b1</b> to the <b>NJ EX Order. 264b1</b> <b>NJ EX Order. 264b1</b> ). There was no mention of any other <b>NJ EX Order. 264b1</b>.</p> <p>A review of Resident #1's comprehensive care plan did not indicate a care plan was implemented for the pressure injuries to the <b>NJ EX Order. 264b1</b> and <b>NJ EX Order. 264b1</b> upon readmission on <b>NJ EX Order. 264b1</b>.</p> <p>A review of Resident #1's skin assessment notes, dated <b>NJ EX Order. 264b1</b> at 2:10 PM, indicated a body audit was conducted on the resident due to <b>NJ EX Order. 264b1</b>. The assessment indicated Resident #1 had a <b>NJ EX Order. 264b1</b> to the <b>NJ EX Order. 264b1</b> which measured <b>NJ EX Order. 264b1</b> of the <b>NJ EX Order. 264b1</b> bed covered in</p>	F 656	Results will be reviewed monthly with QA&A committee.		

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F 656	<p>Continued From page 3</p> <p><b>NJ EX Order, 264b1</b> ).</p> <p>A review of Resident #1's <b>NJ EX Order, 264b1</b> care visit report, dated <b>NJ EX Order, 264b1</b> 1 at 2:19 PM, indicated an initial <b>NJ EX Order, 264b1</b> exam was conducted for an <b>NJ EX Order, 264b1</b> of <b>NJ EX Order, 264b1</b> the <b>NJ EX Order, 264b1</b> preventing the ability to assess the <b>NJ EX Order, 264b1</b> to the resident's <b>NJ EX Order, 264b1</b>. The notes indicated the resident was a new admission to the <b>NJ EX Order, 264b1</b> care service.</p> <p>A review of Resident #1's comprehensive care plan indicated a care plan was implemented for all <b>NJ EX Order, 264b1</b>, and <b>NJ EX Order, 264b1</b> on <b>NJ EX Order, 264b1</b>.</p> <p>During an interview on 11/18/2021 at 3:46 PM, Licensed Practical Nurse (LPN) #1 stated certified nursing assistants (CNAs) completed a skin worksheet daily for each resident and would alert the nurses if they saw something unusual. LPN #1 stated licensed nurses were responsible for assessing residents <b>NJ EX Order, 264b1</b> weekly as well. LPN #1 stated the discovery of Resident #1's <b>NJ EX Order, 264b1</b> to the <b>NJ EX Order, 264b1</b> was "a big thing," because nobody had said anything about the resident having another <b>NJ EX Order, 264b1</b>. LPN #1 confirmed a care plan for the resident's <b>NJ EX Order, 264b1</b> was not implemented until <b>NJ EX Order, 264b1</b>. LPN #1 stated care plans were necessary to tell the nurses what care needed to be provided to help the <b>NJ EX Order, 264b1</b> and prevent more from developing.</p> <p>During a concurrent interview and record review on <b>NJ EX Order, 264b1</b> at 10:07 AM, the Director of Nursing (DON) reviewed Resident #1's comprehensive care plan. The DON confirmed a care plan for the resident's existing <b>NJ EX Order, 264b1</b> was not in place, and a care plan for all</p>	F 656			

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F 656	<p>Continued From page 4</p> <p><b>NJ EX Order 264b1</b> including the new <b>NJ EX Order</b> <b>NJ EX Order 264b1</b>, was not implemented until <b>NJ EX Order 254b1</b>. The DON stated the purpose of the care plan was to let everyone know what was going on with the resident, and how to care for the resident. The DON stated all documentation should be reflective of the events at the time of documentation and needed to be detailed and specific. The DON stated Resident #1's <b>NJ EX Order</b> <b>NJ EX Order 264b1</b> was facility-acquired, and "it was a big deal." The DON stated multiple in-services were held, and every resident underwent a body audit.</p> <p>An interview on 11/19/2021 at 12:02 PM revealed <b>NJ EX Order</b> Care Nurse <b>NJ EX Order</b> #1 was assigned to provide <b>NJ EX Order</b> care to Resident #1, and WCN #1 stated the administrator would be called before speaking to the surveyor about Resident #1. At 12:25 PM, <b>NJ EX Order</b> #1 called to inform the surveyor no information would be given about the resident.</p> <p>A review of the facility's policy, titled, "Skin Practice Guide," dated 05/2021, indicated, "A comprehensive skin evaluation is completed upon admission." The policy indicated part of the admission skin evaluation included, "Skin integrity: observe if the skin is intact without any cracks or openings, determine whether the skin is thick or thin, identify signs of pruritus [severe itching], such as excoriations from scratching, determine whether any lesions are raised or flat, identify whether the skin is bruised ...If an alteration in skin integrity is identified on admission, a designated member of the wound team evaluated the status of the wound (ideally within 24 hours of admission) and collaborated with the licensed nurse, physician, and ARNP [Advanced Registered Nurse Practitioner] to</p>	F 656			

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F 656	Continued From page 5 determine the type of alteration present. Treatment orders are obtained, noted and initiated." The policy stated the initial plan of care consisted of, "Upon completing an evaluation, the interdisciplinary team develops a patient specific care plan to include prevention and management interventions with measurable goals. Any new ulcer development suggests a need to reevaluate the plan for preventing further development of <b>NJ EX Order 264b1</b> . The goal of the care plan may include but not be limited to promoting the prevention of <b>NJ EX Order 264b1</b> development, promoting the healing of <b>NJ EX Order 264b1</b> that are present, prevention of infection of the <b>NJ EX Order 264b1</b> to the extent possible."	F 656			
F 657 SS=D	New Jersey Administrative Code §8:39-11.2 (e)1 Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined	F 657		1/18/22	

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F 657	<p>Continued From page 6</p> <p>not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ147131</p> <p>Based on record review, interview, and facility policy review, it was determined that the facility failed to implement a [REDACTED] prevention care plan following a [REDACTED] for one (Resident #11) of three residents reviewed for care planning. This had the potential to affect all residents.</p> <p>Findings included:</p> <p>1. Review of Resident #11's face sheet indicated the facility admitted Resident #11 with diagnoses that included <b>NJ EX Order. 264b1</b> [REDACTED]</p> <p>A review of Resident #11's admission Minimum Data Set (MDS), dated [REDACTED], revealed a Brief Interview for Mental Status (BIMS) score of [REDACTED] which indicated no [REDACTED]. Resident #11 required [REDACTED] of [REDACTED] people for the majority of all activities of daily living (ADLs).</p> <p>A review of the progress notes on [REDACTED] at 2:36 PM indicated Resident #11 experienced a [REDACTED] on [REDACTED] at 4:00 PM. Per the note, a [REDACTED]</p>	F 657	<p>R11 no longer resides at the facility.</p> <p>All residents can be affected by this deficient practice. Utilizing the [REDACTED] QAPI tool - a comprehensive review of [REDACTED] from January 1st 2022 to current - will be completed by the Director of Nursing/designee to validate [REDACTED] interventions were implemented [REDACTED]. All care plans will be updated on or before the date of compliance.</p> <p>The Director of Nursing/designee will educate the licensed nurses on the [REDACTED] "practice guide" and the "focus on F-tag 657" with a concentration on interventions on or before the date of compliance.</p> <p>The Director of Nursing/designee will audit 5 residents per week x4 weeks to validate fall care plans are in place and updated interventions are documented [REDACTED] if a [REDACTED] occurred. Results will be reviewed monthly with the QA&amp;A committee.</p>	

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F 657	<p>Continued From page 7</p> <p>certified nursing assistant (CNA) had observed Resident #11 in bed at 3:30 PM, and at 4:00 PM the CNA found Resident #11 out of bed, lying on the resident's [REDACTED]. Resident #11 was assessed and was found to have no injuries. The physician and responsible party were notified.</p> <p>Review of the facility's incident report, dated [REDACTED] indicated the nurse who wrote the report had reviewed Resident #11's care plans.</p> <p>A review of Resident #11's care plans on 11/18/2021 at 2:45 PM revealed Resident #11 did not have a care plan that addressed being at risk [REDACTED]s or interventions to prevent Resident #11 from [REDACTED].</p> <p>On 11/19/2021 at 4:47 PM, CNA #3 was interviewed. CNA #3 stated when a resident was care planned for being at risk [REDACTED], they wore a [REDACTED] NJ EX Order. 26461. CNA #3 also stated that some residents had experienced a [REDACTED] and they were not thought to be at risk. Lastly, she added the facility would also get a resident who did not use their call light when they needed assistance, and the CNAs would check on those residents every two hours. CNA #3 did not recall Resident #11.</p> <p>On 11/19/2021 at 4:50 PM, CNA #7 was interviewed. CNA #7 stated that when a resident was at risk for [REDACTED], they wore a [REDACTED] [REDACTED]. She stated the CNAs relied on the nurses to tell them who was at risk for [REDACTED].</p> <p>On 11/19/2021 at 5:32 PM, the Director of Nursing (DON) was interviewed. The DON stated it was her expectation that after a resident experienced a [REDACTED] the nursing staff was to update</p>	F 657			



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F 657	Continued From page 8 the resident's care plan with interventions to prevent future [REDACTED]. The DON was aware that Resident #11's care plan was not updated following the [REDACTED] and added that the nurse was disciplined and eventually terminated from the facility. The DON stated their procedure was for the nurse on the floor to inform the "on-call" nurse of the incident, and then it was the responsibility of the on-call nurse to update the care plan.  A review of the facility policy titled, "[REDACTED] Practice Guidelines," dated 05/2021, revealed, "In the event of a [REDACTED], initiate care plan update with new orders/interventions."	F 657			
F 686 SS=G	New Jersey Administrative Code § 8:39-11.2 (e) 1 Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)  §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ145505  Based on observations, interviews, record	F 686	R1 no longer resides in the facility.  Utilizing the [REDACTED] QAPI tool - the	1/18/22	

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F 686	<p>Continued From page 9</p> <p>reviews, and facility policy review, it was determined that the facility failed to accurately assess and identify the development of a new <b>NJ EX Order. 264b1</b> for one (Resident #1) of two residents reviewed for <b>NJ EX Order. 264b1</b>. This failure caused Resident #1 to develop an <b>NJ EX Order. 264b1</b> preventing the ability to assess the <b>NJ EX Order. 264b1</b> to the resident's <b>NJ EX Order. 264b1</b> and delayed treatment.</p> <p>Findings included:</p> <p>1. A review of Resident #1's face sheet indicated the facility re-admitted the resident on <b>NJ EX Order. 264b1</b> with diagnoses that included <b>NJ EX Order. 264b1</b>. A review of Resident #1's quarterly Minimum Data Set (MDS), dated <b>NJ EX Order. 264b1</b> indicated the resident had a Brief Interview for Mental Status (BIMS) score <b>NJ EX Order. 264b1</b> indicating <b>NJ EX Order. 264b1</b>. The MDS indicated the resident required <b>NJ EX Order. 264b1</b> of <b>NJ EX Order. 264b1</b> staff members for bed mobility and transferring. The resident had <b>NJ EX Order. 264b1</b>.</p> <p>A review of Resident #1's Admission/Re-Admission evaluation, dated <b>NJ EX Order. 264b1</b> at 2:45 PM, indicated Resident #1 did not have <b>NJ EX Order. 264b1</b> issues.</p> <p>A review of Resident #1's <b>NJ EX Order. 264b1</b> score, dated <b>NJ EX Order. 264b1</b>, indicated the resident had a score of <b>NJ EX Order. 264b1</b> which meant the resident was not at <b>NJ EX Order. 264b1</b>.</p> <p>A review of Resident #1's <b>NJ EX Order. 264b1</b> round notes, dated <b>NJ EX Order. 264b1</b>, at 2:43 PM, indicated the</p>	F 686	<p>Director of Nursing/designee will complete a comprehensive review of current residents to ensure all <b>NJ EX Order. 264b1</b> assessments are completed, an all residents have a <b>NJ EX Order. 264b1</b> assessment upon admission.</p> <p>The Director of Nursing/designee will educate the licensed nurses on the "Focus of F-tag 686" and the <b>NJ EX Order. 264b1</b> practice guide" which includes assessments, care plans, documentation needs and follow up procedure on or before the date of compliance.</p> <p>The Director of Nursing/designee will audit residents with <b>NJ EX Order. 264b1</b> weekly x4 weeks to validate care plans accurately reflect the residents <b>NJ EX Order. 264b1</b>. Results will be reviewed monthly with QA&amp;A committee.</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN LAKE HEALTHCARE AT VOORHEES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1086 DUMONT CIRCLE</b> <b>VOORHEES, NJ 08043</b>		
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F 686	<p>Continued From page 10</p> <p>resident was admitted to the facility with a [redacted] NJ EX Order. 264b1 to the [redacted] NJ EX Order. 264b1 to the [redacted] NJ EX Order. 264b1). The notes indicated the resident had a [redacted] NJ EX Order. 264b1 to the [redacted] NJ EX Order. 264b1 There was no mention of any other [redacted] NJ EX Order. 264b1.</p> <p>A review of Resident #1's comprehensive care plan did not indicate a care plan was implemented for the [redacted] NJ EX Order. 264b1 to the [redacted] NJ EX Order. 264b1 and [redacted] NJ EX Order. 264b1 upon readmission on [redacted] NJ EX Order. 264b1.</p> <p>A review of Resident #1's [redacted] NJ EX Order. 264b1 notes, dated [redacted] NJ EX Order. 264b1 at 10:47 PM, indicated the resident was seen by a [redacted] NJ EX Order. 264b1 nurse with no concerns noted. The notes did not indicate Resident #1 had any [redacted] NJ EX Order. 264b1.</p> <p>A review of Resident #1's general progress notes, dated [redacted] NJ EX Order. 264b1 1 at 7:34 PM, indicated the resident had a [redacted] NJ EX Order. 264b1 and landed on the resident's [redacted] NJ EX Order. 264b1. The notes indicated an assessment was done and no injuries were noted. The notes did not indicate any [redacted] NJ EX Order. 264b1 were present.</p> <p>A review of Resident #1's skin assessment wound rounds notes, dated [redacted] NJ EX Order. 264b1 at 1:46 PM, indicated the resident had [redacted] NJ EX Order. 264b1 injuries to the [redacted] NJ EX Order. 264b1 and to the [redacted] NJ EX Order. 264b1. The notes indicated the surrounding [redacted] NJ EX Order. 264b1 was appropriate. The notes did not indicate Resident #1 had any other [redacted] NJ EX Order. 264b1.</p> <p>A review of Resident #1's [redacted] NJ EX Order. 264b1 assessment notes, dated [redacted] NJ EX Order. 264b1 at 2:10 PM, indicated a body audit was conducted on the resident due to [redacted] NJ EX Order. 264b1. The assessment indicated Resident</p>	F 686		

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F 686	<p>Continued From page 11</p> <p>#1 had a [redacted] r to the [redacted] NJ EX Order. 264b1 ), which measured [redacted] NJ EX Order. 264b1 of the [redacted] NJ EX Order. 264b1 in [redacted] NJ EX Order. 264b1 ).</p> <p>A review of Resident #1's order recap, dated [redacted] NJ EX Order. 264b1 (no time), indicated [redacted] ointment was to be applied to the resident's [redacted] NJ EX Order. 264b1 time per day for [redacted] management.</p> <p>A review of Resident #1's [redacted] d care visit report, dated [redacted] NJ EX Order. 264b1 at 2:19 PM, indicated an initial [redacted] exam was conducted for an [redacted] NJ EX Order. 264b1 to the resident's [redacted] NJ EX Order. 264b1 . The notes indicated the resident was a new admission to the [redacted] care service.</p> <p>A review of Resident #1's comprehensive care plan indicated a care plan was implemented for all [redacted] NJ EX Order. 264b1 , and [redacted] NJ EX Order. 264b1 ) on [redacted] NJ EX Order. 264b1 .</p> <p>During an interview on 11/18/2021 at 3:30 PM, CNA #1 stated the CNAs working the day shift [redacted] complete a daily [redacted] worksheet and submit it to the nurse in charge of the resident. CNA #1 stated if anything abnormal was seen on a resident's [redacted] the nurse would be notified immediately and asked to assess the resident.</p> <p>During an interview on 11/18/2021 at 3:46 PM, Licensed Practical Nurse (LPN) #1 stated CNAs completed a [redacted] worksheet daily for each resident and would alert the nurses if they saw something unusual. LPN #1 stated licensed nurses were responsible for assessing residents' [redacted] weekly as well. LPN #1 stated the discovery</p>	F 686		

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F 686	<p>Continued From page 12</p> <p>of Resident #1's <b>NJ EX Order. 26461</b> to the <b>NJ EX Order. 26461</b> was "a <b>NJ EX Order. 26461</b>," because nobody had said anything about the resident having another <b>NJ EX Order. 26461</b>. LPN #1 was not assigned to Resident #1 but was present on the day the family member discovered the <b>NJ EX Order. 26461</b>. LPN #1 stated that in mid-May 2021, Resident #1's family member went to visit the resident, and the resident complained about <b>NJ EX Order. 26461</b> to the <b>NJ EX Order. 26461</b>. LPN #1 stated the resident then showed the family member the resident's <b>NJ EX Order. 26461</b>, and the family member saw the <b>NJ EX Order. 26461</b>. LPN #1 stated the family member was furious, and LPN #1 stated they understood why. LPN #1 stated, "If I bring my [parent], I'm expecting [them] to have care, and Resident #1 did not." LPN #1 stated they could not understand how, if the resident had a <b>NJ EX Order. 26461</b> to the <b>NJ EX Order. 26461</b>, nobody noticed the <b>NJ EX Order. 26461</b> to the <b>NJ EX Order. 26461</b>. LPN #1 stated <b>NJ EX Order. 26461</b> worksheets were done daily and put in a box for the unit manager to upload to the medical record. LPN #1 reviewed Resident #1's medical record and stated there were no <b>NJ EX Order. 26461</b> worksheets uploaded to the medical record.</p> <p>During a concurrent interview and record review on 11/19/2021 at 10:07 AM, the Director of Nursing (DON) stated <b>NJ EX Order. 26461</b> worksheets were completed by the CNAs, and if no issues were found the worksheets were discarded. The DON stated if any issues such as <b>NJ EX Order. 26461</b> were documented on the worksheets, they were scanned into the medical record. The DON then reviewed Resident #1's medical record and confirmed no <b>NJ EX Order. 26461</b> worksheets were in the resident's medical record. The DON stated Resident #1's <b>NJ EX Order. 26461</b> care was overseen by <b>NJ EX Order. 26461</b> but the facility was still responsible for</p>	F 686			

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F 686	<p>Continued From page 13</p> <p>█ assessments and overseeing the care provided to the resident. The DON stated facility nurses would help with █ care to the █ on the resident's right buttocks and therefore should have assessed the █ since it was part of the surrounding █. The DON stated Resident #1's sacral pressure ulcer was actually discovered by a CNA on █, but not documented. The DON could not remember which CNA. The DON stated documentation should have been done immediately as well as notification to the physician and responsible party. The DON reviewed Resident #1's comprehensive care plan. The DON confirmed a care plan for the resident's existing █ was not in place, and a care plan for the new █ was not implemented until █. The DON stated the purpose of the care plan was to let everyone know what was going on with the resident, and how to care for the resident. The DON stated all documentation should be reflective of the events at the time of documentation and needed to be detailed and specific. The DON stated Resident #1's █ was █, and "it was a big deal." The DON stated multiple in-services were held, and every resident underwent a body audit.</p> <p>An interview on 11/19/2021 at 12:02 PM revealed █ Nurse █ #1 was assigned to provide wound care to Resident #1, and █ #1 stated the administrator would be called before speaking to the surveyor about Resident #1. At 12:25 PM, █ #1 called to inform the surveyor no information would be given about the resident.</p> <p>A review of the facility's policy titled, █</p>	F 686		

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F 686	<p>Continued From page 14</p> <p>Practice Guide," dated [REDACTED], indicated, "A comprehensive [REDACTED] evaluation is completed upon admission." The policy indicated part of the admission [REDACTED] evaluation included, [REDACTED] observe if the [REDACTED] kin is intact without any cracks or openings, determine whether the skin is thick or thin, identify signs of pruritus [severe itching], such as excoriations from scratching, determine whether any lesions are raised or flat, identify whether the skin is bruised." The policy indicated, "If an alteration in skin integrity is identified on admission, a designated member of the wound team evaluated the status of the wound (ideally within 24 hours of admission) and collaborated with the licensed nurse, physician, and ARNP [Advanced Registered Nurse Practitioner] to determine the type of alteration present. Treatment orders are obtained, noted and initiated." The policy stated the initial plan of care consisted of, "Upon completing an evaluation, the interdisciplinary team develops a patient specific care plan to include prevention and management interventions with measurable goals. Any new ulcer development suggests a need to reevaluate the plan for preventing further development of [REDACTED]. The goal of the care plan may include but not be limited to promoting the prevention of [REDACTED] development, promoting the healing of [REDACTED] that are present, prevention of infection of the [REDACTED] to the extent possible."</p> <p>New Jersey Administrative Code §8:39-27.1(e)</p>	F 686			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315500	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/28/2022	Y3
NAME OF FACILITY AUTUMN LAKE HEALTHCARE AT VOORHEES			STREET ADDRESS, CITY, STATE, ZIP CODE 1086 DUMONT CIRCLE VOORHEES, NJ 08043		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0656	Correction	ID Prefix F0657	Correction	ID Prefix F0686	Correction
Reg. # 483.21(b)(1)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	01/18/2022	LSC	01/18/2022	LSC	01/18/2022
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/19/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		