

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

PRINTED: 06/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2024
NAME OF PROVIDER OR SUPPLIER CAREONE AT CRESSKILL			STREET ADDRESS, CITY, STATE, ZIP CODE 221 COUNTY ROAD CRESSKILL, NJ 07626		
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F 000	INITIAL COMMENTS Complaint#s: NJ#171778, #172937, and #177383 Survey Date: 10/29/2024 Census: 83 Sample: 18 sample + 2 closed records = 20 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 637 SS=C	Comprehensive Assessment After Significant Chg CFR(s): 483.20(b)(2)(ii) §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility provided documents, it was determined that the facility failed to ensure that a NJ Exec Order 26.4b1 was completed for Resident #53. This deficient practice was identified for one (1) of 20 residents	F 637	1. How the corrective action will be accomplished for those residents fo9und to have been affected by the deficient practice. Resident #53 has a NJ Exec Order 26.4b1		10/30/24

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

TITLE

(X6) DATE

Electronically Signed

11/16/2024

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 637	<p>Continued From page 1</p> <p>reviewed, and was evidenced by the following:</p> <p>According to the CMS's (Centers for Medicare and Medicaid Services) RAI (Resident Assessment Instrument) Version 3.0 Manual, updated October 2024 showed:</p> <p>An SCSA is required to be performed when a resident is receiving hospice services and then decides to discontinue those services (known as revoking of hospice care). The ARD (assessment reference date) must be within 14 days from one of the following: 1) the effective date of the hospice election revocation (which can be the same or later than the date of the hospice election revocation statement, but not earlier than); 2) the expiration date of the certification of terminal illness; or 3) the date of the physician's or medical director's order stating the resident is no longer terminally ill.</p> <p>On 10/16/24 at 10:50 AM, the surveyor observed Resident # 53's room door was closed, with a PPE (personal protective equipment) box hung outside the door and with a posted sign for [REDACTED] A staff entered the resident's room and stated that the surveyor had to wait and come back later.</p> <p>The surveyor reviewed the hybrid (combination of paper and electronic) medical records of Resident #53 as follows:</p> <p>According to the Admission Record (admission summary), Resident #53 was admitted to the facility with a diagnosis that included but was not limited to [REDACTED]</p>	F 637	<p>MDS entered on 3/7/24.</p> <p>Resident # 53 has [REDACTED] related to this practice.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents with a significant change have the potential to be affected by this practice.</p> <p>3. What measures will be put into place of systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>10/18/2024 the Regional Clinical Reimbursement Specialist provided in-service education to the [REDACTED] and the [REDACTED] on the importance of completing a comprehensive assessment after a significant change.</p> <p>The RN MDS coordinator conducted and audit of 100% of current residents to ensure significant change assessments were submitted timely.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.</p> <p>The Clinical Reimbursement Coordinator will conduct audits of 30% of residents quarterly MDS to ensure accuracy of</p>		

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F 637	<p>Continued From page 2</p> <p>NJ Exec Order 26.4b1</p> <p>A review of the Physician Order dated NJ Exec Order 26.4b showed an order for NJ Exec Order 26.4 evaluation and treatment for NJ Exec Order 26.4b1</p> <p>A review of the personalized care plan revealed a focus that the resident in NJ Exec Order 26.4 due to an NJ Exec Order 26.4b1 that was created on NJ Exec Order 26.4b.</p> <p>A review of the Progress Noted that was electronically signed by the US FOIA (b)(6) on NJ Exec Order 26.4b showed that US FOIA completed the referral to NJ Exec Order 26.4 for evaluation during the stay.</p> <p>The resident's modified quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care, with an ARD of NJ Exec Order 26.4b had a brief interview for mental status (BIMS) score of NJ Exec out of 15 which reflected that the resident's NJ Exec Order 26.4b status was NJ Exec Order 26.4b. The qMDS also reflected in Section NJ Special Treatments, Procedures, and Programs that the resident was coded for NJ Exec Order 26.4b1.</p> <p>On 10/18/24 at 9:47 AM, the surveyor interviewed the US FOIA (b)(6) who informed the surveyor that the facility followed the RAI Manual with regard to MDS. The US FOIA (b)(6) stated that a NJ Exec Order MDS will be done within eight days of the resident's enrollment with NJ Exec Order 26.4 care.</p> <p>At that time, the surveyor notified the US FOIA (b)(6) of the above findings/concerns that there was no</p>	F 637	<p>coding under Sections B and C. This audit will be conducted monthly x 3 months then quarterly x 3 quarters. The results of the audits will be provided monthly x 3 months, then quarterly x 3 quarters to the facilities Administrator and the Quality Assurance Performance Improvement (QAPI) Committee for review and comment. The QAPI committee meets on a monthly basis. The QAPI committee will review and determine the need for further audits</p>		

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F 637	<p>Continued From page 3</p> <p>^{NJ Exec Order 26.4} was done at the time the resident was enrolled and admitted to ^{NJ Exec Order 26.4} care on ^{NJ Exec Order 26.4b}. The ^{US FOIA (b)(6)} stated that she would get back to the surveyor.</p> <p>On 10/18/24 at 12:55 PM, the ^{US FOIA (b)(6)} in the presence of the survey team informed the surveyor that it was an oversight that the ^{NJ Exec Order 26.4b1} was not done in ^{NJ Exec Order 26.4b1}. The ^{US FOIA (b)(6)} acknowledged that qMDS ARD ^{NJ Exec Order 26.4b} should have been a ^{NJ Exec Order 26.4b}.</p> <p>On 10/18/24 at 01:02 PM, the survey team met with the ^{US FOIA (b)(6)} and ^{US FOIA (b)(6)}. The surveyor notified the facility management of the above concerns and findings about MDS.</p> <p>On 10/21/24 at 8:15 AM, the surveyor interviewed the assigned ^{US FOIA (b)(6)}. The ^{US FOIA (b)(6)} informed the surveyor that the resident was in ^{NJ Exec Order 26.4} care.</p> <p>On 10/21/24 at 12:14 PM, the survey team met with the ^{US FOIA (b)(6)}. ^{US FOIA (b)(6)} stated that the MDS ARD ^{NJ Exec Order 26.4b} should have been the ^{NJ Exec Order 26.4b} and not a qMDS.</p> <p>On 10/22/24 at 12:25 PM, the survey team met with the ^{US FOIA (b)(6)} for an exit conference. The facility management did not refute the findings.</p>	F 637			
F 641 SS=D	<p>NJAC 8:39-11.2(i) Accuracy of Assessments CFR(s): 483.20(g)</p>	F 641			11/11/24

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F 641	<p>Continued From page 4</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to accurately code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, for two (2) of 20 residents, (Residents #15 and #53) reviewed for MDS accuracy, and was evidenced by the following:</p> <p>According to the Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual October 2024, for Use Effective October 1, 2024, revealed: Section B: Hearing, Speech and Vision included Item Rationale. Health-related Quality of Life. Unaddressed communication problems related to hearing impairment can be mistaken for confusion or cognitive impairment. Coding Instructions: Code 0, adequate: No difficulty in normal conversation ..., Code 1, minimal difficulty: Difficulty in some environments (e.g., when a person speaks softly or the setting is noisy) ..., Coding Tips for Special Populations. Residents who are unable to respond to a standard hearing assessment due to cognitive impairment will require alternate assessment methods Section C Cognitive Patterns: Coding Tips o Attempt to conduct the interview with ALL residents. This interview is conducted during the look-back period of the Assessment Reference</p>	F 641	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident #15 was re-assessed by the RN MDS coordinator on 11/11/2024. Section NJ Ex Order 26.4(b)(1) was modified 11/11/2024 to reflect a NJ Ex Order 26.4(b)(1)." Resident #15 had NJ Ex Order 26.4(b)(1) related to this practice. The RN MDS Coordinator conducted an assessment and interview with resident #53 on 11/11/2024. Resident #53's quarterly MDS for 9/6/2024 Section NJ Ex Order 26.4(b)(1) was modified on 11/11/2024 to include the interview was conducted. Resident #53 had NJ Ex Order 26.4(b)(1) related to this practice.</p> <p>2. How the facility will identify other residents having the potential to be affected by the deficient practice.</p> <p>All residents have the potential to be affected by this practice.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>On 10/18/2024 the VP of Clinical Reimbursement provided in-service</p>		

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F 641	<p>Continued From page 5</p> <p>Date (ARD) ...</p> <p>C0100: Should Brief Interview for Mental Status Be Conducted?</p> <p>Coding Instructions</p> <p>o Code 1, yes: if the interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available.</p> <p>Section J Health Conditions:</p> <p>Intent: The intent of the items in this section is to document a number of health conditions that impact the resident's functional status and quality of life. The items include an assessment of pain which uses an interview with the resident or staff if the resident is unable to participate. The pain items assess the management of pain, the presence of pain, pain frequency, effect of pain on sleep, and pain interference with therapy and day-to-day activities. Other items in the section assess dyspnea, tobacco use, prognosis, problem conditions, falls, prior surgery, and surgery requiring active SNF (Skilled Nursing Facility) care.</p> <p>1. On 10/16/24 at 10:54 AM, Surveyor #1 (S#1) observed Resident #15 seated in a wheelchair (w/c) in their room with [NJ Exec Order 26.4b1] in use and stated that [NJ Exec Order 26.4b1]. The resident was able to [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] when asked how they were and if they had breakfast already.</p> <p>On 10/21/24 at 01:03 PM, Surveyor #2 (S#2) interviewed Resident #15. The resident was observed in their room seated in a w/c with a lunch meal tray. The resident stated that they feel [NJ Exec Order 26.4b1]. S#2 asked the resident if they can [NJ Exec Order 26.4b1] the surveyor. The resident stated that it</p>	F 641	<p>education to the [U.S. FOIA(b)] on accuracy of coding the discharge MDS.</p> <p>The Clinical Reimbursement Coordinator conducted and audit of 100% of residents with quarterly MDS completed in the last 30 days to ensure sections B and C are completed.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.</p> <p>The Clinical Reimbursement Coordinator will conduct audits of 30% of residents quarterly MDS to ensure accuracy of coding of section B and C. This audit will be conducted monthly x3 months then quarterly x3 quarters.</p> <p>The results of the audits will be provided monthly x3 months, then quarterly x3 quarters to the facilities Administrator and the Quality Assurance Performance Improvement (QAPI) Committee for review and comment.</p> <p>The QAPI committee meets on a monthly basis. The QAPI Committee will review and determine the need for further audits.</p>		

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F 641	<p>Continued From page 6</p> <p>NJ Exec Order 26.4b1 [REDACTED], and they NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 if there was NJ Exec Order 26.4b1. The surveyor asked if the resident has any NJ Exec Order 26.4b1 other times. The resident stated, NJ Exec Order 26.4b1 they do have NJ Exec Order 26.4b1 at times.</p> <p>On 10/21/24 at 01:15 PM, S#2 interviewed the facility US FOIA (b)(6) [REDACTED]. The US FOIA (b)(6) stated she was familiar with Resident #15 who has been in and out of the facility several times. She also stated that the resident has some NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The US FOIA (b)(6) stated the resident's family was discussing possible long-term placement.</p> <p>On 10/21/24 at 01:25 PM, S#2 interviewed the US FOIA (b)(6) [REDACTED] who cared for Resident #15. The US FOIA (b)(6) stated that the resident was NJ Exec Order 26.4b1 often, but NJ Exec Order 26.4b1. The US FOIA (b)(6) also stated that the resident NJ Exec Order 26.4b1 due to wearing a NJ Exec Order 26.4b1 and she did not want to NJ Exec Order 26.4b1 at the resident.</p> <p>On 10/21/24 at 01:30 PM, S#2 observed Resident #15 in the hallway in front of their room. The resident did not NJ Exec Order 26.4b1 the surveyor but did when re-introduced. The resident stated NJ Exec Order 26.4b1 the surveyor's questions very well in the hallway.</p> <p>On 10/21/24 at 01:44 PM, S#2 interviewed the facility US FOIA (b)(6) [REDACTED]. The surveyor asked the US FOIA (b)(6) [REDACTED] who was the person who signed Resident #15's MDS. The US FOIA (b)(6) stated that the person was a NJ Exec Order 26.4b1 US FOIA (b)(6) stated she did not know the first name or credentials of that NJ Exec Order 26.4b1 US FOIA (b)(6) and to her knowledge</p>	F 641			

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F 641	<p>Continued From page 7</p> <p>was 100% [NJ Exec Order 26.4b1] and did not come into the building. The surveyor asked the [US FOIA (b)(6)] if the MDS dated [NJ Exec Order 26.4b1] for Resident #15 was current and was it done remotely or in person interview. The [US FOIA (b)(6)] stated it was current and that it was done remotely and did not have any in-person interview from the [NJ Exec Order 26.4b1] [US FOIA (b)(6)]. The surveyor asked the [US FOIA (b)(6)] about Resident #15's [NJ Exec Order 26.4b1]. The [US FOIA (b)(6)] stated she could not be sure if there was any [NJ Exec Order 26.4b1] or if it was related to the resident's [NJ Exec Order 26.4b1]</p> <p>The surveyor reviewed Resident #15's hybrid medical record (paper and electronic) which revealed the following:</p> <p>The Admission Record (AR; admission summary) reflected that Resident #15 was admitted to the facility with diagnoses that included but were not limited to [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1]).</p> <p>The most recent comprehensive MDS ARD [NJ Exec Order 26.4b1], reflected under Section [NJ Exec Order 26.4b1], Hearing, a [NJ Exec Order 26.4b1]. The MDS also indicated under Section [NJ Exec Order 26.4b1] a Brief Interview for Mental Status (BIMS) score of [NJ Exec Order 26.4b1] out of 15 which reflected [NJ Exec Order 26.4b1]. The MDS also reflected that it was signed by remote [US FOIA (b)(6)] or [NJ Exec Order 26.4b1] at 3:15 AM. The MDS Section [NJ Exec Order 26.4b1] reflected a completion date of [NJ Exec Order 26.4b1]</p> <p>The resident's Care Plan (CP; relevant information about a patient's diagnosis, the goals of treatment) dated [NJ Exec Order 26.4b1]. The CP reflected a focus initiated [NJ Exec Order 26.4b1] by the [US FOIA (b)(6)]</p>	F 641			

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F 641	<p>Continued From page 8</p> <p>US FOIA (b) (6) "NJ Exec Order 26.4b1" relating to decline in NJ Exec Order 26.4b1 status and NJ Exec Order 26.4b1." It also reflected an intervention dated NJ Exec Order 26.4b1 by the US FOIA (b) (6) "Provide accommodation for NJ Exec Order 26.4b1 for activity participation such as NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 etc."</p> <p>A "Resident Evaluation" nursing note dated NJ Exec Order 26.4b1, created NJ Exec Order 26.4b1 that reflected "BIMS Score NJ Exec Order 26.4b1."</p> <p>On 10/22/24 at 9:58 AM, S#2 interviewed the US FOIA (b)(6). The US FOIA (b)(6) stated that the quarterly and annual (comprehensive) MDS should be completed 7 days after the ARD and transmitted 14 days after the ARD. The US FOIA (b)(6) further stated that the lookback period (the time period over which the resident's condition or status is captured by the MDS assessment) for Sections NJ Exec Order 26.4b1 in the MDS was seven days. The US FOIA (b)(6) also stated that for sections NJ Exec Order 26.4b1 in the MDS, interview should be done. The surveyor asked the US FOIA (b)(6) if it would be appropriate to interview a resident at 3:15 AM. The US FOIA (b)(6) stated that if it was the resident's normal schedule to be awake at that time, "NJ Exec Order 26.4b1."</p> <p>On 10/22/24 at 10:29 AM, S#2 interviewed Resident #15's US FOIA (b)(6) by telephone. The US FOIA (b)(6) stated that the resident had a NJ Exec Order 26.4b1 and had attempted to NJ Exec Order 26.4b1 for the resident when resident was at home but were NJ Exec Order 26.4b1.</p> <p>On 10/22/24 at 11:42 AM, the survey team met</p>	F 641			

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F 641	<p>Continued From page 9</p> <p>with the US FOIA (b)(6)) and discussed the above findings. The facility management did not provide additional information.</p> <p>2. On 10/16/24 at 10:50 AM, S#1 observed Resident #53's room door was closed, with a PPE (personal protective equipment) box hung outside the door and with a posted sign for NJ Exec Or. A staff entered the resident's room and stated that the surveyor had to wait and come back later.</p> <p>The surveyor reviewed the hybrid medical records of Resident #53 as follows:</p> <p>According to the AR, Resident #53 was admitted to the facility with a diagnosis that included but was not limited to NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1</p> <p>According to the most recent quarterly MDS (qMDS) with an ARD of NJ Exec Or under Section NJ Exec Order 26.4b1 : NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 consider both NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 was coded NJ Exec Order 26.4b1 , NJ Exec Order 26.4b1 however able (with NJ Exec Order 26.4b1 or device if used) was coded NJ Exec Order 26.4b1). The NJ Exec Order 26.4b1 qMDS Section NJ Exec Order 26.4b1 showed that the interview was not attempted and was coded as NJ E</p>	F 641			

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

PRINTED: 06/04/2025
FORM APPROVED
OMB NO. 0938-0391

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F 641	<p>Continued From page 10</p> <p>A review of the qMDS with an ARD of [REDACTED] and [REDACTED] NJ Exec Order 26.4b1) MDS with an ARD of [REDACTED] both reflected that resident was coded [REDACTED] (NJ Exec Order 26.4b1) on Section [REDACTED] and Section [REDACTED] was coded [REDACTED] (NJ Exec Order 26.4b1) .</p> <p>On 10/18/24 at 9:47 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6)) who informed the surveyor that the facility followed the RAI Manual with regard to MDS. The [REDACTED] US FOIA (b)(6) stated that MDS person assigned to do MDS for Section [REDACTED] should always attempt to interview the resident according to the RAI Manual.</p> <p>At that time, the surveyor notified the [REDACTED] US FOIA (b)(6) of the above findings/concerns that Resident #53's Section [REDACTED] of MDS interview was not attempted. The [REDACTED] US FOIA (b)(6) stated that she would get back to the surveyor.</p> <p>On 10/18/24 at 11:10 AM, the [REDACTED] US FOIA (b)(6) and the [REDACTED] US FOIA (b)(6)) met with the surveyor. The [REDACTED] US FOIA (b)(6) stated that the resident's MDS most recent MDS in [REDACTED] NJ Exec Order 26.4b1 was done by herself. The [REDACTED] US FOIA (b)(6) confirmed that the Section [REDACTED] was coded correctly that the resident was [REDACTED] NJ Exec Order 26.4b1 . The surveyor then asked the [REDACTED] US FOIA (b)(6) why the Section [REDACTED] interview was not attempted if the resident was [REDACTED] NJ Exec Order 26.4b1 . The [REDACTED] US FOIA (b)(6) stated that she will get back to the surveyor</p> <p>On 10/18/24 at 01:02 PM, the survey team met with the [REDACTED] US FOIA (b)(6) . The surveyor notified the facility management of the above concerns and findings about MDS.</p>	F 641			

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

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F 641	Continued From page 11 On 10/21/24 at 12:14 PM, the survey team met with the US FOIA (b)(6) US FOIA (b)(6) stated that the staff should have attempted to interview the resident in Section NE On 10/22/24 at 12:25 PM, the survey team met with the US FOIA (b)(6) US FOIA (b)(6) for an exit conference. The facility management did not refute the findings.	F 641			
F 658 SS=D	NJAC 8:39-33.2 (d) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: REPEAT DEFICIENCY Based on observation, interview, record review, and review of other pertinent facility provided documentation, the facility failed to follow the physician orders for one (1) of four (4) residents (Resident #61), by one (1) of four (4) nurses (Registered Nurse) observed during medication administration according to the standard of clinical practice. This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title	F 658	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. Resident #61 physician orders were clarified and updated to include the discontinuation of the order for: NJ Exec Order 26.4b1 US FOIA (b)(6) give 2 tablets (tabs) by mouth two times a day for NJ Exec Order 26.4b1 2 (two) NJ Exec Order 26.4b1 US FOIA (b)(6) . A new physicians order was obtained for Resident #61 and included NJ Exec Order 26.4b1 US FOIA (b)(6) one tablet two times a day.		10/30/24

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

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F 658	<p>Continued From page 12</p> <p>45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 10/21/24 at 7:38 AM, the surveyor observed the US FOIA (b)(6) in the NJ Exec Order unit prepared and administered six medications (meds) to Resident #61.</p> <p>The following meds had the following orders in NJ Exec Order 26.4b1 electronic Medication Administration Record (eMAR) that the RN read during medication (med) administration observation: NJ Exec Order 26.4b1 one time a day NJ Exec Order 26.4b1 Give 1 capsule by mouth</p>	F 658	<p>Resident #61 had NJ Exec Order 26.4b1 related to this practice.</p> <p>2. How the facility will identify other resident having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected by this practice.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>The Director of Nursing immediately provided in-service re-education to the US FOIA on the policy and procedure of Administering Medications which includes but is not limited to ensuring medications are administered according o physicians orders.</p> <p>The Director of Nursing provided in-service education with all nurses on the policy Administering Medications which includes but is not limited to ensuring medications are administered according to physicians orders.</p> <p>The Director of Nursing conducted an audit of residents with physicians orders that included NJ Exec Order 26.4b1 tablets. There were no residents with those specific orders.</p> <p>The Director of Nursing ordered NJ Exec Order 26.4b1 tables from the vendor as a house stock item.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 658	<p>Continued From page 13</p> <p>one time a day for (NJ Exec Order 26.4b1) NJ Exec Order 26.4b1 Give 1 tab by mouth one time a day for (NJ Exec Order 26.4b1) (NJ Exec Order 26.4b1) (NJ Exec Order 26.4b1)) Give 1 tab by mouth one time a day for (NJ Exec Order 26.4b1) (NJ Exec Order 26.4b1) Give 2 tablets (tabs) by mouth two times a day for (NJ Exec Order 26.4b1) 2 (two (NJ Exec Order 26.4b1) total dose (NJ Exec Order 26.4b1) Oral Tab (NJ Exec Order 26.4b1) Give 1 tab by mouth three times a day for (NJ Exec Order 26.4b1) (NJ Exec Order 26.4b1)</p> <p>On that same date and time, the (US FOM) informed the surveyor that there was no available (NJ Exec Order 26.4b1) (NJ Exec Order 26.4b1) in the med cart. The (US FOM) stated that she had (NJ Exec Order 26.4b1) that she will administer to the resident because it was the same dose. She further stated that the order was to give two of (NJ Exec Order 26.4b1) but since she did not have the (NJ Exec Order 26.4b1) she could administer the one tab of (NJ Exec Order 26.4b1) instead.</p> <p>After the med preparation, the (US FOM) entered the resident's room and administered the six meds including the (NJ Exec Order 26.4b1) mg one tab. The resident took all six meds whole with water.</p> <p>On 10/21/24 at 8:04 AM, the (US FOM) signed the eMAR and confirmed to the surveyor that she was done. The surveyor interviewed the (US FOM) regarding the (NJ Exec Order 26.4b1). The (US FOM) informed the surveyor that it was okay to administer the (NJ Exec Order 26.4b1) (NJ Exec Order 26.4b1) even if the order was to give two tabs of (NJ Exec Order 26.4b1) (NJ Exec Order 26.4b1). The (US FOM) further stated that "What I will do is to check if there was (NJ Exec Order 26.4b1) tab available in the stock or call the doctor to change the order."</p>	F 658	<p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.</p> <p>The Director of Nursing or designee will conduct audits of all residents with physician's orders for (NJ Exec Order 26.4b1) mg to ensure the stock item is on the medication cart, Audits will be conducted weekly x 4 weeks then monthly x 3 months, then quarterly x 3 quarters.</p> <p>The results of all audits will be provided monthly x 3 months, then quarterly x 3 quarters to the facilities administrator and the Quality Assurance Performance Improvement (QAPI) Committee for review and comment.</p> <p>The QAPI committee meets on monthly basis. The QAPI Committee will review and determine the need for further audits.</p>		

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F 658	Continued From page 14 On 10/21/24 at 12:14 PM, the survey team met with the US FOIA (b)(6) . The surveyor notified the concern regarding Resident #61's med pass observation about NJ Exec Order 26.4b1 that the US FOIA (b)(6) did not follow the physician order to give two NJ Exec Order 26.4b1 . On 10/22/24 at 11:42 AM, the survey team met with the US FOIA (b)(6) . The surveyor asked the facility management, what should had happened when there was no NJ Exec Order 26.4b1 available according to the physician's order. The US FOIA (b)(6) stated that the nurse should have called the doctor. A review of the facility's Administering Medications Policy with a revision date of April 2019 that was provided by the US FOIA (b)(6) revealed: Policy Statement: Meds are administered in a safe and timely manner, and as prescribed. On 10/22/24 at 12:25 PM, the survey team met with the US FOIA (b)(6) for an exit conference. The facility management did not refute the findings.	F 658			
F 684 SS=D	NJAC 8:39-11.2(b) Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure	F 684			10/30/24

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

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F 684	<p>Continued From page 15</p> <p>that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Complaint # NJ177383</p> <p>Based on observation, interview, record review and review of pertinent facility documents it was determined the facility failed to ensure a.) resident's plan of care was provided and followed during an NJ Exec Order 26.4b1, b.) the resident's request to be sent to the hospital was honored, and c.) a Registered Nurse obtained a physician's order prior to administering a medication to a resident in accordance with professional standards of clinical practice and the facility's policy and procedure for one (1) of 20 residents, Resident #50, reviewed for quality of care.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p>	F 684	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>An AAS-45 (reportable Event Record / Report) was submitted to the Department of Health (DOH) on NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 / NJ Exec Order 26.4b1 and signed on the medication administration record by RN #1 on NJ Exec Order 26.4b1 at 12:05 am NJ Exec Order 26.4b1 2 tablets, total dose of NJ Exec Order 26.4b1 was administered by mouth on NJ Exec Order 26.4b1 at 12:10 am RN #1 is no longer employed at the facility. Resident # 50 had NJ Exec Order 26.4b1 related to this practice.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected by this practice.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>On 6/3/24 The Director of Nursing (don)</p>		

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F 684	<p>Continued From page 16</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 10/17/24 at 10:08 AM, the surveyor observed Resident #50 sitting in a wheelchair in their room. The resident was [redacted] NJ Exec Order 26.4b1, and had [redacted] NJ Exec Order 26.4b1 with their care in the facility.</p> <p>On 10/18/24 at 9:45 AM, the surveyor reviewed a Facility Report Event investigation for Resident #50 which revealed the following:</p> <p>An AAS-45 (Reportable Event Record/Report) dated 6/03/24 was submitted to the Department of Health (DOH) for an event that occurred approximately [redacted] NJ Exec Order 26.4b1 at 11 PM. The resident reported to the nursing staff they thought they were having an [redacted] NJ Exec Order 26.4b1. Registered Nurse #1 (RN#1) observed the resident was [redacted] NJ Exec Order 26.4b1 and noted [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 on their [redacted] NJ Exec Order 26.4b1. The resident was [redacted] NJ Exec Order 26.4b1 [redacted] and reported taking their usual evening medications (meds). While RN#1 attempted to notify the physician Resident #50 used their call light and notified RN#1 they would like to go to the hospital. The resident was having [redacted] NJ Exec Order 26.4b1 and administered their own [redacted] NJ Exec Order 26.4b1 which was noted to have [redacted] NJ Exec Order 26.4b1. The resident's condition</p>	F 684	<p>provided in-service education to all nurses. education included but was not limited to the policies and procedures including: responding to an emergency, self - administration of a medication by a resident, resident rights, incident reports and DON notification of events. On 10/18/24 the Director of Nursing provided in-service re-education to all nurses on the policies and procedures including: Change in a Residents Condition or Status, Residents rights and Medication Administration. The Director of Nursing conducted a audit of all current residents progress notes to ascertain if there had been a change in status in the last 7 days. There were no findings.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e what QA program will be put in place to monitor the continued effectiveness of the systemic change.</p> <p>The Director of Nursing of designee will conduct audits of all residents with change in status to ensure that the residents rights were maintained (ex if the resident requested to be transferred to the hospital), Audits will be conducted weekly x4 then monthly x 3 months.</p> <p>The results of all audits will be provided monthly x 3 months to the facilities Administrator and the Quality Assurance Performance Improvement (QAPI) Committee for review and comment.</p>		

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F 684	<p>Continued From page 17</p> <p>remained [REDACTED] the physician responded to RN #1's call, was notified, and ordered PRN [as needed] [REDACTED] The US FOIA (b)(6) [REDACTED] was contacted on [REDACTED] by Resident #50's resident representative (RR) who had concerns of not being notified of the incident and the resident not being sent to the hospital.</p> <p>A grievance report initiated on [REDACTED] which detailed the RR's concern for Resident #50 not being sent out to the hospital. The investigation report summary included findings of the investigation and actions to be taken. The findings of the investigation detailed the "Resident was noted to be in [REDACTED] and the nurse did not feel hospital transport was warranted." The plan to resolve the complaint/grievance was "in-service, education, disciplinary action." The grievance report documented Resident #50, and the RR were made aware of investigative findings and actions taken.</p> <p>RN#1 who was assigned to care for the resident on [REDACTED] the 11 PM-7 AM shift and RN #2 who was assigned to care for the resident on [REDACTED] on the 3 PM-11 PM shift were suspended pending investigation findings.</p> <p>The investigation included a timeline, supportive documentation of the facility reviewing potential causes for the resident's [REDACTED], including medication (med), food, and environmental causes. Statements from the resident, the staff at the time of the incident, and the resident's physician were also obtained.</p> <p>The summary and conclusion of the facility's investigation determined there was no willful [REDACTED] or [REDACTED] that occurred. It detailed that</p>	F 684	<p>The QAPI committee meets on a monthly basis. The QAPI Committee will review and determine the need for further audits.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 684	<p>Continued From page 18</p> <p>RN#1 failed to obtain an order for the [NJ Exec Order 26.4b1] med and administered it to the resident without a physician's order (PO) at the time. Additionally, RN #1 failed to notify the [US FOIA (b)(6)] about the incident. [NJ Exec Order 26.4b1] of RN#1 was to be recommended.</p> <p>Education in-service to the nursing staff was provided on responding to an emergency, self-administration of a med by a resident, resident rights, incident reports, and [US FOIA (b)(6)] notification of events.</p> <p>A termination request form, dated 6/06/24 by the [US FOIA (b)(6)], indicated a request to [NJ Exec Order 26.4b1] RN #1 was initiated as RN#1 administered med out of her scope of practice and without a PO. Additionally, RN#1 failed to notify the [US FOIA (b)(6)] about the resident's change in status and failed to comply with the resident's request to be sent out to the hospital.</p> <p>On 10/18/24 at 11:35 AM, the surveyor interviewed Resident #50 in their room regarding the incident in [NJ Exec Order 26.4b1]. Resident #50 did recall the incident, and stated they had [NJ Exec Order 26.4b1]. The resident called for the nurse. Resident #50 stated the nurse said she could give the resident [NJ Exec Order 26.4b1] and the nurse left the room. Resident #50 stated they had many [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1], and knew well when an [NJ Exec Order 26.4b1] was coming on, including the symptoms to look out for. The resident further explained they called the nurse a few minutes later as they felt the [NJ Exec Order 26.4b1] was getting [NJ Exec Order 26.4b1] and reported to the nurse they wanted to go to the hospital. The resident stated they retrieved an [NJ Exec Order 26.4b1] from their bag and [NJ Exec Order 26.4b1] the</p>	F 684			

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

PRINTED: 06/04/2025
FORM APPROVED
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F 684	<p>Continued From page 19</p> <p>[REDACTED] The resident further explained they did not want to wait for the nurse to get the med from the crash cart and [REDACTED] after taking the med.</p> <p>On that same date and time, the surveyor asked the resident if the nurse administered anything to the resident. Resident #50 stated the nurse gave them [REDACTED]. The resident stated [REDACTED] but the stated the nurse did not send them to the hospital when they requested. The resident confirmed that after the facility was made aware of the concern they did investigate and discussed their investigative findings with them. Resident #50 stated that the nurse was no longer working at the facility.</p> <p>The surveyor reviewed the paper and electronic medical record (EMR) of Resident #50.</p> <p>The Admission Record (a summary of important information about the resident) documented the resident had diagnoses that included but were not limited to, [REDACTED].</p> <p>The resident had [REDACTED] to different [REDACTED] [REDACTED], and [REDACTED] items which were listed in the resident's medical records.</p> <p>A comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] indicated the facility assessed the resident's [REDACTED] using a Brief Interview Mental Status (BIMS) test. Resident #50 scored a [REDACTED] out of 15, which indicated the resident was [REDACTED].</p>	F 684			

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F 684	<p>Continued From page 20</p> <p>A review of the [NJ Exec Order 26.4b1] Medication Administration Record (MAR) revealed:</p> <p>An order entry for [NJ Exec Order 26.4b1] as PRN for [NJ Exec Order 26.4b1] with a start date of [NJ Exec Order 26.4b1]. The med was signed as administered by RN#1 on [NJ Exec Order 26.4b1] at 12:05 AM.</p> <p>An order entry for [NJ Exec Order 26.4b1] by mouth one time only for [NJ Exec Order 26.4b1] for 1 day total dose [NJ Exec Order 26.4b1] with a start date and time of [NJ Exec Order 26.4b1] 12 AM. The med was signed as administered by RN#1 on [NJ Exec Order 26.4b1] at 12:10 AM.</p> <p>A review of the PO revealed the one-time order for [NJ Exec Order 26.4b1] 2 tablets was entered by RN#1 on 6/02/24 at 5:44 AM.</p> <p>A nurse progress note written by RN#1, dated and timed, [NJ Exec Order 26.4b1] at 6:52 AM, documented the resident called around midnight reporting [NJ Exec Order 26.4b1], with [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] noted on the [NJ Exec Order 26.4b1] with vital signs taken and stable. The [US FOM] indicated a call to the physician was placed twice with no return call for a [NJ Exec Order 26.4b1] order. The resident reported feeling [NJ Exec Order 26.4b1] with [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] tab being administered. The note also documented the interventions being effective and that the physician "later returned the call," was informed of what occurred and approved of the interventions. The note did not indicate Resident #50's request to be transferred to the hospital.</p> <p>On 10/21/24 at 9:08 AM, the surveyor interviewed</p>	F 684			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 684	<p>Continued From page 21</p> <p>RN#1 over the phone regarding the incident. The [US FOM] no longer worked at the facility and recalled the incident. The [US FOM] recalled Resident #50 called the [US FOM] to the room and complained they were having an [NJ Exec Order 26.4b1]. The [US FOM] stated she assessed the resident and asked about possible causes including [NJ Exec Order 26.4b1] the resident ate and the [NJ Exec Order 26.4b1] the resident had taken. Resident #50 had [NJ Exec Order 26.4b1] on their [NJ Exec Order 26.4b1] and was [NJ Exec Order 26.4b1] at them. The [US FOM] stated she called the physician for orders, checked the vital signs, monitored the resident, and then gave [NJ Exec Order 26.4b1] to the resident.</p> <p>On that same date and time, the surveyor asked RN#1 about any other interventions and the PO for the [NJ Exec Order 26.4b1] med for the resident. The [US FOM] stated the resident had [NJ Exec Order 26.4b1] it already from their personal belongings. The [US FOM] further explained that she monitored the resident and vital signs throughout the shift, the resident [NJ Exec Order 26.4b1] after the med was administered and there were [NJ Exec Order 26.4b1] with the resident.</p> <p>At that same time, the surveyor asked RN#1 if Resident #50 requested to go to the hospital. RN #1 replied that initially the resident stated they wanted to because the [US FOM] was not able to reach the physician. RN #1 stated she discussed it with the resident who had agreed to try the med first.</p> <p>Furthermore, the surveyor asked RN#1 when she spoke with the physician for the [NJ Exec Order 26.4b1] order. RN #1 stated she spoke with the physician in the morning. The surveyor asked the [US FOM] about the specific time she spoke with the physician. The [US FOM] replied that she was not sure but that the order had the time it was entered into the EMR. The surveyor asked the [US FOM] if she had notified anyone else besides the physician about what</p>	F 684			

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F 684	<p>Continued From page 22</p> <p>had occurred. The [US FOIA] stated that normally the [US FOIA] would be called but she did not since the resident's [NJ Exec Order 26.4b1]. The [US FOIA] further explained she provided report to the incoming nurse at shift change and that the [U.S. FOIA (b) (6)] was at the nurses' station during report. The surveyor asked the [US FOIA] what happened afterward. The [US FOIA] replied the facility called her about two days after the incident asking what happened and if the resident wanted to go to hospital. The [US FOIA] stated she told them what happened and could not recall anything else about it. The surveyor asked the [US FOIA] about her last day of work. The [US FOIA] stated she worked the night after and then in the morning the facility called her to asked about what occurred. The [US FOIA] stated she had [NJ Exec Order 26.4b] from her position, could not recall the exact date or any other details.</p> <p>On 10/18/24 at 01:05 PM, the surveyor, in the presence of the survey team, informed the [US FOIA (b)(6)] and the [US FOIA (b)(6)] about the concern of the nurse's response to the resident's request to go to the hospital and administering a med prior to obtaining an order by the physician. The [US FOIA (b)(6)] confirmed the resident had a PO for an [NJ Exec Order 26.4b1] as needed and that the resident [NJ Exec Order 26.4b1] an [NJ Exec Order 26.4b1] from their personal belongings. The [US FOIA (b)(6)] further explained that the facility did a thorough investigation to determine a potential cause for the reaction, worked with the resident and ruled out all causes. Resident #50 had [NJ Exec Order 26.4b1] was knowledgeable on symptoms, their meds, and what [NJ Exec Order 26.4b1] to avoid. The [US FOIA (b)(6)] stated that although the [NJ Exec Order 26.4b1] was effective the resident wanted to go to hospital which was their right, and the nurse should have followed the appropriate procedure to transfer the resident to the hospital. Additionally, the nurse did</p>	F 684			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 684	<p>Continued From page 23</p> <p>not obtain the [REDACTED] med order from the physician and did not inform the [REDACTED] of what had occurred. The nurse was suspended immediately, pending the outcome of the investigation. The [REDACTED] also acknowledged that RN#1 should have followed the plan of care to administer the order for [REDACTED].</p> <p>At that same time, the [REDACTED] stated there was a plan to terminate the nurse as she did not perform to the expectations of her responsibilities and that the [REDACTED] resigned prior to termination. The surveyor asked what the expected response was for when a [REDACTED] could not get in contact with a physician. The [REDACTED] stated a nurse should call the medical director and if not then they could call the [REDACTED].</p> <p>The surveyor reviewed the facility's policy titled "Change in a Resident's Condition or Status" with a last revised date of February 2021. Under Policy Statement it documented: The facility promptly notifies the resident, their attending physician, and the RR of changes in the resident's medical/mental condition and/or status.</p> <p>The surveyor reviewed the facility's policy titled "Resident Rights" with a last edited date of 5/30/24. Under Policy Interpretation and Implementation, it documented: 1. Federal and state laws guarantee certain basic rights to all residents of this facility.</p> <p>These rights include the resident's right to: " ...e. self-determination ...p. be informed of, and participate in, his or her care planning and treatment ...s. choose an attending physician and participate in decision-making regarding his or her care ..."</p>	F 684			

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F 684	Continued From page 24 The surveyor reviewed the facility's policy titled "Administering Medications" with a revised date of April 2019. Under Policy Interpretation and Implementation, it specified, " ... 4. Medications are administered in accordance with prescriber orders, including any required timeframe ..." On 10/22/24 at 12:25 PM, the survey team met with the US FOIA (b)(6) for an exit conference. The facility management did not refute the findings.	F 684			
F 698 SS=D	N.J.A.C. 8: 39-3.2 (a), (b); 4.1 (a)3; 27.1 Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure a resident's medication times were adjusted to accommodate thei NJ Exec Order 26.4b1 schedule for one (1) of one (1) resident (Resident #26) reviewed for NJ Exec Order 26.4b1 This deficient practice was evidenced by the following: On 10/16/24 at 10:29 AM, the surveyor observed	F 698	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. Resident #26 has scheduled NJ Exec Order 26.4b1 treatments on Monday - Wednesday - Friday Resident #26's medication administration times for the following medications NJ Exec Order 26.4b1 oral tablet one tablet two times a day, NJ Exec Order 26.4b1		10/30/24

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F 698	<p>Continued From page 25</p> <p>Resident #26 resting in bed. The resident was [redacted] and [redacted] NJ Exec Order 26.4b1. Resident #26 stated they were receiving [redacted] NJ Exec Order 26.4b1 and went to [redacted] NJ Exec Order 26.4b1. The resident had [redacted] NJ Exec Order 26.4b1 with their care.</p> <p>The surveyor reviewed the paper and electronic medical record (EMR) of Resident #26.</p> <p>The Admission Record (a summary of important information about the resident) documented the resident had diagnoses that included but were not limited to, [redacted] NJ Exec Order 26.4b1 [redacted]</p> <p>A comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted] NJ Exec Order 26.4b1 indicated the facility assessed the resident's [redacted] NJ Exec Order 26.4b1 using a Brief Interview Mental Status (BIMS) test. Resident #26 scored a [redacted] NJ Exec out of 15, which indicated the resident had [redacted] NJ Exec Order 26.4b1 [redacted]</p> <p>A physician's order (PO) dated [redacted] NJ Exec Order 26.4b1 indicated the resident had [redacted] NJ Exec Order 26.4b1 every Monday, Wednesday, and Friday at a [redacted] NJ Exec Order 26.4b1 center with a chair time of 02:00 PM.</p> <p>A care plan with a focus related to [redacted] NJ Exec Order 26.4b1 last revised on [redacted] NJ Exec Order 26.4b1 included an intervention to administer medications (meds) per PO.</p> <p>A review of progress notes revealed the nurses documented that the resident returned to the facility from [redacted] NJ Exec Order 26.4b1 at 7:45 PM on 10/02/24 and 7:49 PM on 10/11/24.</p> <p>A review of [redacted] NJ Exec Order 26.4b1 Medication</p>	F 698	<p>[redacted] NJ Exec Order 26.4b1 three times a day [redacted] NJ Exec Order 26.4b1 [redacted] before meals were immediately reviewed by the Director of Nursing. The attending physician was notified, and the medications were re-scheduled to be administered after Resident #26 returns from [redacted] NJ Exec Order 26.4b1. Resident #26 had [redacted] NJ Exec Order 26.4b1 related to this practice.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents on hemodialysis have the potential to be affected by this practice.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>The Director of Nursing provided in-service education to the [redacted] US FOIA (b)(6) and the [redacted] US FOIA (b)(6) on 10/17/24 on the policy for "Administering Medications" to include the medications are scheduled for when a resident is in the facility. Resident #10 was assessed by the Director of Nursing on 10/17/2024 with no [redacted] NJ Exec Order 26.4b1.</p> <p>The Director of Nursing conducted in-service re-education with all nurses on the policy and procedure for 'Hemodialysis Pre and Post care' as well as "administering Medications" and to ensure medications are scheduled for when a resident returns from hemodialysis and is in the facility.</p>		

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F 698	<p>Continued From page 26</p> <p>Administration Record (MAR) revealed the following:</p> <p>An entry with a start date of [redacted] for [redacted] NJ Exec Order 26.4b1 [redacted]) oral capsule (cap), 1 cap by mouth in the evening was scheduled at 5 PM.</p> <p>An entry with a start date of [redacted] for [redacted] NJ Exec Order 26.4b1 [redacted] 1 tab by mouth two times a day was scheduled for 8 AM and 5 PM.</p> <p>An entry with a start date of [redacted] for [redacted] NJ Exec Order 26.4b1 [redacted] three times a day [redacted] by mouth was scheduled for 9 AM, 1 PM, and 5 PM.</p> <p>An entry with a start date of [redacted] for [redacted] NJ Exec Order 26.4b1 [redacted] before meals was scheduled for 7:30 AM, 11:30 AM and 4:30 PM.</p> <p>An entry with a start date of [redacted] for [redacted] NJ Exec Order 26.4b1 [redacted] oral tab [redacted] by mouth two times a day was scheduled for 8 AM and 5 PM.</p> <p>On 10/17/24 at 10:12 AM, the surveyor interviewed the [redacted] US FOIA (b)(6) who was assigned to care for the resident. The [redacted] US FOIA (b)(6) stated that the resident had [redacted] NJ Exec Order 26.4b1 on Monday, Wednesday and Friday and would leave the facility for [redacted] NJ Exec Order 26.4b1 between 1 PM to 2 PM. The [redacted] US FOIA (b)(6) could not speak to the time the resident would return from [redacted] NJ Exec Order 26.4b1 and stated there was a dialysis communication binder. The [redacted] US FOIA (b)(6) provided the surveyor with the [redacted] NJ Exec Order 26.4b1 communication binder for Resident #26.</p>	F 698	<p>ON 10/18/24 the Director of Nursing conducted an audit of all residents on hemodialysis to ensure their medications were appropriately scheduled for the times the residents were in the facility. There were no untoward findings.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.</p> <p>The Director of Nursing or designee will conduct audits of the Medication Administration Record for all residents on hemodialysis to ensure medications are scheduled when the resident is in the facility. Audits will be conducted weekly x4 weeks, then monthly x 3 months, then quarterly x 3 quarters.</p> <p>The results of all audits will be provided monthly x 3 months, then quarterly x 3 quarters to the facilities administrator and the Quality Assurance Performance Improvement (QAPI) Committee for review and comment.</p> <p>The QAPI committee meets on a monthly basis. The QAPI Committee will review and determine the need for further audits.</p>		

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F 698	<p>Continued From page 27</p> <p>A review of the [NJ Exec Order 26.4b1] communication book included forms titled [NJ Exec Order 26.4b1] "Progress Notes" which consisted of two sections to be completed. The first section was filled out by the facility nurse sending the resident to [NJ Exec Order 26.4b1] including vital signs [NJ Exec Order 26.4b1] and note of any [NJ Exec Order 26.4b1] with the resident. The second section was to be completed by the [NJ Exec Order 26.4b1] center nurse including [NJ Exec Order 26.4b1] start and end time, pre and post [NJ Exec Order 26.4b1] for [NJ Exec Order 26.4b1] and any concerns related to the resident.</p> <p>A review of the [NJ Exec Order 26.4b1] progress notes revealed the resident's [NJ Exec Order 26.4b1] session ended after 6 PM which indicated the resident would not have returned from [NJ Exec Order 26.4b1] prior to that time.</p> <p>A review of the [NJ Exec Order 26.4b1] MAR documented the nurses signing for meds administered at 4:30 PM and 5 PM.</p> <p>On 10/17/24 at 10:20 AM, the surveyor asked the [US FOIA (b)(6)] asked about meds administered. The [US FOIA (b)(6)] stated meds should be signed at the time of administration. The surveyor asked about the scheduling of meds for residents who received [NJ Exec Order 26.4b1]. The [US FOIA (b)(6)] stated it was expected for meds to be timed around a resident's [NJ Exec Order 26.4b1] session. The [US FOIA (b)(6)] further explained that if there was a medication (med) scheduled for when the resident was not in the facility, the nurse should call the physician to clarify the order.</p> <p>On 10/17/24 at 10:58 AM, the surveyor interviewed the [US FOIA (b)(6)] who stated meds should be scheduled to accommodate a resident's [NJ Exec Order 26.4b1] session and</p>	F 698			

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

PRINTED: 06/04/2025
FORM APPROVED
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F 698	<p>Continued From page 28</p> <p>if a med was scheduled during a resident's dialysis time the nurse was expected to call the physician to clarify the med order time. The surveyor informed the [US FOIA (b)(6)] about the concern for med timed when the resident was at [NJ Exec Order 26.4b]. The [US FOIA (b)(6)] stated she would review the resident's medical record.</p> <p>On 10/17/24 at 11:07 AM, the surveyor interviewed the [US FOIA (b)(6)] who stated meds should be plotted around [US FOIA (b)(6)] times and if there was a conflict the nurse should contact the physician to change the med time. The surveyor informed the [US FOIA (b)(6)] of the concern in which the [NJ Exec Order 26.4b] progress notes indicated Resident #26's [NJ Exec Order 26.4b] session ended after 6 PM and med entries were signed at 4:30 PM and 5 PM were signed as administered. The [US FOIA (b)(6)] stated he would review the resident's medical record to provide additional information.</p> <p>On 10/17/24 at 12:01 PM, the [US FOIA (b)(6)] informed the surveyor that the nurses administered the meds when the resident returned from [NJ Exec Order 26.4b]. The surveyor asked the [US FOIA (b)(6)] if it was appropriate protocol for the nurse to administer and sign a med after its scheduled time. The [US FOIA (b)(6)] did not provide a [NJ Exec Order 26.4b1] to the surveyor's question.</p> <p>On 10/18/24 at 8:55 AM, the surveyor requested from the [US FOIA (b)(6)] the med administration report for the [NJ Exec Order 26.4b1] MAR which would indicate the actual time of the meds' administration.</p> <p>On 10/18/24 at 9:15 AM, the [US FOIA (b)(6)] provided the document titled "Medication Admin Audit Report" for [NJ Exec Order 26.4b1] MAR. A review of the document</p>	F 698			

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

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F 698	Continued From page 29 revealed meds scheduled for 4:30 PM and 5 PM on dialysis days for the month of [REDACTED] were signed as administered after 7 PM. On 10/18/24 at 01:05 PM, the surveyor, in the presence of the survey team, informed the [REDACTED] and [REDACTED] about med times not being adjusted to accommodate when the resident with to their scheduled [REDACTED]. The [REDACTED] acknowledged the concern and stated education was being provided to staff with a QAPI (quality assurance performance improvement) being initiated as well. The [REDACTED] provided the facility's [REDACTED] policy with survey entrance documentation and confirmed that was the only [REDACTED] policy. A review of the facility policy titled "Hemodialysis Pre and Post Care" with an effective date of January 2010. The policy did not address accommodating a resident's med times with dialysis sessions. A review of the facility's policy titled "Administering Medications" with a revised date of April 2019. Under Policy Interpretation and Implementation, it specified, " ... 4. Meds are administered in accordance with prescriber orders, including any required timeframe ...7. Meds are administered within one (1) hour of their prescribed time, unless otherwise specified"	F 698			
F 725 SS=E	NJAC 8:39-27.1(a) Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to	F 725			10/30/24

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

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F 725	<p>Continued From page 30</p> <p>provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to ensure a.) sufficient nursing staff and b.) call bells were answered timely for three (3) of three (3) residents (Residents # 11, #32, and 40) during the resident council meeting, and one (1) of one (1) resident (Resident #27) during an interview.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/16/24 at 10:00 AM, the surveyor met with</p>	F 725	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>On 10/22/24 Resident # 11 was assessed by the Director of Nursing (DON) with [REDACTED]. DON provided contact information to resident #11 to call the DON for assistance at any time. Resident #11 had NJ Exec Order 26.4b1 related to this practice.</p> <p>On 10/22/24 Resident #27 was assessed</p>		

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F 725	<p>Continued From page 31</p> <p>the US FOIA (b)(6) for an Entrance Conference meeting. The surveyor provided to the US FOIA (b)(6) a copy of the facility's CASPER (the acronym for Certification and Survey Provider Enhanced Reporting system) Reports including the PBJ (Payroll-Based Journal (PBJ) was created by CMS [Centers for Medicare and Medicaid Services] as a method to collect auditable and verifiable staffing data from nursing facilities) Staffing Data Report. The PBJ report revealed:</p> <ul style="list-style-type: none"> -FY (fiscal year) Quarter 3 2024 (April-June 30) -This Staffing Data Report identifies areas of concern that will be triggered (e.g., requires follow-up during the survey). -Metric: Excessively Low Weekend Staffing. Result: Triggered. Definition: Triggered-submitted weekend staffing data is excessively low. <p>On 10/18/24 at 10:39 AM, the surveyor met with Residents #11, #32, and #40 in the main dining room for the resident council meeting. All residents informed the surveyor that they attended the resident council meeting monthly, and that facility management was present during the meeting.</p> <p>On that same date and time, Resident #11 stated that the 3-11 and 11-7 shifts were short of staff, the call bell was not answered timely, and they had to wait for more than 15 minutes. Resident #11 also stated that the call light was on the whole time. The resident further stated that it had been going and the most recent it happened was last night (10/17/24 at 3-11 and 11-7 shifts). The resident claimed that last night there were two aides in the unit (NJ Exec Order 26.4b1) and it affected the call bell response due to short staff.</p>	F 725	<p>by the Director of Nursing (DON) with NJ Exec Order 26.4b1. DON provided contact information to resident #27 to call for assistance at any time. Resident #27 had NJ Exec Order 26.4b1 related to this practice. On 10/22/24 Resident #32 was assessed by the Director of Nursing (DON) with NJ Exec Order 26.4b1. DON provided contact information to resident #32 to call for assistance at any time. Resident #32 had NJ Exec Order 26.4b1 related to this practice. On 10/22/24 Resident #40 was assessed by the Director of Nursing (DON) with NJ Exec Order 26.4b1. DON provided contact information to resident #40 to call for assistance at any time. Resident #40 had NJ Exec Order 26.4b1 related to this practice.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected by this practice.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>The Director of Nursing (DON) provided in-service education to all Certified Nursing Assistants (CNA'S) on 10/22/24 and 10/23/24 with regards to the NJ Mandated law for CNA staffing ratios (N.J. Stat 30:13-18). The DON provided in-service education to</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 725	<p>Continued From page 32</p> <p>At that same time, Resident #40 informed the surveyor that it also happened to the resident that the resident had to wait for an hour for the call bell to be answered on the 11-7 shift, which happened two weeks ago. The resident was unable to state the exact date. The resident further stated "I'm not sure but I think there were only two aides at that time" which affected the call bell response time.</p> <p>Also, Resident #32 stated that it sometimes 15 minutes to wait for the response to the call bell at night and evening. The resident also stated that in the day shift, depending on how busy, someone was there in five minutes.</p> <p>On 10/18/24 at 01:02 PM, the survey team met with the US FOIA (b)(6). The US FOIA (b)(6) stated that there was no way "for us" to check how long the call bell system was on. The US FOIA (b)(6) further stated that when residents complained we did have grievances, weekly audits were done by the manager on duty, and the facility had audit sheets. The surveyor asked for grievance reports about call bells and the audit for the last four months.</p> <p>On 10/21/24 at 6:14 AM, the surveyor went to the NJ Exec Order 26.4b1 and interviewed Registered Nurse #1 (RN#1). RN#1 informed the surveyor that she was the nurse for the 11-7 shift, the census (total number of residents) was 33, one US FOIA (b)(6) (herself) and there was no other nurse in the unit for the 11-7 shift. The US FOIA (b)(6) stated that "usually" there were two nurses. She further stated that there were two Certified Nursing Aides (CNA) last night that worked, CNA#1 and CNA#2 for the 11-7 shift, and "usually" there were three CNAs. The US FOIA (b)(6) showed the schedule of the 11-7 shift</p>	F 725	<p>all facility staff on 10/23/24 and 10/24/24 with regards to the NJ Mandated law for CNA staffing ratios (N.J. Stat 30:13-18). The Facilities Staffing Ratios are posted daily in the facilities main lobby for review by all staff, residents and visitors to the facility.</p> <p>The Director of Nursing provided in-service education to all facility staff on 10/22/24 and 10/23/24 on the policy and procedure for "answering the call bell." The Licensed Nursing Home Administrator (LNHA) implemented a call bell audit report to be conducted by all Managers and Department Heads when they work as "Manager on Duty" off shifts and weekends.</p> <p>On 10/23/24 the LNHA and the DON provided in-service re-education to the Staffing Coordinator with regards to the NJ Mandated law for CNA staffing ratios (N.J. Stat.30:13-18).</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.</p> <p>The Licensed Nursing Home Administrator (LNHA) or designee will review 100% of the call bell audits provided by the Manager on Duty daily x 7 days, then weekly x 4 weeks then monthly x 3 months.</p> <p>The LNHA or designee will review nursing staffing daily on an on-going basis with the staffing coordinator to ensure the state</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 725	<p>Continued From page 33 and revealed: -Date 10/20/24 Sunday 11 PM to 7 AM -CNA#1 total of 19 residents -CNA#2 total of 17 residents</p> <p>On 10/21/24 at 6:24 AM, the surveyor observed CNA#2 in the hallway came out from room 16P, Resident #142's room with a big plastic bag of used towels and gowns. The surveyor interviewed CNA#2. The [US FOIA (b)] informed the surveyor that there were 30 "something" residents in the [NJ Exec] and there were two CNAs. CNA#2 stated that "usually" there were three CNAs for the 11-7 shift. She further stated that she had 17 residents this 11-7 PM shift.</p> <p>On that same date and time, the [US FOIA (b)] stated that she was not aware of the New Jersey (NJ) mandated law for staffing ratio for the 11-7 shift. She acknowledged that it was hard to have 17 residents and that "we get used to it." The [US FOIA (b)] further stated that she changed residents in her assignments at least two to three times per shift depending on the residents.</p> <p>On 10/21/24 at 6:29 AM, the surveyor went to the [NJ Exec Order 26.4b1]). The surveyor interviewed the [US FOIA (b)(6)] who claimed that she was one of the nurses at the [NJ Exec] for the 11-7 shift. The [US FOIA (b)] informed the surveyor that there were two nurses, herself, and RN#2, the census was 49, and there were three CNAs.</p> <p>On 10/21/24 at 6:31 AM, the surveyor interviewed CNA#3 who was assigned to [NJ Exec] CNA#3 informed the surveyor that he had 17 residents in the 11 PM-7 AM shift. The [US FOIA (b)] was not aware of the NJ mandated staffing law.</p>	F 725	<p>mandated ratios are attained. The results of the audits will be provided monthly x 3 months to the facilities Quality Assurance Performance Improvement (QAPI) Committee for review and comment. The QAPI committee meets on a monthly basis. The QAPI Committee will review and determine the needs for further audits.</p>		




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F 725	<p>Continued From page 34</p> <p>On 10/21/24 at 6:35 AM, RN#1 informed the surveyor that the census at the [REDACTED] was not 33 but 34.</p> <p>On 10/21/24 at 6:42 AM, the [REDACTED] provided a copy of the [REDACTED] assignment and revealed: -Date 10/20/24 Sunday 11 PM to 7 AM -CNA#3 total of 17 residents -CNA#4 total of 16 residents -CNA#5 total of 16 residents</p> <p>On 10/21/24 at 12:14 PM, the survey team met with the [REDACTED] US FOIA (b)(6). The surveyor notified the facility management of the concern with the facility's PBJ that was provided to the [REDACTED] during an Entrance Conference meeting on 10/16/24 that showed very low weekend staffing. The surveyor also notified the facility management of the concerns with short staffing during the resident council meeting that affected the call bell response.</p> <p>A review of the provided copies of 3-11 and 11-7 shifts CNA Assignments for [REDACTED] and [REDACTED] from 10/16/24-10/20/24 revealed:</p> <p>[REDACTED] 3-11 shift: 10/16/24=4 CNAs [CNA#6 with 13 residents, CNA#7 with 13 residents, CNA#8 with 12 residents, CNA#5 with 12 residents] 10/17/24=4 CNAs [CNA#6 with 12 residents, CNA#7 with 12 residents, CNA#10 with 12 residents, CNA#5 with 11 residents] 10/18/24=4 CNAs [CNA#6 with 12 residents, CNA#7 with 12 residents, CNA#11 with 12 residents, CNA#5 with 11 residents] 10/19/24 (Saturday)=4 CNAs [CNA#10 with 12 residents, CNA#8 with 12 residents, CNA#12 with 12 residents, CNA#9 with 12 residents]</p>	F 725			

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F 725	<p>Continued From page 35</p> <p>10/20/24 (Sunday)=4 CNAs [CNA#13 with 12 residents, CNA#7 with 12 residents, CNA#14 with 12 residents, CNA#5 with 12 residents]</p> <p> 11-7 shift: 10/16/24=3 CNAs [CNA#3 with 17 residents, CNA#4 with 17 residents, CNA#9 with 17 residents] 10/17/24=3 CNAs [CNA#9 with 17 residents, CNA#4 with 16 residents, and CNA#5 with 16 residents] 10/18/24=3 CNAs [CNA#3 with 17 residents, CNA#9 with 16 residents, and CNA#5 with 16 residents] 10/19/24 (Saturday)=3 CNAs [CNA#3 with 17 residents, CNA#4 with 17 residents, and CNA#9 with 16 residents] 10/20/24 (Sunday)=3 CNAs [CNA#3 with 17 residents, CNA#4 with 16 residents, and CNA#5 with 16 residents]</p> <p> 3-11 shift: 10/16/24=3 CNAs [CNA#15 with 12 residents, CNA#14 with 13 residents, CNA#16 with 9 residents] 10/17/24=4 CNAs [CNA#17 with 8 residents, CNA#18 with 8 residents, CNA#11 with 7 residents, CNA#14 with 9 residents] 10/18/24=4 CNAs [CNA#15 with 9 residents, CNA#18 with 5 residents, CNA#14 with 7 residents, CNA#16 with 8 residents] 10/19/24 (Saturday)=3 CNAs [CNA#15 with 12 residents, CNA#20 with 12 residents, CNA#21 with 12 residents] 10/20/24 (Sunday)=4 CNAs [CNA#15 with 10 residents, CNA#12 with 10 residents, CNA#20 with 6 residents, CNA#17 with 9 residents]</p> <p> 11-7 shift:</p>	F 725			

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F 725	<p>Continued From page 36</p> <p>10/16/24=2 CNAs [CNA#1 with 17 residents and CNA#2 with 16 residents] 10/17/24=2 CNAs [CNA#1 with 17 residents and CNA#2 with 18 residents] 10/18/24=2 CNAs [CNA#19 with 18 residents and CNA#2 with 18 residents] 10/19/24 (Saturday)=2 CNAs [CNA#1 with 18 residents and CNA#12 with 17 residents] 10/20/24 (Sunday)=2 CNAs [CNA#1 with 19 residents and CNA#2 with 17 residents]</p> <p>A review of the provided Nursing Home Resident Care Staffing Report by the [US FOIA (b)(6)] for date 10/20/24 showed: Day shift 7-3 PM: census 89, 1 RN:29.7 Residents, 1 LPN:29.7 Residents, 1 CNA:11.1 Residents [3 RNs, 3 LPNs, 8 CNAs] Evening Shift 3-11 PM: census 89, 1 RN:44.5 Residents, 1 LPN:22.3 Residents, 1 CNA:11.1 Residents [2 RNs, 4 LPNs, 8 CNAs] Night Shift 11-7 AM: census 89, 1 RN:44.5 Residents, 1 LPN:89 Residents, 1 CNA:17.8 Residents [5 RNs, 1 LPNs, 5 CNAs]</p> <p>A review of the provided Complaint/Grievance Report (grievance binder) of the [US FOIA (b)(6)] revealed: -On 9/14/24 Resident #43 reported verbally to the [US FOIA (b)(6)] an hour waiting for a call light response to transfer from the wheelchair into the bed. -On 10/16/24 Resident #147 reported verbally to the [US FOIA (b)(6)] that resident felt it takes over an hour for the call light to be answered.</p> <p>The surveyor reviewed the Minimum Data Set (MDS) of the above residents and showed: -Resident #11's 5-Day MDS with an assessment reference date (ARD) of [NJ Exec Order 26.40] showed a brief</p>	F 725			

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

PRINTED: 06/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2024
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F 725	<p>Continued From page 37</p> <p>interview for mental status (BIMS) score of [REDACTED] out of 15 which reflected that the resident had [REDACTED]</p> <p>-Resident #27's comprehensive MDS (cMDS) ARD of [REDACTED] BIMS score of [REDACTED] out of 15 that showed the resident was [REDACTED] NJ Exec Order 26.4b1.</p> <p>-Resident #32's cMDS ARD of [REDACTED] BIMS score of [REDACTED] out of 15 that showed the resident was [REDACTED] NJ Exec Order 26.4b1.</p> <p>-Resident #43's cMDS ARD of [REDACTED] BIMS score of [REDACTED] out of 15 that showed the resident was [REDACTED] NJ Exec Order 26.4b1.</p> <p>-Resident #147's cMDS ARD of [REDACTED] BIMS score of [REDACTED] out of 15 that showed the resident was [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 10/22/24 at 8:28 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6). The surveyor asked the [REDACTED] US FOIA (b)(6) if she was aware of the NJ mandated law. The [REDACTED] US FOIA (b)(6) stated "yes," day shift 1 CNA:8 residents, evening 1 CNA:10 residents, and night 1 CNA:14 residents. The surveyor asked if the facility met the requirements for the NJ mandated staffing law, especially on the weekends. The [REDACTED] US FOIA (b)(6) stated "We tried very hard" to meet the requirements. The [REDACTED] US FOIA (b)(6) further stated that she knew the facility did not meet the requirements.</p> <p>On 10/22/24 at 11:30 AM, the surveyor interviewed Resident # 27. The resident informed the surveyor that the call bell response was still an issue because last night at the 3-11 shift, the resident put the call light on, and it was 20 minutes until it was responded.</p> <p>On 10/22/24 at 11:42 AM, the survey team met with the [REDACTED] US FOIA (b)(6). The [REDACTED] US FOIA (b)(6) stated that the [REDACTED] US FOIA (b)(6) provided an in-service for the above-mentioned CNAs who were not aware of</p>	F 725			

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

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F 725	<p>Continued From page 38 the staffing ratio.</p> <p>On 10/22/24 at 12:11 PM, the survey team met with the US FOIA (b)(6). The surveyor notified the facility management of Residents #11, #27, #32, and #40's concern regarding the call bell response due to a shortage of staff.</p> <p>A review of the facility's Staffing, Sufficient, and Competent Nursing Policy with a revision date of August 2022 that was provided by the US FOIA (b)(6) revealed:</p> <p>Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessments. Policy Interpretation and Implementation: Sufficient Staff ...</p> <p>8. Minimum staffing requirements imposed by the state, if applicable, are adhered to when determining staff ratios but are not necessarily considered a determination of sufficient and competent staffing ...</p> <p>A review of the facility's provided Facility Assessment Tool with a date of assessment 7/24/24 by the US FOIA (b)(6) revealed:</p> <p>Purpose: To determine what resources are necessary to provide ongoing care for our resident population during regular 24/4/365 operations and during emergencies based on the specific needs of our residents ...</p> <p>Part 3: Facility resources needed to provide competent support and care for our resident population every day and during emergencies.</p> <p>3.1 Based on the above information and programming goals, a staffing plan has been developed to meet the professional, technical,</p>	F 725			

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

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F 725	Continued From page 39 and administrative needs of the center ...The approach takes into consideration both the type of staff and number of staff required for each unit, including nights and weekends. The plan is customizable and updated with changes in staffing, census, occupancy, and specialty needs such as 1:1. Staffing by shift must consider staffing needs for each resident unit in the facility as well as each shift ... On 10/22/24 at 12:25 PM, the survey team met with the US FOIA (b)(6) for an exit conference. The facility management did not refute the findings.	F 725			
F 842 SS=D	NJAC 8:39-25.2(a,b) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and	F 842			10/30/24

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

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F 842	<p>Continued From page 40</p> <p>(iv) Systematically organized</p> <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p>	F 842			

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F 842	<p>Continued From page 41</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and review of other pertinent documents, it was determined that the facility failed to maintain accurate medical records. This deficient practice was identified for two (2) of the 20 residents reviewed (Residents #4 and #66).</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 10/16/24 at 11:12 AM, the surveyor observed Resident #4 seated in a wheelchair with NJ Exec Order 26.4b1, with a visitor at the bedside. The resident and the visitor both stated that there were NJ Exec Order 26.4b1 with care.</p> <p>The surveyor reviewed the hybrid (combination of paper and electronic) medical records of Resident #4 as follows:</p> <p>According to the Admission Record (AR; admission summary), Resident #4 was admitted to the facility with a diagnosis that included but was not limited to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1</p>	F 842	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident #4's NJ Exec Order 26.4b1 oral tab was completed with an end date of NJ Exec Order 26.4b1.</p> <p>The physician for resident #4 immediately clarified his progress note to remove mention of NJ Exec Order 26.4b1 as an active medication.</p> <p>Resident #4 had NJ Exec Order 26.4b1 related to this practice.</p> <p>Resident #66 physicians orders were reviewed for NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 was discontinued on NJ Exec Order 26.4b1.</p> <p>The 'care profile' for resident #66 was amended to remove the notation regarding a NJ Exec Order 26.4b1.</p> <p>Resident #66 had NJ Exec Order 26.4b1 related to this practice.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All resident have the potential to be affected by this practice.</p>		

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F 842	<p>Continued From page 42</p> <p>NJ Exec Order 26.4b1.</p> <p>The resident's most recent quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date of NJ Exec Order 26.4b1 had a brief interview for mental status score of NJ Exec Order 26.4b1 out of 15 which reflected that the resident's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1.</p> <p>A review of the Physician/Practitioner Progress Note (PN) from NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 showed that the resident's current medications (meds) included but were not limited to NJ Exec Order 26.4b1 NJ Exec Order 26.4b1) oral tablet (tab) by oral route 3x/day (three times per day).</p> <p>A review of the Order Summary Report revealed a physician's order (PO) for NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, give one tab by mouth 3x/day for NJ Exec Order 26.4b1 for 7 days. The order date was NJ Exec Order 26.4b1 and the end date was NJ Exec Order 26.4b1 (completed).</p> <p>The above order for NJ Exec Order 26.4b1 was transcribed into the NJ Exec Order 26.4b1 electronic Medication Administration Record (eMAR), signed as administered by nurses from NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1.</p> <p>Further review of NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 eMAR revealed that there was no PO for NJ Exec Order 26.4b1.</p> <p>On 10/18/24 at 01:02 PM, the survey team met with the US FOIA (b)(6)</p>	F 842	<p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>On 10/21/24 the Director of Nursing (DON) provided in-service education to the attending physician for resident #4 on the policy "Charting and Documentation." On 10/22/24 the Infection Preventionist (IP) conducted an audit of all residents who have completed antibiotic therapy in the last 2 weeks to ensure appropriate documentation was in the medical record. There were no untoward findings. On 10/22/24 the Director of Nursing reviewed physicians orders for all residents who previously had orders for fluid restriction to ensure orders were accurate. There were no untoward findings. The Director of Nursing provided in-service to all nurses on 10/23/24 with regards to the policy "Charting and Documentation." The education included but was not limited to ensuring documentation in the medical record is "objective, complete and accurate..."</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic changes.</p> <p>The Infection Preventionist (IP) will conduct audits of 100% of residents completing antibiotic therapy to ensure documentation is accurate in the medical</p>		

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

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F 842	<p>Continued From page 43</p> <p>(US FOIA (b)(6)). The surveyor notified the facility management of the above concerns and findings. The (US FOIA (b)(6)) stated that it was the responsibility of the physician to have accurate documentation in the PN including the accurate meds of the resident.</p> <p>On 10/21/24 at 12:14 PM, the survey team met with the (US FOIA (b)(6)). (US FOIA (b)(6)) stated that the physician clarified the (NJ Exec Order 26.4b1) documentation in the PN and that the medication (med) was discontinued (d/c) on (NJ Exec Order 26.4b1).</p> <p>2. On 10/18/24 at 9:05 AM, the surveyor observed the (US FOIA (b)(6)) in the (NJ Exec Order 26.4b1) unit prepared meds to be administered to Resident #66. The (US FOIA (b)(6)) verified the PO in the eMAR and reflected Special Instructions: (NJ Exec Order 26.4b1). /day takes meds whole with (NJ Exec Order 26.4b1).</p> <p>On that same date and time, the surveyor interviewed the (US FOIA (b)(6)) after med administration. The surveyor asked the (US FOIA (b)(6)) how she knew how much (NJ Exec Order 26.4b1) to give to Resident #66 during her shift according to the special instructions in the eMAR. The (US FOIA (b)(6)) checked the eMAR again and confirmed the special instructions written in the eMAR. The (US FOIA (b)(6)) further stated that there was no accountability in the eMAR per shift (NJ Exec Order 26.4b1) the resident was allowed to (NJ Exec Order 26.4b1) for the resident to have (NJ Exec Order 26.4b1).</p> <p>On 10/18/24 at 9:27 AM, the surveyor notified the (US FOIA (b)(6)) in the presence of the (US FOIA (b)(6)) about the above findings and concerns. Both the (US FOIA (b)(6)) had no answer as to why there were special instructions for (NJ Exec Order 26.4b1) restrictions and no specifics about how</p>	F 842	<p>record. Audits will be conducted weekly x 4 weeks, then monthly x 3 months.</p> <p>The results of all audits will be provided monthly x 3 months to the facilities Administrator and the Quality Assurance Performance Improvement (QAPI) Committee for review and comment.</p> <p>The QAPI committee meets on a monthly basis. The QAPI Committee will review and determine the need for further audits</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 842	<p>Continued From page 44</p> <p>the nurses would follow the special instructions. The US FOIA (b)(6) stated she would have to check.</p> <p>The surveyor reviewed the hybrid medical records of Resident #66 and showed:</p> <p>The AR reflected that the resident was admitted to the facility with a diagnosis that included but was not limited to a syndrome of NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>According to the Clinical PO, the orders revealed: NJ Exec Order 26.4b1)/day Nursing: NJ Exec Order 26.4b1 7-3 shift: NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 Breakfast, 3-11 shift: NJ Exec Order 26.4b1 Lunch: NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 11-7 shift: NJ Exec Order 26.4b1 Dinner: NJ Exec Order 26.4b1. The order date was NJ Exec Order 26.4b1 and the end date (d/c date) was NJ Exec Order 26.4b1.</p> <p>On 10/18/24 at 01:02 PM, the survey team met with the US FOIA (b)(6). The surveyor notified the facility management of the above findings and concerns regarding Resident #66's NJ Exec Order 26.4b1. The US FOIA (b)(6) stated that there was no order for NJ Exec Order 26.4b1, and it was only special instructions. The US FOIA (b)(6) further stated that the order for NJ Exec Order 26.4b1 was previously d/c. The surveyor asked the facility management what they expected the nurse to do if there were special instructions like NJ Exec Order 26.4b1 and the order was d/c. The US FOIA (b)(6) responded that the expectation was for the nurse to verify the order or instructions for NJ Exec Order 26.4b1.</p>	F 842			

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F 842	<p>Continued From page 45</p> <p>On 10/22/24 at 11:42 AM, the survey team met with the US FOIA (b)(6). The US FOIA (b)(6) stated that the special instructions, all nurses have access to resident profile on the electronic medical records care profile of the resident. The surveyor then asked the US FOIA (b)(6) if the special instructions in the resident's profile were considered part of the resident's medical records. The US FOIA (b)(6) stated "yes it's part of the resident's medical records."</p> <p>A review of the facility's Charting and Documentation Policy with a revision date of July 2017 that was provided by the US FOIA (b)(6) showed: Policy Statement: All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional, or psychological condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Policy Interpretation and Implementation: 3. Electronic entries that are auto filled or auto prompts must be reviewed and updated when more current information is available or required; or accepted as is after review ... 5. Documentation in the medical record will be objective, complete, and accurate ...</p> <p>On 10/22/24 at 12:25 PM, the survey team met with the US FOIA (b)(6) for an exit conference. The facility management did not refute the findings.</p>	F 842			
F 880 SS=E	<p>NJAC 8:39-23.2 (a)(b); 35.2 (c)(d)(6)(g)</p> <p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p>	F 880			10/30/24

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER CAREONE AT CRESSKILL			STREET ADDRESS, CITY, STATE, ZIP CODE 221 COUNTY ROAD CRESSKILL, NJ 07626		
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F 880	<p>Continued From page 46</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: 	F 880			

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

PRINTED: 06/04/2025
FORM APPROVED
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F 880	<p>Continued From page 47</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of medical records, and other pertinent facility documentation, it was determined that the facility failed to a.) follow appropriate hand hygiene and use of personal protective equipment (PPE) practices for two (2) of nine (9) staff (two Licensed Practical Nurses [LPN]), b.) follow appropriate infection control practice during the medication and treatment pass observations for two (2) of six (6) nursing staff (one LPN and one Registered Nurse), and c.) follow <small>NJ Exec Order 26.4b1</small></p>	F 880	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident #77 continues <small>NJ Exec Order 26.4b1</small></p> <p>Resident #77 had <small>NJ Exec Order 26.4b1</small> related to this practice.</p> <p>LPN #1 was immediately provided</p>		

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

PRINTED: 06/04/2025
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F 880	<p>Continued From page 48</p> <p>precautions for a resident who was on NJ Exec Order 26.4b1) by one (1) of one (1) Housekeeping (HK) staff for Residents #77 to prevent the potential spread of infection in accordance with the Center for Disease Control and Prevention (CDC) guidelines, standards of clinical practice, and facility's policy.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the CDC Clinical Safety: Hand Hygiene for Healthcare Workers dated 02/27/24 revealed: Healthcare personnel should use an alcohol-based hand rub (ABHR) or wash with soap and water for the following clinical indications: Immediately before touching a patient ... Before moving from work on a soiled body site to a clean body site on the same patient ... After touching a patient or the patient's immediate environment After contact with blood, body fluids, or contaminated surfaces Immediately after glove removal.</p> <p>According to the CDC guidelines dated 4/02/24, Implementation of PPE Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) included information for EBP (enhanced barrier precautions) when to use PPE during high contact resident care activities. Examples of high-contact resident care activities requiring gown and glove use for EBP include: Dressing ... Providing hygiene Wound care</p>	F 880	<p>in-service re-education by the Infection Preventionist, as well as a competency by the Director of Nursing, on the policies and procedures for "Enhanced Barrier Precautions" and "hand Hygiene."</p> <p>Resident #66 is not on NJ Exec Order 26.4b1 .</p> <p>Resident #66 had NJ Exec Order 26.4b1 related to this practice.</p> <p>LPN #2 was immediately provided in-service re-education by the Infection Preventionist, as well as a competency by the Director of Nursing, on the policies and procedures for "Enhanced Barrier Precautions" and "hand Hygiene."</p> <p>LPN #3 was immediately provided in-service re-education by the Infection Preventionist, as well as a competency by the Director of Nursing, on the policies and procedures for "Enhanced Barrier Precautions" and "hand Hygiene."</p> <p>The Infection Preventionist immediately disinfected the NJ Exec Order 26.4b1 equipment, including the NJ Exec Order 26.4b1 used on residents #75 and #76.</p> <p>Resident #75 is not on NJ Exec Order 26.4b1 .</p> <p>Resident #75 had NJ Exec Order 26.4b1 related to this practice.</p> <p>Resident #76 is not on NJ Exec Order 26.4b1 .</p> <p>Resident #76 had NJ Exec Order 26.4b1 related to this practice.</p>		

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

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F 880	<p>Continued From page 49</p> <p>Changing linens ... Device care or use: central line, urinary catheter, ... Implementation When implementing Contact Precautions or EBP, it is critical to ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use, initial and refresher training, and access to appropriate supplies. To accomplish this: Post clear signage on the door or wall outside of the resident room indicating the type of Precautions and required PPE (e.g., gown and gloves) ...</p> <p>1. On 10/16/24 at 10:00 AM, the surveyor met with the [US FOIA (b)(6)] [redacted] for an entrance conference. The [US FOIA (b)(6)] [redacted] informed the surveyor that the facility was still in a [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>On that same date and time, the [US FOIA (b)(6)] informed the surveyor that residents with openings in their bodies like [redacted] NJ Exec Order 26.4b1 [redacted] were on [redacted] [US FOIA (b)(6)]. She also stated that it was an expectation that staff and visitors would wear a surgical mask in the facility, and complete PPE [redacted] NJ Exec Order 26.4b1 [redacted] when entering a [redacted] NJ Exec Order 26.4b1 [redacted] room. She further stated that in [redacted] NJ Exec Order 26.4b1 [redacted] rooms, the staff and visitors were expected to wear complete PPE when providing direct care to the resident.</p> <p>On 10/18/24 at 8:00 AM, the surveyor observed LPN#1 during medication (med) administration of Resident #139. Before med administration, LPN#1 obtained the resident's vital signs (v/s; measurements of the body's most basic</p>	F 880	<p>RN #1 was immediately provided in-service re-education by the infection preventionist, as well as a competency by the Director of Nursing, on the policies and procedures for "Enhanced Barrier Precautions" and use and storage of the disinfecting wipes.</p> <p>Resident #65 had [redacted] NJ Exec Order 26.4b1 [redacted] related to this practice. Resident #65 continues on [redacted] NJ Exec Order 26.4b1 [redacted] [redacted]</p> <p>Resident #77 is [redacted] NJ Exec Order 26.4b1 [redacted] [redacted] Resident #77 has [redacted] NJ Exec Order 26.4b1 [redacted] related to this practice.</p> <p>Housekeeper was immediately provided in-service re-education by the Infection Preventionist on the policies and procedures for "isolation Droplet Precautions" and the donning of appropriate PPE (personal protective equipment) including N(%, goggles, gown and gloves prior to entering the room.</p> <p>2. How the facility will identify other residents having the potential to be affected by this practice.</p> <p>All resident have the potential to be affected by the practice.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will no recur.</p>		

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

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F 880	<p>Continued From page 50</p> <p>functions) with bare hands. The surveyor observed the [US FOIA (b)] touched the resident's immediate environment (bed) and the resident's [NJ Exec Order 26.4b1]. The [US FOIA (b)] did not perform hand hygiene after direct contact with the resident and the resident's environment, took gloves from the resident's toilet room, and donned (put on) gloves without performing hand hygiene. The [US FOIA (b)] with gloves disinfected the [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] machine.</p> <p>On 10/18/24 at 8:45 AM, LPN#1 asked Resident #139 if okay to take the resident's [NJ Exec Order 26.4b1] again and the resident agreed. The resident was seated at that time. The [US FOIA (b)] with bare hands obtained the resident's [US FOIA (b)] on the resident's [NJ Exec Order 26.4b1] which read [US FOIA (b)] and [NJ Exec Order 26.4b1]. The surveyor observed LPN#1 did not perform hand hygiene after [NJ Exec Order 26.4b1] with the resident's table, the resident's clothing, and the [NJ Exec Order 26.4b1], and immediately took gloves from the resident's toilet room and donned gloves to her right hand. The [US FOIA (b)] with the right-hand glove disinfected the [NJ Exec Order 26.4b1].</p> <p>On that same date and time, the surveyor interviewed LPN#1 about hand hygiene. The [US FOIA (b)] stated that she should perform hand hygiene after direct contact with the resident and the resident's environment. She further stated that she should perform hand hygiene before and after donning and doffing (taking off) gloves or PPE.</p> <p>At that time, the surveyor notified the [US FOIA (b)] of the concerns and observations that the [US FOIA (b)] did not perform hand hygiene twice when the [US FOIA (b)] checked the resident's [US FOIA (b)]. The [US FOIA (b)] stated that she should have washed her hands.</p>	F 880	<p>On 10/18/24 the Director of Nursing and the Infection Preventionist (IP) provided in-service education to LPN #1 LPN #2 and LPN ## on the policies for "Enhanced Barrier Precautions," "Personal Protective Equipment," "Hand washing / Hand Hygiene." The education included but was not limited to donning / doffing of PPE, including hand hygiene before medication administration and after direct contact with a resident or their environment.</p> <p>The infection preventionist and Director of Nursing provided in-service education to all staff on 10/18/24 on the policy and procedure for "handwashing/ Hand Hygiene," between resident, upon entering and exiting resident rooms, and after direct contact with a resident or their environment.</p> <p>On 10/21/24 the Director of Nursing and Infection Preventionist (IP) provided in-service re-education to RN#1 on the use of the disinfecting wipes (germicidal bleach wipes) with three minute kill time (contact time; how long a disinfectant must stay wet on a surface to do its job effectively to include keeping the product in a tightly closed canister when not in use.</p> <p>On 10/18/24 the Director of Nursing and Infection Preventionist (IP) provided in-service education re-education to the housekeeper on the donning and doffing of PPE.</p> <p>4. How the facility will monitor its</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 51</p> <p>2. On 10/18/24 at 9:05 AM, the surveyor observed LPN#2 during med administration of Resident #66. After med administration, LPN#2 did not perform hand hygiene after direct contact with the resident's table, resident's clothing, and before exiting the resident's room. The [US FOIA (b)(6)] immediately signed the electronic Medication Administration Record (eMAR), pushed her med cart in front of the nursing station, and completed med administration without performing hand hygiene.</p> <p>At that time, the surveyor interviewed LPN#2 about hand hygiene. The surveyor also notified the [US FOIA (b)(6)] of the above observation and concerns regarding hand hygiene. The [US FOIA (b)(6)] stated that she should have washed her hands.</p> <p>On 10/18/24 at 01:02 PM, the survey team met with the [US FOIA (b)(6)]. The surveyor notified the concerns with med pass observations of LPN#1 and LPN#2 for hand hygiene and PPE use.</p> <p>3. On 10/21/24 at 6:43 AM, the surveyor asked LPN#3 if the surveyor could observe her with med administration and the LPN agreed. LPN#3 went inside room [NJ Exec Order 26.4b1] and took Resident #75's [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] with the use of the [NJ Exec Order 26.4b1] equipment in the cart that she brought inside the room. The [US FOIA (b)(6)] did not disinfect the [NJ Exec Order 26.4b1] equipment after use with Resident #75 and immediately took it to the next bed.</p> <p>At that time, LPN#3, with the use of the same v/s equipment, the LPN obtained Resident #76's [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1]. Resident #76 held the [NJ Exec Order 26.4b1] with [NJ Exec Order 26.4b1] and tried to stop the LPN from obtaining [NJ Exec Order 26.4b1].</p>	F 880	<p>corrective actions to ensure that the deficient practice is being corrected and will not recur. i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.</p> <p>The Infection Preventionist (IP) or designee will conduct random audits for PPE use and handwashing compliance including donning / doffing and disposal of PPE as well as handwashing / hand hygiene between residents and with medication administration. Audits will be conducted on 5 staff per day x one week, then 10 staff members per week x 4 weeks, then 10 staff members per month for x3 months.</p> <p>Results of the audits will be reported to the Administrator and the Quality assurance Performance Improvement (QAPI) committee monthly x 3 months for review and follow up as needed.</p> <p>The QAPI committee meets on a monthly basis.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 52</p> <p>Afterward, outside the room, LPN#3 used the ABHR for hand hygiene, donned gloves and disinfected the [REDACTED] NJ Exec Order 26.4b1, doffed off gloves, and used the ABHR. The LPN did not disinfect the [REDACTED] NJ Exec Order 26.4b1</p> <p>On 10/21/24 at 6:55 AM, LPN#3 entered the v/s of Residents #75 and #76 in the electronic medical records, checked the eMAR, and stated to the surveyor that there were no medications (meds) due at this time for both residents.</p> <p>At this time, the surveyor asked LPN#3 about hand hygiene and cleaning of [REDACTED] NJ Exec equipment. The surveyor asked the LPN if she should disinfect the [REDACTED] NJ Exec equipment in between uses, and the LPN stated "yes," and that she should have disinfected the [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 in between uses and that she forgot and stated, "I think I skipped that." She acknowledged that Resident #76 touched the [REDACTED] NJ Exec Order 26.4b1 and that she should have cleaned it.</p> <p>4. On 10/21/24 at 9:11 AM, the surveyor observed Registered Nurse #1 (RN#1) perform [REDACTED] NJ Exec Order 26.4b1 treatment with the help of RN#2 to Resident #65. The resident's room had a posted sign for [REDACTED] NJ Exec Order 26.4b1 and a PPE box hung outside the resident's door. The surveyor observed:</p> <p>At 9:21 AM, RN#1 proceeded to prepare all supplies: [REDACTED] NJ Exec Order 26.4b1, cotton sticks, disposable [REDACTED] NJ Exec Order 26.4b1, [REDACTED] NJ Exec Order 26.4b1, two plastic cups, a black marker which the RN previously disinfected, and meds: [REDACTED] NJ Exec Order 26.4b1 [REDACTED] cup in a green</p>	F 880			

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

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F 880	<p>Continued From page 53</p> <p>basket. RN#1 placed in one of the plastic cups disinfecting wipes that she took from the blue top disinfecting (germicidal bleach wipes) container that showed three minutes of contact time and the RN entered the resident's room. The disinfecting wipes were exposed to air. The RN performed hand hygiene in between resident's NJ Exec Order 2 care.</p> <p>At 9:36 AM, RN#1 cleaned the table that was used for NJ Exec Order 2 treatment with the use of disinfecting wipes that were previously removed from the container. The surveyor observed the table was not totally wet (some areas on the table were dry) when RN#1 wiped the table. The disinfecting wipes were exposed to air for a total of 15 minutes.</p> <p>At 9:41 AM, outside the resident's room, RN#1 stated that she was finished. The surveyor interviewed RN#1 in the nursing station and asked about the disinfecting wipes. RN#1 stated that she took from the blue top container wipes that she used to disinfect the table after the treatment which she "usually" does. RN#1 acknowledged the three-minute contact time of the disinfecting wipes. The surveyor notified the concern that it was not wet in the surrounding area of the table when she wiped it. The RN stated that she could not bring the whole container of the disinfecting wipes inside the room which was why she had to remove it from the canister prior to entering the resident's room.</p> <p>On 10/21/24 at 12:14 PM, the survey team met with the US FOIA (b)(6). The surveyor notified the facility management of the above findings and concerns about disinfecting the table and NJ Exec equipment. The surveyor also notified the facility</p>	F 880			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 54</p> <p>management of the concern during the ^{NJ Exec Order 2} treatment observation of Resident #65 done by RN#1 with the use of disinfecting wipes that were exposed to air for a total of 15 minutes.</p> <p>On 10/22/24 at 11:42 AM, the survey team met with the ^{US FOIA (b)(6)}. The ^{US FOIA (b)} stated that the nurse should have cleaned the ^{NJ Exec} apparatus in between residents. The ^{US FOIA (b)} also stated that education was provided to the RN that disinfecting wipes should retained in the canister until being used.</p> <p>A review of the facility's Dressings, Dry/Clean Policy with a revision date of September 2013 that was provided by the ^{US FOIA (b)(6)} showed: Steps in the Procedure: 22. Clean the bedside stand ...</p> <p>A review of the disinfecting wipes [germicidal bleach wipes] with three minutes kill time (contact time; how long a disinfectant must stay wet on a surface to do its job effectively) copy that was provided by the ^{US FOIA (b)(6)} revealed: Storage and Disposal: Keep this product in a tightly closed canister, when not in use ... Directions for use: 1. Always use PPE. 2. Visible soil must be removed from surfaces prior to disinfecting. 3. Open bleach germicidal bleach wipes canister. 4. Remove premoistened 6"x5" wipe. 5. Apply the saturated towelette and wipe desired surface to be disinfected ...Reapply as necessary to ensure that the surface remains visibly wet for the entire contact time. 6. Allow surface to dry and discard use wipe and empty canister.</p>	F 880			

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F 880	<p>Continued From page 55</p> <p>A review of the Handwashing/Hand Hygiene Policy with edited date of 3/18/24 that was provided by the [US FOIA (b)(6)] showed:</p> <p>Indications for Hand Hygiene:</p> <ol style="list-style-type: none"> 1. Hand hygiene is indicated: <ol style="list-style-type: none"> a. immediately before touching a resident; b. before performing an aseptic task; c. after contact with blood, body fluids, or contaminated surfaces; d. after touching a resident; e. after touching the resident's environment; f. before moving from work on a soiled body site to a clean body site on the same resident; and g. immediately after glove removal. 5. On 10/16/24 at 10:50 AM, during the initial tour, the surveyor observed there was a [NJ Exec Order 26.4b1] colored [NJ Exec Order 26.4b1] sign at Resident #77's door. The signage indicated "Staff and Providers MUST: Clean hands, put on gown, N95 Respirator, Eye protection and gloves." There was also an [NJ Exec Order 26.4b1] supply equipment bag hanging on the door with PPE. On 10/18/24 at 9:58 AM, the surveyor observed the HK staff wearing a N95 mask, gown and gloves before entering in Resident #77's room. The HK staff was not observed wearing an eye protection as the sign on the resident's door indicated was to be worn while inside the room. At 10:08 AM, the surveyor conducted an interview with the HK staff upon exiting Resident #77's room. The HK staff acknowledged that he did not have eye protection on when he entered into Resident #77's room. The HK staff stated we need full PPE including gown, gloves, N95 mask and glasses/face shield before entering into this 	F 880			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2024
NAME OF PROVIDER OR SUPPLIER CAREONE AT CRESSKILL			STREET ADDRESS, CITY, STATE, ZIP CODE 221 COUNTY ROAD CRESSKILL, NJ 07626		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 880	<p>Continued From page 56</p> <p>room because the resident had [REDACTED] and "I don't want to get [REDACTED]. The HK staff further stated that "I should have put the goggles before I went to clean this room."</p> <p>During an interview with the surveyor on 10/18/24 at 10:27 AM, the [REDACTED] stated it was expected that the staff would put full PPE before entering into isolation room and it was important to do so to prevent the spread of [REDACTED]. Later that day, the [REDACTED] provided a copy of in-service (training) sheet, dated 10/14/24, that was provided to the HK staff regarding donning and doffing of PPE.</p> <p>The surveyor reviewed the medical records for Resident #77 which revealed the following:</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the Resident #77 was admitted to the facility with diagnoses which included but were not limited to: [REDACTED]</p> <p>A review of the [REDACTED] Order Summary Report (OSR) included a physician's order (PO) dated [REDACTED] for [REDACTED] every shift for [REDACTED] dx [diagnosis] until [REDACTED]</p> <p>On 10/18/24 at 01:06 PM, the survey team met with [REDACTED]. The surveyor notified the facility management of the above findings. The [REDACTED] acknowledged that HK staff should have been wearing full PPE and there was a sign posted on the door. The [REDACTED] further stated that the HK staff was in-serviced on donning and doffing on 10/14/24.</p>	F 880			

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F 880	<p>Continued From page 57</p> <p>A review of the facility provided "Coronavirus Disease (COVID-19)- Using Personal Protective Equipment" policy dated revised 9/22, included under section 4.c. Eye Protection; 1.) Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) is applied upon entry to the resident room or care area.</p> <p>On 10/22/24 at 12:25 PM, the survey team met with the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] for an exit conference. The facility management did not refute the findings.</p> <p>NJAC 8:39-19.4(a)(1,2),(l,n), 27.1(a)</p>	F 880			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER CAREONE AT CRESSKILL		STREET ADDRESS, CITY, STATE, ZIP CODE 221 COUNTY ROAD CRESSKILL, NJ 07626		
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S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Repeat Deficiency Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios for the day shift as mandated by the state of New Jersey. This was evident in Certified Nursing Assistant staffing for 7 of 14 shifts reviewed. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance	S 560	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. The facilities leadership team has met on a ongoing basis and continued to identify staffing challenges and areas of improvement for licenses and certified staffing needs. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice.	10/31/24

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

TITLE

(X6) DATE

Electronically Signed

11/16/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/29/2024
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S 560	<p>Continued From page 1</p> <p>with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the 2 weeks of AAS-11 staffing from 09/29/2024 to 10/12/2024, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows:</p> <p>-09/29/24 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. -09/30/24 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. -10/04/24 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs. -10/05/24 had 8 CNAs for 81 residents on the day shift, required at least 10 CNAs. -10/06/24 had 7 CNAs for 81 residents on the day shift, required at least 10 CNAs.</p>	S 560	<p>All residents have the potential to be affected by this practice.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>The Director of Nursing conducted an audit of staffing schedules with the current facility census to ensure fulfillment of staffing requirements per shift. The facility has implemented an incentive program including referral bonuses for employees, referring staff where appropriate, conducted job fairs, immediate interviews with contingency offers and expedited the onboarding process of new hires. The facility has contracted a vendor with agency staff as needed to meet staffing needs. The Director of Nursing and The Director of Rehabilitation continue to partner in addressing staffing challenges. When appropriate, the occupational therapy staff assist in providing care and activities of daily living to residents.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic changes.</p> <p>The DON and / or designee will meet with the staffing coordinator daily to review facilities census call outs if any and staffing needs. The DON and / or designee will monitor</p>	

New Jersey Department of Health

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S 560	Continued From page 2 -10/11/24 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. -10/12/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. During an interview with the surveyor on 10/22/24 at 8:28 AM, the Licensed Nursing Home Administrator (LNHA) stated that she was aware of the State's minimum staffing ratios for 7 AM - 3 PM day shift, 3 PM -11 PM evening shift, and 11 PM -7 AM night shift. The LNHA acknowledged that she was aware that they were not meeting State's minimum staffing ratio. The LNHA further stated that the facility was trying very hard to meet the State's minimum staffing ratios requirements.	S 560	callouts and staffing ratios weekly until the requirement is met. The Quality Assurance Performance Improvement (QAPI) committee meets monthly and will review for an recommendations for further audits. The audits will be conducted by the Director of Nursing or Designee. Audits will be conducted daily x 4 weeks, then monthly x 3 months, then quarterly x 3 quarters. The results of the audits will be forwarded to the facility Administrator and QAPI Committee for further review and recommendations as needed.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315313	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/29/2024
NAME OF FACILITY CAREONE AT CRESSKILL	STREET ADDRESS, CITY, STATE, ZIP CODE 221 COUNTY ROAD CRESSKILL, NJ 07626	

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 F0684	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.25	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/30/2024	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/29/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

POST-CERTIFICATION REVISIT REPORT

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0637	Correction	ID Prefix F0641	Correction	ID Prefix F0658	Correction
Reg. # 483.20(b)(2)(ii)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(3)(i)	Completed
LSC	10/30/2024	LSC	11/11/2024	LSC	10/30/2024
ID Prefix F0684	Correction	ID Prefix F0698	Correction	ID Prefix F0725	Correction
Reg. # 483.25	Completed	Reg. # 483.25(l)	Completed	Reg. # 483.35(a)(1)(2)	Completed
LSC	10/30/2024	LSC	10/30/2024	LSC	10/30/2024
ID Prefix F0842	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	10/30/2024	LSC	10/30/2024	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 10/29/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/31/2024	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/29/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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E 000	Initial Comments	E 000			
K 000	<p>An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 10/29/24. The facility was found to be in compliance with 42 CFR 483.73.</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 10/29/24 and the facility was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.</p> <p>Careone at Cresskill is a one-story building with a partial basement constructed in 1968 with additions in 2014 and 2015. It is composed of Type III (200) construction and is divided into six smoke compartments. The facility has a complete automatic sprinkler system (wet with antifreeze). The diesel generator powers 100% of the building. The number of occupied beds was 83 out of 113.</p>	K 000			
K 363 SS=F	<p>Corridor - Doors CFR(s): NFPA 101</p> <p>Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core</p>	K 363			11/1/24

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

TITLE

(X6) DATE

Electronically Signed

11/18/2024

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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K 363	<p>Continued From page 1</p> <p>wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to maintain the sprinkler system in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011</p>	K 363	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p>		

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K 363	<p>Continued From page 2</p> <p>Edition) by ensuring monthly pressure gauge inspections were completed. This deficient practice had the potential to affect all 83 residents who resided at the facility.</p> <p>Findings include:</p> <p>A review of the facility's untitled and undated sprinkler system records revealed the facility failed to document monthly inspections of the gauges for the wet sprinkler system.</p> <p>During an interview on 10/29/24 at 1:15 PM, the US FOIA (b)(6) confirmed the finding and stated the facility was unaware wet sprinkler system gauges needed to be inspected monthly.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25</p>	K 363	<p>The Environmental Services Director conducted the monthly pressure gauge inspection on the wet sprinkler system on 10/30/2024 No residents were negatively affected by this practice.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>The Regional Environmental Services Director educated the U.S. FOIA (b) (6) on the NFPA 25 Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems (2011 Edition) to include monthly pressure gauge inspections. The Environmental Services Director conducted the monthly pressure gauge inspection on the wet sprinkler system on 10/30/2024. SEE ATTACHED INSPECTION "100 is the PSI"</p> <p>The Environmental Services Director has scheduled monthly inspections with the vendor on a on-going basis.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 363	Continued From page 3	K 363	<p>will not recur i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic changes.</p> <p>The Regional Environmental Services Director or designee will conduct audits of the maintenance log to ensure monthly inspections of the wet sprinkler system have been conducted. Audits will be conducted monthly x 3 months then quarterly x 3 quarters.</p> <p>The results of the audits will be provided monthly x3 months, then quarterly x 3 quarters to the facilities Administrator and the QAPI Committee for review and comment.</p> <p>The QAPI committee meets on a monthly basis. The QAPI Committee will review and determine the need for further audits.</p>		
K 372 SS=F	<p>Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS.</p>	K 372			10/30/24

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 372	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure penetrations in smoke barriers were protected by a system or material capable of restricting the transfer of smoke and smoke barriers were continuous in accordance with NFPA 101 Life Safety Code (2012 Edition) Sections 8.5.6.1 and 8.5.6. 2. This deficient practice had the potential to affect 53 residents who resided at the facility.</p> <p>Findings include:</p> <p>Observations on 10/29/24 at 9:47 AM of the smoke barrier located by room 21 revealed a four-inch unsealed overcut around a sprinkler pipe above room 21 and a three-inch overcut around a group of wire penetrations as observed from the access panel in the corridor.</p> <p>Observations on 10/29/24 at 10:18 AM of the smoke barrier located by room 14 revealed a 10-inch overcut around a pair of conduit penetrations and a three-inch overcut around a group of wires, observed from the access panel in the corridor.</p> <p>During an interview at the time of the observations, the US FOIA (b)(6) confirmed the findings and stated the facility was unaware of the unsealed gaps and penetrations in the smoke barriers.</p> <p>NJAC 8:39-31.2(e)</p>	K 372	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>On 10/29/24, the Environmental Services Director immediately sealed the four-inch overcut around a sprinkler pipe above room 21 as well as a three - inch overcut around a group of wire penetrations in the attic. Due to the nature of the size of the penetration Castable Refractory Cement was used. Sending attachment of safety data sheet via email.</p> <p>There was no adverse effect to the resident in room 21.</p> <p>On 10/29/24, the Environmental Services Director immediately sealed a 10-inch overcut around a pair of conduit penetrations and a three-inch overcut around a group of wires in the attic near room 14. The product used was Castable Refractory Cement was the product used .</p> <p>There was no adverse effects to the residents in room 14.</p> <p>No residents were negatively affected by this practice.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be</p>		

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K 372	Continued From page 5	K 372	<p>affected.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>The Regional Environmental Services Director educated the US FOIA (b)(6) to ensure penetrations in smoke barriers were protected by a system or material capable of restricting transfer of smoke and smoke barriers were continuous in accordance with NFPA 101 Life Safety Code (2012 Edition) Sections 8.5.6.1 and 8.5.6.2.</p> <p>On 10/29/24 The Environmental Services Director conducted an inspection of smoke barriers to ensure no other penetrations were present. There were no findings.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.</p> <p>The Environmental Services Director or designee will conduct visual inspections / audits of the smoke barriers in the attic to ensure no penetrations are present. Inspections will be conducted monthly x 3 months then quarterly x 3 quarters.</p> <p>The results of all audits will be provided monthly x 3 months, then quarterly x3 quarters to the facilities Administrator and</p>		

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K 372	Continued From page 6	K 372	QAPI Committee for review and comment.	11/26/24	
K 712 SS=F	<p>Fire Drills CFR(s): NFPA 101</p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire drills at least quarterly per shift under varied conditions, as required by NFPA 101 Life Safety Code (2012 Edition), Section 19.7.1 and 18.7.1. This deficient practice had the potential to affect all 83 residents.</p> <p>Findings include:</p> <p>A review of the facility's "Fire Drills" reports provided by the facility, revealed fire drills were not conducted under varied times and conditions at least quarterly per shift. According to documentation provided by the facility during the survey, fire drills were not conducted during three</p>	K 712	<p>The QAPI committee meets on a monthly basis. The QAPU Committee will review and determine the need for further audits.</p> <p>1. How the corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The Environmental Services Director immediately conducted a fire drill for the 7 am - 3 pm shift on 10/30/24. All staff on the shift participated in the drill. The Environmental Services Director immediately conducted a fire drill for the 3 pm - 11 pm shift on November 25, 2024 at 9:30 pm. The Environmental Services Director conducted a fire drill for the 11 pm - 7 am</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 712	<p>Continued From page 7</p> <p>quarters on the night shift and for one quarter on the evening shift, and only in-service education was provided. Fire drills were not completed for the following quarters and shifts for the previous twelve months prior to the survey:</p> <p>EVENING SHIFT (3PM-11PM): 08/17/24 at 5:13 PM: No alarm activated, in-service only. (no drill was performed)</p> <p>NIGHT SHIFT (11PM-7AM): 09/26/24 at 03:22 AM: In-service only (no drill was performed) 06/04/24 at 11:53 PM: In-service only (no drill was performed) 03/26/24 at 01:12 AM: In-service only (no drill was performed)</p> <p>During an interview on 10/29/24 at 2:30 PM, the US FOIA (b)(6) confirmed the findings and revealed the facility was unaware that fire drills were required to be conducted at least quarterly per shift under varied times and conditions. The facility thought an in-service was acceptable to be used in place of a drill.</p> <p>NJAC 8:39-31.2(e), 31.6(b)</p>	K 712	<p>shift on November 23, 2024 at 3:00 am.</p> <p>No residents were adversely affected by this practice.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>On 10/9/24, The Regional Environmental Services Director educated the US FOIA (b)(6) on the requirement to conduct fire drills at least quarterly per shift under varied times and conditions.</p> <p>The Environmental Services Director added fire drills, on a monthly basis that will vary by time and condition on the monthly calendar.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, I.E. what QA program will be put into place to monitor the continued effectiveness of the systemic changes.</p> <p>The Environmental Services Director or designee will conduct monthly audits of the fire drills performed per shift under varied times and conditions.</p>		

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K 712	Continued From page 8	K 712	<p>The audits will be conducted monthly x 3 months then quarterly x 3 quarters.</p> <p>The results of all audits will be provided monthly x3 months then quarterly x 3 quarters to the facilities Administrator and QAPI Committee for review and comment.</p> <p>The QAPI committee meets on a monthly basis. The QAPI Committee will review and determine the need for further audits.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315313	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT 11/29/2024
NAME OF FACILITY CAREONE AT CRESSKILL		STREET ADDRESS, CITY, STATE, ZIP CODE 221 COUNTY ROAD CRESSKILL, NJ 07626

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0363	11/01/2024	LSC K0372	10/30/2024	LSC K0712	11/26/2024
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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/29/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			