STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315147	A. BUILDING _____ B. WING _____	C 06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	**101 NORTH GROVE STREET EAST ORANGE, NJ 07017**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS NJ#'s NJ00162012, NJ00163298, and NJ00164221 Survey Date: 6/08/23 Census: 172 Sample: 34 + 3 closed records + 19=56 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 576 SS=C	Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9) §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail. §483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the	F 576		7/13/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/22/2023

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 576	Continued From page 1 resident through a means other than a postal service, including the right to: (i) Privacy of such communications consistent with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense. §483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal law. This REQUIREMENT is not met as evidenced by: Based on interviews, it was determined that the facility failed to provide Saturday mail delivery services to residents. This deficient practice was identified for 5 (five) of 5 (five) residents interviewed during the resident council group meeting (Residents #9, #60, #61, #73 and #83) and was evidenced by the following: On 5/26/23 at 10:21 AM, during a resident council group meeting with Residents #9, #60, #61, #73 and #83, the surveyor asked the residents if they received mail on Saturdays. Resident #61 stated that they do not receive mail on Saturdays and that they have to wait until Monday to receive the mail from the[redacted] The other four residents were in agreement that mail was not delivered to them on Saturdays. A review of each of the residents most current Minimum Data Set (MDS), an assessment tool	F 576	I RESIDENTS # 9, 60, 61, 73, 83 WERE ADVISED OF THE AVAILABILTY OF MAIL WEEKENDS BY DIR OF RECREATION RECEPTIONISTS WERE INSERVICED BY BUSINESS OFFICE MANAGER IN REGARD TO PERSONAL MAIL BEING GIVEN TO RESIDENTS, INCLUDING ON THE WEEKEND, ON THE DAY OF DELIVERY. II ALL RESIDENTS HAVE POTENTIAL TO BE AFFECTED III RESIDENT COUNCIL INFORMED AT THE RESIDENT COUNCIL MEETING OF MAY, 2023 IN REGARD TO AVAILABLITY OF	

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F 576	Continued From page 2 used to facilitate the management of care, indicated a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which reflected that each of the resident's had NJ Ex Order 26.4(b)(1). On 5/26/23 at 10:41 AM, the surveyor interviewed the [redacted] regarding the process of mail delivery. The [redacted] stated that the mail goes to the U.S. FOIA (b)(6)) first because there is certain mail for the facility. She added that the mail touches her hands last and that what she receives is mail for the residents and that she delivers the mail to the residents the same day that she received it. The surveyor asked the [redacted] what days she worked at the facility. The [redacted] stated that she worked Monday to Friday. She added that mail is delivered to the facility on Saturday but that it is kept until Monday so the [redacted] can go through it. On 5/31/23 at 7:55 PM, the surveyor interviewed via phone call the U.S. FOIA (b)(6) that worked on Saturdays at the facility regarding the process of mail delivery. The U.S. FOIA (b)(6) stated that the mail does not go directly to the resident. The U.S. FOIA (b)(6) further stated that the mails goes to the [redacted] first. On 6/01/23 at 11:47 AM, the surveyor interviewed the [redacted] regarding the delivery of mail to the residents. The [redacted] stated that she was not involved with mail delivery. She added that it was delivered by either social services or recreation department. On 6/05/23 at 8:26 AM, the surveyor interviewed Receptionist #2 who worked Monday to Friday from 7 am to 9 am regarding the mail from Saturday. Receptionist #2 stated there was mail	F 576	PERSONAL MAIL ON THE WEEKEND, ON THE DAY OF DELIVERY. IV DIRECTOR OF ACTIVIES WILL CONDUCT A RANDOM CHECK OF RESIDENTS NOTED AS RECEIVING MAIL, WEEKLY, FOR 3 MONTHS, TO ENSURE THAT RESIDENTS ARE RECEIVING PERSONAL MAIL. RESULTS OF AUDITS WILL BE PRESENTED AT NEXT QUARTERLY QAPI MEETING	

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F 576	Continued From page 3 from the weekend and that she gave it to the [U.S. FO].	F 576		
	On 6/05/23 at 9:15 AM, the surveyor interviewed the [U.S. FOIA]. The [U.S. FO] stated that the facility's business mail came to her and that if resident mail was there, she would give it back. She added that she did not deliver mail to residents.			
	On 6/07/23 at 01:20 PM, in the presence of the survey team, the surveyor notified the [U.S. FOIA (b)(6)] [redacted], the [U.S. FOIA (b)(6)] [redacted] the concern that mail was not delivered to residents on Saturday. The [U.S. FOIA (b)(6)] stated that the mail should be offered on the weekend. He added that personal packages are delivered on Saturdays but that some of the personal mail was not being delivered and that he in-serviced the staff.			
	On 6/08/23 at 11:18 AM, in the presence of the survey team, [U.S. FOIA (b)(6)] [redacted] stated that the facility did not have a policy on mail delivery.			
	A review of the facility provided policy titled, "Resident Rights" with a reviewed/revised date of 8/2022 included the following: 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: ...f. communication with and access to people and services, both inside and outside the facility; ... N.J.A.C. 8:39-4.1 (a)(19)			
F 607 SS=E	Develop/Implement Abuse/Neglect Policies	F 607		7/13/23

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F 607	Continued From page 4 CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent documentation provided by the facility it was determined that the facility failed to implement the facility's abuse policy to ensure certified nurse aide (CNA) credentials were verified upon hire. This deficient practice was identified for 4 (four)	F 607	I INSERVICE BY ADMINISTRATOR WITH HUMAN RESOURSE STAFF IN REGARD TO VERIFICATION OF LICENSE PRIOR TO HIRE; ALL FUTURE PUBLIC REGISTRY STAFF LICENSE	

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F 607	Continued From page 5 of 5 (five) newly hired staff reviewed, (CNA #1, CNA #2, CNA #3 and CNA #4) and was evidenced by the following: On 6/07/23 at 01:48 PM, the surveyor reviewed the facility provided employee files of five randomly selected newly hired employees. The review included the following: CNA #1 with a date of hire (doh) of [EX Order 26.4B1] had a New Jersey Department of Health (NJDOH) online Public Registry license verification printout (used to verify the status of a CNA's license and to check the nurse aide registry) which did not include the date that the verification was done. CNA #2 with a doh of [NJ Ex Order 26.4(] had a NJDOH online Public Registry license verification printout which was dated [EX Order 26.4B1] which was after the doh. CNA #3 with a doh of [NJ Ex Order 26.4(] had a NJDOH online Public Registry license verification printout which did not include the date that the verification was done. CNA #4 with a doh of [NJ Ex Order 26] did not have a NJDOH online Public Registry license verification printout. There was no documented evidence that the status of the four newly hired CNA's licenses were verified prior to the staff having direct contact with residents of the facility. On 6/08/23 at 9:27 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] regarding the process for hiring new employees. The [U.S. FOIA (] stated that for nursing staff, she would check their credentials, licenses and vaccinations. She then stated that all employees	F 607	VERIFICATION WILL HAVE A DATE NOTED. II ALL RESIDENTS HAVE POTENTIAL TO BE AFFECTED III NEW BROWSER BEING UTILIZED, WHICH AUTOMATICALLY PUTS DATE ON VERIFICATION, ON DATE OBTAINED. ALL NEW HIRE PACKETS BEGINNING JUNE 23-AUG 23 WILL BE AUDITED BY ASST. ADMINISTRATOR FOR 2 MONTHS TO ENSURE THAT: a. STAFF REQUIRING LICENSES, LICENSES ARE VERIFIED b. VERIFICATION IS DONE PRIOR TO DATE OF HIRE c. DATE WHEN VERIFICATION IS DONE IS NOTED ON VERIFICATION IV AUDIT RESULTS WILL BE REVIEWED MONTHLY BY ADMINISTRATOR AND PRESENTED AT NEXT QUARTERLY QAPI MEETING	

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F 607	Continued From page 6	F 607		

receive a background check before they start working. She added that she uses another system that monitors their license but it does not show if the license is active. She then stated that she would verify if their license was active and print out the verification sheet and keep it in their file. The surveyor asked if the date was on the verification sheet. The [redacted] stated that when you print out the license verification, it had the date on it to show the date you did it.

On 6/08/23 at 10:22 AM, the surveyor showed the [redacted] the CNA's files. The [redacted] stated that she did not know why CNA #2 had a date that was after the doh. She then stated she did not know why the other CNA's did not have a date. The [redacted] did not know why CNA #4 did not have a printout.

On 6/08/23 at 10:38 AM, in the presence of the survey team, the surveyor notified the [redacted]) the concern that there was no documented evidence that the 4 (four) CNA's had their license verification done prior to their doh. The [redacted] stated that he did not think it was required to have a date on the them [printouts] but that he would check.

On 6/08/23 at 11:00 AM, in the presence of the survey team, the [redacted] stated that the [redacted] checks the newly hired staff's license before they start work and that she printed it but that she did not print it with a date. He then stated that CNA #2's printout must have been an updated copy. The [redacted] then added that he did not think it was required to have dates on the printouts.

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F 607	Continued From page 7 The facility did not have a policy for the new hire process. A review of the facility provided policy titled, "Policy for Resident Abuse Investigation" with a reviewed/revised date of 10/2022 included the following: SCREENING: Employees are screened via Department of Health License Verification Line and are in-serviced on facility's abuse policies as part of orientation and thereafter as part of regular in-service program. Background check is conducted by outside service of all employees prior to hire ... [Facility] does not employ individuals who have been Found guilty of abuse, neglect, exploitation, misappropriation of property or mistreatment of residents by a court of law; or Have a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of property; or Have a disciplinary action in effect against his/her professional license by a state licensure body as a result of a finding of abuse, neglect, mistreatment of residents or misappropriation of resident property. N.J.A.C. 8:39-43.15(a)	F 607		
F 610 SS=E	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:	F 610		7/13/23

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F 610	Continued From page 8 §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: NJ#00163298 Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to thoroughly investigate, a.) timely report, (Resident#372 and #117) and b.) a NJ Ex Order 26.4(b)(1) of unknown origin on EX Order 26.4B1 of Resident#95. This deficient practice was identified for three (3) of seven (7) residents reviewed for NJ Ex Order 26 and was evidenced by the following: 1. A review of the reportable event record/report (FRE; Facility Reported Event) was called in on EX Order 26.4B1, with an event date of EX Order 26.4B1 EX Order 26.4B1 The incident was reported as an allegation of NJ Ex Order 26.4(b)(1). The event was described as follows: While Resident #372 was transferring from bed to wheelchair, Resident #117 allegedly EX Order 26.4B Resident #372's EX Order 26.4B1 him/her. This resulted in Resident #372's EX Order 26.4B1. The FRE showed there was no plan of care or	F 610	I RESIDENT #372 FRE WAS CALLED IN TO DOH AT [redacted] 9:00 PM. NJ Exec Order 26.4b1 MONITORING SHEET WAS UPLOADED TO DIGITAL RESIDENT CHART NJ Exec Order 26.4b1. RESIDENT #117 FRE WAS CALLED IN AT NJ Exec Order 26.4b1, AAS-45 AND INVESTIGATION WAS REDONE BY DIRECTOR OF NURSING FOR ACCURACY AND WILL BE RE-SENT TO DOH BY ADMINISTRATOR ON 7/10/2023 WITH CORRECTIONS. RESIDENT #95: DIRECTOR OF NURSING CONDUCTED INVESTIGATION ON [redacted], REGARDING INJURY WHICH OCCURRED ON EX Order 26.4B. INVESTIGATION CONCLUDED NJ Ex Order 26.4(b) WAS CAUSED BY EX Order 26.4B RESIDENT MOVED CLOSER TO NURSE STATION AS EX Order 26.4B INTERVENTION; CARE PLAN UPDATED; ADDITIONAL NJ Ex Order 26.4	

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F 610	Continued From page 9 planned interventions prior to the event. Further review of the event reflected that Resident #117 was sent to the hospital for EX Order 26.4B1 evaluation, EX Order 26.4B1 consults were ordered. The residents were moved to separate unit and would remain in separate units. The report also reflected the prescriber, responsible parties, and U.S. FOIA (b)(6) were notified. The surveyor reviewed the medical record for Resident #372. The Admission Record (AR; or face sheet; an admission summary) reflected that the resident had been admitted with diagnoses which included EX Order 26.4B1 The quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care, dated EX Order 26.4B1, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of EX Ord out of 15, which indicated the resident had a EX Order 26.4B1 . Further review of the qMDS developed by the facility to identify resident's needs and implement care interventions, revealed that Resident #372 required NJ Ex Order 26.4(b)(1) (resident involved NJ Ex Order 26.4(b)(1); staff provide NJ Ex Order 26.4(b)(1)) for NJ Ex Order 26.4(b)(1) (how resident NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1) while in NJ Ex Or or NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b) (how resident NJ Ex Order 26.4(b)(1) including to or from: NJ Ex Order 26.4(b)(1) (excludes to/from	F 610	PERFORMED ON [redacted] INSERVICE FOR U.S. FOIA (b) ON TIMELY, PROMPT INTERVENTION AND REPORTING AND THROUGH INVESTIGATIONS INCLUDING ACCURAGE STATEMENTS FROM ALL INVOLVED PARTIES. INSERVICE FOR NURSES ON TIMELY, PROMPT INTERVENTION AND REPORTING AND THROUGH INVESTIGATIONS INCLUDING ACCURAGE STATEMENTS FROM ALL INVOLVED PARTIES. II ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED III EDUCATOR WILL INSERVICE US FOIA (b) ON TIMELY, PROMPT INTERVENTION AND REPORTING AND THOROUGH INVESTIGATIONS INCLUDING ACCURATE STATEMENTS FROM ALL INVOLVED PARTIES. EDUCATOR WILL INSERVICE NURSES ON TIMELY, PROMPT INTERVENTION AND REPORTING AND THOROUGH INVESTIGATIONS INCLUDING ACCURAGE STATEMENTS FROM ALL INVOLVED PARTIES. CHECKLIST WILL BE UTILIZED BY ADMINISTRATOR, FOR INVESTIGATION OF INCIDENTS, FOR THREE MONTHS, TO	

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F 610	Continued From page 10 NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) from staff. The individualized Care Plan (CP) revealed a focus that included, Resident #372 with a high risk for EX Order 26 related to EX Order 26.4B1 EX Order 26.4B1 The interventions included: anticipate and meet the resident's needs, the resident's call light is within reach and the resident needed prompt responses to all requests that were initiated on EX Order 26.4B1 . EX Order 26.4B consult and EX Order 26.4B1 consults were added to the interventions after the NJ Ex Order 26.4(b)(1) that was initiated on EX Order 26.4B1 The facility provided PN for Resident #372, dated EX Order 26.4B1 by Registered Nurse#1 (RN#1), documented the following: At EX Order 26.4B1 "the patient reported to the nurse ..." At EX Order 26.4B1 , the supervisor arrived on the unit At EX Order 26.4B1 , the NJ Ex Order 26.4(b)(1) At EX Order 26.4B1 telehealth with doctor conducted patient reported EX Order 26.4B1 EX Order 26.4B1 was given by nurse. "Doctor told patient he/she does not need to go to the EX Ord (NJ Ex Order 26.4(b)(1)), she will order NJ Ex Order 26 ... At EX Order 26.4B1 transport arrived to bring resident to the hospital, EX Order 26.4B1 . Patient was sitting on the wheelchair NJ Ex Order 26.4(b) NJ Ex Order 26.4(b)(1) ." The facility provided PN by the U.S. FOIA (b) (6)) on EX Order 26.4B1 , reflected "Late Entry" The resident stated his/her roommate NJ Ex Order 26 his/her NJ Ex Order 26.4(b)(1) from NJ Ex Order 26.4(b)(1) while he/she was transferring causing him/her to EX Order 26.4B EX Order 26.4B1 ; An assessment was conducted and rendered EX Order 26.4B1	F 610	ENSURE THAT TIMELINESS, THOROUGH INVESTIGATION AND REPORTING IS DONE AS APPROPRIATE. IV ASSISTANT ADMINISTRATOR WILL REVIEW CHECKLISTS OF INCIDENTS WEEKLY, FOR THREE MONTHS TO ENSURE THAT TIMELINESS, THOROUGH INVESTIGATION AND REPORTING IS DONE AS APPROPRIATE. FINDINGS OF REVIEW WILL BE PRESENTED AT NEXT QUARTERLY QAPI MEETING.	

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integrity; The assessment indicated the resident was able to [redacted]. Emergency Response arrived on the unit.

Further review of the PN by the [redacted] reflected [redacted] was conducted via dual video Conference/Assessment was completed, and new orders of [redacted] were provided for the resident. [redacted] Assessments were also ordered.

The PN revealed that [redacted] screens were provided on [redacted]. The documentation of [redacted] Monitoring sheets by the nurses were not provided.

The PN also reflected that on [redacted] Nurse Practitioner#1 (NP#1) reviewed the [redacted] with results of [redacted], [redacted]; the [redacted] did not indicate a [redacted]. The [redacted] result showed [redacted], [redacted]) is recommended if [redacted] is suspected.

A review of the risk assessment dated [redacted] at 6:19 AM, indicated that Resident #372 had a predisposed [redacted] factor of [redacted] and a predisposed situation of above the [redacted].

2. The surveyor reviewed the medical record for Resident #117.

The AR reflected that the resident had been

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F 610	Continued From page 12 admitted with diagnoses which included EX Order 26.4B1 [redacted] The qMDS dated EX Order 26.4B1, reflected that the resident had a BIMS of EX Order 26.4B1 out of 15, which indicated the resident had a EX Order 26.4B1 EX Order 26.4B1. Further review of the qMDS developed by the facility to identify resident's needs and implement care interventions, revealed that Resident # 117 required NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) (how resident NJ Ex Order 26.4(b)(1)) and NJ Ex Order 26.4(b)(1) (how resident NJ Ex Order 26.4(b)(1) on unit with NJ Ex Order 26.4(b)(1) from staff). NJ Ex Order 26.4(b)(1) (how resident NJ Ex Order 26.4(b)(1) including to or from: NJ Ex Order 26.4(b)(1)) (excludes NJ Ex Order 26.4(b)(1)) reflected limited assistance (resident highly involved in activity; staff provide NJ Ex Order 26.4(b)(1) or other NJ Ex Order 26.4(b)(1)) required NJ Ex Order 26.4(b)(1) from staff. The individualized CP revealed a focus that included, Resident #117 had NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b)(1) deficits. The interventions included, Resident #117 required extensive assist by staff to [redacted] using a [redacted]	F 610		

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F 610	Continued From page 13 date initiated [redacted]. A review of the PN reflected the following: -[redacted] on the unit, [redacted] precautions maintained. [redacted], refer to [redacted] for evaluation. -[redacted] nursing care and treatment, [redacted] on the unit, continue to be [redacted] referred to [redacted] for evaluation. -[redacted] monitoring in progress. Redirected multiple times -[redacted] at 16:03 resident [redacted] and [redacted] Observed with [redacted]. Constant [redacted] required and provided. Resident [redacted] ... [redacted], patient continues to be on [redacted]. As needed [redacted] ([redacted]) given ... -[redacted], reflected "Late Entry", [redacted] documented she was called to the unit by assigned nurse to assess the resident within the room for [redacted] towards roommate ...Resident #117 was asked to leave in [redacted] redacted]. The resident [redacted] and became [redacted] with staff, [redacted] ([redacted]) was administered at [redacted] which rendered [redacted]. [redacted] notified dual /video conference assessment completed. -[redacted] the telehealth assessment and plan included the NP sent Resident #117 to the Emergency Department (ED). [redacted] RN#1 authored a PN that included the following: At 9 PM, all due meds [medications] given and	F 610		

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tolerated
At 10 PM, [redacted] hallway going [redacted] ...
At 11 PM, pt [patient] [redacted] the hallway going into other resident's room, [redacted] given.
At 12 AM, supervisor arrived to the unit, patient laying in bed [redacted] and [redacted] the room to be [redacted]
At 12:30 AM, the [redacted] arrived, pt remained [redacted]
At 12:50 AM, ems took patient to hospital [redacted] Responsible party and [redacted] notified by supervisor

A review of the electronic Administration Record, reflected Resident #117 received [redacted], documented as effective.
The following dose was signed administered on [redacted] documented as ineffective.

A review of the [redacted] Evaluation and Plan of Treatment, dated [redacted] revealed Resident #117 was referred to [redacted] for reasons that included: [redacted] ...

The facility provided, Summary of Investigations reflected that when Resident #117 was interviewed, the resident was unable to remember the incident during an interview with a [redacted] speaking staff, due to [redacted]

The Summary of Investigations reflected that

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Resident # 372 was in bed and went to [NJ Ex Order 26.4(b)] That was when Resident #117 [NJ Ex Order 26.4(b)(1)] [redacted] out of Resident #117's [NJ Ex Order] Resident #372 added that the sudden [NJ Ex Order 26.4(b)] of the [NJ Ex Order 26.4(b)(1)] caused the [NJ Ex Order 26.4(b)(1)]. Resident #372 called the [NJ Ex Order 2] and gave a statement.

The Emergency Response ([NJ Ex Order 26.4] report was not provided.

The facility provided Summary of Investigations reflected Certified Nursing Aide#1 (CNA#1) was interviewed. CNA #1's statement reflected what she had heard on the night of the Resident # 372's reported [NJ Ex Order 26.4(b)(1)].

A review of the schedule for [EX Order 26.4B1] reflected there was one [U.S. FO] and two CNAs assigned to Resident #372's unit from 11 PM to 7 AM. CNA #2's statement and other ancillary staff 's statement and interviews were not documented within the summary of investigation.

A review of CNA assignment sheet dated [EX Order 26.4B1] 11 PM to 7 AM shift, revealed CNA #2 was assigned to Resident #374's room, beds 1, 2, and 3. There were no documented interviews of other residents within the investigation summary report provided.

On 5/30/23 at 12:49 PM, during interview with the survey team, the [U.S. FOIA (b)(6)] stated we used a form called Unusual Occurrence for statements from the CNA, nurses, and risk management. The [U.S. FOIA (b)] stated that all notes on investigation were in the resident's PN. The [U.S. FOIA (b)(6)] also stated that the resident's roommates would also be interviewed.

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At that time the U.S. FOIA (b)(6) , stated the staff and residents were interviewed verbally and documented immediately. The facility places all of the interventions, investigation and conclusion were also documented. The U.S. FO was also updated. The U.S. FOIA (b)(6) stated that the nurses have to monitor the residents for an undetermined amount of time.

At that time, the U.S. FOIA (b)(6) was unable to inform the surveyors where the monitoring is documented to prevent an incident from occurring again.

On that same date and time, in the presence of the survey team, EX Order 26.4 and U.S. FOIA (b)(6), the surveyor requested for all the staff statements relating to the FRE.

On 06/02/23 at 10:14 AM, during an interview with the surveyors, the U.S. FOIA (b)(6) stated there were no incidents or accidents or reportable for Resident #372 and #117 in the last 6 months.

On 6/07/23 at 11:31 AM, during an interview with the survey team, the EX Order 26.4(b) stated there should have been more statements collected. The U.S. FOIA (b)(6) stated that the other nurses on this shift should have been interviewed. The U.S. FOIA (b) (acknowledged that the investigation was not thorough, and the investigation process could be improved. The above finding and concerns were discussed with the U.S. FOIA (b)(6)

On 6/07/23 at 12:35 PM, the U.S. FOIA (b)(6) confirmed the NJ Ex Order 26.4(b)(1) reported occurred on NJ Ex Order 26.4(b) as opposed to the reported date of NJ Ex Order 26.4(b). The U.S. FOIA (b)(6) confirmed the investigation could have been better and more interviews

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should have been conducted.

A review of the facility provided policy, Assessing Falls and Their Causes reviewed and revised 01/2023 under Steps in Procedure; After a Fall: section 1. If a resident has just fall or is found on the floor without a witness to the event, evaluate for possible injuries to the head, neck, spine, and extremities.

3. On 5/26/23 at 7:35 AM, the surveyor asked the [redacted] about Resident#95's incident/accident reports, and the [redacted] stated that she will get back to the surveyor.

On 5/26/23 at 7:43 AM, the surveyor observed the resident laying on the bed with eyes closed, the [redacted] on top of the nightstand.

On 5/30/23 at 12:03 PM, a review of Resident #95's Risk Assessment investigation report dated [redacted] was provided by the [redacted] revealed that on [redacted] at approximately 6 PM, the resident was found [redacted] at the hallway wherein RN#2 asked the resident why [redacted] was [redacted] and the resident showed their [redacted], the RN noted [redacted]. The resident's description showed that the resident was unable to give a description. The Risk Assessment also showed that the resident was not taken to the hospital. The injuries observed at the time of the incident showed that the injury location was [redacted], the injury type and injury location was

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blank and there was no documented measurement and description of the EX Order 26.4B1. The investigation also indicated that there were no witnesses found.

In addition, the attached care plan in the provided investigation showed that the focus was that the resident was at EX Order 26.4B1 safety awareness, EX Order 26.4B1 with an intervention initiated EX Order 26.4B1 "moved closer to the nurses station." There was no intervention dated EX Order 26.4B1 to reflect the incident about the unknown, unwitnessed EX Order 26.4B1. The U.S. FOIA (b)(6) provided Risk Assessment dated EX Order 26.4B1 did not include statements from staff.

Further review of the above investigation of Resident #95's unknown EX Order 26.4B1 and the unwitnessed incident report revealed there was no documented statement from the other residents on the same unit, direct care staff, and any ancillary staff who may have had contact with the resident.

On 5/31/23 at 9:53 AM, the U.S. FOIA (b provided another Risk Assessment investigation copy of the unknown EX Order 26.4B1 dated EX Order 26.4B1. The information in the EX Order 26.4B1 Risk Assessment that was provided by the U.S. FOIA (b) was the same as what the EX Order 26.4B1 provided on 5/30/23 except for the question: Resident Taken to Hospital which had an answer now with Y (Yes). The provided Risk Assessment of the U.S. FOIA (b) included Unusual Occurrence Statements from CNA#4 and U.S. FOIA (b)(6)). The staff investigative statements were as follows:

1) One statement from CNA #4 that included "The nurse notified me that Resident#95 had an NJ Exec Orde

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F 610	Continued From page 19 to his/her EX Order 26.4B1 I was feeding residents and collecting trays afterward." 2) A second statement from the U.S. FOIA included U.S. FOIA (b) (6) reported resident in hallway EX Order 26.4B and holding his/her EX Order 26.4B1. Resident unable to say what happened. Telehealth was called. EX Order 26.4B1 Family notified." 3) A third statement from U.S. FOIA (b) typewritten dated [redacted] (three days after the incident), indicated that Resident #95 was interviewed by the U.S. FOIA (b) in the presence of the U.S. FOIA (b)(6) [redacted]) as a NJ Ex Order 26.4(b)(1). The statement from the U.S. FOIA (b) showed that the resident was asked regarding the NJ Exec Order 26.4B to the [redacted] area. The resident was questioned about what happened and the resident responded that he/she EX Orde [redacted] onto their EX Order 26 Further review of the Staff Investigative statements of Resident #95's incident report revealed there was no documented statement from the other residents on the same unit or any ancillary staff who may have had contact with the resident on EX Order 26.4B1 The staff statements did not include information on who, when, where the resident was last seen and what was the resident doing before the incident happened. In addition, there was no further investigation on EX Order 26.4B1, after three days, when the U.S. FOIA (b) found out from the interview with a NJ Ex Order 26.4(b)(1) to determine the root cause and analysis of the NJ Ex O incident. The surveyor reviewed Resident #95's medical record.	F 610		

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The resident's AR reflected that the resident was admitted to the facility had diagnoses which included but were not limited to EX Order 26.4B1 [redacted]).

The resident's most recent qMDS with an Assessment Reference Date (ARD) of EX Order 26.4B1 reflected that the resident had a BIMS score of EX Ord which indicated the resident [redacted] the interview. The qMDS revealed that staff assessment for NJ Ex Order 26.4(b)(1) was conducted due to the resident's NJ Ex Order 26.4 to complete the interview and showed that the resident's cognitive skills for daily decision-making had a score of EX Order 26.4B1) which indicated that the resident's cognition was EX Order 26.4B1 .

A review of the resident's individualized CP with an initiated date of EX Order 26.4B1 reflected a focus area that the resident had a potential impairment to EX Order 26.4B1 r/t (related to) EX Order 26.4B1 and on EX Order 26.4B1 with EX Order 26.4B1 . There was no evidence that the EX Order 26.4B1 EX Order 26.4B1 EX Order 26.4B1 was identified and included in the care plan. There was no evidence that there were interventions identified and created on EX Order 26.4B1 to reflect the unknown EX Order 26.4B1

Further review of the resident's personalized CP with an initiated date of EX Order 26.4B1 reflected a focus area that the resident had an ADL (activities of

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daily living) NJ Ex Order 26.4(b)(1) deficit [redacted] with an intervention initiated on [redacted] that resident was on EX Order 26.4B1 Order 26.4B1 to the EX Order 26.4B1, provided EX Order 26.4B1, and to be worn after EX Order 26.4B1) care and EX Order 26.4B1 [redacted] care.

In the electronic medical records, PN dated [redacted] at 7:29 PM by RN#2 revealed that at approximately 6 PM, the resident was found [redacted] in the hallway and noted a EX Order 26.4B1 above the EX Order 26.4B1.

In the PN dated [redacted] at 7:45 PM by NP#2 showed that the resident was evaluated via telehealth because of the EX Order 26.4B1 to the resident's EX Order 26.4B1 EX Order 26.4B1 and that the resident was not sent to the ED. NP#2 ordered for [redacted] of the EX Order 26.4B1. The note of NP#2 also showed that the staff did not know how it happened, no reported [redacted] and the resident had EX Order 26.4B1 and can not tell what happened.

On 5/31/23 at 10:58 AM, the surveyor notified the above findings to the [redacted] The surveyor interviewed and asked the [redacted] about the [redacted] investigation because the injuries observed at the time of the incident and injury type in the Risk Assessment were not complete which did not include the measurements and description of the EX Order 26.4B1. The surveyor asked the [redacted] if a [redacted] assessment was done on [redacted] The surveyor asked also the [redacted] why there was no documentation of what were the interventions after the resident returned from the hospital on [redacted]. The [redacted] stated that he will get back to the surveyor.

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F 610	Continued From page 22 On 5/31/23 at 11:13 AM, the surveyor interviewed the [redacted] who informed the surveyor that his primary language was [redacted]. The [redacted] stated that the resident was NJ Ex Order 26.4(b)(1) and NJ Exec Order 26.4b1. The [redacted] indicated that the resident does not NJ Ex Order 26.4(b)(1), [redacted] or [redacted] and stated that Resident#95 "just talked to me because I NJ Ex Order 26.4(b)(1), other than that I know he/she is EX Order 26.4B1." He further stated that "I know it's in [redacted] but I can't remember what exact date" when the [redacted] asked him to be the [redacted] for the resident. On that same date and time, the [redacted] informed the surveyor that when he and the [redacted] went to the resident, the resident was asked about what happened, the resident responded that the resident NJ Ex Order 26.4(b)(1) to the [redacted] and got up. The surveyor then asked the [redacted] if the resident was asked what was the resident doing before the resident NJ Ex Order 26.4(b)(1) when the resident [redacted] if was there someone in the room, and other information that will determine the root cause analysis of the [redacted] incident that resulted in the injury. The [redacted] stated that after that question about what happened and the resident responded, the [redacted] and the [redacted] left the resident and there were no further questions asked to the resident. On 6/01/23 at 8:49 AM, The surveyor called and left a message to CNA#4, the [redacted] who wrote a statement on [redacted]. On 6/01/23 at 9:46 AM, The surveyor interviewed the [redacted] who informed the surveyor that she was also the [redacted] and does med pass and care of residents. The [redacted] stated that she remembered the [redacted] incident of the resident	F 610		

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because it so happened that she was on the [EX Orde] floor at that time when it happened while doing routine rounds as a covering supervisor on that day. The [U.S. FOIA] found the resident [NJ Ex Order 26] in the hallway with some residents passing by, and the resident was stating in NJ Ex Order 26.4(b)(1) EX Order 26.4B1) while the resident touched their [EX Order 26.4B1]. The [U.S. FOIA] further stated that at that time the EX Order 26.4B1 [EX Order 26.4B1] we don't know what happened and where the resident got the [EX Order 26.4B1]. The surveyor then asked the [U.S. FOIA] if the resident had a [EX Orde] incident on that same date, and the [EX Order 2] responded that the resident did not [EX Orde].

On that same date and time, the [U.S. FOIA (6)] informed the surveyor that "I think the [U.S. FOIA (6)] was busy with something but not sure if the [EX Order 26] was passing trays or helping other residents." The [U.S. FOIA] acknowledged it was an injury of unknown origin at that time, and "I know from other facilities if that was the case, they go back 72 hours lookback of staff statements." The surveyor asked the [U.S. FOIA] if there were staff statements 72 hours from the time of the incident, the [U.S. FOIA] stated: "I'm not sure if that is what we do here also and don't know if that was done because [EX Order 26.4B1] was a Friday and I was off during the weekend."

Furthermore, the surveyor asked the [U.S. FOIA (6)] if there was a [redacted] done on [EX Order 26.4B1]. The [EX Order 26] stated that there should be a [EX Order 26] assessment for that incident, and the [EX Order 26] assessment should be part of the Risk Assessment. She was unable to remember the name of the nurse at that time who did the Risk Assessment, the [U.S. FOIA (6)] stated "It was an agency nurse" who did the Risk Assessment and the

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nurse should have included the description of the injury including the measurement, color and what part of the body and if there were other injuries to the other part of the body.

At that time, the surveyor notified the [U.S. FOIA (6)] that the Risk Assessment did not include the measurement and other descriptions of the injury. The surveyor asked the [U.S. FOIA (6)] why the [EX Order 26.4B1] Risk Assessment did not include the description of injuries and if she as a Supervisor at that time checked if the Risk Assessment was complete. The [U.S. FOIA (6)] stated, "I don't know." The [U.S. FOIA (6)] indicated that after that day she did not know what else happened because she was off the weekend.

On 6/01/23 at 11:20 AM, the surveyor called both RN#2 and CNA#4 for the second time. CNA#4's voicemail was full.

On 6/01/23 at 11:38 AM, the surveyor received a return call from RN#2. The surveyor interviewed the RN in the presence of another surveyor. The RN informed the surveyor that she was an agency nurse and worked at the facility "one time only" and was unable to remember when she worked. The RN stated that she remembered it was on the 3rd floor 7 AM-7 PM shift. She acknowledged that the nurses at the facility work 12 hours shift and the CNAs works eight hours shift. RN further stated that she remembered that she was passing medications (meds) "I think" and the CNAs were passing trays, [NJ Ex Order 26.4(b)(1)] Resident # 95 was in the hallway, and had a [NJ Exec Order 26.4b] "I think" it was a [EX Order 26.4B1] but we do not know what happened and why the resident had it but the doctor was called and the supervisor. RN stated that "I can't remember who was the

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supervisor and I did the incident report in the Risk Assessment on the computer on the same date." She further stated the resident was EX Order 26.4B1, "We called the responsible party" about the incident, and after that "I don't know what else happened."

On that same date and time, the surveyor asked RN#2 if she remembered doing a EX Order 26 assessment since the incident was of unknown origin, the RN stated that "whatever in the computer in Risk assessment" that's what she documented. RN#2 acknowledged that the EX Order 2 EX Order 26.4B1 was an injury of unknown origin. She further stated that since the EX Order 26.4B1 was in the EX Order 26.4 she did not think that the other part or whole body should be assessed for possible injury. The U.S. FOIA indicated that she was not sure if it was a EX Order 26.4B1 because she was not sure what was on the EX Order 26.4B1. In addition, the RN stated that the EX Order 26.4B1 should have documentation of the size or measurement of EX Order 26.4B1, and if it was not documented in her Risk Assessment, she claimed that she probably forgot to do so.

Furthermore, RN#2 informed the surveyor that "the resident EX Order 26.4B1 and "we don't know" what happened and why the resident sustained the injury. She further stated that there should be a staff statement at least 24 hours or 72 hours before the incident since it was unknown but not sure if the supervisor did it and asked for it.

On 6/01/23 at 12:53 PM, the survey team met with the U.S. FOIA (b)(6) and was made aware of the above findings. The surveyor asked the facility team why there was a

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discrepancy with the Risk assessment concerning the question of the resident being taken to the hospital with two different answers different on two submitted copies of [redacted] and [redacted]. The surveyor asked the facility team why the [redacted] for Predicting [redacted] Risk ([redacted]) was initiated on [redacted] PM signed and locked on [redacted] which the [redacted] claimed was the [redacted] done to the resident for [redacted] unknown [redacted] incident that happened approximately 6 PM. The surveyor also asked the facility team why the [redacted] Scale was done on [redacted] and was also signed and locked on [redacted] after the surveyor's inquiry.

On that same date and time, the surveyor asked the facility team why there were no v/s (vital signs; blood pressure, heart rate, respiratory rate, and temperature) taken and recorded at the time of the incident at 6 PM. The [redacted] stated that he will get back to the surveyor.

On 6/02/23 at 11:58 AM, the survey team met with the [redacted] The [redacted] stated that the Risk Assessment on [redacted] was not locked. The [redacted] further stated that when the [redacted] noticed on [redacted] that the investigation was not locked, the [redacted] went in and signed it off that was where the discrepancy for the question of if the resident was taken to the hospital responses were different.

On that same date and time, the [redacted] acknowledged that there were discrepancies from the provided documents to the surveyor and the [redacted] stated that the facility should have done better with documentation and gathering of statements for the investigation.
At that same time, the surveyor asked the facility

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team why there was no investigation for a [EX Order] when the team concluded after three (3) days that the incident of unknown origin [EX Order 26.4B1] was from a [EX Order] incident. The [U.S. FOIA (b)(6)] stated that "we concluded" it was from a [EX Order] that the resident sustained [EX Order 26.4B1]. The [U.S. FOIA (b)(6)] agreed that the interventions should have been done when the team concluded that the [EX Order 26.4B1] was from the [EX Order] and should have further investigated the [EX Order] The [U.S. FOIA (b)(6)] further stated that the investigation was not properly documented we should have done more including the appropriate interventions other than moving the resident closer to the nursing station.

Furthermore, the [U.S. FOIA (b)(6)] stated that "I do agree that the investigation should have been thorough." The [U.S. FOIA (b)(6)] further stated that "definitely the investigation was lacking information."

A review of the facility's Policy for Resident Abuse Investigation with a reviewed/revised date of 10/2022 provided by the [U.S. FOIA (b)(6)] in the Entrance binder of the facility included that in any investigation, in any instance of mistreatment, neglect, or abuse of residents, misappropriation of their property, or injuries of unknown source an incident report is completed. Surveillance procedures for any injuries sustained are followed. Appropriate supervisory personnel is notified, and the investigation begins promptly after the report of a problem. Statements or interviews of the resident, suspect (if identified), any eyewitnesses, and any circumstantial witnesses are taken. Relevant documentation is reviewed. The alleged victim is examined promptly and the finding is documented in the report. Injuries of unknown origin, are investigated by going back 24 hours and

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F 610	Continued From page 28 speaking to all direct care personnel, to see if when and how the bruise occurred can be ascertained. On 6/08/23 at 01:18 PM, the survey team met with the U.S. FOIA (b)(6) [redacted], and there was no additional information provided by the facility.	F 610		
F 641 SS=E	NJAC-8.39-4.1(a)5; 9.4(f) Accuracy of Assessments CFR(s): 483.20(g) §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 three (3) of 34 residents, (Resident #40, #103, and #162) reviewed for MDS accuracy, and was evidenced by the following: According to the Centers for Medicare & Medicaid Services (CMS) Minimum Data Set 3.0 Public Reports page last modified 12/01/21, included that the MDS is part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes. This process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems. Care Area Assessments (CAAs)	F 641	I Resident #40□s MDS was modified to include coding of NJ Ex Orde minutes provided. Resident # 103□s MDS all relevant interview sections were dashed. Resident #162□s MDS was modified to include coding of NJ Ex Order 26.4(b)(1) II ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED III a. Audit done by Director of MDS to see who else might have been missed from residents being treated by RNP and not captured in the MDS. b. Chief Nursing Officer inserviced U.S. FOIA (b) (6) on correct coding of RNP minutes and correct coding for wanderguard. c. DIR OF MDS INSERVICED SOCIAL SERVICE STAFF, [redacted]	7/13/23

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F 641	Continued From page 29 are part of this process, and provide the foundation upon which a resident's individual care plan is formulated. MDS assessments are completed for all residents in certified nursing homes, regardless of the source of payment for the individual resident. MDS assessments are required for residents on admission to the nursing facility, periodically, and on discharge. All assessments are completed within specific guidelines and time frames. 1. On 5/26/23 at 7:39 AM, the surveyor observed Resident #40 seated on their bed. On 5/26/23 at 8:26 AM, the surveyor interviewed the U.S. FOIA (b)(6)) who informed the surveyor that the U.S. FOIA (b)(6)) was out for a previously scheduled education arrangement that was out-of-state. The U.S. FO stated that the facility has an U.S. FOIA (b)(6)) and the assigned U.S. FOIA (b)(6) that takes care of the EX Order 26.4B1 EX Order 26.4B1 She further stated that the EX Order 26.4B1 was the U.S. FOIA (b)(6)) responsibility. On 5/26/23 at 8:34 AM, the surveyor interviewed the U.S. FO who informed the surveyor that she's been working in the facility as U.S. FO for EX Order 26.4B1 months and responsible for U.S. FOIA (b) and documentation for U.S. FOIA (b) EX Order 26.4B1 and U.S. FOIA (b). She further stated that each unit has a binder for their U.S. FOIA (b) and she kept a copy also in the EX Order 26.4B1 Department. On that same date and time, the EX Order showed the EX Order 26.4 binder that was arranged according to units (1st, 2nd, 3rd, 4th, and 5th floor) that included Resident # 40's EX Order 26.4B1.	F 641	US FOIA (b)(6) , ON CONDUCTING INTERVIEWS, REQUIRED TO BE IN MDS, TO ENSURE THAT INTERVIEWS ARE ENTERED AS CONDUCTED, DIRECTLY INTO MDS WITHIN 7 DAY LOOK BACK. d. NEW SYSTEM IN PLACE. STAFF CONDUCTING INTERVIEWS MUST CONDUCT,SIGN AND INSERT INTERVIEW INTO MDS WITHIN 7 DAY LOOK-BACK PERIOD. e. AUDIT WILL BE CONDUCTED MONTHLY, FOR THREE MONTHS, BY DIR OF MDS FOR ALL RESIDENTS USING WANDERGUARD TO ENSURE THAT THEY ARE CODED IN MDS. f. AUDIT WILL BE CONDUCTED MONTHLY, FOR THREE MONTHS, BY DIR OF MDS OF RNP SECTION, DURING MONTHLY MEETING, TO COMPARE WHAT IS CAPTURED TO RNP SCHEDULE. IV DIRECTOR OF MDS WILL COLLATE INFORMATION TO INCLUDE: a. AUDIT OF RESIDENTS WHOSE RNP WERE NOT AUTOMATICALLY CAPTURED BY MDS MONTHLY FOR THREE MONTHS b. AUDIT OF FIVE RESIDENTS INTERVIEWS BY DIR OF MDS MONTHLY FOR THREE MONTHS. c. RESIDENTS WITH WANDERGUARD SYSTEM IN PLACE, REVIEW MONTHLY FOR THREE	

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F 641	Continued From page 30 The surveyor reviewed the medical records of Resident #40 and revealed the following: The Admission Record (AR; or face sheet; an admission summary) showed that the resident was admitted to the facility with a diagnosis that included but was not limited to essential [redacted]. The most recent annual MDS (aMDS), an assessment tool used to facilitate the management of care, with an Assessment Reference Date (ARD) of [redacted], showed that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15 which reflected that the resident's [redacted]. The aMDS Section O Special Treatments, Procedures, and Programs, the [redacted] were coded [redacted] which means that there was no [redacted] performed in the last [redacted] calendar days. The [redacted] calendar days was the lookback period for [redacted]. Further review of the quarterly MDS Section O, [redacted] showed the following: [redacted] Quarterly=coded as [redacted] A review of the Documentation Survey Report from [redacted] log for [redacted] x 10 reps x 3 sets in all planes showed the following: [redacted]=the resident was documented to participate for [redacted] minutes on [redacted] on dates [redacted] There was no documentation in the log that on dates [redacted] that the	F 641	MONTHS AUDITS WILL BE PRESENTED AT THE NEXT QUARTERLY QAPI MEETING. BASED ON RESULTS, DECISION WILL BE MADE AT THE MEETING ON HOW MUCH LONGER OR IF TO CONTINUE AUDITS.	

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EX Order 26 was offered, refused, the mentioned dates were blank.
EX Order 26.4B1 the log showed that from EX Order 26.4B1 the EX Order 26.4 was blank. There was no documentation from EX Order 26.4B1 that the EX Order 26 was offered and refused as specified in the instructions below the form.

Further review of the above EX Order 26 showed that the quarterly MDS with an EX Order 26.4B1 should have been coded 3 (three) because the resident participated on EX Order 26.4B1 for EX Orde minutes each day on dates EX Order 26.4B1, and EX Order 26.4B1 within the last EX Order 26.4B1) days of MDS lookback.

On 6/01/23 at 9:15 AM, the surveyor interviewed the U.S. FOIA (b)(6) who informed the surveyor that she was part of the U.S. FOIA (b) meeting. The U.S. FOIA (b)(6) stated that the U.S. FOIA (b) meeting was every second Tuesday of the month, and attendees included her, the U.S. FOIA (b)(6)

On that same date and time, the surveyor notified the U.S. FOIA (b)(6) of the above findings with regard to the accuracy of the U.S. FOIA (b) captured in the MDS. The U.S. FOIA (b)(6) stated that it was "probably" a software issue which was why the EX Order 26.4 was not captured in Resident#40's MDS. She further stated that she will discuss these findings with the facility management and will get back to the surveyor.

On 6/01/23 at 10:26 AM, the surveyor observed Resident#40 seated on their bed. The resident

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stated that the facility staff, unable to remember the name, comes daily to do his/her [redacted] for [redacted] and there was no concern.

On 6/01/23 at 12:04 PM, the U.S. FOIA (b)(6) informed the surveyor in the presence of the survey team that the reason why the [redacted] was not captured in the MDS was because of the issue on the software, "usually" the information in the electronic medical records does not automatically transfer to the MDS. The U.S. FOIA (b)(6) stated that "now I have" to manually check when submitting the MDS to make sure that the information was accurate. "I wasn't aware" that the software was not capturing the MDS information from the Quarterly Assessments that were being done in the electronic medical records.

On that same date and time, the U.S. FOIA (b)(6) stated that the U.S. FOIA (b)(6) for [redacted] was an oversight "on my part." She further stated that "I should" have documented that the resident was on [redacted] on the Quarterly Assessment dated [redacted] that was signed and locked on [redacted] that the resident was on [redacted] "I don't know what happened." The U.S. FOIA (b)(6) stated it was an error on the facility's part for not capturing the [redacted] in the [redacted], and acknowledged that it was a concern for the accuracy of MDS.

On 6/02/23 at 11:58 AM, the survey team met with the U.S. FOIA (b)(6) [redacted] The [redacted] stated that Resident#40 information not pulling over to the MDS, as an immediate response moving forward "were doing a monthly meeting." The [redacted] further stated that the U.S. FOIA (b)(6) who will be attending the meeting will be responsible for checking the MDS for [redacted]

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(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 641	Continued From page 33 to make sure that the information was accurate. On 6/07/23 at 8:49 AM, the U.S. FOIA (b)(6) stated that according to U.S. FOIA (b)(6) that there was no specific facility policy for MDS, and that the facility follow the RAI (Resident Assessment Instrument) Manual of the MDS. 2. On 5/30/23 at 9:32 AM, the surveyor observed Resident #103 laying on the bed with EX Order 26.4B1 EX Order 26.4B1, with EX Order 26.4B1 in use. The surveyor reviewed the medical records of Resident #103 and revealed the following: The AR showed that the resident was admitted to the facility with a diagnosis that included but was not limited to essentia EX Order 26.4B1 The most recent quarterly MDS (qMDS) with an ARD of EX Order 26.4B1 showed that the resident had a BIMS score of EX Ord out of 15 which reflected that the resident's EX Order 26.4B1 . The NJ Ex Order 26.4(qMDS showed on Section G NJ Ex Order 26.4(b)(1) the resident was coded NJ Ex Order 26.4 on the NJ Ex Order 2 which means that the resident had a EX Order 26.4B1 . Further review of the MDS showed the following: A. EX Order 26.4B1 qMDS Section C NJ Ex Order 26.4(b)(1) the interview was signed on NJ Ex Order 26.4(b)(1 by	F 641		

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	315147	A. BUILDING _____ B. WING _____	C 06/08/2023

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F 641	Continued From page 34 the U.S. FOIA (b) (6)), 20 days after the ARD. The EX Order 26.4B1 qMDS Section J NJ Ex Order 26.4(b)(1), NJ Ex Ord interview was signed on EX Order 26.4B1 by the Per Diem U.S. FOIA (b)(6)), 11 days after the ARD. B. ARD EX Order 26.4B1 aMDS Section C NJ Ex Order 26.4(b)(1) s, the interview was signed on NJ Ex Order 26.4(b)(1, 2 (two) days after the ARD. A review of the Quarterly Assessment in the electronic medical record, with an effective date of EX Order 26.4B1 showed that Section C for the BIMS interview was signed by the U.S. FOIA on NJ Ex Order 26.4(b)(1. A review of the Annual/Significant Change Assessment in the electronic medical record, with an effective date of EX Order 26.4B1 revealed that Section C for the BIMS interview was left blank and was not done. On 6/07/23 at 9:32 AM, the surveyor interviewed the U.S. FOIA (b)(6) with regard to MDS and quarterly assessments that were in the electronic medical records. The surveyor asked the U.S. FOIA (b)(6) what UDA means which can be seen in the assessment tab of the electronic medical records. The U.S. FOIA (b)(6) stated that UDA means user define assessment and will show when the quarterly assessments in correspondence to MDS will be done according to the MDS ARD. The U.S. FOIA (b)(6) explained that "I open quarterly assessment" in the form of UDA and make sure that all disciplines knew about it. The U.S. FOIA (b)(6) further stated "I make sure that each quarterly and annual or comprehensive assessment in the UDA in the assessment tab of the electronic medical records, were signed and locked. The surveyor asked the U.S. FOIA (b)(6) when the UDA for quarterly and annual assessment should be	F 641		

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F 641	Continued From page 35	F 641		

locked and signed, the U.S. FOIA (b)(6) stated that "ideally" it is done before the ARD, if not at least when as timely as possible. The surveyor asked the U.S. FOIA (b)(6) when is as timely as possible, then the U.S. FOIA (b)(6) stated that "ideally within the ARD, but sometimes it is after." The U.S. FOIA (b)(6) further stated that if the information in the UDA was after the lookback period, "I don't use it in MDS." She indicated that the interview in the UDA set up quarterly assessments corresponds to the MDS and when the interview in the MDS was signed, it means that the interview was done on that date.

At that same time, the U.S. FOIA (b)(6) stated that she was responsible for answering Sections G NJ Ex Order 26.4(b)(1) and J NJ Ex Order 26.4(b)(1) in the MDS. The U.S. FOIA (b)(6) showed the surveyor her personal small notebook with scribble notes for different residents and did not include [redacted] on some pages and did not have specific questions for each section of MDS including Pain assessment for Section J. The U.S. FOIA (b)(6) indicated that the personal small notebook notes information was not part of the medical record of the resident. She further stated that the collection date of the interview in the MDS will be the stamped date that showed in the MDS. The U.S. FOIA (b)(6) confirmed that the interview in the MDS should be within the lookback period of the ARD not after the ARD.

Furthermore, the U.S. FOIA (b)(6) informed the surveyor that she started at the facility to do MDS on EX Order 26.4B1. The U.S. FOIA (b)(6) further stated that the UDA assessments should have been signed and locked, and should have been done within the ARD, not after the ARD.

On 6/07/23 at 10:33 AM, the surveyor called and

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left a message for U.S. FOIA (b)(6) to call the surveyor for an interview.

On 6/07/23 at 10:40 AM, the surveyor interviewed the U.S. FOI in the presence of the survey team. The U.S. FOI informed the surveyor that she was responsible for answering Sections C NJ Ex Order 26.4(b)(1) [redacted], Section D NJ Ex Order 26 Section Q Participation in Assessment and Goal Setting. The U.S. FOI stated that she use a paper for an interview and then transfer to the UDA quarterly assessment, and MDS on the same day of the interview. She further stated that when she interviews residents she does not bring her computer which is why she uses paper for documenting the interview for Sections C, D, and Q. The U.S. FOI informed the surveyor that the interview for Section C should be within the ARD, and the lookback for this section should be within 7 (seven) days.

At this time, the surveyor asked the U.S. FOI why Resident#103's EX Order 26.4B1 qMDS Section C interview was signed and done on [redacted] 20 days after ARD, and the EX Order 26.4B1 aMDS Section C interview was signed and done on EX Order 26.4B1 EX Order 26 days after the ARD. The U.S. FOI stated that "the resident would not talk to me," and did not want to answer "my questions, that what most likely what happened." She further stated that she wanted to give the resident a chance and that the U.S. FOI "keeps" going back to the resident to get the interview that the U.S. FOI needed.

Furthermore, the surveyor asked the U.S. FOI if there was a response in the MDS that the U.S. FOI can use that the resident refused and did not want to complete the interview. The U.S. FOI responded "yes," and that she should have followed the guidelines

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in MDS and initiated the Staff Assessment for Mental Status when the resident did not complete and refused to answer the questions of the [redacted]. She further stated that she should have coded Section C accurately because MDS should reflect the resident's current status according to the ARD within the lookback period, and "that was MDS all about."

On 6/07/23 at 12:32 PM, the surveyor asked the [redacted] if there will be additional information about Resident#103's Sections C and J's interviews. The [redacted] stated that there were no additional information she can provide and no other assessment or interview for the MDS that have a collection date within or during the ARD date that was asked by the surveyor for the above MDS. She further stated that whatever the MDS interviews that were signed on ARD [redacted] and [redacted], it was the date of the interview. The [redacted] acknowledged that the MDS interviews on Sections C and J on ARD [redacted] and [redacted] were signed beyond the ARD.

3. On 5/22/23 at 11:35 AM, during initial tour of the [redacted] floor unit, the surveyor observed Resident #162 lying in bed. Resident #162 had a [redacted].

On 5/30/23 at 12:27 PM, the surveyor reviewed Resident #162's medical record.

The AR indicated that the resident was admitted to the facility with medical diagnoses that included but were not limited to; [redacted]

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EX Order 26.4B1).

The resident's Medication Review Report (physicians orders) dated EX Order 26.4B1 included the following order: NJ Ex Order 26 alert: check placement q shift (every shift). There was no order to check the function of the EX Order 26.4B1 with a start date of EX Order 26.4B1.

The significant change in status MDS, dated NJ Ex Order 26.4(, indicated a BIMS score of EX out of 15, which reflected that the resident's cognition was EX Order 26.4B1. The MDS indicated under Section E NJ Ex Order 26.4(b)(1 that the resident NJ Ex Order 26.4(b)(1) 4 (four) to 6 (six) days. Further review indicated under section P for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b NJ Ex Order 26.4(b)(1) was not used. The section was coded incorrectly.

A review of Resident #162's NJ Ex Order 26.4(b)(1) Risk Evaluation dated EX Order 26.4B1 indicated that the resident was at risk for EX Order 26.4B1 and that interventions that were started was NJ Ex Order 26.4(b)(1) ordered.

On 6/01/23 at 12:01 PM, the surveyor interviewed the U.S. FOIA (b)(6) regarding Resident #162's Significant Change MDS dated that was coded incorrectly. The U.S. FOIA (b)(6) stated that she had just now found the mistake because she had heard staff talking about Resident #162 and the EX Order 26.4B1. She stated that she wanted to make sure the MDS was accurate. She then stated that another staff member that was a per diem (as needed) worker had done Resident #162's MDS and that she made a mistake. The U.S. FOIA (b)(6) stated that she just did a modification

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F 641	Continued From page 39 to Resident #162's [NJ Ex Order 26.4(] MDS. The MDS modification was done after the surveyor's inquiry. On 6/02/23 at 12:46 PM, in presence of the survey team, the surveyor notified the [U.S. FOIA (b)(6)] the concern that Resident #162's MDS was inaccurate. On 6/07/23 at 01:23 PM, the [U.S. FOIA (b)(6)] did not have any response regarding the concern of the inaccurate MDS. On 6/08/23 at 01:18 PM, the survey team met with [U.S. FOIA (b)(6)], there was no additional information provided by the facility management.	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: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to act upon rehab referral of nursing in accordance with standards of clinical practice for one (1) of two (2) residents, (Resident#103) reviewed for a [NJ Ex Order 26.]).	F 658	I RESIDENT # 103 WAS RE-EVALUATED BY THERAPY ON [NJ Ex Order 26], AND CARE PLAN UPDATED BY NURSING [NJ Ex Order 26]. DIRECTOR OF THERAPY INSERVICED [U.S. FO] AS TO NECESSITY OF DOCUMENTING REFUSALS WHEN RESIDENT REFUSES	7/13/23

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F 658	Continued From page 40 This deficient practice was evidenced by the following: 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." 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." On 5/30/23 at 9:32 AM, the surveyor observed Resident #103 laying on the bed with EX Order 26.4B1 EX Order 26.4B1 The surveyor asked the resident about a EX Order 26.4B1 for their EX Order 26.4B1, the resident stated EX Order 26.4B1 The resident further stated that the EX Order 26.4B1 was not something EX Order 2 and did not want to have a EX Order 26.4B The surveyor reviewed the medical records of	F 658	ASSESSMENT. II ALL RESIDENTS NEEDING ASSESSMENT BY A THERAPY DISCIPLINE HAVE THE POTENTIAL TO BE AFFECTED. III EMAIL NOTIFICATION WILL BE UTILIZED BY THERAPY STAFF TO NOTIFY DIRECTOR OF NURSING NURSING OF RESIDENT REFUSAL OF ASSESSMENT. IV DIR OF THERAPY WILL DO AN AUDIT OF THERAPY SCREENS, SENT BY NURSING, MONTHLY, FOR THREE MONTHS, TO ENSURE THAT ALL TREATMENT AND/OR REFUSALS WERE DOCUMENTED. RESULTS OF AUDIT WILL BE PRESENTED AT THE NEXT QUARTERLY QAPI MEETING. BASED ON RESULTS, DECISION WILL BE MADE AT THE MEETING ON HOW MUCH LONGER OR IF TO CONTINUE AUDITS.	

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Resident #103 and revealed the following:

The Admission Record (or face sheet, an admission summary) showed that the resident was admitted to the facility with a diagnosis that included but was not limited to EX Order 26.4B1 [redacted]

The most recent quarterly Minimum Data Set (qMDS) with an Assessment Reference Date (ARD) of EX Order 26.4B1 showed that the resident had a Brief Interview for Mental Status (BIMS) score of EX Ord out of 15 which reflected that the resident's EX Order 26.4B1 . The NJ Exec Order 26.4(qMDS showed on Section G NJ Ex Order 26.4(b)(1), the resident was coded one (1) on the EX Order 26.4B1 [redacted]

A review of the individualized care plan with a focus on ADL (activities of daily living) self-care performance deficit r/t (related to) EX Order 26.4B1 created on EX Order 26.4B1 that included interventions not limited to ensure EX Order 26.4B is on resident's EX Order 26.4B1 (EX Order 26.4B1) created on EX Order 26.4B1

The Therapy Notification Form (Nursing) (TNF/N) with an effective date of EX Order 26.4B1 showed that the U.S. FOIA (b)(6)) initiated the nursing referral to NJ Ex Order 2 for other concerns for U.S. FOIA (b)(6)), electronically signed by U.S. FOIA (b)(6)

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F 658	Continued From page 42 U.S. FOIA (b)(6) .	F 658		

Further review of the NJ Ex Order 26.4(b) TNF/N revealed the following information: Other Concerns For U.S. FOIA EX Order 26.4B1, requesting EX Order 26 EX Order 26.4B1r. Provided new NJ Ex Order 26.4(b)(1)) W/C (wheelchair) with patient name EX Order 26.4B1. Patient due for quarterly review, to be re-assessed for U.S. FOIA (b) (6) services. U.S. FOIA (b)(6)

Furthermore, there was no documentation in the medical records that the resident was assessed for U.S. FOIA (b) (6) services after the TNF/N was electronically signed on EX Order 26.4B1 and acted upon the nursing referral regarding the increased EX Order 26.4B1

On 6/02/23 at 11:58 AM, the survey team met with the U.S. FOIA (b)(6) and were made aware of the above findings. The surveyor asked the facility management to provide documentation that the nursing referral regarding increased EX Order 26.4B1 was acted upon and addressed by U.S. FOIA (b) (6), the U.S. FOIA (b)(6) stated that he will get back to the surveyor.

On 6/05/23 at 9:15 AM, the U.S. FOIA (b)(6) provided a copy of the U.S. FC Evaluation & Plan of Treatment dated EX Order 26.4B1 with the reason for referral for quarterly review to assess for a decline in functional status and the need for U.S. FOIA (b) (6) intervention. The EX Order 26.4B1 copy included that the NJ Exec Order 26.4b1, the patient was noted with NJ Exec Order 26.4b1 at NJ Exec Order 26.4b1, refused assessment of NJ Exec Order 26.4b1) and

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[redacted] Assessment Summary: Impressions: with no decline noted in functional status at this time and is not a candidate for [redacted] intervention, required maximum encouragement to participate in the quarterly review, and [redacted] assessment to address [redacted].

On 6/05/23 at 10:09 AM, the survey team met with the [redacted]. The [redacted] stated that the [redacted] should have evaluated the resident and documented the refusal of the resident when the [redacted] referred the resident on [redacted] for increased [redacted] The [redacted] acknowledged that the [redacted] should not assume that the resident will [redacted] because the resident had a [redacted] The [redacted] further stated that there should have documentation of the [redacted] evaluation.

On 6/05/23 at 12:20 PM, the surveyor interviewed the [redacted] in the presence of the [redacted]. The [redacted] informed the surveyor that the [redacted] screened the resident on [redacted] for the nursing referral of the [redacted] to [redacted] and was [redacted] by the [redacted]. The [redacted] stated that the [redacted] provided the wheelchair to the resident did not pick up nor evaluated the resident. She further stated that the [redacted] did not document the resident's refusal for the screen, and the [redacted] should have documented in the electronic medical records of the [redacted] assessment (screen) and if the resident refused, the refusal should have been documented as well. The [redacted] informed the surveyor that no documentation of the screen,

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F 658	Continued From page 44 which is why she educated the [U.S. FOIA (b)(6)] again about documentation. On that same date and time, the [U.S. FOIA (b)(6)] stated that it was the facility's practice in Rehab that the therapist "sees" the resident upon admission, as needed, when warranted, if there's a report of decline and referral from nursing/doctor, and then annually. The [U.S. FOIA (b)(6)] stated that he agreed that there should have a documentation about the refusal of the resident. The surveyor asked the facility team for a copy of the facility's Rehab Assessment Policy. The [U.S. FOIA (b)(6)] stated that she did not have a copy of that Rehab Assessment Policy, and the [U.S. FOIA (b)(6)] stated that he will check and get back to the surveyor. On 6/05/23 at 12:45 PM, the [U.S. FOIA (b)(6)] informed the surveyor that according to [U.S. FOIA (b)(6)], it was the facility protocol that the therapist "sees" the resident upon admission, when warranted, due to decline or nursing referral, and annually according to our practice but we don't have a policy about Rehab Assessment. On 6/07/23 at 12:33 PM, the survey team met with the U.S. FOIA (b)(6) The [U.S. FOIA (b)(6)] stated, "We discovered that refusal was not documented," when the resident was screened by the [U.S. FOIA (b)] on [EX Order 26.4B1] for EX Order 26.4B1 [EX Order 26.4B1]. He further stated that the resident [EX Order 26.4B1] today to be seen when attempted by the rehab department for evaluation. On 6/08/23 at 01:18 PM, the survey team met with U.S. FOIA (b)(6) there was no additional information provided by the facility management, and did not refute the findings.	F 658		

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F 658	Continued From page 45 NJAC 8:39-3.2(a)(b), 11.2(b)	F 658		
F 684 SS=D	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 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: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to: a) follow the U.S. FOIA (b) (6)) order for a stat (an abbreviation of statim means immediately) order of NJ Ex Ord and b) notify the physician or nurse practitioner of the results that fall outside the clinical reference ranges (abnormal results) in accordance with standards of clinical practice to ensure the facility identify and provide needed care and services in accordance to resident's goals for care of one (1) of 34 residents reviewed, (Resident #95). This deficient practice was evidenced by the following: 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	F 684	I DEFICIANCY AS IT RELATES TO RESIDENT #95: RESIDENT #95: U.S. FOIA (b) (6) CONDUCTED INVESTIGATION ON EX Order 26.4B1, REGARDING NJ Ex Order 26.4(b) WHICH OCCURRED ON EX Order 26.4B1 INVESTIGATION CONCLUDED NJ Ex Order 26.4(b) WAS CAUSED BY EX Order 26.4B RESIDENT MOVED CLOSER TO NURSE STATION AS EX Order 26.4B INTERVENTION; CARE PLAN UPDATED; ADDITIONAL NJ Ex Order 26.4(PERFORMED ON NJ Ex Order 26.4(WITH NJ Ex Order 26.4(b)(1) RESULT. THIRD NJ Ex Order 26.4 PERFORMED ON NJ Ex Order 26.4(REPORTED TO NP #1 ON NJ Ex Order 26.4(WITH NJ Ex Order 26.4(b)(1) RESULT. REHAB RECEIVED SCREEN FOR NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b ORDERED FOLLOWING EVALUATION. INSERVICE FOR PROFESSIONAL	7/13/23

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F 684	Continued From page 46 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." 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." On 5/26/23 at 7:43 AM, the surveyor observed Resident#95 laying on the bed with eyes closed, the NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) [redacted]) on top of the nightstand. The surveyor reviewed Resident #95's medical record. The resident's Admission Record (or face sheet; admission summary) reflected that the resident was admitted to the facility had diagnoses which included but were not limited to EX Order 26.4B1 [redacted]	F 684	NURSING STAFF BY EDUCATOR, TO EMPHASIZE IMPORTANCE OF STAT X-RAY ORDERS BEING DONE IN A TIMELY MANNER. II ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED III EDUCATOR INSERVICED PROFESSIONAL NURSING STAFF TO EMPHASIZE IMPORTANCE OF STAT X-RAY ORDERS BEING DONE IN A TIMELY MANNER AND RESULTS REPORTED TO PHYSICIAN IN A TIMELY MANNER. DON INSERVICED NP□S TO ENSURE THAT ANY STAT X-RAY ORDERS ARE PLACED ON THE HOME PAGE OF PCC TO ENSURE THAT ORDER IS SEEN IMMEDIATELY. IV DON WILL REVIEW X-RAY ORDERS WEEKLY, FOR THE NEXT THREE MONTHS, TO ENSURE THAT ANY STAT X-RAY ORDERS HAVE BEEN COMPLETED AND REPORTED TO PHYSICIAN IN A TIMELY MANNER. AUDIT WILL BE BROUGHT TO THE NEXT QUARTERLY QAPI COMMITTEE MEETING.	

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F 684	Continued From page 47	F 684		

EX Order 26.4B1 [redacted]).

The resident's most recent quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care with an Assessment Reference Date (ARD) of EX Order 26.4B1 reflected that the resident had a Brief Interview of Mental Status (BIMS) score of [redacted] which indicated the resident was NJ Ex Order 26.4(b)(1) the interview. The qMDS revealed that staff assessment for mental status was conducted due to the resident's NJ Ex Order 26.4 to complete the interview and showed that the resident's cognitive skills for NJ Ex Order 26.4(b)(1) had a score of NJ Ex Order 26.4 which indicated that the resident's cognition was EX Order 26.4B1 .

Further review of the 3/28/23 qMDS revealed that on Section G NJ Ex Order 26.4(b)(1), the resident had NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1)) to both EX Order 26.4B1 .

The Progress Note (PN) of Registered Nurse#1 (RN#1) dated NJ Ex Order 26.4(b) at 7:29 PM showed that the resident at approximately NJ Ex Order 1 was found NJ Ex Order 26 in the hallway and when asked by the RN, the resident showed his/her EX Order 26.4B1 . RN#1 noted a EX Order 26.4B1 above the EX Order 26.4B1 EX Order 26.4B1 notified the nursing supervisor and the responsible party, and left a message to the doctor. RN#1 documented also that a stat NJ Ex Order was ordered by Nurse Practitioner#1 (NP#1), the resident denied EX Order 26 and declined EX Order 2 EX Order 26.4B1

The PN dated NJ Ex Order 26.4(b) at 5:00 AM of NP#1

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revealed that the nurse called to report [NJ Ex Order] results ordered earlier [EX Order 26.4B1]) after the facility found a EX Order 26.4B1 . NP#1 documented that the result was an EX Order 26.4B1 EX Order 26.4B1).EX Order 26.4B1 . The Assessment and Plan included that the resident will send to the ED (Emergency Department) and place a call to ED for initial handoff.

A review of the printed electronic Medication Review Report (eMRR) date range EX Order 26.4B1 through [EX Order 26.4B1] that was provided by the U.S. FOIA (b)(6) showed an order date of [EX Order 26.4B1] for a stat repeat EX Order 26.4B1 [EX Order 26.4B1]).

The 4/10/23 Order Audit Review showed that the U.S. FOIA (b)(6)) created the 4/10/23 at 4:04 PM order for repeat [EX Order 26.4B1] EX Order 26.4B1 ordered by NP#2.

The [NJ Ex Order 26.4(b)(1)] Results Report ([NJ Ex Order]) showed that there was no [NJ Ex Order] done on . There were results for the [EX Order 26.4B1], complete 3+ (three plus) views dated [EX Order 26.4B1] with impressions: [EX Order] EX Order 26.4B1 . EX Order 26.4B1 visualized on [NJ Ex Order 26.4(b)(1)]. change of the first EX Order 26.4B1 EX Order 26.4B1 [EX Order 26.4B1] EX Order 26.4B1 over the EX Order 26.4B1 According to the [EX Order 26.4B1] [NJ Ex Order] the [NJ Ex Order] examination date was done on EX Order 26.4B1

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F 684	Continued From page 49 AM and the reported date was EX Order 26.4B1 . A review of the NJ Ex Order 26.4(b through NJ Ex Order 26.4(b PN did not show documentation from the nurses why the stat order of NJ Ex Order of NP#2 was not done not until NJ Ex Order 26.4(b . The PN dated NJ Ex Order 26.4(b) of NP#2 showed that Resident#95 was seen for follow-up "to a recent EX Order 26.4B1 Initial in-house NJ Ex Order 26.4(b) EX Order 26.4B1) and ER (emergency room) NJ Ex Order 26.4(b) (EX Order 26.4B1) showed of the EX Order 26. Repeat in-house EX Order 26.4B1) show EX Order 26.4B1. Will repeat NJ Ex Order once more d/t (due to) inconsistent imaging results." The NJ Ex Order examination date NJ Ex Order 26.4(b at 5:32 PM reported date EX Order 26.4B1 at 5:56 PM revealed impressions: EX Order 26.4B1 ...No significant change since NJ Ex Order 26.4(b ." A review of the NJ Ex Order 26.4(b through NJ Ex Order 26.4(b PN did not show documentation from the nurses that the NJ Ex Order 26.4(b abnormal NJ Ex Order results were relayed to the physician or NP#2 (who ordered the NJ Ex Order 26.4(b The Therapy Notification Form (Nursing) (TNF/N) with an effective date of EX Order 26.4B1 with the following information: A. EX Order 26.4B1) 1. Please check all that apply for this referral=blank (no information checked off) 2. Other concerns for NJ Ex =blank (no information written) B. EX Order 26.4B1 1. Please check all that apply for this referral=blank (no information checked off)	F 684		

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F 684	Continued From page 50 2. Other concerns for OT='EX Order 26.4B1 Patient to be evaluated and trialed for NJ Ex Orde . Signed byU.S. FOIA (b)(6) C. NJ Ex Order 26.4(b)(1)) 1. Please check all that apply for this referral=blank (no information checked off) 2. Other concerns for ST=blank (no information written) D. Falls 1. Please check all that apply for this referral=blank (no information checked off) 2. Other concerns regarding fall=blank (no information written) E. Staff Member Making Referral 1. U.S. FOIA (b) (6) Signed by: U.S. FOIA (b) (6) (esigned or electronically signed) on NJ Ex Order 26.4(. A review of the PN showed that NP#2 follow-up notes and visits after EX Order 26.4B1 was on EX Order 26.4B1 The EX Order 26.4B1 follow-up PN of NP#2 showed that the repeat NJ Ex Order on EX Order 26.4B1 showed unhealed EX Order 26.4B1 . The EX Order 26.4B1 PN of NP#2 included medical decision making that the medical record was reviewed and interpreted diagnostic results, discussed with staff regarding new pertinent/abnormal findings, details of the problem, staff concerns, and formulation of the medical plan of care. The EX Order 26.4B1 PN also included Assessment and Plan for EX Order 26.4B1t to be applied to the EX Order 26, once available, will continue with EX Order 26.4B1 at this time, NJ Ex Order 26.4 as indicated, NJ Ex Orde management and to continue to monitor the resident. On 6/05/23 at 11:22 AM, the surveyor interviewed the U.S. FOIA (b)(6)) in the presence of	F 684		

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U.S. FOIA (b)(6). The U.S. FOIA stated that on 4/14/23 (TNF/N) by the U.S. FOIA (b)(6) signed it but it did not mean that the resident was seen on U.S. FOIA (b)(6). The U.S. FOIA further stated that the resident was seen by U.S. FOIA or EX Order 26.4B1. The U.S. FOIA informed the surveyor that the EX Order 26.4B1 department will not be able to see the resident without the physician's order.

On 6/05/23 at 01:05 PM, during an interview of the surveyor with NP#2, NP#2 informed the surveyor that she was contracted by the facility via her company (an outside contractor) to see residents at the facility with the approval of the participating physicians which included Resident#95. NP#2 stated that part of her responsibilities, to coordinate primary care for the resident either acute or chronic, including reviews and orders of laboratory and other diagnostic tests.

On that same date and time, NP#2 confirmed that she ordered a repeat NJ Ex Order on EX Order 26.4B1 and stated that with an expectation that the NJ Ex Order will be done the same day. The surveyor asked NP#2 why the EX Order 26.4B1 NJ Ex Order that she ordered was not done not until EX Order 26.4B1 and if she was aware of the reason why there was a delay, and NP#2 did not respond.

Furthermore, NP#2 informed the surveyor that she ordered another repeat NJ Ex Order on EX Order 26.4B1 because the EX Order 26.4B1 NJ Ex Order results were negative for EX Ord NP#2 stated that if the NJ Ex Order was done on EX Order 26.4B1 and resulted on EX Order 26.4B1 the facility should have called her about the abnormal report. She further stated that she was not sure, "I do not recall that the facility called me for results," on EX Order 26.4B1 NP#2 acknowledged that the NJ Ex Order 2

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F 684	Continued From page 52	F 684		

results were received on EX Order 26.4B1 and that she remembered that on EX Order 26.4B1 she was at the facility and that was the time that she communicated to therapy her orders and the plan.

On 6/05/23 at 01:49 PM, the surveyor notified the U.S. FOIA (b)(6) and the U.S. FOIA (b)(6)) in the presence of another surveyor of the above findings and interview with NP#2.

On 6/07/23 at 12:33 PM, the survey team met with the U.S. FOIA (b)(6) . The NJ Exec Order 4 stated that he did not have a response from the delayed NJ Ex Order 26.4(b)(1) order on NJ Ex Order 26.4(that was done on EX Order 26.4B1 and that the EX Order 26.4B1 results were not relayed to NP#2. He further stated that he will get back to the surveyor.

On 6/08/23 at 9:45 AM, the surveyor interviewed the NJ Ex Order 26.4 The U.S. FOIA (b)(6) acknowledged that on EX Order 26.4B1 NP#2 ordered the stat order for a repeat NJ Ex Order and confirmed that she was the one who created that order in the electronic medical records. The U.S. FOIA (b)(6) further stated that the stat order should be done immediately or on the same day. The surveyor asked the U.S. FOIA (b)(6) why there was a delay in doing a stat NJ Ex Order order on EX Order 26.4B1 and it was not done not until EX Order 26.4B1 The U.S. FOIA (b)(6) stated "I do not know," why there was a delay. She further stated that if there will be a delay, it should be documented in the medical records, "practically yes it should be documented in the progress notes."

On 6/08/23 at 10:17 AM, the EX Order 26.4B1 provided a copy of the facility's Change in Condition or Status. The surveyor asked and followed up on

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F 684	Continued From page 53	F 684		

the facility's policy and procedure with regard to notifying the physician of the laboratory and NJ Ex Order results. The EX Order 26.4B1 stated that he was not sure if the facility have that kind of policy and that he will get back to the surveyor.

On 6/08/23 at 10:22 AM, the surveyor called and left a message for RN#2 to return the call of the surveyor for an interview. RN#2 was the nurse assigned to the resident who worked 7 PM-7 AM on EX Order 26.4B1

On 6/08/23 at 10:24 AM, the surveyor called and was unable to leave a message for the U.S. FOIA because the voicemail box of the U.S. FOIA (b) was full. The U.S. FOIA was the nurse assigned to the resident who worked 7 AM-7 PM on NJ Ex Order 26.4(b).

On 6/08/23 at 10:59 AM, the survey team met with the U.S. FOIA (b)(6) . The U.S. FOIA (b) informed the survey team that NP#2 was communicated about the results of EX Order 26.4B1 reports on EX Order 26.4B1 as seen in the email exchanges between the U.S. FOIA (b) U.S. FOIA (b)(6), and NP#2. The U.S. FOIA (b)(6) stated that she agreed that if a stat was ordered, it should have been done immediately or within the day. She further stated that "yeah for sure" it should have been called on that same day for results on EX Order 26.4B1 The U.S. FOIA (b) stated that "I am not discounting the issue," and that there should be a notification to the physician or NP#2 immediately when abnormal results were reported on EX Order 26.4B1 In addition, the U.S. FOIA (b) acknowledged that there was no documentation that the nurse notified the physician on EX Order 26.4B1.

A review of the facility's Change In Condition or Status Policy with a revised date of 01/2023

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F 684	Continued From page 54 provided by the [U.S. FOIA (b)(6)] included that the facility shall promptly notify the resident, attending physician, and representative of changes in the resident's medical/mental condition and/or status. On 6/08/23 at 01:18 PM, the survey team met with the [U.S. FOIA (b)(6)] and there was no additional information provided by the facility management. The facility management did not refute the findings. In addition, the surveyor called and left a message for the second time to RN#2 and there was no return call from RN#2. The surveyor was unable to leave a message for [U.S. FOIA] because the [U.S. FOIA (b)] phone voicemail box was full.	F 684		
F 689 SS=E	NJAC 8:39-13.1(d), 27.1(a) Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review and review of other pertinent facility provided documentation, the facility failed to a.) implement interventions, clarify a physician's order to consistently monitor behaviors and document an incident in the medical record to prevent resident	F 689	I A late entry note was entered in Resident #24□s medical record regarding the [NJ Ex Order 26.4(b)(1)] that occurred. Care plan updated to include interventions implemented relating to	7/13/23

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(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 689	Continued From page 55 to resident [redacted] for one (1) of seven (7) residents reviewed for abuse (Resident #24); b.) ensure a resident with EX Order 26.4B1 EX Order 26.4B1 who was at risk for EX Order 26.4B1 and had a known history of EX Order 26.4B1 was appropriately supervised and monitored to ensure safety, prevent EX Order 26.4B1, and/or exiting of the building for one (1) of one (1) resident reviewed for EX Order 26.4B1 (Resident #162); and c.) conduct an investigation and determine causal factors of a EX Order incident that resulted in a EX Order 26.4B1 for one (1) of nine (9) residents, (Resident #95) reviewed for incident and accident. This deficient practice was evidenced by the following: 1. On 5/26/23 at 10:00 AM, the surveyor reviewed the facility provided Reportable Event Record/Report (FRE or Facility Reportable Event) for an EX Order 26.4B1 between Resident #24 and Resident #270 which occurred on EX Order 26.4B1 EX Order which included the following: Type of Incident: NJ Ex Order 26.4(b)(1) Resident Name: Resident #270 a) Describe the event, to include timeframes/risk factors related to the incident/event (relevant resident Dx (diagnosis): At approximately EX Order 26 [redacted] Resident #270 entered Resident #24's room and allegedly EX Order 26.4B1 Resident #24's EX Order 26.4B1. Resident #24 admitted to EX Order 26.4B1 Resident #24 EX Order 26.4B1 after Resident #270 EX Order 26.4B1 Resident #24's EX Order 26.4B b) Prior to the event, was a plan of care developed that addressed this issue, and were planned interventions in place when the event	F 689	incident. TEMPLATE FOR BEHAVIOR MONITORING UPDATED AND ORDER CLARIFIED WITH MD ON 7/10/23. Resident #162□s NJ Ex Order 26.4(b)(1) was checked for function and battery life in accordance with manufacturer□s guidelines. RELATING TO RESIDENT # 95: U.S. FOIA (b) (6) [redacted] CONDUCTED INVESTIGATION ON NJ Ex Order 26.4(, REGARDING INJURY WHICH OCCURRED ON EX Order 26.4B1 INVESTIGATION CONCLUDED INJURY WAS CAUSED BY EX Order 26.4B [redacted] RESIDENT MOVED CLOSER TO NURSE STATION AS EX Order 26 [redacted] INTERVENTION; CARE PLAN UPDATED; ADDITIONAL [redacted] PERFORMED ON [redacted]. INSERVICE FOR [redacted] BY ADMINISTRATOR ON TIMELY, PROMPT INTERVENTION AND REPORTING AND THROUGH INVESTIGATIONS INCLUDING ACCURAGE STATEMENTS FROM ALL INVOLVED PARTIES AND DOCUMENTED IN RESIDENT PROGRESS NOTE. INSERVICE FOR NURSES, BY EDUCATOR, ON TIMELY, PROMPT INTERVENTION AND REPORTING AND THROUGH INVESTIGATIONS INCLUDING ACCURAGE STATEMENTS FROM ALL INVOLVED PARTIES AND DOCUMENTED IN RESIDENT PROGRESS NOTE.	

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F 689	Continued From page 56 occurred. No c) What interventions were implemented after the incident/event? For example, supervision, resident sent to hospital, [redacted] suspended. Please describe investigative findings/conclusions: Residents were separated. Resident #270 moved to [redacted]. Stop sign hung at Resident #24's room. Attached to the FRE document the facility provided was a Summary of Investigation that was not signed or dated by the [redacted] and included the following: Conclusion: [redacted] was result [of] Resident #270 [redacted] Resident #24 and [redacted] of Resident #24. It is concluded incident is an isolated incident. Further review of the incident report/risk management document of the incident that the facility provided including the following on the bottom of the document: ...NOT PART OF THE MEDICAL RECORD ... The surveyor reviewed Resident#24's medical record. The Admission Record (AR; or face sheet; admission summary) indicated that the resident was admitted to the facility with medical diagnoses that included but were not limited to; [redacted]	F 689	II ANY RESIDENT INVOLVED IN AN INCIDENT OR NEEDING [redacted] HAS THE POTENTIAL TO BE AFFECTED. III INSERVICE FOR [redacted] BY ADMINISTRATOR, ON TIMELY, PROMPT INTERVENTION AND REPORTING AND THROUGH INVESTIGATIONS INCLUDING ACCURAGE STATEMENTS FROM ALL INVOLVED PARTIES, INCLUDING LOOK BACK WHEN INDICATED AND DOCUMENTED IN RESIDENT PROGRESS NOTE.. INTERVENTIONS ARE IMPLEMENTED, ORDERS CLARIFIED AND IMPLEMENTED. INSERVICE FOR NURSES, BY EDUCATOR, ON TIMELY, PROMPT INTERVENTION AND REPORTING AND THROUGH INVESTIGATIONS INCLUDING ACCURAGE STATEMENTS FROM ALL INVOLVED PARTIES, INCLUDING LOOK BACK WHEN INDICATED AND DOCUMENTED IN RESIDENT PROGRESS NOTE.. INTERVENTIONS ARE IMPLEMENTED, ORDERS CLARIFIED AND IMPLEMENTED. CHECKLIST WILL BE UTILIZED BY ADMINISTRATOR, FOR ALL INVESTIGATION OF INCIDENTS, FOR THREE MONTHS, TO ENSURE THAT INTERVENTIONS ARE IMPLEMENTED, ORDERS CARRIED OUT,TIMELINESS, THROUGH	

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F 689	Continued From page 57 EX Order 26.4B1). Resident #24's quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care, dated EX Order 26.4B1, indicated a Brief Interview for Mental Status (BIMS) score of EX Order out of 15, which reflected that the resident's cognition was EX Order 26.4B1 The individualized Care Plan (CP) reflected a focused area with an initiated date of EX Order 26.4B1, of Resident #24 had EX Order 26.4B1 related to: EX Order 26.4B1 . EX Order 26.4B1 : EX Order 26.4B1 towards resident. Interventions which with an initiated on NJ Ex Order 26.4(included: Avoid NJ Ex Order 26 and NJ Ex Order 26.4(b)(1) Document efforts at encouraging appropriate cares, treatments and residents response/ compliance; Encourage verbal communication/ simple words to communicate wants and needs; Follow facility protocol for behaviors; Monitor for changes in NJ Ex Order 2 and NJ Ex Order 26.4(b)(1) Praise NJ Ex Order 26.4(behavior; Provide medication as ordered, monitor for effectiveness of dosage; Redirect from negative behaviors to more appropriate pursuits. Interventions with an initiated date o EX Order 26.4B1 included: EX Order 26.4B1 placed outside of the door; EX Order 26.4B1 consult ordered. Further review of the CP showed that there were no new interventions implemented on or around the NJ Ex Order 26.4(b)(1) towards a resident on that was documented on the CP, to further prevent Resident #24 becoming EX Order 26.4B1 EX Order 26.4B1 toward another resident. There was no documented incident on the CP to indicate the	F 689	INVESTIGATION, REPORTING AND DOCUMENTATION IS DONE AS APPROPRIATE. ANY RESIDENT, HAVING A WANDERGUARD IN PLACE,WILL HAVE THE BATTERY LIFE TESTED WEEKLY, WITH DETECTION DEVICE ,BY DIRECTOR OF MAINTENANCE. IV ASSISTANT ADMINISTRATOR WILL REVIEW CHECKLISTS OF INCIDENTS WEEKLY, FOR THREE MONTHS TO ENSURE THAT INTERVENTIONS ARE IMPLEMENTED, ORDERS CLARIFIED AND CARRIED OUT, TIMELINESS, THROUGH INVESTIGATION, LOOK BACK,DOCUMENTATION IN PROGRESS NOTES AND REPORTING IS DONE AS APPROPRIATE. Administrator will audit Wanderguard testing logs weekly x 4 weeks. FINDINGS OF REVIEW WILL BE PRESENTED AT NEXT QUARTERLY QAPI MEETING.	

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F 689	Continued From page 58 reason two new interventions were implemented on [redacted]. A review of Resident #24's electronic Progress Notes (PN) did not include an entry on [redacted] that described the resident to resident [redacted] that occurred. On 5/31/23 at 9:09 AM, in the presence of the survey team, the surveyor asked the [redacted] if the incident report/risk management was part of a resident's medical record. The [redacted] stated that it was not part of the medical record. The surveyor then asked the [redacted] if the incident report/risk management was not part of the medical record and if there was no documentation of the incident in the electronic medical record, did it mean that the incident did not occur. The [redacted] stated that it meant that it was not documented properly. On 6/06/23 at 10:31 AM, the surveyor via phone, interviewed Licensed Practical Nurse (LPN) #1 who was listed on the [redacted] staffing schedule for unit that the altercation occurred regarding the process for a [redacted] altercation. LPN #1 stated that if it was his resident, he would perform an assessment of the residents and implement interventions. He then stated that he would notify the supervisor, write an incident report/risk management, call the doctor and family and write a progress note in the electronic record. He did not recall the incident. On 6/06/23 at 11:02 AM, the surveyor via phone interviewed Certified Nurse Aide (CNA) #1 regarding the altercation between Resident #24 and Resident #270. CNA #1 stated that she had heard there was an [redacted] but that she did not witness it and it was not her assigned room.	F 689		

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She stated that when she came around the corner a resident told her that Resident #24 had [redacted] Resident #270. CNA #1 stated that she went and got the [redacted] assigned to the residents and that they called the U.S. FOIA (b)(6)) if she remembered correctly.

On 6/06/23 at 12:24 PM, the surveyor interviewed the [redacted] regarding the EX Order 26.4B1 . The [redacted] stated that she sometimes cover for a supervisor. The [redacted] confirmed that she was called regarding the incident but that she called the [redacted] and U.S. FOIA (b)(6) and they took over. The surveyor asked the [redacted] if documenting the incident in a progress note in the resident's medical record would be part of the process. The [redacted] stated "yes".

On 6/06/23 at 12:40 PM, the surveyor interviewed the [redacted] regarding the process after a resident to resident EX Order 26.4B1 . The [redacted] stated that the staff would make sure everyone was safe and [redacted] the residents that were involved. The staff would call for assistance and notify the supervisor, U.S. FOIA (b)(6). The nurse is expected to determine the root cause, maintain safety, and document the incident in the computer in an incident report. He added there should be a progress note. The [redacted] stated that if he could recall correctly a CNA informed him and the U.S. FOIA (b)(6) and that when they went to the unit Resident #270 was in the hallway after staff removed the resident from Resident #24's room and Resident #270 had an NJ Ex Order 26.4(b)(1) [redacted]

On that same date and time, the [redacted] stated that he asked staff what happened and that the staff stated that Resident #270 EX Order 26.4B1 into

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F 689	Continued From page 60 Resident #24's room. The [U.S. FOIA (b)] did not recall if someone observed Resident #270 enter into the room. The [U.S. FOIA (b)] stated that the two residents were immediately separated and Resident #270 was moved to another unit. The [U.S. FOIA (b)] stated that they determined that the root cause was Resident #270 [EX Order 26.4B1] into another room. He added to keep another resident out of Resident #24's room a stop sign netting was placed at the door to keep a resident from [EX Order 26.4B1] At that same time, the surveyor asked the [U.S. FOIA (b)] if an incident report/risk management was part of a resident's medical record. The [U.S. FOIA (b)] stated "no". The surveyor asked the [U.S. FOIA (b)] if an incident like resident to resident [EX Order 26.4B1] should be in a resident's medical record and if the [U.S. FOIA (b)] knew the reason it was not in Resident #24's medical record. The [U.S. FOIA (b)] stated that he would have to look into that. The surveyor then asked the [U.S. FOIA (b)] if the [EX Order 26.4B1] incident should have been in Resident #24's CP since the [EX Order 26.4B1] incident was listed in the CP. The [U.S. FOIA (b)] stated that he would have to get back to the surveyor on that. On 6/07/23 at 10:05 AM, the surveyor requested the [U.S. FOIA (b)(6)] to provide the complete incident investigation for the [U.S. FOIA (b)(6)] incident that was listed on Resident #24's CP. On 6/07/23 at 11:28 AM, the surveyor reviewed the facility provided FRE that was dated [U.S. FOIA (b)(6)] which included the following: [EX Order 26.4B1] Abuse Resident Name: Resident #24 a) Describe the event, to include timeframes/risk factors related to the incident/event (relevant	F 689		

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F 689	Continued From page 61 resident Dx (diagnosis): At around 01:00 AM an unsampled resident entered Resident #24's room. Staff heard EX Order 26.4B1 from room and when they entered room found unsampled resident with EX Order 26.4 EX Order 26.4B1 . b) Prior to the event, was a plan of care developed that addressed this issue, and were planned interventions in place when the event occurred. No. No previous history of NJ Ex Order 26.4(b)(1). c) What interventions were implemented after the incident/event? For example, supervision, resident sent to hospital, NJ Exec Ord suspended. Please describe investigative findings/conclusions: Residents were separated, MD notified, NJ Ex Order 26.4(b)(assessment. NJ Ex Order 26.4(b)(1) initiated for both residents. Attached to the FRE document the facility provided was a Summary of Investigation dated NJ Ex Order 26.4(b that included the following: Conclusion: In conclusion, this was an isolated incident where Resident #24 NJ Ex an unsampled resident when the unsampled resident entered Resident #24's room. Residents were separated and care plans were updated appropriately. On 6/07/23 at 01:12 PM, the surveyor reviewed Resident #24's EX Order 26.4B1 Administration Record/Treatment Administration Record (MAR/TAR) to see if there was EX Order 26.4B1 EX Order 26.4B1 for Resident #24 prior to incident on The EX Order 26.4B1 MAR/TAR included the following order: NJ Ex Order 26.4(b)(1) - MONITOR FOR THE FOLLOWING: Increased NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)	F 689		

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F 689	Continued From page 62 [redacted] Document: 'Y' if monitored and none of the above observed. 'N' if monitored and any of the above was observed, select chart code 'Other/ See Nurses Notes' and progress note findings every shift Document: 'Y' if any of the above observed, specify behavior in progress notes. Document: 'N' if no behaviors observed. The order was not clear in regards to what to document a "Y" or "N" if the resident had restlessness, delusions or paranoia observed. The beginning of the order indicated to document "Y" if [behavior] was monitored and none of the above [NJ Ex Order 26.4(b)(1)] observed and later in the order it indicated to document "Y" if any of the above [NJ Ex Order 26.4(b)(1)] observed, specify behavior in progress notes. The order should have been clarified with the physician. On 6/07/23 at 01:26 PM, in the presence of the survey team, the surveyor notified the [U.S. FOIA (b)(6)] the concerns regarding the FRE which included the following: that the incident was not documented in Resident #24's medical record; there was no intervention implemented after the [NJ Ex Order 26.4(] altercation to prevent another altercation from happening; the incident of [NJ Ex Order 26.4(] was not listed on the [U.S. FO]; the investigation conclusion for the [NJ Ex Order 26.4(] incident was listed as an isolated incident even though there was the exact same incident that occurred on [NJ Ex Order 26.4(]; and Resident #24's behavior monitoring order that was not clarified. On 6/08/23 at 9:15 AM, the surveyor interviewed the [U.S. FO] who was the nurse assigned for medication pass on the unit that the resident to resident [NJ Ex Order 26.4(b)(1)] had occurred, regarding the	F 689		

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process of [redacted]. The [redacted] stated that there would be an order for [redacted] and it would be in the resident's MAR/TAR. The surveyor showed the [redacted] Resident #24's [redacted] MAR/TAR and asked the [redacted] what the "Y" and "N" meant. The [redacted] stated that she would think the "N" would mean that the resident did not have any of the behaviors. She then stated that the beginning of the seemed backwards and that bottom part [of the order] would be the appropriate way to document if the resident had any of the behaviors [listed]. The [redacted] stated that if she were to see that physicians order that she would call the physician to have the order clarified. She added that someone should have picked it up and clarified the order.

On 6/08/23 at 9:53 AM, the surveyor interviewed the [redacted] order and to look at the [redacted] MAR/TAR. The [redacted] stated that in the order the first "Y" was to monitor and the second "Y" was for if there was a behavior to document in the progress note and what intervention taken. The [redacted] then stated that the "N" meant that no behavior was observed. The surveyor then asked the [redacted] to look at Resident #24's February [redacted] MAR/TAR again. The [redacted] stated that the order could have been clarified. The surveyor asked the [redacted] if the order should have been clarified. The [redacted] stated that apparently the staff did not think anything was wrong with it.

On 6/08/23 at 11:13 AM, in the presence of the survey team, [redacted] the [redacted] stated that he had no further information regarding the concerns related to the FRE. The surveyor then asked if the

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altercation should be in the resident's medical record since the incident report/risk management was not part of the medical record. The [U.S. FOIA (b)(6)] confirmed that the incident report/risk management was not part of the resident's medical record and that the incident should be in the progress notes of the resident's medical record.

On that same date and time, the surveyor asked the [U.S. FOIA (b)(6)] the reason why one of the incidents was listed on the CP and the later incident was not. The [U.S. FOIA (b)(6)] stated that he thought it was because the plan of care was already in place.

At that same time, the surveyor then asked if the physician's order for [redacted] should have been clarified. The [NJ Ex Order] stated that the order was a confusing template. She then stated that most of the nurses would write no and that the template should have been changed to be more clear. She added that she had thought it was already changed in this facility. The surveyor then asked if the conclusion on the second FRE for Resident #24's [redacted] should have been listed as an isolated incident since the same incident had happened had occurred earlier. The [U.S. FOIA (b)(6)] stated that since there was a large amount of time between the two incidents they would consider it a separate incident.

A review of the facility provided policy titled, "Behavior Assessment, Intervention and Monitoring" with a reviewed/revised date of 01/2023 included the following:
Monitoring
1. If the resident is being treated for altered behavior or mood, any improvements or worsening in the individual's behavior, mood, and

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F 689	Continued From page 65 function will be documented in the clinical record. 2. The IDT (interdisciplinary team) will monitor the progress of individuals with impaired cognition and behavior until stable. New or emergent symptoms will be documented and reported. 3. Interventions will be adjusted based on the impact on behavior and other symptoms, including any adverse consequences related to treatment ... A review of the facility provided policy titled, "Policy for Resident Abuse Investigation" with a reviewed/revised date of 10/2022 included the following: Prevention: ...occurrences of abuse incidents are analyzed and presented to QAPI committee to determine what changes, if any, are needed to prevent further occurrences. Situations in which abuse ...are more likely to occur are identified and correction or intervention is made ... [Facility] identifies residents whose personal histories render them at risk for abusing other residents and develop, on an as needed basis, intervention strategies to try to prevent occurrences, monitoring for changes that would trigger abusive behavior, and reassessing the interventions on a regular basis. Assessment, care planning and monitoring of residents are done, so that those with needs and behaviors which might lead to conflict ...such as residents with a history of aggressive behaviors, residents who have behaviors such as entering other residents rooms, ...are identified .... Investigation: ...Residents involved in the investigation are monitored closely to avoid further disruption of daily quality of life. Interventions are implemented	F 689		

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(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 689	Continued From page 66 by Social Services department and Nursing Administration with resident and representative ... 2. On 5/22/23 at 11:35 AM, during initial tour of the EX Order 26.4B1 unit, the surveyor observed Resident #162 lying in bed. Resident #162 had a EX Order 26.4B1 EX Order 26.4B1 EX Order 26.4B1 On 5/26/23 at 8:22 AM, the surveyor interviewed CNA #2 regarding Resident #162 and the EX Order 26.4B1 EX Order 26.4B1. CNA # 2 stated that the resident was and would EX Order 26.4B1. She added that Resident #162 had not been EX Order 26.4B1 much lately. The surveyor asked CNA #2 if there was anything she did with the EX Order 26.4B1. CNA # 2 stated that she always made sure the EX Order 26.4B1 was on the resident. On 5/30/23 at 11:29 AM, the surveyor interviewed LPN #2 regarding Resident #162 and the EX Order 26.4B1 EX Order 26.4B1. LPN #2 stated that the resident had been EX Order 26.4B1 a lot but that the resident was not EX Order 26.4B1 as much now. She added that the resident would EX Order 26.4B1 the unit but not go on the elevator. At that time, LPN #2 stated that the process for a resident with a EX Order 26.4B1 was to NJ Ex Order 26.4(c) them. She added that if a resident were to go near the elevator the EX Order 26.4B1 would trigger the elevator to alarm and stop the elevator from working. The surveyor asked LPN #2 what she was responsible for in regards to Resident #162's EX Order 26.4B1. She stated that she checked the placement of the EX Order 26.4B1 daily on her shift. The surveyor then asked the nurse, who was	F 689		

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F 689	Continued From page 67 responsible to check the function of the [redacted] EX Order 26.4B1. LPN #2 stated that she was not sure who tested the EX Order 26.4B1 function. She stated that if the resident had come by the elevator that the EX Order 26.4B1 had worked and had always alarmed. She added that if the EX Order 26.4B1 did not alarm then she would call maintenance to have it checked. The surveyor reviewed Resident #162's medical record. The AR indicated that the resident was admitted to the facility with medical diagnoses that included but were not limited to; EX Order 26.4B1 [redacted]). The resident's Medication Review Report (physicians orders) dated [redacted] included the following order: [redacted]: check placement q shift (every shift). There was no order to check the function of the [redacted] with a start date of [redacted] The significant change in status MDS, dated [redacted], indicated a BIMS score of [redacted] out of 15, which reflected that the resident's EX Order 26.4B1 EX Order 26.4B1. The MDS indicated under section E [redacted] that the resident [redacted] 4 (four) to 6 (six) days. Further review indicated under section P for [redacted] and [redacted] EX Order 26.4B1 [redacted] was not used.	F 689		

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F 689	Continued From page 68 The resident's individualized CP reflected a focused area with an initiated date of [redacted], of Resident #162 is at risk of getting [redacted] sustaining [redacted] from [redacted] or [redacted] with danger of NJ Ex Order 26.4(b)(1) r/t (related to) [redacted] The interventions included the following: Photo placed on [redacted] Risk List at front desk; Provide reality Orientation as appropriate and not upsetting; and [redacted] ([redacted]) placed. There were no interventions indicated to check for placement or function of the [redacted]. The electronic Medication Administration Record and Treatment Administration Record for [redacted] indicated that Resident #162's [redacted] had been checked for placement each shift (two times a day). There was no documentation that the function of the [redacted] had been checked. A review of Resident #162's [redacted] Risk Evaluation dated [redacted] indicated that the resident was at risk for [redacted] and that interventions that were started was roam alert ordered. On 5/31/23 at 11:43 AM, the surveyor interviewed the [redacted] regarding the [redacted]. The [redacted] stated that he used a new [redacted] that was not yet placed on a resident and checked all the doors to make sure the [redacted] would trigger weekly. He added that he checked three doors to the outside and two elevator doors and he documented the check in a log book. The surveyor asked the [redacted] if he checked the functioning of the [redacted] that were placed on the residents. The [redacted] stated that he did not check the functioning	F 689		

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F 689	Continued From page 69 of the EX Order 26.4B1 . He added that he would guess that the nurses were responsible to do that. A review of the document titled EX Order 26.4B1 log 2023" that was provided by the U.S. FOIA (b) included the following that was done: Check all doors make sure, EX Order 26.4B1 its fully functional. Check Main Panel (make sure NJ Ex Order works when deactivating NJ Ex Order 2). Further review indicated that the Main entrance, Backdoor, Elevator #1, Elevator #2 and Ramp door were checked weekly. There was no indication that the EX Order 26.4B1 EX Order 26.4B1 were checked on the document. On 5/31/23 at 12:15 PM, the surveyor interviewed the U.S. FOIA (b) regarding the process for a resident that EX Order 26.4B1 or exit seeked. The EX Order 26 stated that an assessment would be done to see if the resident was an NJ Ex Order 26.4(b)(1) risk. He stated that if a resident was NJ Ex Order 26.4(b)(1) on the unit or was attempting to NJ Ex Order 26.4(b)(1) the unit we would notify physician and if deemed appropriate would get an order for a NJ Ex Order 26.4(b)(1) to be applied. The U.S. FOIA (b) stated that nursing checked the placement of the EX Order 26.4B1 every shift to make sure the NJ Ex Order 26.4(b) was on the resident. He stated that function was checked by maintenance by making sure the sensors on the doors would alarm weekly. The surveyor asked the U.S. FOIA (b) who was responsible to check the function of the EX Order 26.4B1 that were on a resident. The EX Order 26.4 stated that he had to double check who and how the NJ Ex Order 26.4(b)(1) that were on a resident were checked for function. On 6/01/23 at 10:10 AM, during surveyor interview, the U.S. FOIA (b) stated that the U.S. FOIA (b)(6)	F 689		

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U.S. FOIA (b)(6)) checked the function of the [redacted] that was placed on a resident and that she brought the resident to the elevator in the wheelchair to make sure the EX Order 26.4B1 triggered the NJ Ex Order 26 He added that the EX Order 26 documented the weekly check in a log book.

On 6/01/23 at 10:12 AM, the surveyor interviewed the MRC regarding the process of checking the EX Order 26.4B1 . The MRC stated that every week on Mondays she would go to Resident #162 and check if [redacted] was on the resident. She then stated that she would bring Resident #162 to the elevator to see if the [redacted] would trigger the NJ Ex Order 26 The surveyor then asked the U.S. FOIA (b) if she documented the weekly check. The NJ Exec Ord showed the weekly checks for Resident #162 that were documented.

A review of the document titled "NJ Ex Order 26 Alert" which was provided by the U.S. FOIA (b) indicated that Resident #162's NJ Ex Order 26.4(b)(1) was checked weekly for function but it did not indicate how the function was checked.

On 6/01/23 at 11:05 AM, the surveyor interviewed LPN # 3 regarding the process of checking the function of the EX Order 26.4B1 . LPN # 3 stated that she believed that someone brought Resident #162 to the elevator to trigger the NJ Ex Order 26 She added that she did not know if there was another way to check the function.

On 6/01/23 at 11:29 AM, in front of the survey team, the surveyor asked the EX Order 26.4B1 to provide the survey team a U.S. FOIA (b)(6) that was not applied on a resident and the

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F 689	Continued From page 71 manufacturers instructions. On 6/01/23 at 11:51 AM, the [redacted] provided the survey team a binder from the wander guard bracelet manufacturer. A review of the binder included the following: [Bracelet] The [bracelet] transmits messages to the controller when it is in proximity to a controlled door. The controller cane set to lock the door, preventing the resident from exiting the protected area, when the [bracelet] message is received. If the door is open and the [bracelet] is in proximity to the door, the system generates an alarm ... [Bracelet] Battery Life ...Note: [Bracelet] battery life can be tested by the [device]. It is recommended to use the [device] to check the [bracelet] battery at least once a week. [Device] The [device] performs the following activities: [bracelet] activation, checking [bracelet] battery level ... Checking the ...Battery Level 1. Turn on the [device] by short-pressing the power button. 2. Place the [bracelet] within the LF range of the [device] (less than 12" or 0.3 meter) ... 3. The [device] displays the [bracelet] battery level ...If the [bracelet] battery is low, the battery LED will be red ...for at least two seconds. Data sheet for [Device] ...Battery Status Any staff member can quickly and easily verify [bracelet] battery status without disturbing residents or forcing them to walk to a door monitored ...Simply hold the [device] near the [bracelet]. A green or red LED indicated the battery status.	F 689		

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On 6/02/23 at 9:47 AM, the surveyor interviewed Registered Nurse (RN) #1 who was an agency nurse, regarding the process for checking the function of a EX Order 26.4B1 . RN #1 stated that some facilities have a device that checked function and battery life and that usually night shift nurse would do the check. She added that she was not sure what the facility here did. The surveyor then asked RN #1 if it would be appropriate to bring a resident to an elevator to check the function. RN #1 stated that she had not seen it done that way and that she did not think that would be an appropriate way because that would show them the exit.

On 6/02/23 at 9:58 AM, the surveyor interviewed the U.S. FOIA (b [redacted] again about the process she did to check the function of the [redacted]. The U.S. FOIA (b [redacted] stated that she would place Resident #162 in a wheelchair if the resident was not already in the wheelchair. She would then push the wheelchair toward the elevator and when Resident #162 was about 1 (one) foot away from the elevator door the alarm on the door would sound.

At that same time, the surveyor asked the U.S. FOIA (b [redacted] what the purpose of the [redacted] was. The U.S. FOIA (b [redacted] stated that the purpose was for a resident that NJ Ex Order 26.4(b)(1) [redacted] or tried to NJ Ex Order 26 [redacted] the alarm would alert and that it was for safety reason. The surveyor then asked the U.S. FOIA (b [redacted] what it was she was checking. The U.S. FOIA (b [redacted] stated that she was checking the functioning and if it were in place. The surveyor then asked the U.S. FOIA (b [redacted] if she was checking the battery life of the [redacted] The U.S. FOIA (b [redacted] stated that she was not checking the battery life, just the function. The

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F 689	Continued From page 73 surveyor then asked the [U.S. FOIA (b)] where it was that you would not want a resident that [NJ Ex Order 26.4(b)(1)] or [NJ Ex Order 26.4(b)(1)] to go. The [U.S. FOIA (b)] stated that you would not want them to go to an [NJ Ex Order 26.4(b)(1)] and the elevator. The surveyor then asked the [U.S. FOIA (b)] if she thought the way she was checking the function was appropriate. The [U.S. FOIA (b)] stated that she thought it was appropriate. On 6/02/23 at 10:09 AM, the surveyor asked the [U.S. FOIA (b)] if he had a device that could check the function and battery life of the [redacted] The [U.S. FOIA (b)] stated that he had a tester that was a remote that activated and checked the battery on each bracelet and that he had an electronic tablet that showed the status of the bracelets. The surveyor asked the [U.S. FOIA (b)] if he used the device to check the function and battery life of the [redacted] on the resident. The [U.S. FOIA (b)] stated that he did not use it for the [NJ Ex Order 26.4(b)(1)] [redacted] that were on the residents. He added that he was not sure if anyone else used it. On 6/02/23 at 10:28 AM, the [U.S. FOIA (b)] brought the device to the survey team. On 6/02/23 10:36 AM, the surveyor interviewed the [U.S. FOIA (b)]. The [U.S. FOIA (b)] confirmed that the [U.S. FOIA (b)] was taking Resident #162 to the elevator to check the function of the [redacted] and that the [U.S. FOIA (b)] was checking the function of the [NJ Ex Order 26.4(b)(1)] doors. The surveyor asked the [U.S. FOIA (b)] what the reason was that the manufacturer's provided device was not being used to check the function and batty life. The [U.S. FOIA (b)] stated that the device was not being used and that the way they were checking worked. The surveyor then asked the [U.S. FOIA (b)] if he had read the manufacturer's instruction and recommendation regarding the [redacted]	F 689		

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[redacted] The [redacted] stated that he had not read it. The surveyor then asked the [redacted] if the recommendations should be followed. The [redacted] stated that it was the manufacturer's recommendation but that they do not obviously have to use the recommendation. The surveyor asked the [redacted] how the facility ensured that the battery was functioning from week to week. The [redacted] stated that the nurse checked placement every shift and that the function was tested once a week by taking the resident wearing the [redacted] to the elevator.

On that same date and time, the surveyor asked the [redacted] what the purpose of the [redacted] The [redacted] stated that the purpose was "to make sure safety first" and was put on someone who was deemed to be [redacted] off the unit. The surveyor then asked the [redacted] how a resident would [redacted] the unit. The [redacted] stated that a resident would [redacted] the unit by the [redacted] The surveyor then asked the [redacted] if a resident was [redacted] would you [redacted] the resident from the [redacted] or [redacted] The [redacted] stated that we would [redacted] them from the [redacted] or [redacted] The surveyor then asked the [redacted] if taking an [redacted] resident to an [redacted] was appropriate. The [redacted] stated that it was appropriate because the resident had the ability to go to the [redacted] on their own.

On 6/02/23 at 11:58 AM, in the presence of the survey team, the surveyor notified the U.S. FOIA (b)(6) [redacted] the concern regarding the [redacted] not being checked for battery life and the way the function was being checked.

On 6/05/23 at 10:36 AM, in the presence of the survey team, U.S. FOIA (b)(6) [redacted]

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stated that he reviewed with the team the recommendation from the manufacturer of the U.S. FOIA (b)(6). He then stated that on Friday the U.S. FOIA (b started to use the device to check the function and battery life of the U.S. FOIA (b)(6) The U.S. FOIA (b)(6) stated that they went by the NJ Ex Order 26.4(b)(1) had a three year battery with an expiration date. He added that they were doing the weekly check but that moving forward they were going to use the manufacturer's device. The U.S. FOIA (b)(6) then stated that he saw why using the device would be better. He stated that they had relied on the fact that the battery had an expiration date. The U.S. FOIA (b)(6 confirmed that the device showed the percentage of battery left in the and agreed that using the device was a better process.

At that same time, the surveyor asked the U.S. FOIA (b)(6) if there was any response to the process of bringing the resident to the elevator. The U.S. FOIA (b)(6 stated that after the staff would bring the resident to the elevator that they would NJ Ex Order 26.4(b the resident NJ Ex Order 26.4(b)(1) the elevator. He added that the staff would not leave the resident there. The U.S. FOIA (b)(6 stated that they improved their practice but that they thought that the process they were doing was an acceptable practice.

A review of the facility provided policy titled, "Wanderguard Policy" with a reviewed/revised date of 01/2021 included the following:
Policy Statement
It is the objective of this facility to ensure the safety and protection of wandering residents by preventing their exit from the building.
Policy Interpretation and Implementation
1. Residents who demonstrate exit-seeking behavior or intenet will be provided with a

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wander-guard and an appropriate plan of care will be developed.
2. The following measures will be implemented:
1. A picture of the resident will be kept at the reception desk.
2. A wander guard bracelet will be applied
3. A care plan addressing the issue shall be developed

3. On 5/26/23 at 7:35 AM, the surveyor asked the [redacted] about Resident#95's incident/accident reports, and the [redacted] stated that she will get back to the surveyor.

On 5/26/23 at 7:43 AM, the surveyor observed the resident laying on the bed with eyes closed, the [redacted] on top of the nightstand.

On 5/30/23 at 12:03 PM, a review of Resident #95's Risk Assessment investigation report dated [redacted] was provided by the [redacted] revealed that on [redacted] at approximately [redacted] the resident was found [redacted] at the hallway wherein RN#2 asked the resident why he/she was [redacted] and the resident showed their [redacted], the RN noted [redacted]. The resident was unable to give a description. The Risk Assessment also showed that the resident was not taken to the hospital. The [redacted] observed at the time of the incident showed that the [redacted] location was [redacted]. The investigation also indicated that there were no witnesses found. In addition, the attached care plan in the provided investigation showed that the focus was that the resident was at risk for [redacted] r/t (related to) poor [redacted], [redacted] initiated on [redacted] with an intervention initiated [redacted]

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"moved closer to the nurses station." The [redacted] provided Risk Assessment dated [redacted] did not include statements from staff.

On 5/31/23 at 9:53 AM, the [redacted] provided another Risk Assessment investigation copy of the unknown [redacted] to the [redacted] dated [redacted] The information in the [redacted] Risk Assessment that was provided by the [redacted] was the same as what the [redacted] provided on 5/30/23 except for the question: Resident Taken to Hospital which had an answer now with Y (Yes). The provided Risk Assessment of the [redacted] included Unusual Occurrence Statements from CNA#3 and LPN#4 (also the SE). The staff investigative statements were as follows:

1) One statement from CNA #3 that included "The nurse notified me that Resident#95 had an [redacted] to his/her [redacted] I was feeding residents and collecting trays afterward."

2) A second statement from LPN#4 included "Nurse/CNA reported resident in hallway [redacted] and [redacted] his/her [redacted]. Resident [redacted] what happened. [name redacted] was called. [redacted] Family notified."

3) A third statement from [redacted] typewritten dated [redacted] after the incident), indicated that Resident #95 was interviewed by the [redacted] in the presence of the [redacted]. The statement from the [redacted] showed that the resident was asked regarding the [redacted] to the [redacted]. The resident was questioned about what happened and the resident responded that he/she [redacted] of their [redacted]

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GROVE PARK HEALTHCARE AND REHABILITATION CENTER	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

(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 689	Continued From page 78 Further review of the Staff Investigative statements of Resident #95's incident report revealed there was no documented statement from the other residents on the same unit or any ancillary staff who may have had contact with the resident on [redacted] The staff statements did not include information on who, when, where the resident was last seen and what was the resident doing before the incident happened. In addition, there was no further investigation on [redacted], after [redacted], when the [redacted] found out from the interview with a [redacted] to determine the root cause and analysis of the [redacted] incident. The surveyor reviewed Resident #95's medical record. The resident's AR reflected that the resident was admitted to the facility had diagnoses which included but were not limited to [redacted]).	F 689		

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resident's cognitive skills for daily decision-making had a score of [redacted]) which indicated that the resident's cognition was EX Order 26.4B1 .

A review of the resident's personalized CP with an initiated date of [redacted] reflected a focus area that the resident had an ADL (activities of daily living) NJ Ex Order 26.4(b)(1) deficit [redacted] with an intervention initiated on [redacted] that resident was on EX Order 26.4B1) to the EX Order 26.4B1 , provided [redacted] and to be worn after AM (morning) care and removed PM (afternoon) care.

In the electronic medical records, PN dated [redacted] by RN#2 revealed that at approximately 6 PM, the resident was found [redacted] in the hallway and noted a EX Order 26.4B1 EX Order 26.4B1 . There was no documentation that the resident had EX Order 26.4B

In the PN, dated NJ Ex Order 26.4(at 7:45 PM by the provider Nurse Practitioner#1 (NP#1) showed that the resident was evaluated via web because of the EX Order 26.4B1 to the resident's EX Order 26.4B1 and that the resident was not sent to the ED (Emergency Department). NP#1 ordered for stat NJ Ex Order of the [redacted] . The note of NP#1 also showed that the staff did not know how it happened, no reported [redacted] and the resident had EX Order 26.4B1 and can not tell what happened.

On 5/31/23 at 10:58 AM, the surveyor notified the above findings to the U.S. FOIA (b)(6 The surveyor asked the U.S. FOIA (b) why there was no further investigation initiated for a [redacted] when the U.S. FOIA (b) documented on EX Order 26.4B1 that the resident with the EX Order 26.4B1

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EX Order 26.4B1 claimed that the resident EX Order 26.4B1 EX Order 26.4B1. The U.S. FOIA (b) stated that he will get back to the surveyor.

On 5/31/23 at 11:13 AM, The surveyor interviewed the U.S. FOIA (b) who informed the surveyor that his primary language was [redacted]. The U.S. FOIA (b) stated that the resident was [redacted] and [redacted]. He indicated that the resident does not remember names, times, or dates, and stated that Resident#95 "just talked to me because I NJ Ex Order 26.4(b)(1), other than that I know he/she is NJ Ex Order 26.4(b)(1) He further stated that "I know it's in [redacted] but I can't remember what exact date" when the U.S. FOIA (b) asked him to be the interpreter for the resident.

On that same date and time, the U.S. FOIA (b) informed the surveyor that when he and the U.S. FOIA (b) went to the resident, the resident was asked about what happened, the resident responded that the resident rolled over the bed to the floor and got up. The surveyor then asked the U.S. FOIA (b) if the resident was asked what was the resident doing before the resident rolled over the bed when the resident [redacted], if was there someone in the room, and other information that will determine the root cause analysis of the [redacted] incident that resulted in the injury. He stated that after that question about what happened and the resident responded, the U.S. FOIA (b) and the U.S. FOIA (b) left the resident and there were no further questions asked to the resident.

On 6/01/23 at 8:49 AM, The surveyor called and left a message to CNA#3, the U.S. FOIA (b) who wrote a statement on NJ Ex Order 26.4(b).

On 6/01/23 at 9:46 AM, The surveyor interviewed LPN#4 who informed the surveyor that she was

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F 689	Continued From page 81 also the US FOIA (b)(6) and does med pass and care of residents. LPN#4 stated that she remembered the [redacted] incident of the resident because it so happened that she was on the [redacted] floor at that time when it happened while doing routine rounds as a covering supervisor on that day. LPN#4 found the resident [redacted] in the hallway with some residents passing by, and the resident was stating in EX Order 26.4B1 EX Order 26.4B1) while the resident touched their EX Order 26.4B1 She further stated that at that time the EX Order 26.4B1 was EX Order 26.4B1, we don't know what happened and where the resident got the EX Order 26.4B1. The surveyor then asked LPN#4 if the resident had a [redacted] incident on that same date, and she responded that the resident did not [redacted]. On that same date and time, LPN#4 informed the surveyor that "I think the CNA was busy with something but not sure if the CNA was passing trays or helping other residents." The LPN acknowledged it was an EX Order 26.4B1 at that time, and "I know from other facilities if that was the case, they go back 72 hours lookback of staff statements." The surveyor asked LPN#4 if there were staff statements 72 hours from the time of the incident, LPN#4 stated: "I'm not sure if that is what we do here also and don't know if that was done because [redacted] was a Friday and I was off during the weekend." At that time, LPN#4 indicated that after that day she did not know what else happened because she was off the weekend. On 6/01/23 at 11:20 AM, The surveyor called both RN#2 and CNA#3 for the second time. CNA#3's voicemail was full.	F 689		

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F 689	Continued From page 82 On 6/01/23 at 11:38 AM, The surveyor received a return call from RN#2. The surveyor interviewed RN#2 in the presence of another surveyor. The RN informed the surveyor that she was an agency nurse and worked at the facility "one time only" and was unable to remember when she worked. RN#2 stated that she remembered it was on the 3rd floor 7 AM-7 PM shift. She acknowledged that the nurses at the facility work 12 hours shift and the CNAs works eight hours shift. She further stated that she remembered that she was passing medications (meds) "I think" and the CNAs were passing trays, [redacted] speaking Resident # 95 was in the hallway, and had a [redacted], "I think" it was a [redacted] but we do not know what happened and why the resident had it but the doctor was called and the supervisor. RN#2 stated that "I can't remember who was the supervisor and I did the incident report in the Risk Assessment on the computer on the same date." She further stated the resident was [redacted] "We called the responsible party" about the incident, and after that "I don't know what else happened." Furthermore, RN#2 informed the surveyor that "the resident did not [redacted] and "we don't know" what happened and why the resident sustained the injury. She further stated that there should be a staff statement at least 24 hours or 72 hours before the incident since it was unknown but not sure if the supervisor did it and asked for it. On 6/01/23 at 12:53 PM, the survey team met with the U.S. FOIA (b)(6) [redacted] and was made aware of the above findings. The surveyor asked the facility team why the [redacted]) was done on [redacted] and	F 689		

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was also signed and locked on [redacted] after the surveyor's inquiry. The surveyor asked also why there was an [redacted] done on [redacted] when there was no documentation that the resident had [redacted], no investigation initiated for the [redacted], and when the [redacted] provided a statement dated [redacted] during an interview with the resident with a [redacted] that the resident claimed that the resident [redacted] The [redacted] stated that he will get back to the surveyor.

On 6/02/23 at 11:58 AM, the survey team met with the [redacted]. The [redacted] acknowledged that there were discrepancies from the provided documents to the surveyor and the [redacted] stated that the facility should have done better with documentation and gathering of statements for the investigation.

At that same time, the surveyor asked the facility team why there was no investigation for a [redacted] when the team concluded after three (3) days that the incident of [redacted] was from a [redacted] incident. The [redacted] stated that "we concluded" it was from a [redacted] that the resident sustained [redacted] The [redacted] agreed that the interventions should have been done when the team concluded that the [redacted] was from the [redacted] and should have further investigated the [redacted]. The [redacted] further stated that the investigation was not properly documented we should have done more including the appropriate interventions other than moving the resident closer to the nursing station.

Furthermore, the [redacted] stated that "I do agree that the investigation should have been thorough." The [redacted] further stated that "definitely the investigation was lacking information."

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F 689	Continued From page 84 A review of the facility's Policy for Assessing Falls and Their Causes with a reviewed/revised date of 01/2023 that was provided by the [redacted] included the following: The purpose of this procedure is to provide guidelines for assessing a resident after a fall and to assist staff in identifying the causes of the fall. Complete an incident report for resident falls no later than 24 hours after the fall occurs or identification. The incident report form should be completed by the nursing supervisor on duty at the time and submitted to the DON. 1. The Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. 2. The following data, as applicable shall be included on the "Report of Incident/Accident" form: ... The policy did not include information about documenting in the resident's medical record. Identifying Causes of a Fall or Fall Risk: 1. Within 24 hours of a fall, begin to try to identify possible or likely causes of the incident. 2. Evaluate chains of events or circumstances preceding a recent fall, including: a. Time of day of the fall; b. Time of the last meal; c. What the resident was doing; d. Whether the resident was standing, walking, reaching, or transferring from one position to another; e. Whether the resident was among other persons or alone; f. Whether the resident was trying to get to the toilet; g. Whether any environmental risk factors were involved; and/or	F 689		

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F 689	Continued From page 85 h. Whether there is a pattern of falls for this resident. 3. Continue to collect and evaluate information until the cause of the falling is identified or it is determined that the cause cannot be found ..... Appropriate interventions are taken to prevent future falls. Report other information in accordance with facility policy and professional standards of practice. On 6/08/23 at 01:18 PM, the survey team met with the U.S. FOIA (b)(6) [redacted], and there was no additional information provided by the facility, and the facility management did not refute the findings. NJAC 8:39-33.1(d)	F 689		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an	F 690		7/13/23

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F 690	Continued From page 86 indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and review of pertinent facility documents, the facility failed to a) ensure the [redacted] was stored in a manner to prevent [redacted] and b) develop and implement a care plan (CP) that included interventions that addressed [redacted] care based on current professional standards of practice to prevent [redacted] for 1 (one) of 2 (two) residents reviewed for [redacted] care or [redacted] (Resident #164). The deficient practice was evidenced by the following: Reference: The Healthcare Infection Control Practices Advisory Committee guidance titled "GUIDELINE FOR PREVENTION OF	F 690	I NJ Ex Order 26.4(b)(1) AND bag for NJ Ex Order 26.4(b)(1) of Resident #164 was replaced AND SECURED IN SUCH A WAY TO AVID TOUCHING THE FLOOR. CARE PLAN OF RESIDENT #164 WAS REVIEWED AND REVISED TO ENSURE THAT INTERVENTIONS ARE APPROPRIATE II RESIDENTS WITH CATHETERS HAVE THE POTENTIAL TO BE AFFECTED III Nursing staff will be in-serviced by Educator in regard to catheter tubing and requirement or bag to remain off of floor and appropriate care plan interventions for residents with	

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F 690	Continued From page 87 CATHETER-ASSOCIATED URINARY TRACT INFECTIONS 2009" with an updated date of June 6, 2019, includes the following: III. Proper Techniques for Urinary Catheter Maintenance A. Following aseptic insertion of the urinary catheter, maintain a closed drainage system ... 1. If breaks in aseptic technique, disconnection, or leakage occur, replace the catheter and collecting system using aseptic technique and sterile equipment ... B. Maintain unobstructed urine flow ... 1. Keep the catheter and collecting tube free from kinking ... 2. Keep the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor ... 3. Empty the collecting bag regularly using a separate, clean collecting container for each patient; avoid splashing, and prevent contact of the drainage spigot with the nonsterile collecting container ... C. Use Standard Precautions, including the use of gloves and gown as appropriate, during any manipulation of the catheter or collecting system ... E. Changing indwelling catheters or drainage bags at routine, fixed intervals is not recommended. Rather, it is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised ... G. Do not clean the periurethral area with antiseptics to prevent CAUTI while the catheter is in place. Routine hygiene (e.g., cleansing of the meatal surface during daily bathing or showering) is appropriate ... On 5/22/23 at 11:01 AM, the surveyor observed	F 690	catheter. IV DON WILL CHECK 2 RESIDENTS WITH CATHETERS, AT RANDOM, ONCE A WEEK FOR 4 WEEKS TO ENSURE TUBING AND/ OR BAG ARE NOT TOUCHING FLOOR. DON WILL AUDIT ONE CARE PLAN OF RESIDENT WITH CATHETER, ONCE A MONTH FOR THREE MONTHS, TO ENSURE THAT INTERVENTIONS ARE APPROPRIATE. AUDITS WILL BE PRESENTED AT NEXT QUARTERLY QAPI MEETING.	

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F 690	Continued From page 88 Resident #164 laying in a bed that was low to the floor. The surveyor observed that the resident's [redacted] was laying on the floor. The surveyor observed [redacted]. On 5/25/23 at 10:36 AM, the surveyor observed Resident #164 laying in a bed that was low to the floor. The surveyor observed that the resident's [redacted] was not laying on the floor but that the [redacted] was in a NJ Ex Order 26.4(b)(1) bag and the bag was on the floor. The surveyor did not observe [redacted]. On 5/30/23 at 11:03 AM, the surveyor observed Resident #164 laying in a bed that was NJ Ex O to the floor. The surveyor observed that the resident's [redacted] was on the floor and the [redacted] that was in a [redacted] also on the floor. The surveyor did not observe [redacted]. A review of the Admission Record (or face sheet; admission summary) indicated that the resident was admitted to the facility with medical diagnoses that included but were not limited to; EX Order 26.4B1 [redacted] A review of the Admission Minimum Data Set (AMDS), an assessment tool used to facilitate the management of care, dated EX Order 26.4B1 indicated a Brief Interview for Mental Status (BIMS) score of EX Ord out of 15, which reflected that the resident's EX Order 26.4B1 EX Order 26.4B1 . Further review of the AMDS indicated under section H for	F 690		

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F 690	Continued From page 89 EX Order 26.4B1, that the resident had an EX Order 26.4B1 A review of the Medication Review Report (physician orders) included the following active order: EX Order 26.4B1 with EX Order 26.4B1 balloon for EX Order 26.4B1 (EX Order 26.4B1). On 5/30/23 at 11:22 AM, the surveyor interviewed Resident #164's assigned U.S. FOIA (b) (6) regarding EX Order 26.4B1. The U.S. FOIA stated that she cleans around the EX Order 26.4B1, EX Order 26.4B1 from the bag, measures the amount of EX Order 26.4B1 and tells the nurse. She added that the EX Order 26.4B1 is placed in a privacy bag on the side of the bed. The surveyor then asked the U.S. FOIA to observe Resident 164's EX Order 26.4B1 that was in a privacy bag on the floor. The U.S. FOIA confirmed that the EX Order 26.4B1 was on the floor and that the NJ Ex Order 26.4B1 should not be on the floor. The U.S. FOIA stated that the resident's bed was in a low position to prevent a so she could not put the EX Order 26.4B1 and . On 5/30/23 at 11:32 AM, the surveyor interviewed the U.S. FOIA (b) (6)) regarding the placement of the . The U.S. FOIA stated that the and should never be placed above the bladder. She added that the or the NJ Ex Order 26.4B1 bag should not be on floor. The surveyor then asked the U.S. FOIA to observe Resident 164's on the floor. The U.S. FOIA confirmed that the was	F 690		

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GROVE PARK HEALTHCARE AND REHABILITATION CENTER	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

(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 690	Continued From page 90 on the floor and stated that it should not be on the floor. The [redacted] then placed the [redacted] in a manner that both were not on the floor. On 5/31/23 at 11:05 AM, the surveyor interviewed the U.S. FOIA (b)(6) [redacted]) regarding the placement of a NJ Ex Order 26.4(b)(1) [redacted] and [redacted]. The [redacted] stated that it should be placed below level of NJ Ex Order 26.4(b)(1) off the floor. She added that the NJ Ex Order 26.4(b)(1) [redacted] should not be on the floor. On 6/01/23 at 12:57 PM, in the presence of the survey team, the surveyor notified the [redacted] the above findings and observations of Resident #164's [redacted] on the floor. On 6/02/23 at 11:59 AM, in the presence of the survey team, the U.S. FOIA (b)(6) [redacted], the [redacted] stated that the facility was in the process of looking into an alternative [redacted]. The [redacted] confirmed that the NJ Ex Order 26.4(b)(1) [redacted] should not be on the floor and that the staff was in-serviced. A review of the resident's individualized CP reflected a focused area with an initiated date of [redacted], that the resident had an [redacted]. The resident's CP Goal was that the resident's risk for [redacted] will be minimized/prevented via prompt recognition and treatment of symptoms of [redacted] through the review date. The CP's Interventions/Tasks included the following: Establish voiding patterns.	F 690		

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F 690	Continued From page 91 Monitor fluid intake to determine if natural diuretics such as coffee, tea, or cola is contributing to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)). Monitor/document for s/sx (signs/symptoms) NJ Ex Order NJ Ex Order 26.4(b)(1) . Monitor/document/report PRN any possible causes of NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) . The CP did not include interventions based on current professional standards of practice for the care of a to prevent a Some of the interventions that were included referenced NJ Ex Order 26.4(b)(1) and voiding pattern which would be interventions for a resident that did not have an . An provides continuous . On 6/02/23 at 9:47 AM, the surveyor interviewed the U.S. FOIA (b)(6) who was assigned to Resident #164 regarding the resident's CP. The U.S. FO stated that she was an agency nurse and that she did not do the CP. The surveyor asked the U.S. FO if the intervention of establish voiding patterns would be an appropriate intervention for Resident #164 who had an NJ Ex Order 26.4(b)(1). The U.S. FO stated that the resident had a NJ Ex Order 26.4(b) in place and that the resident was on their own. The surveyor asked the U.S. FO if the interventions that referenced NJ Ex Order 26.4(b)(1) would	F 690		

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F 690	Continued From page 92	F 690		

be an appropriate intervention for Resident #164 and what interventions would be in place for an NJ Ex Order 26.4(b)(1). The [redacted] confirmed that [redacted] should not be referenced for a resident with an NJ Ex Order 26.4(b)(1). She added that output should be monitored, make sure the NJ Ex Order 26.4(b)(1) and that the [redacted] was not kinked and off the floor.

On 6/5/23 at 9:44 AM, the surveyor interviewed the [redacted] regarding the process of the CP. The [redacted] stated that the process was to initiate the CP on admission and that he took "ownership" of on the part of nursing. He added that each discipline does their own part. He then stated that a baseline CP was done on admission and that within the certain timeframe the MDS would trigger areas and that he would check it and add to it if needed. The surveyor asked the [redacted] what would be examples of interventions for a resident that had an NJ Exec Order 26.4b1. The [redacted] stated that to make sure the [redacted] was free from obstruction and had no [redacted] consult as recommended. The surveyor then asked the [redacted] to view Resident #164's CP and asked the [redacted] if establish voiding patterns and the references to [redacted] were appropriate interventions. The [redacted] stated that the resident was not [redacted] when they had a [redacted]

On 6/7/23 at 01:20 PM, in the presence of the survey team, the surveyor told the U.S. FOIA (b)(6) [redacted] the concern regarding the CP interventions for Resident #164.

On 6/08/23 at 11:12 AM, in the presence of the survey team, U.S. FOIA (b)(6) [redacted] (in response to the concern) stated that the

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F 690	Continued From page 93 incontinence referred to monitoring for leaking around the NJ Ex Order 26.4(b)(1). The surveyor then asked if establish voiding patterns was an appropriate intervention for an NJ Ex Order 26.4(b)(1) [redacted]. The U.S. FOIA (b) stated that it was to make sure the NJ Ex Order 26.4(b) was draining each shift with output. The surveyor then asked the U.S. FOIA (b) if the interventions that were on Resident #164's CP were appropriate. The U.S. FOIA (b) stated that the interventions were appropriate interventions for a NJ Ex Order 26.4(b) CP. A review of the facility provided policy titled, "Urinary Catheter Care" with a reviewed/revised date of 12/2022, included the following: Infection Control ...2. b. Be sure the catheter tubing and drainage bag are kept off the floor. A review of the facility provided policy titled, "Care Plans, Comprehensive, Person-Centered" with a reviewed/revised date of 12/2022, included the following: 10. Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident , are the endpoint of an interdisciplinary process. 11. Care plan interventions are chosen only after careful data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. a. When possible, interventions address the underlying source(s) of the problem area (s), not just addressing only symptoms or triggers. N.J.A.C. 8:39-27.1 (a)	F 690		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning	F 695		7/13/23

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F 695	Continued From page 94 CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. 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: a.) ensure physician orders for [NJ Ex Order 26.4] were implemented, and b.) maintain sustainability by following their plan of correction from the last recertification survey for the same deficient practice, and c.) perform appropriate hand hygiene during [NJ Ex Order 26.4(b)(1)] ([NJ Ex Order 26.4(b)(1)]) care observation consistent with professional standard of practice and Centers for Disease Control & Prevention (CDC) guidelines. This deficient practice was identified for 1 (one) of 2 (two) residents reviewed for [NJ Ex Order 26.4(b)(1)] care (Resident #111). The evidence was as follows: According to the last recertification survey date of [NJ Exec Order 26.4b], the facility failed to follow a physician's order for [NJ Exec Order 26.4b1] The facility submitted a plan of correction with a completion date of [NJ Exec Order 26.4b] which included that the '[U.S. FOIA (b)(6)]) immediately in-serviced all nurses	F 695	I [NJ Ex Order 26.4(b] setting immediately adjusted to prescribed [NJ Ex Orde] for Resident # 111. THERE WERE NO OTHER RESIDENTS IN THE FACILITY WITH A [NJ Ex Order 26.4(b] IPN RE-INSERVICED [US FOIA (b)(6)] TO PROPER INFECTION CONTROL TECHNIQUES WHEN PERFORMING TRACH CARE; SUCH AS USING STERILE GLOVES, STERILE SURFACES, NOT TOUCHING UNSTERILE SURFACES WITH STERILE GLOVES. II ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED III REGIONAL RESPIRATORY THERAPIST INSERVICED NURSES ON FOLLOWING PHYSICAN ORDERS IN REGARD TO HUMIDITY SETTINGS FOR TRACHEOSTOMY CARE. IPN RE-INSERVICED [US FOIA (b)(6)] TO PROPER INFECTION CONTROL TECHNIQUES WHEN	

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F 695	Continued From page 95 on [NJ Ex O] and [NJ Ex Order] policy." According to the CDC Hand Hygiene in Healthcare Settings, Healthcare Providers guidance, last reviewed: January 8, 2021, information on when to perform hand hygiene included but was not limited to immediately before touching a patient, when hands are visibly soiled, 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, and after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. On 5/22/23 at 11:42 AM, the surveyor observed Resident #111 lying on the bed fitted with a [redacted]) collar. The resident responded to the surveyor's questions [redacted]. At that time, the surveyor observed the [NJ Ex O] NJ Ex Order 26.4(b)(1) was set at NJ Ex Order 26.4(b)(1) with a NJ Ex Order 26.4(b)(1) On 5/24/23 at 10:36 AM, the surveyor observed Resident #111 asleep. At that time, the surveyor observed the NJ Ex Order 26.4(b)(1) was set between [NJ] [redacted] On 5/24/23 at 10:45 AM, the U.S. FOIA (b)(6) [redacted] identified the U.S. FOIA (b)(6) was set at NJ Ex Order 26.4(b)(1) [redacted]. The surveyor reviewed the medical record for Resident #111.	F 695	PERFORMING TRACH CARE.SUCH AS USING STERILE GLOVES, STERILE SURFACES, NOT TOUCHING UNSTERILE SURFACES WITH STERILE GLOVES. INFECTION PREVENTIONIST PERFORMED COMPETENCY ON TRACH CARE WITH EDUCATOR. EDUCATOR WILL PERFORM TRACH COMPETENCIES ON NURSES. FACILITY WIDE INSERVICE OF NURSING STAFF COMPLETED BY IPN REGARDING HANDWASHING IV DON WILL AUDIT TRACH HUMIDITY SETTINGS, FOR ONE RESIDENT, ONCE PER WEEK, FOR FOUR WEEKS TO ENSURE THAT PHYSICIAN ORDERS ARE BEING FOLLOWED. DON WILL OBSERVE TRACH CARE FOR ONE RESIDENT, ONCE PER WEEK FOR TWO MONTHS. IP WILL OBSERVE ONE STAFF AT RANDOM, PERFORMING HAND HYGIENE, ONE PER WEEK FOR FOUR WEEKS. AUDITS AND OBSERVATIONS WILL BE PRESENTED AT NEXT QUARTERLY QAPI MEETING.BASED ON RESULTS, DECISION WILL BE MADE AT THE MEETING ON HOW MUCH LONGER OR IF TO CONTINUE AUDITS.	

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The Admission Record (or face sheet; an admission summary) reflected that the resident had been admitted with diagnoses which included EX Order 26.4B1 [redacted].

The annual Minimum Data Set, an assessment tool used to facilitate the management of care, dated EX Order 26.4B1 [redacted], reflected that the resident had a Brief Interview for Mental Status (BIMS) score of EX Ord [redacted] out of 15, which indicated the resident had EX Order 26.4B1 [redacted].

A review of the Order Summary Report included the following:
-NJ Ex Order 26.4(b)(1) [redacted] via NJ Ex Order 26.4(b)(1)
-no orders for NJ Ex Order 26.4(b)(1)
-NJ Ex Order 26.4(b)(1) [redacted] q (every) shift and prn (as needed)

The resident's individualized care plan revealed under Interventions/Tasks indicated NJ Ex [redacted] setting: NJ Ex Order 26.4(b)(1) [redacted] via NJ Ex Order 26.4(b)(1) that was on initiated NJ Ex Order 26.4([redacted].

On 5/24/23 at 10:52 AM, the surveyor interviewed the U.S. FOIA (b)(6) [redacted]. The U.S. FOIA [redacted] stated that she arrived two hours ago, and the NJ Ex [redacted] was already going on before she came in.

On 5/24/23 at 11:10 AM, during an interview with the surveyor, the U.S. FOIA (b)(6) [redacted] stated all the nurses

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F 695	Continued From page 97	F 695		

were in-serviced and competencies were completed to provide NJ Ex Order 26.4(b)(1) care for Resident #111. The U.S. FOIA (b)(6) further stated that the resident had a Treatment Administration record that was used for the resident's care.

On 5/24/23 at 11:37 AM, the surveyor and the U.S. FOIA (b)(6) reviewed the physician's order. The U.S. FOIA (b)(6) confirmed that the NJ Ex O with a NJ Ex Order 26.4(b)(1) was incorrect because the physician's order reflected 35%. The U.S. FOIA (b)(6) stated, "I will verify with the U.S. FOIA (b)(6)) why the setting is different, I will check the NJ Ex Order 26.4(b)(1), and conduct an assessment." The U.S. FOIA (b)(6) stated the correct NJ Ex Order 26.4(b)(1) was important because it could affect the resident's NJ Ex Order 26.4(b)(1)

On 5/24/23 at 12:30 PM, during an interview with the survey team, the U.S. FOIA (b)(6) stated that the RT could make a recommendation, but the Physician was not required to follow the recommendation. The U.S. FOIA (b) confirmed the NJ Ex Order 26.4(b)(1) should have followed the Physician's Order. The U.S. FOIA (b) stated he would inform the Physician.

On 6/01/23 at 9:46 AM, during an interview with the surveyor, the U.S. FOIA (b)(6) stated she would be providing NJ Ex Order 26.4(b)(1) care to Resident #111.

On 6/01/23 at 10:04 AM, two surveyors observed Resident #111's NJ Ex Order 26.4(b)(1) care performed by the U.S. FOIA (b)(6). The U.S. FOIA (b)(6) disinfected the side table that was inside the resident's room, placed a barrier on top of the side table, and identified the side table as her sterile field to the surveyors. The U.S. FOIA (b)(6) then performed handwashing and went to the nightstand table on the other side of the bed

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F 695	Continued From page 98	F 695		

where there were treatment supplies also on top of the nightstand. Afterward, the surveyors and the [U.S. FOIA (b)(6)] heard a knock outside the resident's door. The [U.S. FOIA (b)(6)] then pulled the resident's curtain that was used for privacy, opened the door, and close it back after talking to another staff outside the door. The [U.S. FOIA (b)(6)] returned to prepare her supplies without performing hand hygiene after direct contact with the resident's environment (privacy curtain and doorknob). The [U.S. FOIA (b)(6)] used the nightstand table that was not disinfected, opened the [NJ Exec Order 26.4(b)] care kit and donned the sterile gloves without performing hand hygiene. The [U.S. FOIA (b)(6)] continued to prepare her supplies. Afterward, the [U.S. FOIA (b)(6)] turned on the suction machine and connected the suction [U.S. FOIA (b)(6)] r to the port of the [redacted] the resident. At that time, the surveyors requested to speak with the [U.S. FOIA (b)(6)] outside the resident's room.

During an interview with the surveyors, the [U.S. FOIA (b)(6)] stated that NJ Ex Order 26.4(b)(1) was a sterile technique that required proper hand hygiene. The [U.S. FOIA (b)(6)] informed the surveyors that she was in charge of educating the nurses on the proper technique for NJ Ex Order 26.4(b)(1).

Furthermore, the [U.S. FOIA (b)(6)] stated when she touched the curtain and the doorknob, her hands were then NJ Ex Order 26.4(b)(1) She further stated she should have performed hand hygiene before donning the sterile gloves. The [U.S. FOIA (b)(6)] stated, "I should have stopped, I forgot to bring the Alcohol-based hand rub and I did not have it in Resident #111's room with me to use prior to donning the sterile glove".

On that same date at 10:21 AM, during an interview with the surveyors, the [U.S. FOIA (b)(6)]

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F 695	Continued From page 99 U.S. FOIA (b)(6) stated that the U.S. FOIA was responsible for educating the U.S. FOIA (b)(6) On 6/01/23 at 12:53 PM, the survey team met with the U.S. FOIA (b)(6)) and were made aware of the above findings. On 6/02/23 at 11:58 AM, the survey team met with the U.S. FOIA (b)(6) . The U.S. FOIA (b)(6) stated that the U.S. FOIA (b)(6) was re-educated by the U.S. FOIA after the NJ Ex Order 26.4(b)(1) yesterday. The U.S. FOIA (b)(6) stated that the U.S. FOIA was called to in-service (educate) the U.S. FOIA (b)(6) and corrected the fraction of inspired NJ Ex Order 26.4(b)(1)). The U.S. FOIA (b)(6) acknowledged that the physician's order should have been followed. At that time, the U.S. FOIA (b)(6) informed the surveyors that hand washing in-service was completed, facility-wide. A review of the facility provided policy, O2 Administration reviewed/revised 12/2022 included: The purpose of this procedure is to provide guidelines for safe O2 administration. Under Preparation, section 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for O2 administration. A review of the facility provided policy, Tracheostomy Care reviewed/revised 01/2023 included: Procedure Guidelines; Preparation and Assessment 3. Wash Hands, and 4. Put exam gloves on both hands.	F 695		

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F 695	Continued From page 100 NJAC 8:39-19.4 (a)(n), 27.1(a)	F 695		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review,	F 755	I MISPLACED 222 FORMS WERE	7/13/23

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F 755	Continued From page 101 and review of other facility provided documents, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards to ensure, a.) dispensed and administered [redacted] medication were accurately accounted for (Unsampled Resident #170, #122, and #19), b.) discontinued medication was removed from active inventory (Resident #80), which were identified separately in 2 (two) of 3 (three) medication carts, and c.) failed to maintain a system of record keeping that ensured an accurate inventory and reconciliation of [redacted] medications), with high potential for abuse and are tracked with detail observed during medication storage inspection. The deficient practice was evidenced by the following: 21 CFR 1305.16(b) Whenever any used or unused DEA Forms 222 are stolen or lost (other than in the course of transmission) by any purchaser or supplier, the purchaser or supplier must immediately upon discovery of the theft or loss, report the theft or loss to the Special Agent in Charge of the Drug Enforcement Administration in the Divisional Office responsible for the area in which the registrant is located, stating the serial number of each form stolen or lost 1) On 6/05/23 at 11:41 AM, the surveyor and the [redacted] began the [redacted] medication inspection, which was stored in a mounted, double locked portion of the medication cart ([redacted]), located on the [redacted] floor.	F 755	REPORTED TO LOCAL DEA OFFICE ON 6/9/23 EDUCATOR INSERVICED [redacted] INVOLVED WITH PASSING MEDS TO RESIDENT #170; #122 AND #19 ON SIGNING FOR MEDICATION AS PASSED; INVENTORY SHEET FOR #170; #122 AND #19 WAS SIGNED BY RN WHO ADMINISTERED THE MEDICATION ON 6/5/23. DISCONTINUED MEDICATION OF RESIDENT # 80 REMOVED ON 6/5/23. DON CORRECTED CYCLE COUNT NUMBERS TO REFLECT CURRENT PAR LEVELS. II ALL RESIDENTS ON MEDICATIONS HAVE THE POTENTIAL TO BE AFFECTED III Assistant administrator returned all blank DEA 222 forms per instructions of local DEA office to appropriate office. EDUCATOR WILL INSERVICE PROFESSIONAL NURSES ON SIGNING FOR MEDS WHEN PASSED EDUCATOR WILL INSERVICE ALL PROFESSIONAL NURSES REGARDING REMOVAL OF DISCONTINUED MEDICATIONS DON WILL REVIEW PHARMACY PAR LEVEL REPORT MONTHLY AND COMPARE TO CYCLE COUNT INVENTORY FOR TWO MONTHS IV PHARMACY CONSULTANT WILL COMPLETE 2 MED PASSES OF STAFF, AT RANDOM, FROM ALL 3 SHIFTS,	

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	315147	A. BUILDING _____ B. WING _____	C 06/08/2023

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F 755	Continued From page 102 On 6/05/23 at 11:44 AM, in the presence of the [US FOIA] the surveyor observed Resident #170's [NJ Ex Order 26.4(b)(1)] ([NJ Ex Order 26.4(b)(1)]) bingo card (a multidose card containing individually packaged medications) that contained [NJ Ex] tablets. A review of the Individual Patient Controlled Substance Administration Record (declining inventory log) for Resident #170's [NJ Ex Order 26.4(b)(1)] tablet indicated a balance of [NJ Ex] tablets and was last signed by the administering nurse on [NJ Ex Order 26.4(b)] at 5:02 PM. The following line reflected a date of [NJ Ex Order 26.4(b)] but did not reflect the time and the administering nurse's signature. On 6/05/23 at 11:59 AM, in the presence of the [U.S. FOIA], the surveyor observed Resident #122's [NJ Ex Order 26.4(b)(1)] ([NJ Ex Order 26.4(b)(1)]) in a labeled clear plastic bag that contained [NJ Ex] films. A review of the declining inventory log for Resident #122's [NJ Ex Order 26.4(b)(1)] film indicated a balance of [NJ Ex] films and was last signed by the administering nurse on [NJ Ex Order 26.4(b)] at 5:00 PM. At that time, the [U.S. FOIA] stated she gave both resident's their medications that morning and had not signed. At that time, in the presence of the [U.S. FOIA] the surveyor observed Resident #19's [NJ Ex Order 26.4(b)(1)] ([NJ Ex Order 26.4(b)(1)]) in a labeled clear plastic bag that contained [NJ Ex Order 26] films.	F 755	MONTHLY FOR 2 MONTHS TO ENSURE THAT MEDICATIONS ARE SIGNED AS PASSED. ASST. DIRECTOR OF NURSING WILL AUDIT 5 MED CARTS AT RANDOM, ONCE A MONTH, FOR 2 MONTHS, TO ENSURE THAT THERE ARE NO DISCONTINUED MEDICATIONS. ADMINISTRATOR WILL REVIEW DON FINDINGS OF PHARMACY PAR LEVEL REPORTS MONTHLY FOR TWO MONTHS ALL FINDINGS WILL BE DISCUSSED AT NEXT QUARTERLY QAPI MEETING.BASED ON RESULTS, DECISION WILL BE MADE AT THE MEETING ON HOW MUCH LONGER OR IF TO CONTINUE AUDITS.	

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F 755	Continued From page 103 A review of the declining inventory log for Resident #119's NJ Ex Order 26.4(b)(1) film indicated a balance of NJ Ex Order 26.4 films and was last signed by the administering nurse on NJ Ex Order 26 at 5:00 PM. At that time, during an interview with the surveyor, the U.S. FO stated she did not sign after removing the medication from the NJ Ex Order 26.4(b) box. The U.S. FOIA stated the NJ Ex Order 26.4(b) logs should have been signed as soon as she removed the NJ Ex Order 26.4(b) medication from the NJ Ex Order 26.4(b) box. The U.S. FO stated "I was rushing and did not get to sign after administration." 2) On 6/05/23 at 12:40 PM, the surveyor and the U.S. FOIA (b)(6)) began the non-narcotic inspection of the medication cart located on the first floor. At that time, the surveyor observed an eye drop bottle in a labeled clear plastic bag for Resident #80. The label indicated that the NJ Exec Order 26.4(b)1 was NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)).The label also reflected that NJ Ex Order 26.4(b) was dispensed by the provider pharmacy on NJ Ex Order 26.4(b) The surveyor and the U.S. FOIA(b) reviewed the electronic Medical Record together which revealed Resident #80's NJ Ex Order 26.4(b) was discontinued on NJ Ex Order 26.4(b). At that time, during an interview with the surveyor, the U.S. FOIA (b) stated the medication should have been removed because a medication error could have occurred by administration to Resident #80 or	F 755		

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F 755	Continued From page 104	F 755		

another resident.

At that time, the [U.S. FOIA] informed the surveyor that she would remove the [redacted] from the cart and inform the [U.S. FOIA (b)(6)] if we can return the [redacted]. The [U.S. FOIA] stated that all the nurses on all shifts were responsible to ensure all discontinued medications were not present with active inventory medications.

3. On 6/05/23 at 8:51 AM, in the presence of two surveyors, the [U.S. FOIA (b)] stated they had an electronic (back-up) machine that contained emergency medications for the residents. The back-up did not contain [NJ Ex Order 26.4(b)(1)] since [NJ Ex Order 26.4(b)(1)] as decided by the facility. The [U.S. FOIA (b)] stated that stat (immediate) medications were delivered within two hours from the provider pharmacy.

At that time the surveyor requested for the Inventory on hand report of the back-up machine, 222 forms and destruction logs.

A review of the Inventory on hand report reflected the following:
-[NJ Ex Order 26.4(b)(1)] on hand [quantity] of #1 (one) tablet
-[NJ Ex Order 26.4(b)(1)] on hand [quantity] of #1 (one) tablet
-[NJ Ex Order 26.4(b)(1)] on hand [quantity] of #1 (one) tablet

On 6/07/23 at 9:49 AM, the [U.S. FOIA (b)(6)] stated he was on the phone with the pharmacy provider who confirmed verbally that there was no [NJ Ex Order 26.4(b)(1)] within the electronic back-up machine. The concern regarding the discrepancy between the statement and the Inventory on hand report was discussed

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F 755	Continued From page 105 with the U.S. FOIA (b)(6) [redacted] At that time, the U.S. FOIA (b) [redacted] stated the pharmacy provider enters the building every two weeks to conduct a cycle count. On 6/07/23 at 9:49 AM, in the presence of two surveyors, the U.S. FOIA (b) [redacted] and the U.S. FOIA (b)(6) [redacted] began the cycle count for the back-up machine. On 6/07/23 at 10:18 AM, the U.S. FOIA (b) [redacted] and the U.S. FOIA (b)(6) [redacted] completed the cycle count for the back-up machine and the two surveyors did not observe NJ Ex Order 26.4(b)(1) [redacted] contained within the back- up machine. On 6/07/23 at 11:20 AM, the surveyor interviewed the U.S. FOIA (b)(6) [redacted]). The U.S. FO [redacted] stated the accounting and reconciliation was through the pharmacy and the U.S. FOIA (b)(6) [redacted] was in-charge of that task. On 6/07/23 at 11:26 AM, the surveyor interviewed the U.S. FOIA (b) [redacted]. The U.S. FOIA (b) [redacted] acknowledged that the back-up cycle count should have been zero'd out since there was no quantity on-hand. A review of the NJ Ex Order 26.4(b)(1) Destruction Request form dated destroyed on NJ Ex Order 26.4([redacted] reflected the following: -NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) medication) NJ Ex [redacted] [quantity] of #2 tablets -NJ Ex Order 26.4(b)(1) [quantity] of #3 tablets -NJ Ex Order 26.4(b)(1)NJ Ex Order 26.4(b)(1) medication) NJ Ex Order 26. [redacted] [quantity] of #5 ½ tablets NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) medication) NJ Ex Order 26.4 [redacted] [quantity] of #3 tablets -NJ Ex Order 26.4(b)(1) 0.5 mg [quantity] of #1 tablet -NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) medication) NJ Ex Order 26.4(b) [redacted]	F 755	-	

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F 755	Continued From page 106 [quantity] of #1 tablet A review of the Drug Enforcement Agency (DEA) Form [NJ Ex Or] (a federal [NJ Ex Order 26.4(b)] requisition form), to enable accurate reconciliation of NJ Ex Order 26.4(b)(1) (medications, with high potential for [NJ Ex Order 26] and tracked with detail reflected the following: Order Form Number 210500321 3 (three) of 3 (three) [a photo image] Further review revealed the facility did not execute Part 5. Controlled Substance Receipt 1. The purchaser fills out this section on its copy of the original form. 2. Enter the number of packages received and date received for each line item. Order Form Number 210500320 2 (two) of 3 (three), not found Order Form Number 210500319 1 (one) of 3 (three), not found On 6/07/23 at 01:32 PM, in the presence of the survey team, the U.S. FOIA (b) (6)), were made aware of the above findings. At that time, the [U.S. FOIA (b)(6)] clarified that the photo image was sent by the pharmacy provider and the facility copy could not be located. The DEA FORM-[NJ Ex Or] was needed to reconcile the destruction of the [NJ Ex Order 26.4(b)(1)] conducted on [NJ Exec Order 26.4(] by the [U.S. FOIA (b)] and [U.S. FOIA (b)(6)]. On 6/08/23 at 11:04 AM, in the presence of the survey team, the [U.S. FOIA (b)(6)] stated the pharmacy had not found copies of the DEA Form-[NJ Ex Ord] to identify if the forms were executed, not executed, or	F 755		

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F 755	Continued From page 107 voided. On 6/08/23 at 11:58 AM, in the presence of the survey team. The [redacted] stated he was still waiting for documents from the provider pharmacy regarding the missing DEA FORM-[redacted] At that time, the surveyor informed the facility that they may email the surveyor until the next day to submit the missing DEA FORM-[redacted] On 6/08/23 at 01:17 PM, the [redacted] stated she had left a message with the local DEA office to learn the protocol and to report the missing DEA [redacted] forms. No further information was provided. A review of the facility provided policy, Controlled Substances, revised 12/2022, included under Policy Statement: The facility shall comply with all laws and regulations and other requirements related to handling, storage, disposal and documentation of Schedule II and other controlled substances. A review of the facility provided policy, Administering Medication, reviewed/revised 12/2022, included under Policy Interpretation and Implementation, section 20. As required or indicated for a medication, the individual administering the medication will record in the resident's medical record: a. date and time the medication was administered; g. The signature and title of the person administering the drug. A review of the facility provided policy, Storage of Medications, reviewed/revised 12/2022, included under Policy Interpretation and Implementation,	F 755		

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F 755	Continued From page 108 section 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed. On 6/09/23 at 12:54 PM, there was no further information was provided by the facility management.	F 755		
F 807 SS=D	NJAC 8:39-27.1(a), 29.4(g)(k), 29.7(c) Drinks Avail to Meet Needs/Prefs/Hydration CFR(s): 483.60(d)(6) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(6) Drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration. 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 preference for nectar thickened water was honored (Resident #157). This deficient practice was identified for 1 (one) of 1 (one) resident reviewed for choices and was evidenced by the following: On 5/23/23 at 12:52 PM, the surveyor interviewed Resident #157. The resident stated that he/she asked and did not receive a NJ Ex Order 26.4(b)(1) water, "I have requested multiple times and they keep giving me NJ Ex Order 26.4(b)(1) milk and NJ Ex Order 26 apple juice. I have requested from the U.S. FOIA (b)(6) . I called my NJ Exec Order and she told me they don't have NJ Ex Order 26	F 807	I RESIDENT #57 RECEIVED NJ Ex Order 26.4(b)(1). US FOIA (b)(6) WAS INSERVICED BY INFECTION PREVENTIONIST THAT THICKENED PACKETS ARE AVAILABLE ON EVERY UNIT AS NEEDED II RESIDENTS ON THICKENED LIQUIDS HAVE THE POTENTIAL TO BE AFFECTED. III PROFESSIONAL NURSES WERE INSERVICED BY INFECTION PREVENTIONIST THAT THICKENED PACKETS ARE AVAILABLE ON	7/13/23

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F 807	Continued From page 109 NJ Ex Order 26.4(b)(1) water in the building". The surveyor reviewed the medical record for Resident #157. The Admission Record (an admission summary) reflected that the resident had been admitted with diagnoses which included EX Order 26.4B1 [redacted]. The quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care, dated EX Order 26.4B1 reflected that the resident had a Brief Interview for Mental Status (BIMS) score of Ex Ord out of 15, which indicated the resident had a EX Order 26.4B1 . The assessment indicated that the resident required NJ Ex Order 26.4(b)(1) with eating and drinking with NJ Ex Order 26.4(b)(1) . A review of the U.S. FOIA (b)(6)) Progress Note, a Nutrition/Dietary note dated EX Order 26.4B1 for Resident #157 included that the resident was having NJ Ex Order 26.4(b)(1) regular NJ Ex Order 2 The U.S. FOIA noted that the resident would be downgraded to NJ Exec Order 26.4b1 The physician Order Summary Report (OSR) for all physician orders (PO) from admission to the facility as of EX Order 26.4B1 , under NJ Ex Order 26.4(b reflected regular diet, NJ Ex Order 26.4(b)(texture, NJ Ex Order 26.4(b)(1) liquid consistency. The resident's individualized Care Plan reflected interventions that the resident prefers NJ Ex Order 26.4(b)(1)	F 807	EVERY UNIT AS NEEDED. NURSES WERE EDUCATED TO FOLLOW INSTRUCTIONS ON THE PACKET FOR PREPARATION. IV DIETITIAN WILL AUDIT 2 RESIDENTS ON THICKENED LIQUIDS WEEKLY, FOR ONE MONTH, TO ENSURE THAT THEY ARE RECEIVING THICKENED LIQUIDS PER THEIR PREFERENCE. AUDIT WILL BE BROUGHT TO NEXT QUARTERLY QAPI MEETING. BASED ON RESULTS, DECISION WILL BE MADE AT THE MEETING ON HOW MUCH LONGER OR IF TO CONTINUE AUDITS	

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F 807	Continued From page 110 liquid and will honor resident's preference. On 5/23/23 at 12:55 PM, the surveyor observed Resident #157 request for NJ Ex Order 26.4(b)(1) water from the U.S. FOIA (b). The U.S. FOIA (b) stated "I left you NJ Ex Order 26 juice. We don't have NJ Ex Order 26.4(b)(1) water." On that date and time, the surveyor requested to speak with the U.S. FOIA (b) and walked together towards the nurses' station. At that time, during an interview with the surveyor, the U.S. FOIA (b) stated she had asked the regular nurse yesterday about the EX Order 26.4B1 for Resident #157. The U.S. FOIA (b) stated the regular nurse had informed her that the facility did not have NJ Ex Order 26.4(b)(1) water in stock yesterday. She also stated she did not call dietary because that was outside her scope as a U.S. FOIA (b). "I informed the nurse". The U.S. FOIA (b) admitted she did not ask the nurse for the EX Order 26.4B1 that morning for Resident #157. On 5/23/23 at 12:59 PM, the surveyor interviewed the U.S. FOIA (b)(6)) assigned on the Fourth floor who was seated in the nurses' station. The U.S. FOIA (b) informed the surveyor that she had administered Resident #157's medications that morning with NJ Ex Order 26.4(b)(1) milk and juice. The U.S. FOIA stated she was aware of the resident who wanted the NJ Ex Order 26.4(b)(1) water but there was none in stock. At that time, the U.S. FOIA stated she would call the kitchen and ask for NJ Ex Order 26.4(b)(1) water. The U.S. FOIA informed the surveyor that dietary did not have NJ Ex Order 26.4(b)(1) water in stock. The U.S. FOIA stated she would inform the U.S. FOIA (b)(6)	F 807		

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F 807		F 807		

Continued From page 111
U.S. FOIA (b)(6).

At that time, the U.S. FOIA (b)(6) who was also at the nurses' station was observed checking inside the refrigerator and inside the shelving around the refrigerator. The U.S. F stated we do not have NJ Ex Order 26.4(b)(1) water in the refrigerator.

On 5/23/23 at 01:25 PM, during an interview with the surveyor, the U.S. FOIA (b)(6)) stated she was unable to provide a delivery receipt because it is not an item I order for the resident. We do not use a NJ Ex Order 26.4(b)(1) pack or NJ Ex Order NJ Ex Order 26.4(b)(1). "We do not use a NJ Ex Order 26.4(b)(1) pack because we do not provide food items that require NJ Ex Order 26.4(b)(1) water".

On 5/23/23 at 01:35 PM, the surveyor interviewed the U.S. FOIA. The U.S. FC stated that NJ Ex Order 26.4(b)(1) water should be provided by nursing. The U.S. FC informed the surveyor that the thickening powder should be on the unit, the nurse can use the thickening powder to thicken the water. When a resident requests for NJ Ex Order 26.4(b)(1) water, this must be provided by nursing. The U.S. FC stated it was not appropriate for the nurse to state we do not have NJ Ex Order 26.4(b)(1) water in stock.

On 5/24/23 at 10:55 AM, the surveyor interviewed the U.S. FOIA (b)(6) The U.S. FC confirmed that the facility had the thickened powder in stock. The U.S. FC informed the surveyors that all the nurses were in-serviced yesterday for thickening powder for water.

At that time, the U.S. FC showed the surveyors a box of thickened powder, purchase orders for the water, NJ Ex Order 26.4(b)(1) dated NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)

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GROVE PARK HEALTHCARE AND REHABILITATION CENTER	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

(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 807	Continued From page 112 NJ Ex Order 26.4(b)(1) dated NJ Ex Order 26.4(b). On 5/24/23 at 12:17 PM, the surveyor interviewed the U.S. FOIA (b) who stated the thickener for the water was available and it should have been given as it was available. The U.S. FOIA (b) clarified that the Nurse was referring to the pre-packaged unit of water and not the mixed packet. Resident #157 was receiving NJ Ex Order 26.4(b)(1) thru their NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)). At that time, the surveyor asked the U.S. FOIA (b) why the NJ Ex Order 26.4(b)(1) water was not provided to the resident, when the thickener for the water was available. The U.S. FOIA (b) stated that was the reason for the in-service (education) provided to the nurses yesterday. The U.S. FOIA (b) confirmed that it should have been available for the resident as their preference and moving forward it would be provided to Resident #157. A review of the facility provided policy, Thickened Liquids, reviewed/ revised on 12/2022, included, under section 4. Residents who require thickened liquids will be provided pre-packaged thickened liquid (per the ordered consistency), or will be provided liquids thickened prior to service by a staff member who has completed education in thickening liquids. A review of the facility provided policy, Care Plans, Comprehensive, Person-Centered reviewed/revised 12/2022, included, section 7. The care planning process will: subsection c. Incorporate the resident's personal and cultural preferences in developing the goals of care.	F 807		

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F 807	Continued From page 113 NJAC 8:39-17.4 (c), (e)	F 807		
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(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(i) Medical records. §483.70(i)(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 (iv) Systematically organized §483.70(i)(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- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation	F 842		7/13/23

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F 842	Continued From page 114 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. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: FRE NJ#00164221 Based on the interview and review of the medical record and other facility documentation, it was determined that the facility failed to maintain medical records in accordance with accepted professional standards and practices that are accurately documented, readily accessible,	F 842	I DON PROVIDED INSERVICE TO U.S. FOIA (b) (6) IN REGARD TO TIMELY UPLOADING OF COMPLETED PROGRESS NOTES for Resident #95. Resident #137□s record of NJ Exec Order 26.4b1 checks was uploaded to the resident□s electronic medical record.	

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F 842	Continued From page 115 systematically organized for two (2) of 37 residents reviewed (Resident #95 and #137) and ensure that the medical record contained a record of the resident's assessments, and the comprehensive plan of care and services provided. Resident#95's Nurse Practitioner#2 (NP#2) Progress Notes from NJ Ex Order 26.4(b)(1) [redacted] were not uploaded in the electronic medical records, not until NJ Ex Order 26.4(b) This deficient practice was evidenced by the following: 1. On 5/26/23 at 7:35 AM, the surveyor asked the U.S. FOIA (b)(6) [redacted] about Resident#95's incident/accident reports, and the U.S. FOIA (b)(6) stated that she will get back to the surveyor. The surveyor reviewed Resident #95's medical record. The resident's Admission Record (AR; or face sheet; admission summary) reflected that the resident was admitted to the facility had diagnoses which included but were not limited to EX Order 26.4B1 [redacted] The resident's most recent quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care with an Assessment Reference Date (ARD) of EX Order 26.4B1 reflected that the resident had a Brief Interview of	F 842	II ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED III DON WILL PROVIDE INSERVICE TO NURSE PRACTIONERS IN REGARD TO TIMELY UPLOADING OF COMPLETED PROGRESS NOTES CHECKLIST WILL BE UTILIZED BY ADMINISTRATOR FOR INVESTIGATION OF INCIDENTS, FOR THREE MONTHS, TO ENSURE THAT TIMELINESS, THOROUGH INVESTIGATION, REPORTING AND UPLOADING IS DONE AS APPROPRIATE. Educator will in-service Nursing staff regarding the requirement to ensure all pieces of the clinical record, including documents completed on paper such as neurological assessments, should be uploaded to the resident chart. IV ASSISTANT ADMINISTRATOR WILL REVIEW CHECKLISTS OF INCIDENTS WEEKLY FOR THREE MONTHS TO ENSURE THAT TIMELINESS, THROUGH INVESTIGATION, REPORTING AND UPLOADING IS DONE AS APPROPRIATE. DON WILL AUDIT ALL NEW ORDERS FOR NEUROCHECKS WEEKLY FOR TWO MONTHS TO ENSURE THAT NEUROLGICAL ASSESSMENTS ARE UPLOADED TO RESIDENT MEDICAL RECORD. DON WILL AUDIT NP NOTES WEEKLY FOR TWO MONTHS TO ENSURE THAT NP NOTES ARE UPLOADED TO RESIDENT MEDICAL	

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F 842	Continued From page 116 Mental Status (BIMS) score of [redacted] which indicated the resident was [redacted] to complete the interview. The qMDS revealed that staff assessment for mental status was conducted due to the resident's [redacted] to complete the interview and showed that the resident's cognitive skills for NJ Ex Order 26.4(b)(1) had a score of [redacted] which indicated that the resident's cognition was EX Order 26.4B1 The Progress Notes (PN) dated NJ Exec Order 26.4b1 PM by Registered Nurse#1 (RN#1) revealed that at approximately 6 PM, the resident was [redacted] EX Order 26.4B1 EX Order 26.4B1 . The RN was also the nurse who prepared the Risk Assessment report. The sound physician telehealth dated [redacted] at 7:45 PM by the provider Nurse Practitioner#1 (NP#1) showed that the resident was evaluated via telehealth because of the EX Order 26.4B1 and EX Order 26.4B1 [redacted] and that the resident was not sent to the ED (Emergency Department). NP#1 ordered for EX Order 26.4B1 On 5/30/23 at 11:30 AM, the [redacted] provided a copy of the EX Order 26.4B1 investigation dated [redacted] at 18:00 (6 PM) which the [redacted] indicated that the form provided was called Risk Assessment. The Risk Assessment included an attachment of the care plan, a [redacted] Scale for Predicting EX Order 26.4B1 Risk dated [redacted] EX Order 26.4B1 , and a NJ Exec Order 26.4b1 dated [redacted] EX Order 26.4B1 . At that same date and time, the surveyor asked the [redacted] if there were staff statements on the	F 842	RECORD TIMELY FINDINGS OF REVIEWS/AUDITS WILL BE PRESENTED AT NEXT QUARTERLY QAPI MEETING.	

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F 842	Continued From page 117 NJ Ex Order 26.4(incident. The U.S. FOIA (b)(stated that he will get back to the surveyor. On 5/30/23 at 12:03 PM, the surveyor reviewed the provided copy of the EX Order 26.4B1 investigation that was dated EX Order 26.4B1 According to the investigation provided by the U.S. FOIA (b)(, Resident#95 sustained an unknown EX Order 26.4B1 to the EX Order 26.4B1 on EX Order 26.4B1, had an EX Order 26 order of the EX Order 26.4B1, and the resident was not taken to the hospital. On 5/31/23 at 9:53 AM, the U.S. FOIA (b)(6) provided another Risk Assessment investigation copy of the unknown EX Order 26.4B1 to the EX Order 26.4B1 . The information in the Risk Assessment that was provided by the U.S. FOIA (b) was the same as what the U.S. FOIA (b)(6) provided on 5/30/23 except for the question: Resident Taken to Hospital which had an answer now with Y (Yes). The provided Risk Assessment of the U.S. FOIA (b) included Unusual Occurrence Statements from Certified Nursing Aide#1 (CNA#1) and Licensed Practical Nurse#1 (LPN#1). Attached to the Risk Assessment also was the NJ Ex Order 26.4(typewritten documentation of the U.S. FOIA (b) that included that the U.S. FOIA (b) and the U.S. FOIA (b)(6)) interviewed the resident regarding the incident about what happened. On 5/31/23 at 10:58 AM, the surveyor interviewed and asked the U.S. FOIA (b) about the NJ Ex Order 26.4(investigation because the injuries observed at the time of the incident and injury type in the Risk Assessment were not complete which did not include the measurements and description of the EX Order 26.4B1. The surveyor asked the U.S. FOIA (b) if a EX Order 2 assessment was done on NJ Ex Order 26.4(. The surveyor asked also the U.S. FOIA (b) why there was no	F 842		

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F 842	Continued From page 118	F 842		

documentation of what were the interventions after the resident returned from the hospital on [redacted]. The [redacted] stated that he will get back to the surveyor.

Further review of the PN in the electronic medical records provided by the [redacted] on 6/01/23 at 9:33 AM showed that there were no notes from NP#2 from [redacted] through [redacted].

On 6/01/23 at 8:42 AM, the surveyor asked the [redacted] for a copy of the resident's [redacted] assessment for the [redacted] investigation of a [redacted] of unknown origin and the [redacted] stated that he will get back to the surveyor.

On 6/01/23 at 12:53 PM, the survey team met with the [redacted] and were made aware of the above findings. The surveyor asked the facility team why there was a discrepancy in the Risk Assessments that were provided by the [redacted] on 5/30/23 and [redacted] on 5/31/23 for the question of the resident was taken to the hospital, one answer was N (no) and the other one was Y (yes). The surveyor also asked why the [redacted] for Predicting [redacted] Risk [redacted]) dated [redacted] at 12:50 PM which the [redacted] claimed was the facility [redacted] assessment for the incident that happened on [redacted]. The surveyor asked the facility team why the [redacted] dated [redacted] and the [redacted] dated [redacted] were both signed and locked on [redacted] which was after the surveyor's inquiry of the incident. Also, the surveyor asked the facility team, why there were no documented vital signs on the time and date of the incident on [redacted].

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On 6/02/23 at 11:58 AM, the survey team met with the U.S. FOIA (b)(6) . The U.S. FOIA (b)(6) stated that the Risk Assessment on NJ Exec Order 26.4(b) was not locked. The U.S. FOIA (b)(6) further stated that when the U.S. FOIA (b) noticed on that the investigation was not locked, the U.S. FOIA (b) went in and signed it off that was where the discrepancy for the question of if the resident was taken to the hospital responses were different.

On that same date and time, the surveyor asked the facility team how long the facility should complete, lock and sign the Risk Assessment investigation, and what it means that the investigation was locked and signed. The U.S. FOIA (b) informed the surveyor that once you lock the Risk Assessment, it means that you signed off that the assessment was complete. The U.S. FOIA (b) stated that "obviously" the investigation, Risk Assessment, and all other assessments including the NJ Ex Order 26.4(b)(1) and MFS should have been locked asap (as soon as possible) to confirm that the investigation was completed on time. The U.S. FOIA (b) stated that he signed and locked the investigation for NJ Exec Order 26.4(b) on U.S. FOIA (b)(6). The U.S. FOIA (b) did not respond when asked by the surveyor how many days it should have been closed and what asap means in terms of days.

Furthermore, the U.S. FOIA (b)(6) acknowledged that there were discrepancies from the provided documents to the surveyor and the U.S. FOIA (b)(6) stated that the facility should have done better with documentation and gathering of statements for the investigation.

On 6/05/23 at 01:05 PM, the U.S. FOIA (b) introduced NP#2 to the survey team and informed the surveyor that NP#2 wanted to talk about the

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F 842	Continued From page 120 NJ Ex Order 26.4(incident of the resident, and the U.S. FOIA (b) left afterward. At that same time, NP#2 informed the surveyors that she was notified by the U.S. FOIA (b) on NJ Exec Order 26.4 about the incident to the resident's EX Order 26.4B1 and that she had follow-up visits on NJ Exec Order 26.4b1 where she had documented assessment and plans including orders for repeat NJ Ex Order 26 On 6/07/23 at 11:48 AM, the surveyor reviewed again the electronic medical records to verify the information provided by NP#2 with regards to her visit on NJ Exec Order 26 and follow-up visits from NJ Exec Order 26.4 through NJ Exec Order 26.4b which the surveyor did not see from the provided printed documents of the U.S. FOIA (b)(6) or NJ Exec Order 26.4b1 when the surveyor asked for the printed copy of the resident's PN from NJ Exec Order 26.4b1 Upon the surveyor's review of the PN in the electronic medical records, it showed that the PN had NP#2's notes for NJ Exec Order 26.4b1 as digitally signed on NJ Exec Order 26.4b On 6/07/23 at 12:33 PM, the survey team met with the U.S. FOIA (b)(6) and were made aware of the above findings concerning NP#2's notes. The U.S. FOIA (b) stated that NJ Exec Order 26.4 of NP#2's notes was the date the NJ Exec Order 26.4b1 notes were uploaded. Both the U.S. FOIA (b) and the U.S. FOIA (b)(6) acknowledged that the NJ Exec Order 26.4b1 NP#2's notes should have been uploaded to the electronic medical records timely not after almost two months. 2. On 5/26/23 at 7:35 AM, the surveyor asked the	F 842		

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F 842	Continued From page 121 U.S. FOIA (b)(6) about Resident# 137's incident/accident reports, and the U.S. FOIA (b)(6) stated that she will get back to the surveyor. The surveyor reviewed Resident #137's medical record. Resident #137's AR reflected that the resident was admitted to the facility had diagnoses which included but were not limited to EX Order 26.4B1 [redacted]. The resident's most recent qMDS with an ARD NJ Exec Order 26.4b1 reflected that the resident had a BIMS score of EX Ord out of 15 which indicated the resident's EX Order 26.4B1 The PN dated NJ Ex Order 26.4(b) at 6:57 AM by LPN#2 revealed that on NJ Exec Order 26.4b1 resident had a NJ Ex Order 26.4(b)(1) with Resident #64 and was NJ Exec Order 26.4b1 with a NJ Exec Ord by resident #64. Resident #137 was noted to have NJ Exec Order 26.4b1 . LPN#2 obtained vital signs and initiated NJ Exec Order 26.4b1 on resident #137. The PN dated NJ Ex Order 26.4(b) at 10:00 PM by RN#2 revealed that on NJ Ex Order 26.4(b)(1) at 9:40 PM, Resident #137 was sitting in a chair in the hallway after being notified by the U.S. FOIA (b) that there was an NJ Ex Order 26.4(b)(1) The resident was noted to have NJ Exec [redacted] The U.S. FOIA assessed the [redacted] and noted that [redacted], the resident did not complain of [redacted] and said he/she could NJ Ex Ord The resident	F 842		

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refused to go to the hospital for medical treatment. The [redacted] initiated [redacted] assessment and telehealth video call for resident #137.

On 5/30/23 at 11:30 AM, the survey team met with the [redacted] The [redacted] stated that the surveyors were given all the documents pertaining to the Facility Reportable Events (FRE) and if the surveyor did not have it, then it was not done.

A review of the facility provided [redacted] investigation and FRE of Resident#137 showed that there was no [redacted] Assessment documents provided.

On 6/01/23 at 11:56 AM, the surveyor requested [redacted] checks of Resident #137 from the [redacted]. The [redacted] stated that he will get back to the surveyor.

On 6/01/23 at 12:53 PM, the [redacted] and the [redacted] provided the surveyor the [redacted] observations/vital sign checklist after surveyor inquiry.

A review of the facility's Retention of Medical Records Policy with a revised date of 12/2022 that was provided by the [redacted] included that medical records shall be retained by the facility in accordance with current applicable laws.

A review of the facility's Neurological testing Policy with an updated date of 2/2023 that was provided by the [redacted] included that "if a resident is suspected of having a head injury, a full neurological exam will be performed.

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F 842	Continued From page 123 NJAC 8:39- 11.1, 35.2 (a)(c)(d)(4,5,6,10)	F 842		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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. §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: §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 §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (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	F 880		7/13/23

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	315147	A. BUILDING _____ B. WING _____	C 06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

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F 880	Continued From page 124 to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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, and review of pertinent facility documentation, it was determined that the facility failed to ensure that infection control practices were followed by ensuring a.) that the U.S. FOIA (b) (6) was aware and involved in the facility's surveillance and monitoring of facility's water management according to standards of clinical	F 880	I U.S. FOIA (b) (6) WAS BROUGHT UP TO DAY ON WATER MANAGEMENT PROGRAM BY ADMINISTRATOR; AND ANY ONGOING ACTIVITIES RELATING TO LEGIONELLA. FIRST FLOOR SHOWER ROOM WAS RE-TESTED 5/25/23, NO LEGIONELLA DETECTED. REPRTING	

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F 880	Continued From page 125 practice, facility policy, and U.S. FOIA (b) job description to prevent Legionella and other opportunistic waterborne pathogens to grow and spread, this deficient practice has a potential to affect the 172 residents in the facility and b.) that the linens were handled in accordance to standards in order to maintain hygienically clean laundry and prevent the spread of infection for one (1) of five (5) units, [redacted]-floor unit). This deficient practice was evidenced by the following: 1. On 5/22/23 at 9:53 AM, during an Entrance Conference, the U.S. FOIA (b)(6) [redacted]) in the presence of the U.S. FOIA (b)(6) [redacted] stated that the facility census was 172. On 5/24/23 at 9:19 AM, the surveyor interviewed the U.S. FOIA (b)(6) The U.S. FOIA (b)(6) stated that the NJ Exec Order 26.4b1 Water Management Program was under the task of the U.S. FOIA (b)(6) [redacted] He further stated that the testing was conducted by an outside vendor and the results were reported to the U.S. FOIA (b)(6). At that time, the U.S. FOIA (b)(6) provided the vendor laboratory certificate result, and the Cleaning Log for the [redacted]-floor shower room to the surveyor. A review of the Laboratory Certificate Result from the facility's vendor reflected that the [redacted]-floor shower room, 1 (one) of 6 (six) sample point was collected on 02/21/2023 at 12:01 PM. The analyte/test method was for L. pneumophila (Legionella; a bacteria that can cause a serious type of pneumonia, transmitted through small droplets of water in the air) that resulted in 30	F 880	TO LOCAL DEPARTMENT OF HEALTH NOT WARRENTED. ON 5/26/23, DIRECTOR OF HOUSEKEEPING REMOVED ALL LINEN OF 4TH FLOOR CART AND DISCARDED. II ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED III INFECTION PREVENTIONIST HAS BEEN MADE AWARE OF HER ROLE TO COORDINATE WATER MANAGEMENT PROGRAM IN CONJUNCTION WITH DIRECTOR OF MAINTENANCE BY ADMINISTRATOR. Inservice provided to housekeeping staff by Dir of Housekeepingin regard to proper protocol relating to contamination of linen. IV INFECTION PREVENTIONIST WILL PRESENT ONGOING FINDINGS IN REGARD TO WATER MANAGEMENT PROGRAM AT NEXT QUARTERLY QAPI MEETINGS DIRECTOR OF HOUSEKEEPING WILL OBSERVE LINEN DISTRIBUTION ONCE A WEEK FOR TWO MONTHS TO ENSURE THAT INFECTION CONTROL PROCEDURES ARE FOLLOWED. FINDINGS WILL BE PRESENTED AT NEXT QUARTERLY QAPI MEETING.	

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F 880	Continued From page 126	F 880		

MPN (most probable number)/100 ml with a comment of PR. The comment table revealed "PR - any numerical result is a cause for concern".

A review of the First-floor cleaning log did not indicate what was being cleaned or flushed.

At that time, the concern regarding the detection of Legionella pneumophila was communicated to the [redacted]

On 5/25/23 at 12:50 PM, during an interview with two surveyors, the [redacted] stated the laboratory report that indicated 30 MPN/100 ml of Legionella was found in the first-floor shower room, "maybe on the shower head." The [redacted] stated the policy indicated that the Water Management Program will be reviewed at least once a year, or sooner if any of the following occurs. The [redacted] confirmed the testing samples were delivered on 02/22/23, and he deferred to the vendor's recommendation.

On that same date and time, the [redacted] stated that he was advised that the location of the result was found in a specific area and not in other areas. The [redacted] further stated that he was advised by corporate to clean the area with bleach and to continue with cleaning and flushing. He also stated he was instructed by corporate not to re-test. The [redacted] stated that he felt after 3 (three) months of cleaning would be the time to re-test. The [redacted] stated he had no basis for the 3 (three) months and that was the advise he received from corporate.

At that time, in the presence of two surveyors, the [redacted] stated he did not report the result to the local department because the issue was local to

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F 880	Continued From page 127 that device. He further stated he was not sure if he had consulted with the facility's [U.S. FOIA]	F 880		
	Furthermore, the [U.S. FOIA (b)(6)] stated that the Legionella was discussed in the Quality Assurance Performance Improvement (QAPI) meeting on April 27, 2023. The [U.S. FOIA (b)(6)] informed the surveyors that the QAPI was ran by the [redacted] and he had no knowledge as to who prepared the QAPI action plan for Legionella. When the surveyor asked the [U.S. FOIA (b)(6)] if the IPN should have been involved in the QAPI plan for Legionella, the [U.S. FOIA (b)(6)] had no response. A review of the facility provided QAPI plan, under action plan, reflected, "Test conducted in February 2023. Result at 1st floor shower showed strains of Legionella. Total numbers do not exceed acceptable level of 30%. Shower head was removed, bleached, water flushed. Will be repeated and test repeated in May". A review of the facility provided communication from the vendor dated 5/24/23, included: [name redacted] advises our customer [name redacted] to flush the line and retest the site of positive detection and proper flushing should remediate the isolated issue. If after the next test, we see positive still lingering we will come to the facility and preform [perform] a complete facility remediation. No further retest information or result was provided. On 5/25/23 at 01:32 PM, two surveyors interviewed the [NJ Exec Or]. The [NJ Exec Or] informed the surveyors that she worked in the facility as the [U.S. FOIA (b)(6)] since [NJ Exec Order 26.4b1]			

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F 880	Continued From page 128	F 880		

The [U.S. FOIA] stated she heard something from the [U.S. FOIA (b)(6)] and corporate about the Legionella but was not involved in the planning and surveillance. The [U.S. FOIA] confirmed she did not receive information back in [NJ Exec Order 26.4b1]. She further stated that she signed her job description.

On that same date and time, the [U.S. FOIA] stated that she was out of the country during the April 2023, QAPI meeting. The [U.S. FOIA] stated that Legionella was part of the infection control and that she should have been involved in the QAPI plan. The [U.S. FOIA] reiterated that she did not prepare the QAPI action plan for Legionella for the meeting held on 4/27/23. She acknowledged that part of infection control task of the [U.S. FO] is to follow through the surveillance.

On 5/25/23 at 01:45 PM, in the presence of two surveyors, the [U.S. FOIA] stated she did not inform the [U.S. FOIA (b)(6)] and the local public health authorities about the results of Legionella. She further stated that there were no resident who tested positive for Legionella "because we did not test the residents."

On 5/25/23 at 01:51 PM, the surveyor interviewed the [U.S. FOIA] in the presence of another surveyor. The [U.S. FOIA] stated she did not know who prepared the report. She further stated, "it was not a significant concern" and if it was, we would have notified the [U.S. FOIA]

At that same time, the AA stated that generally infection control was directed by the [U.S. FOIA]. The [U.S. FOIA] also stated that Legionella was part of infection control. The [U.S. FO] confirmed that the [U.S. FOIA] should have been aware of all infection control information in the building.

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F 880	Continued From page 129 A review of the facility provided policy, Legionella Water Management Program, reviewed/revised 01/2023, included: Policy Statement; Our facility is committed to the prevention, detection, and control of water-borne contaminants, including Legionella. Policy Interpretation and Implementation, section 2. The water management team will consist of at least the following personnel: a) The infection Preventionist ... 5. The water management program includes the following elements: a. An interdisciplinary water management team ... A review of the facility provided job description of the Infection Preventionist, responsibilities included the following: -Coordinating the infection control program which includes surveillance, analysis of data, developing reports, educating staff, and implementing policies and procedures. -Use epidemiological principles and statistical methods to design, implement and evaluate infection prevention and control strategies. -Provides consultation and education to staff, physician, and community leaders in respect to Infection Prevention and Control. -Notifies the County and/or State Health Department of any reportable diseases, adhering to all internal county and state procedures. -Ensures the infection prevention and control procedures meet CMS, state, local and CDC regulations, standards or guidelines. 2. On 5/26/23 at 7:57 AM, the surveyor observed that the [redacted] transported the linens to the 4th-floor unit and the bedsheet fell off the floor while transferring it from his clean cart to the	F 880		

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F 880	Continued From page 130	F 880		

unit's clean linen cart. Immediately, the [NJ Exec Order 2] picked up the bedsheet from the floor and directly placed it in between clean linens and bedsheets in the unit's clean linen cart and continued transferring the remaining linen sheets. The 4th-floor clean linen cart was between room [NJ Exec O] and the exit door.

During an interview, the [NJ Exec Order 2] informed the surveyor that he works in the Housekeeping department for 15 years. He stated that if the linens fell off the floor, they should be discarded into the dirty linen supply and should not be mixed with clean linens. The surveyor then asked [NJ Exec Order 2] why he put back into the unit clean linen cart the sheet that fell off the floor. The [NJ Exec Order 2] stated that it was the bedsheet that fell off the floor.

At that time, the [NJ Exec Order 2] took the bedsheet that fell off the floor from the unit's clean linen cart and put it in the clean linen cart that he brought into the unit where there were a few clean linens left. The [NJ Exec Order 2] further stated "I'm probably rushing," that was why he put back the dirty bedsheet that fell off the floor into the unit's clean cart. The surveyor asked the [NJ Exec Order 2] what he will do now. The [NJ Exec Order 2] did not respond and continued to finish transferring linens from his cart to the 4th-floor linen cart.

Afterward, the surveyor did not find an available nurse in the unit except for the [U.S. FOIA (b)(6)]. The surveyor approached the [U.S. FOIA (b)] who was currently observing the dining area on the 4th floor with residents inside the dining area. The surveyor notified the [redacted] of the findings and observation. The [U.S. FOIA (b)(6)] stated that the [U.S. FOIA (b)(6)] should not put back the dirty bedsheet that fell off the floor back

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F 880	Continued From page 131	F 880		

into the clean linen cart and all the linens that the [NJ Exec Order] put the dirty sheet should be discarded and considered dirty.

At that same time, the surveyor and the [redacted] observed the [U.S. FOIA (b)(6)] pushing his linen cart to another end of the unit and did not remove the remaining linens in the unit's linen cart. In addition, both the surveyor and the [U.S. FOIA (b)] observed a face towel fell on the floor while the [NJ Exec Order 2] pushed his linen cart, and the [NJ Exec Order] picked up the face towel off the floor and placed it on top of his linen cart. The [U.S. FOIA (b)] instructed the [NJ Exec Order] to remove all linen supplies that the [NJ Exec Order 2] transferred to the unit's clean linen cart and discard them since it was contaminated with a bedsheet that fell off the floor. The [U.S. FOIA (b)] further stated to the surveyor that he will talk to the U.S. FOIA (b)(6) and make sure to re-educate the staff about the proper handling of linens.

05/26/23 at 8:57 AM, the surveyor asked the U.S. FOIA (b)(6)) for a copy of the facility's policy with regard to Handling of Linen and she stated that she will get back to the surveyor.

On 6/01/23 at 9:42 AM, the surveyor interviewed the [U.S. FOIA] regarding the [NJ Exec Order 2] who handled the linens on the 4th floor on [redacted]. The [U.S. FOIA] informed the surveyor that she was notified on the same date it happened and education was provided immediately to the [U.S. FOIA (b)(6)]. The [U.S. FOIA] stated that the [NJ Exec Order 2] acknowledged that he should have not put the contaminated bed sheet that fell on the floor with the rest of the clean linens and bedsheets in the linen cart of the 4th-floor unit. The [U.S. FOIA] further stated that the

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F 880	Continued From page 132 NJ Exec Order 2[redacted] should have placed the contaminated bed sheets from the floor in a bag, disinfect the linen cart, and discarded the other linens and bedsheets because they got into contact with a contaminated bed sheet that fell on the floor according to the facility practice to prevent infection. On 6/01/23 at 12:53 PM, the survey team met with the U.S. FOIA (b)(6) [redacted] and made them aware of the above findings. A review of the facility's Laundry and Bedding, Soiled Policy with a review/revised date of 01/2023 and included that soiled laundry/bedding shall be handled in a manner that prevents gross microbial contamination of the air and persons handling the linen and that soiled laundry and bedding should be placed in a contaminated laundry bag or container. On 6/02/23 at 11:58 AM, the survey team met with the U.S. FOIA (b)(6) [redacted]. There was no additional information provided by the facility management and did not refute the findings.	F 880		
F 883 SS=D	NJAC 8:39-19.1, 19.4(a)(e), 21.1(b)(d)(e) Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and	F 883		7/13/23

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F 883	Continued From page 133 potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative	F 883		

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F 883	Continued From page 134 was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documentation it was identified that the facility failed to offer a resident the NJ Ex Order 26.4(b)(1). This deficient practice was identified for 2 (two) of 5 (five) residents, (Resident #95 and #143), reviewed for vaccination status and was evidenced by the following: Centers for Disease Control & Prevention (CDC) recommends routine administration of NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) for all adults 65 years or older who have never received any NJ Ex Order 26.4(b)(1) or whose previous NJ Ex Order 26.4(b)(1) history is unknown: (last reviewed NJ Ex Order 26.4(b)(1)). 1. On 5/22/2023 at 11:00 AM, the surveyor observed Resident #95 walking around the NJ Ex Ord floor hallway. The surveyor reviewed Resident #95's medical record. The resident's Admission Record (AR; or face sheet; admission summary) reflected that the resident was admitted to the facility had diagnoses which included but were not limited to EX Order 26.4B1	F 883	I NJ Ex Order 26.4(b)(1) CONSENTS OBTAINED FROM FAMILY FOR BOTH RESIDENT #95 AND RESIDENT #143. ATTEMPTED TO NJ Ex Order 26.4(b)(1) BOTH RESIDENTS. BOTH RESIDENTS REFUSED. II ALL RESIDENTS REQUIRING PNUEMOCCOCAL VACCINATION HAVE THE POTENTIAL TO BE AFFECTED III ASSISTANT ADMINISTRATOR REVIEWED RECORDS FOR ALL RESIDENTS IN FACILITY IN REGARD TO PNUEMOCCOCAL VACCINATION. VACCINE OFFERED TO RESIDENTS/FAMILY; CONSENTS/DECLINATIONS OBTAINED; VACCINATIONS COMPLETED FOR ELIGIBLE RESIDENTS HAVING CONSENTS. RECORDS UPLOADED APPROPRIATELY TO MEDICAL RECORD. IV ASSISTANT ADMINISTRATOR WILL AUDIT RESIDENT RECORDS MONTHLY, FOR TWO MONTHS, TO ENSURE THAT ELIGIBLE RESIDENTS HAVE BEEN OFFERED	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315147	A. BUILDING _____ B. WING _____	C 06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	**101 NORTH GROVE STREET EAST ORANGE, NJ 07017**

(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 883	Continued From page 135 EX Order 26.4B1 [redacted]). The resident's most recent quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care with an Assessment Reference Date (ARD) of EX Order 26.4B1 reflected that the resident had a Brief Interview of Mental Status (BIMS) score of EX Orde which indicated the resident was NJ Ex Order 26.4 to complete the interview. The qMDS revealed that staff assessment for mental status was conducted due to the resident's unable to complete the interview and showed that the resident's cognitive skills for NJ Ex Order 26.4(b)(1) had a score of NJ Ex Order 26.4 which indicated that the resident's cognition was EX Order 26.4B1 . Section O in the qMDS revealed that the resident had no EX Order 26.4B1 EX Order 26.4B1 and was coded NJ Ex CNJ Ex Order 2 which indicated that the EX Order 26.4B1 was not offered. Further review of the resident's MDS showed that on the following MDS assessments, Section O was coded 3 (three) which indicated that the NJ Ex Order 26.4(b)(1) was not offered: ARD NJ Ex Order 26.4(b Quarterly ARD NJ Ex Order 26.4(b Significant Change ARD NJ Ex Order 26.4(b)(Quarterly A review of the resident's NJ Ex Order 26.4(b)(1) history in the resident's electronic medical record revealed that there was no evidence that the resident had been administered the NJ Ex Order 26.4(b)(1) and it was offered.	F 883	PNEUMOCOCCAL VACCINE WITH CONSENT/DECLINATION UPLOADED APPROPRIATELY TO MEDICAL RECORD. RESULTS WILL BE PRESENTED AT NEXT QUARTERLY QAPI MEETING.BASED ON RESULTS, DECISION WILL BE MADE AT THE MEETING ON HOW MUCH LONGER OR IF TO CONTINUE AUDITS.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315147	A. BUILDING _____ B. WING _____	C 06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

(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 883	Continued From page 136 On 6/01/23 at 9:15 AM, the surveyor interviewed the U.S. FOIA (b) (6) in the presence of another surveyor. The U.S. FOIA (b)(6) informed the surveyor that it was the responsibility of the U.S. FOIA (b)(6) and the per diem MDS staff to answer Section O for NJ Ex and NJ Ex Order 26.4(b)(1). The U.S. FOIA (b)(6) stated that information for NJ Ex Order 26.4(b)(1) was in the electronic medical records in the NJ Ex Order 26.4(b)(1) tab, electronic Medication Administration (eMAR), and/or in the consent form that the resident or the responsible party signed for the NJ Ex Order 26.4(b) She further stated that if Section O was coded not offered it means that there was no documentation that the resident had the NJ Ex Order 26.4(b) or the resident was offered the NJ Ex Order 26.4(b) because "we only get information from the medical records." On that same date and time, the surveyor asked the U.S. FOIA (b)(6) what was the facility's practice and policy about offering flu, pneumonia, and other vaccines to residents. The U.S. FOIA (b)(6) stated, "I believe that we discussed" that the facility offers the flu and other vaccines to everybody (all residents). She further stated that "I'm not sure" the facility's policy with regard to pneumonia vaccine, "we don't usually offer it I think." At this time, the surveyor notified the about the Section O in MDS that the NJ Ex Order 26.4(b)(1) was coded not offered. The U.S. FOIA (b)(6) stated that if it was coded not offered then there were no documentation it was offered. On 6/01/23 at 12:53 PM, the survey team met with the U.S. FOIA (b)(6)	F 883		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315147	A. BUILDING _____ B. WING _____	C 06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

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F 883	Continued From page 137	F 883		

U.S. FOIA (b)(6) and were made aware of the above findings.

On 6/02/23 at 11:58 AM, the survey team met with the U.S. FOIA (b)(6) . The U.S. FOIA (b)(6) stated that the U.S. FOIA (b)(6) was not offered because "I believe the U.S. FOIA (b)(6) in the past had a hard time reaching the family, anyway it's not relevant now," and that the NJ Ex Order 26.4(b)(1) should have been offered. The U.S. FOIA (b)(6) further stated that the current U.S. FOIA (b)(6)) now did not attempt to reach the family member. The current U.S. FOIA (b)(6) should have reached out to the family and offered the NJ Ex Order 26.4(b)(1) The U.S. FOIA (b)(6) informed the survey team that it was their facility policy to offer NJ Ex Order 26.4(b)(1) to the residents unless it was medically contraindicated.

6/08/23 01:18 PM The survey team met with the U.S. FOIA (b)(6) and there was no additional information provided by the facility team.

2. On 5/22/23 at 10:50 AM, the surveyor observed Resident #143 sitting on a wheelchair, NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) with the surveyor.

The surveyor reviewed the medical record for Resident #143.

The AR reflected that Resident #143 had been admitted to the facility with diagnoses which included EX Order 26.4B1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315147	A. BUILDING _____ B. WING _____	C 06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

(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 883	Continued From page 138 EX Order 26.4B1 [redacted] The annual MDS dated [redacted] reflected that the resident had a BIMS of [redacted] out of 15, which indicated the resident had a EX Order 26.4B1 [redacted]; and under section O, NJ Ex Order 26.4(b)(1) [redacted] revealed "0" not received and reason of "3" not offered. A review of Resident #143's active Care Plan (CP) printed on [redacted] did not reveal any focus, goals or interventions for NJ Ex Order 26.4(b)(1) A review of Resident #143's electronic Medical Record (eMR), under miscellaneous did not reveal a NJ Ex Order 26.4(b)(1) [redacted] informed consent form (a form that contained education about the NJ Ex Order 26.4(b)(1) documented permission to administer or documented declination). A review of the Admission/Readmission Assessment, section A. Admission Details, subsection 6. Immunization up to date, did not reflect information on NJ Ex Order 26.4(b)(1) On 5/30/2023 at 11:20 AM, during an interview with the surveyor, the U.S. FOIA (b) (6) informed the surveyor that during admission she completes the in-take packet that included vaccination information for influenza and pneumococcal. On 6/01/23 at 9:32 AM, the surveyor interviewed the U.S. FOIA (b [redacted] The U.S. FOIA (informed the surveyor that vaccination information is entered into the eMR and the hardcopy was submitted to the U.S. FOIA (b)(6) [redacted] On 6/02/23 at 12:56 PM, the concern regarding	F 883		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315147	A. BUILDING _____ B. WING _____	C 06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	**101 NORTH GROVE STREET EAST ORANGE, NJ 07017**

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F 883	Continued From page 139 Resident #143' not receiving, no documentation of the vaccine being offered, no documentation of refusal or education provided relating to the NJ Exec Order 26.4b1 was brought to the attention of the U.S. FOIA (b)(6) On 6/05/23 at 10:08 AM, the U.S. FOIA (b)(6) confirmed that the NJ Exec Order 26.4b1 was not offered. The U.S. FOIA (b)(6) also stated that the U.S. FOIA did not attempt to contact the family because she had a hard time reaching the family member and now the resident has a guardian. At that time, the U.S. FOIA (b)(6) stated the resident was still able to exercise his/her likes, dislikes, and preferences. The U.S. FOIA (b)(6) confirmed it should have been offered as long as the resident did not have it in the last five years. The U.S. FOIA (b)(6) stated moving forward the informed consent forms would be placed in the medical record. A review of the facility's Pneumococcal Vaccine Policy reviewed/revised 01/2023 revealed that it was the facility's policy to offer residents pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. NJAC 8:39-19.4 (i)	F 883		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060704	A. BUILDING: _____ B. WING _____	C 06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITA	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

(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) COMPLETE DATE
S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficieny 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 (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the State of New Jersey. This was evident for 14 out of 14 Day Shifts reviewed. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance 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	S 560	I Administrator inserviced staffing coordinator re. requirement to staff in accordance with NJDOH mandated minimum staffing ratios. II ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED III EFFORTS TO RECRUIT ADDITIONAL STAFF HAVE BEEN INTENSIFIED, INCLUDING; CONTRACT WITH STAFFING AGENCY, ADS REDESIGNED; ADDITIONAL ADS PLACED; NEW SIGN-ON INCENTIVE OFFERED; IV ADMINISTRATOR WILL REVIEW	7/13/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/22/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060704	A. BUILDING: _____ B. WING _____	C 06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITA	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

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S 560	Continued From page 1 nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. 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 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. As per the "Nurse Staffing Report" completed by the facility for the weeks of 5/07/2023 to 5/13/2023 and 5/14/2023 to 5/20/2023, the staffing to resident ratios that did not meet the minimum requirement of one (1) CNA to eight (8) residents for the day shift as documented below: The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -05/07/2023 had 13 CNAs for 165 residents on the day shift, required 21 CNAs. -05/08/2023 had 17 CNAs for 165 residents on the day shift, required 21 CNAs. -05/09/2023 had 17 CNAs for 165 residents on the day shift, required 21 CNAs. -05/10/2023 had 18 CNAs for 165 residents on the day shift, required 21 CNAs. -05/11/2023 had 16 CNAs for 165 residents on the day shift, required 21 CNAs. -05/12/2023 had 18 CNAs for 169 residents on the day shift, required 21 CNAs.	S 560	NEW HIRES AND STAFFING SCHEDULES WEEKLY FOR TWO MONTHS TO ENSURE THAT RECRUITMENT EFFORTS ARE EFFECTIVE. RESULTS WILL BE BROUGHT TO THE NEXT QUARTERLY QAPI MEETING. BASED ON RESULTS, DECISION WILL BE MADE AT THE MEETING ON HOW MUCH LONGER OR IF, TO CONTINUE AUDITS.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060704	A. BUILDING: _____ B. WING _____	C 06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITA	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

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S 560	Continued From page 2 -05/13/2023 had 15 CNAs for 169 residents on the day shift, required 21 CNAs. -05/14/2023 had 13 CNAs for 169 residents on the day shift, required 21 CNAs. -05/15/2023 had 19 CNAs for 169 residents on the day shift, required 21 CNAs. -05/16/2023 had 18 CNAs for 169 residents on the day shift, required 21 CNAs. -05/17/2023 had 19 CNAs for 169 residents on the day shift, required 21 CNAs. -05/18/2023 had 17 CNAs for 169 residents on the day shift, required 21 CNAs. -05/19/2023 had 19 CNAs for 171 residents on the day shift, required 21 CNAs. -05/20/2023 had 18 CNAs for 171 residents on the day shift, required 21 CNAs. On 6/08/2023 at 10:44 AM, the surveyor interviewed the Staffing Coordinator (SC) regarding staffing. The SC acknowledged that the facility was aware of the number of CNAs required but did not always have the required number of CNAs.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315147 Y1	A. Building B. Wing Y2	7/25/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

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 F0576 Reg. # 483.10(g)(6)-(9) LSC	Correction Completed 07/13/2023	ID Prefix F0607 Reg. # 483.12(b)(1)-(5)(ii)(iii) LSC	Correction Completed 07/13/2023	ID Prefix F0610 Reg. # 483.12(c)(2)-(4) LSC	Correction Completed 07/13/2023
ID Prefix F0641 Reg. # 483.20(g) LSC	Correction Completed 07/13/2023	ID Prefix F0658 Reg. # 483.21(b)(3)(i) LSC	Correction Completed 07/13/2023	ID Prefix F0684 Reg. # 483.25 LSC	Correction Completed 07/13/2023
ID Prefix F0689 Reg. # 483.25(d)(1)(2) LSC	Correction Completed 07/13/2023	ID Prefix F0690 Reg. # 483.25(e)(1)-(3) LSC	Correction Completed 07/13/2023	ID Prefix F0695 Reg. # 483.25(i) LSC	Correction Completed 07/13/2023
ID Prefix F0755 Reg. # 483.45(a)(b)(1)-(3) LSC	Correction Completed 07/13/2023	ID Prefix F0807 Reg. # 483.60(d)(6) LSC	Correction Completed 07/13/2023	ID Prefix F0842 Reg. # 483.20(f)(5), 483.70(i)(1)-(5) LSC	Correction Completed 07/13/2023
ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 07/13/2023	ID Prefix F0883 Reg. # 483.80(d)(1)(2) LSC	Correction Completed 07/13/2023	ID Prefix Reg. # LSC	Correction Completed

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 6/8/2023

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315147 Y1	A. Building B. Wing Y2	7/25/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0610 Reg. # 483.12(c)(2)-(4) LSC	Correction Completed 07/13/2023	ID Prefix F0689 Reg. # 483.25(d)(1)(2) LSC	Correction Completed 07/13/2023	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 6/8/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
060704 Y1	A. Building B. Wing Y2	7/25/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 07/13/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
6/8/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315147	A. BUILDING **01** B. WING _____	**06/08/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	**101 NORTH GROVE STREET** **EAST ORANGE, NJ 07017**

(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
E 000	Initial Comments . An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 05/24/2023. The facility was found to be in compliance with 42 CFR 483.73. .	E 000		
K 000	INITIAL COMMENTS . A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 05/24/23 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. Grove Park Healthcare & Rehabilitation is a six story building that was built in 1972. It is composed of Type II protected construction. The facility is divided into ten smoke zones. The generator does approximately 30 % of the building as per the Maintenance Director. The current occupied beds are 174 of 185. .	K 000		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1	K 291		7/13/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/22/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315147	A. BUILDING **01** B. WING _____	**06/08/2023**

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K 291	Continued From page 1 This REQUIREMENT is not met as evidenced by: . Based on observation and interview, the facility failed to ensure emergency lighting was provided at the emergency generator transfer switch in accordance with NFPA 110 Standard for Emergency and Standby Power Systems (2010 Edition) Section 7.3. This deficient practice had the potential to affect all 174 residents. Findings include: An observation on 05/24/23 at 12:15 PM revealed emergency lighting was not present at the emergency generator transfer switch located in the electrical room. The U.S. FOIA (b)(6) were present at the time of the observation and confirmed the emergency lighting was not present at the emergency generator transfer switch. NJAC 8:39-31.2(e) NFPA 99, 110 .	K 291	K291 I EMERGENCY LIGHTING WILL BE PLACED IN THE ELECTRICAL ROOM ON HULY 6, 2023. II ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED III EMERGENCY LIGHTING WAS PLACED IN THE ELECTRICAL ROOM ON JULY 6, 2023. US FOIA (b)(6) WAS EDUCATED BY ADMINISTRATOR ON THE IMPORTANCE OF EMERGENCY LIGHTING IN THE ELECTRICAL ROOM AS NECESSARY. IV DIRECTOR OF MAINTENACE WILL AUDIT TO ENSURE THAT EMERGENCY LIGHTING IS FUNCTIONING IN ELECTRICAL ROOM ONCE A WEEK FOR A MONTH AUDIT WILL BE PRESENTED AT NEXT QUARTERLY QAPI MEETING	
K 311 SS=F	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6.	K 311		7/13/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315147	A. BUILDING **01** B. WING _____	**06/08/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	**101 NORTH GROVE STREET** **EAST ORANGE, NJ 07017**

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K 311	Continued From page 2 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: . Based on observations and interview, the facility failed to ensure fire rated door assemblies for stairway exit doors were equipped with approved fire exit hardware in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.1.7.2. This deficient practice had the potential to affect 174 residents. Findings include: Observations on 05/24/23 at 12:15 PM revealed the stairway exit doors were equipped with panic hardware which violated the listing of the rated fire door assembly. At the time of observation, the U.S. FOIA (b)(6) were present and verified the panic hardware on the stairway doors. The U.S. FOIA (b)(6) informed the state required them to replace the doorknobs with panic hardware and the state approved the panic hardware. NJAC 8:39-31.1(c), 31.2(e) NFPA 80 .	K 311	K311 I ALL STAIRWAY EXIT DOOR PANIC HARDWARE WILL BE REPLACED WITH FIRE APPROVED PANIC HARDWARE II ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED III ALL STAIRWAY EXIT DOOR PANIC HARDWARE WAS REPLACED WITH FIRE APPROVED PANIC HARDWARE ON JULY 10,2023 . US FOIA (b)(6) WAS EDUCATED BY ADMINISTRATOR ON THE IMPORTANCE OF COMPLYING WITH FIRE REGULATIONS PERTAINING TO PANIC HARDWARE. IV DIR OF MAINTENACE WILL AUDIT STAIRWAY EXIT FIRE DOORS, BY JULY 12, 2023, TO ENSURE THAT FIRE APPROVED PANIC HARDWARE WAS INSTALLED UPON PROJECT COMPLETION. AUDIT WILL BE PRESENTED AT NEXT QUARTERLY QAPI MEETING	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315147	A. BUILDING **01** B. WING _____	**06/08/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	**101 NORTH GROVE STREET** **EAST ORANGE, NJ 07017**

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K 363	Continued From page 3	K 363		
K 363 SS=F	Corridor - Doors CFR(s): NFPA 101 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 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. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire	K 363		7/13/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315147	A. BUILDING 01 B. WING _____	06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

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K 363	Continued From page 4 protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: . Based on observations and interview, the facility failed to ensure corridor doors closed and latched in their frames and there were no impediments to the closing of the doors on five of six floors (first through fifth floors) in accordance with NFPA 101 Life Safety Code (2012 edition) 19.3.6.3. This deficient practice had the potential to affect all 174 residents. Findings include: Observations on 5/24/23 between 12:15 PM and 2:30 PM revealed the doors to Rooms 209, 310, 314, 408, and 508 failed to latch when closed. The U.S. FOIA (b)(6) were present at the time of each observation and confirmed the doors failed to latch when closed. NJAC 8:39-31.1(c), 31.2(e) .	K 363	K363 I DOORS OF 209, 310, 314, 408, 508 WILL HAVE REPAIRS COMPLETED BY JULY 11, 2023 II ALL RESIDENT DOORS IN FACILITY HAVE POTENTIAL TO BE AFFECTED III AUDIT DONE FOR ALL RESIDENT DOORS IN FACILITY TO ENSURE THEY ARE LATCHING PROPERLY. THOSE FOUND AS DEFICIENT WILL BE REPAIRED OR REPLACED. US FOIA (b)(6) WAS EDUCATED BY ADMINISTRATOR ON THE IMPORTANCE OF DOORS LATCHING PROPERLY, FOR SAFETY OF RESIDENTS. IV DIRECTOR OF MAINTENANCE WILL AUDIT RESIDENT ROOM DOORS FOR 5 WEEKS, 1 FLOOR PER WEEK (IE FIRST WEEK □ FIRST FLOOR RESIDENT DOORS, 2ND WEEK , 2ND FLOOR RESIDENT DOORS ETC.) TO ENSURE THAT THE DOORS ARE LATCHING PROPERLY AUDITS WILL BE PRESENTED AT NEXT QUARTERLY QAPI MEETING. DECISION WILL BE MADE AT THE MEETING, ON HOW MUCH LONGER OR IF TO CONTINUE AUDITS	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: . Based on document review, observations and interview, the facility failed to ensure the fire doors were inspected annually in accordance with NFPA 101 Life Safety Code (2012 edition) 7.2.1.15. This deficient practice had the potential to affect all 174 residents. Findings include: A review of the Life Safety Code documents provided by the U.S. FOIA (b)(6) revealed that the fire door inspections were not conducted. Observations from 12:10 PM to 2:30 PM revealed no inspections were conducted on any of the facility's fire doors and the doors lacked the required inspection tags required to be placed on the door after the inspection. The U.S. FOIA (b)(6) were	K 761	K761 I FIRE DOORS HAVE HAD TAGGING AND AN ANNUAL INSPECTION BY OUTSIDE VENDOR COMPLETED ON 6/28/23 II ALL RESIDENTS HAVE POTENTIAL TO BE AFFECTED III U.S. FOIA (b) (6) INSERVICED TO NECESSITY OF ANNUAL TESTING OF FIRE DOORS IV DIRECTOR OF MAINTENANCE WILL CONDUCT AUDIT TO ENSURE THAT FIRE DOORS HAVE BEEN TAGGED AMD TESTED AFTER COMPLETION OF ANNUAL DOOR INSPECTION.	7/13/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 761	Continued From page 6 present at the time of observation and confirmed the doors were not inspected. NJAC 8:39-31.1(c), 31.2(e) NFPA 80	K 761	FINDINGS OF AUDIT WILL BE PRESENTED AT NEXT QUARTERLY QAPI MEETING.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315147 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	7/25/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION CENTER	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

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 K0291	07/13/2023	LSC K0311	07/13/2023	LSC K0363	07/13/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0761	07/13/2023	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
6/8/2023	☐ YES ☐ NO