STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315491	A. BUILDING _____ B. WING _____	C 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREST/MOUNTAINVIEW GARDENS	**4 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ00171572; NJ00172271; NJ00174442 Census: 113 Sample Size: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 726 SS=G	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding	F 726		7/26/24

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

Electronically Signed | 08/26/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315491	A. BUILDING _____ B. WING _____	C 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREST/MOUNTAINVIEW GARDENS	4 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444

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F 726	Continued From page 1 to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on interviews and review of electronic medical record, as well as review of pertinent facility documents on 07/24/24 and 07/25/24, the facility failed to ensure Certified Nursing Assistant (CNA#1) used a NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 in 1 (Resident #1) of 4 residents as determined necessary by the Resident's Holistic Care Plan (HCP). The failure to follow this intervention during the evening care transfer of Resident #1 by CNA #1 resulted in the Resident NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 requiring her/his immediate transfer to acute care hospital Emergency Room (ER) for further evaluation. In the ER, the Resident was found to have NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1. The deficient practice was evidenced by the following: According to Resident #1's Face Sheet (FS), Resident was admitted with diagnoses which included but were not limited t NJ Exec Order 26.4b1	F 726	Failure of F726 Competent Nursing Staff, CFR(s): 483.35(a) (3) (4) (c) 1. What Corrective Action will be taken for those residents found to have been affected by the deficient practice? The staff member who failed to follow policy was suspended immediately and terminated on NJ Exec Order 26.4b1. 2. How other residents with the potential to be affected by the same deficient practice will be identified? Completed on February 20, 2024, the facility audited all residents who require assistance with lifting and transferring to include the use of sit-to-stand or full body lift to validate the care plan is accurate. Completed on March 1, 2024, the facility provided lift/transfer education and competency evaluation to include use of sit to stand and full body lift to 98% of all nurses and care associates. 3. What measures will be put into place or what systemic changes will be made to	

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	315491	A. BUILDING _____ B. WING _____	C 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREST/MOUNTAINVIEW GARDENS	4 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444

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F 726	Continued From page 2 The Minimum Data Set (MDS), an assessment tool that reflects Resident's care needs, revealed that Resident #1 was NJ Exec Order 26.4b1 and required assistance in her/his Activities of Daily Living (ADLs). A review of Resident #1 HCP with Date of Assessment of NJ Exec Order 26.4b1, indicated under 3b. NJ Exec Order 26.4b1: Level of Assistance, Resident required NJ Exec Order 26.4b1 and with a NJ Exec Order 26.4b1 Resident #1's HCP further indicated under 3c. NJ Exec Order 26 - Functional Status: Resident NJ Exec Order 26.4b1 and need the following device (wheelchair, manual). A review of Resident #1's Clinical Notes (CN) dated NJ Exec Order 26.4 at 11:40 PM (EST) [eastern] [evening] documented and E-Signed by Registered Nurse (RN#1), "I was pushing the med cart to back hall, saw [CNA#1 name] asking for help. When I went to the room, I saw [Resident #1 name] NJ Exec Order 26.4b1, CNA [CNA #1] holding NJ Exec Order 26.4 on a NJ Exec Order 26.4 Per CNA [CNA #1], while NJ Exec Order 26.4b1 the resident, the resident's NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to the NJ Exec Or Resident noted to be NJ Exec Order 26 [vital signs], NJ Exec Order 26.4b1 noted .... Undersigned called 911, notified US FOIA (b)(6) with order to transfer to [acute care hospital name], notified NJ Exec Order 26.4b .... Transferred resident via NJ Exec Order 26.4 to [acute care hospital name] at 8:10pm." A review of the facility's Resident Incident Report Form (RIRF) on Resident #1 on NJ Exec Order 26.4b1, the RIRF revealed there was no description or entry notes of the NJ Exec Order 26.4b1 . The RIRF further revealed under	F 726	ensure that the deficient practice does not recur? The facility will continue to provide lift/transfer education and competency evaluation to include use of sit to stand and full body lift to newly hired licensed staff prior to working independently on the neighborhood. The facility completed audits for 10% of the active employees each week for five weeks. Audits included competency evaluations of care associates and licensed nurses. 4. How the Corrective action will be monitored to ensure the deficient practice is being corrected and will not recur? Any incidences of noncompliance were corrected promptly. Audit findings were reported to the Quality Assurance Performance Improvement (QAPI) committee for monthly review. Audits revealed 100% compliance with lift transfers.	

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	315491	A. BUILDING _____ B. WING _____	C 07/25/2024

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CEDAR CREST/MOUNTAINVIEW GARDENS	4 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444

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F 726	Continued From page 3	F 726		

Conclusion of the Investigation and completed by RN #2 (Clinical Manager/Wellness/Nurse Manager), RN #2 documented that "Per initial CNA [CNA #1] statement, while she was NJ Exec Order 26.4b1 the resident using the NJ Exec Order 26.4b1, the resident NJ Exec Order 26.4b1 and NJ Exec. She then attempted to NJ Exec Ord the resident NJ Exec Order 26.4b1. Upon further interview the CNA [CNA #1] stated that she was NJ Exec Order 26.4b1 the resident and NJ Exec Order 26.4b1. The resident NJ Exec Order 26.4b1. CNA is unsure if the resident NJ Exec Order 26.4b1. Resident was then noted to be NJ Exec Order 26.4b1 ...NJ Exec Order 26.4b1 noted. 911 was called ...and resident was transferred to [acute care hospital] ..."

A review of the facility's Investigative Summary/Conclusion (ISC) documented and completed by US FOIA (b)(6), under Incident, "On the evening of NJ Exec Order 26.4b1, at approximately 7:45 pm, CNA [CNA #1 name], was NJ Exec Order 26.4b1 [Resident#1 name] in NJ Exec Order 26.4b1. At the time of NJ Exec Order 26.4 [CNA#1 name] stated that the resident began to NJ Exec Order and she attempted to NJ Exec Ord [Resident #1 name] to the NJ Exec Order 26 [CNA#1 name] immediately called for help and RN [RN #1] promptly responded ...". The ISC further revealed that on NJ Exec Order 26.4b1 the US FOIA (b) upon re-interview with CNA#1, CNA#1 reported that she had been NJ Exec Order 26.4b1 the Resident using the NJ Exec Order 26.4b1 without additional staff assist. US FOIA (b) stated Resident #1 care plan indicated the need for a NJ Exec Order 26.4b1. The ISC further revealed when the US FOIA (b) and the US FOIA (b)(6) took formal interview from CNA#1, CNA#1 explained that she attempted to NJ Exec Order 26 the Resident NJ Exec Order 26.4b1 by NJ Exec Order 26.4b1". CNA#1

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F 726	Continued From page 4	F 726		

stated Resident #1 began to [redacted] and [redacted] Resident #1 to the [redacted] When CNA#1 was asked for further clarification regarding her statement of [redacted] ", CNA#1 stated, "I tried to [redacted], but [redacted] ". CNA#1 was then asked if she had questions of a resident's care needs, such as [redacted] where would she find this information. CNA#1 stated, "I would ask my nurse or look at my assignment sheet". CNA#1 then stated that she did not read or look at her assignment sheet. The ISC, under Conclusion, "It is concluded that at the time of the event, CNA#1 [name] was not following the outlined plan of care."

During the tour of the [name] [redacted] Unit on [redacted] at 10:50 am [morning], in the presence of RN #2 Nurse Manager, surveyor asked RN#2 what were those binders on bedside desk in each room of resident in which RN#2 stated the binders contained the HCP of each resident in their room. She further stated the binder, aside from the HCP, it also entailed the ADLS of the resident in the room. RN#2 stated the nursing staff, nurses, and the CNAs, would get their reports from the nurses at start of shift and they would be updated on the HCP and ADLs of residents in the binders. The binders were being used as well during a care plan meeting or family meeting of staff with residents and their families in the room. She stated the binders were updated by her every three months or as needed if there were changes. RN#2 further stated the nursing staff would have their competency on mechanical lifts such as Hoyer or body lift, sit to stand lift, gait belt use upon orientation, as needed (once a week or monthly), and annually.

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F 726	Continued From page 5 During the interview with the DON and NHA on 07/24/24 at 3:29 pm [afternoon], they affirmed that the incident occurred because of CNA#1 not following the HCP of the Resident. They stated that CNA#1 was suspended and eventually [redacted] and that the facility reeducated all licensed staff on care plan process and mechanical lift competencies. N.J.A.C. 8:39-27.1 (a)	F 726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	60922	A. BUILDING: _____ B. WING _____	C 07/25/2024

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (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 facility document review on 07/25/2024, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 5 of 14 day shifts. This deficient practice was evidenced by the following: 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	Failure of S560 Mandatory Access to Care, NJ 8:39-5.1(a) 1. What Corrective Action will be taken for those residents found to have been affected by the deficient practice? The facility will put measures in place to ensure the required direct care staff to resident ratios are met daily on all shifts. The facility has placed job postings, advertisements, transportation assistance, referral bonuses, and contracted with agencies to recruit for all open certified nurse aide positions. 2. How other residents with the potential	8/20/24

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

Electronically Signed | 08/26/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	60922	A. BUILDING: _____ B. WING _____	C 07/25/2024

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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 certified nurse aide 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. The surveyor requested staffing for the weeks of 07/07/24 to 07/13/24 and 07/14/24 to 07/20/24. The facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows: -07/07/24 had 10 CNAs for 109 residents on the day shift, required at least 14 CNAs. -07/08/24 had 11 CNAs for 109 residents on the day shift, required at least 14 CNAs. -07/10/24 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs. -07/11/24 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs. -07/13/24 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs.	S 560	to be affected by the same deficient practice will be identified? The administrator or designee has reviewed the daily staffing for the last 2 weeks to validate that the facility met the minimum staffing requirements for certified nursing assistants. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The administrator or designee will provide education regarding the required direct care staff to resident ratios to the clinical leadership staff and the scheduler. The facility will place job postings and advertise for all open certified nurse aide positions. The administrator or designee will pursue securing direct care staffing services from staffing agencies. 4. How the Corrective action will be monitored to ensure the deficient practice is being corrected and will not recur? The administrator or designee will review the certified nurse aide staffing and resident census to ensure compliance with the required direct care staff to resident ratios daily for one month and then weekly for 2 months. Audit findings will be reported to the Quality Assurance/Performance Improvement Committee (QAPI) monthly for review, additional audits and education may be determined based on audit findings.	

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	60922	A. BUILDING: _____ B. WING _____	C 07/25/2024

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S 560	Continued From page 2	S 560	5. Date of completion: 08/20/2024	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315491		9/3/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREST/MOUNTAINVIEW GARDENS	4 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444

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 F0726 Reg. # 483.35(a)(3)(4)(c) LSC	Correction Completed 07/26/2024	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
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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	
7/25/2024	☐ 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
60922 Y1	A. Building B. Wing Y2	9/3/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREST/MOUNTAINVIEW GARDENS	4 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 08/20/2024	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
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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	
7/25/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO