

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

PRINTED: 07/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/17/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT ARBORS			STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757		
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F 000	INITIAL COMMENTS Complaint NJ #166493, 166655, 168977, 171614, 171728 STANDARD SURVEY: 05/01/24 to 05/17/24 CENSUS: 108 SAMPLE SIZE: 22 + 3 closed records 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 577 SS=C	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11) §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. §483.10(g)(11) The facility must-- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and (iii) Post notice of the availability of such reports in	F 577		6/28/24	

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

TITLE

(X6) DATE

Electronically Signed

06/04/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 577	<p>Continued From page 1</p> <p>areas of the facility that are prominent and accessible to the public.</p> <p>(iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility failed to make survey results readily accessible to residents and visitors.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 05/02/2024 from 11:02 AM to 11:37 AM, the surveyor conducted the resident council task with five (5) long-term care residents, who regularly attend resident council meetings. When asked if the residents were made aware of the location of the most recent survey results, 4 out of 5 residents (Resident #28, #55, #62, and #79) responded that they were not aware of where the most recent survey results were located.</p> <p>The surveyor reviewed the NJ Exec Order 26.4b1, resident council meeting minutes. Under standards to be discussed at each meeting, standard #5 revealed: "The location of the State Survey Book is in the reception area."</p> <p>On 05/02/2024 at 12:01 PM, the surveyor went to the reception area of the facility, which was located at the main entrance. The surveyor did a thorough observation of the reception desk and the reception area. The surveyor did not observe any survey result book in the reception area or at the reception desk readily accessible. The surveyor interviewed the NJ Ex Order 26.4(b)(1) who was behind the reception desk along with the</p>	F 577	<p>Residents affected by deficient practice:</p> <p>" Residents #28, #55, #62, and #79 were affected. The mentioned residents were informed of the location of the Survey Results Book on NJ Exec Order 26.4b. All residents acknowledged the information. Identify those individuals who could be affected by the deficient practice:</p> <p>" All residents have the potential to be affected.</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice:</p> <p>" The Survey Results book containing the results of the survey of the facility conducted by Federal or State Surveyors as well as associated Plans of Correction was made available and accessible at the front receptionist desk to residents, family members and legal representatives of residents on 5/2/2024.</p> <p>" Education regarding the requirement of having the Survey Results available and accessible was provided by the Licensed Nursing Home Administrator to all the receptionists and US FOIA (b)(6) on 5/28/2024.</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>" The Activities Director/Designee will conduct compliance audits to ensure that the Survey Results book is available and accessible at the front receptionist desk</p>		

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F 577	<p>Continued From page 2</p> <p>US FOIA (b)(6) who had just arrived to start her shift. The surveyor asked the US FOIA (b)(6) where the survey result book was located. The US FOIA (b)(6) responded, "What is a survey book? I'll find out." At the time the surveyor requested to see a copy of the survey results book, the US FOIA (b)(6) pulled a book out of a cabinet behind the reception desk and stated that the last survey was completed on NJ Exec Order 26,4b1. The surveyor explained to the US FOIA (b)(6) that the requirement was that the survey results book must be accessible to residents and visitors. The US FOIA (b)(6) stated, "Ok, that's good to know."</p> <p>On 05/02/24 at 12:40 PM, the surveyor interviewed the US FOIA (b)(6). The surveyor made the US FOIA (b)(6) aware that 4 out of 5 residents at the resident council meeting reported that they were unaware of the location of the latest survey results. The surveyor explained that when trying to locate the survey result book, the surveyor was unable to find access to the survey results book. The surveyor informed the US FOIA (b)(6) that the book was located by the US FOIA (b)(6) in a cabinet behind the reception desk. The US FOIA (b)(6) stated that the facility had done some recent renovations and that the survey book may have gotten put away. He further stated that he would make sure that residents and staff were informed of the location of the survey results book and that they would be accessible.</p> <p>On 05/10/24 at 09:33 AM, the US FOIA (b)(6) stated in the presence of the US FOIA (b)(6), the US FOIA (b)(6), the US FOIA (b)(6) and the survey team that the survey results book was at the receptionist and that the residents were informed of the location of the book every month</p>	F 577	<p>as required.</p> <p>" The Activities Director/Designee will complete daily audits for one week, then weekly for three weeks. After that, audits will be completed monthly for three months. The audits will ensure that the Survey Results book is available and accessible at the front receptionist desk as required. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 577	Continued From page 3 at resident council. The U.S. FOIA (b) did not speak to the survey results book being readily accessible.	F 577			
F 655 SS=D	N.J.A.C. 8:39-9.4(b) Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the	F 655		6/28/24	

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F 655	<p>Continued From page 4</p> <p>resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) develop and implement a baseline person-centered care plan to meet a resident's medical needs and b.) implement a focus and interventions that are specific to the resident's NJ Exec Order 26.4b1 needs for 1 of 1 (Resident #148) investigated for NJ Exec Order 26.4b1 care.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 05/01/24 at 11:02 AM, during the initial tour, the surveyor observed Resident #148 lying in bed asleep NJ Exec Order 26.4b1</p> <p>On 05/02/24 at 11:03 AM, the surveyor observed Resident #148 lying in bed awake receiving NJ Exec Order 26.4b1. At that time, the surveyor interviewed the resident who stated that she received NJ Exec Order 26.4b1 most the time.</p> <p>The surveyor reviewed the medical record for Resident #148.</p>	F 655	<p>Residents affected by deficient practice: The facility failed to develop baseline care plan with 48 hours of admission to meet a resident's NJ Exec Order 26.4b1 needs for resident #148.</p> <p>Identify those individuals who could be affected by the deficient practice:</p> <p>" All residents have the potential to be affected by the deficient practice.</p> <p>" The resident #148 care plans was reviewed, and revisions completed.</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice:</p> <p>" Resident #148 care plan was immediately reviewed for completion.</p> <p>" All residents' care plans were reviewed for initiation of all care areas and completion of Baseline Care plan</p> <p>" All nursing staff re-educated on facility policy for Care Plans- Baseline and the importance of initiating a baseline care</p>		

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F 655	<p>Continued From page 5</p> <p>According to the Admission Record, Resident #148 was admitted to the facility with diagnoses that included, but were not limited to, congestive NJ Exec Order 26.4b1</p> <p>According to the Entry Resident Assessment Instrument Minimum Data Set (MDS), an assessment tool, dated NJ Exec Order 26.4b1, Resident #148 had a Brief Interview for Mental Status Score (BIMS) of NJ out of 15, indicating he/she was NJ Exec Order 26.4b1. Section I of the MDS revealed that Resident #148's primary reason for admission was due to NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26 According to Section NJ Exec Order 26 reflected the resident received intermittent NJ Exec Order 26.4b1 on admission and while a resident.</p> <p>A review of Resident #148's Baseline Care Plan, initiated NJ Exec Order 26.4b1, revealed that it did not address NJ Exec Order 26.4b1 as an intervention for the resident's NJ Exec Order 26.4b1 needs.</p> <p>On 05/07/2024 at 10:22 AM, the surveyor interviewed the U.S. FOIA (b) (6) U.S. FOIA (b) (6). The U.S. FOIA (b) (6) stated that the unit manager completed the baseline care plan upon admission and updated it as needed. The U.S. FOIA (b) (6) further stated that each department would complete their section of the care plan. When asked which areas should be included on</p>	F 655	<p>plan within (48) hours of admission and providing a copy to resident/resident representative.</p> <p>Measures or systemic changes to ensure that the deficiencies will not reoccur: The Director of Nursing/ Unit Manger/Designee will conduct audits of residents with recent admission for baseline care plan initiation, completion and copy provided to the resident/representative. Audits will be completed weekly X 4 weeks then monthly x 2 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meetings over the duration of the audit process to ensure compliance and reassessed for further action.</p>		

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F 655	<p>Continued From page 6</p> <p>the care plan, the [U.S. FOIA (b) (6)] stated "we include skin care, falls, pain, and ADL's [Activities of Daily Living]." She then stated she would review the resident's medications and diagnosis and would add pertinent things to the care plan. The surveyor then asked if [NJ Exec Order 26.4b1] should be on the care plan and the [U.S. FOIA (b) (6)] replied [NJ Exec Order 26.4b1], if the resident was on [NJ Exec Order 26.4b1] there should be a care plan for it." The [U.S. FOIA (b) (6)] verified that [NJ Exec Order 26.4b1] was not on resident #148's baseline care plan.</p> <p>On 05/07/2024 at 11:55 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] regarding the care plan process. The [U.S. FOIA (b) (6)] stated, "the interdisciplinary team along with the social worker, risk management, physical therapy, and the dietician work together to create the care plans. Baseline care plan areas include falls, admitting diagnosis, medications, skin care, and pain." The surveyor then asked if [NJ Exec Order 26.4b1] be included on the baseline care plan? The [U.S. FOIA (b) (6)] stated [NJ Exec Order 26.4b1], if they are receiving [NJ Exec Order 26.4b1] or if they have a [NJ Exec Order 26.4b1] diagnosis." The [U.S. FOIA (b) (6)] confirmed that resident #148 should have a baseline care plan for [NJ Exec Order 26.4b1].</p> <p>On 05/10/2024 at 09:28 AM, during a follow up interview the surveyor asked if resident #148 was receiving [NJ Exec Order 26.4b1] on admission if it should be on the baseline care plan and the [U.S. FOIA (b) (6)] stated, "[NJ Exec Order 26.4b1] it should have been on the baseline care plan."</p> <p>The surveyor reviewed the facility policy titled, Care Plans - Baseline, updated 1/2024. The following was revealed under Policy Statement: A baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of</p>	F 655			

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F 655	Continued From page 7 admission. The following was revealed under Policy Interpretation and Implementation: 2. The Interdisciplinary Team will review the healthcare practitioners orders (e.g., dietary needs, medications, routine treatments, etc.) and implement a baseline care plan to meet the residents immediate care needs including but not limited to: a. Initial goals base on admission orders; b. Physician orders; c. Dietary orders; d. Therapy services; e. Social services; and f. PASARR recommendation, if applicable.	F 655			
F 658 SS=D	N.J.A.C. 8:39-11.2 (e)2 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, and medical record review, the facility failed to follow professional standards of clinical practice with respect to a.) obtaining a physician's order for the application of a treatment device utilized to manage a resident's NJ Exec Order 26.4b1 and b.) update the care plan to reflect a device utilized to manage NJ Exec Order 26.4b1 for 1 of 22 residents reviewed (Resident	F 658	Resident affected by deficient practice: The facility failed to follow professional standards of clinical practice with respect to (a) obtaining a physician's order for the application of a NJ Ex Order 26.4b1 utilized to manage a resident's (#64) NJ Exec Order 26.4b1 and (b) update the care plan to reflect NJ Ex Order 26.4b1 utilized to manage NJ Exec Order 26.4b1		6/28/24

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F 658	<p>Continued From page 8 #64).</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>According to the Admission Record (AR), Resident #64 was admitted to the facility with the diagnoses which included but was not limited to; NJ Exec Order 26.4b1</p> <p>The admission Minimum Data Set (MDS) and assessment tool that facilitates a resident's care, indicated that the resident was NJ Exec Order 26.4b1 and required NJ Exec Order 26.4b1 with activities of daily living (ADLs).</p> <p>On 05/01/24 at 11:49 AM, the surveyor observed Resident #64 lying in bed and was observed with NJ Exec Order 26.4b1. The surveyor observed that the resident was wearing NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed Resident #64's physician Order Summary Report (OSR) dated NJ Exec Order 26.4b1, which indicated that the resident was to have a</p>	F 658	<p>for resident #64.</p> <p>Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected.</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice: Resident #64 care plan, Treatment Administration Record, and Physicians orders were updated immediately.</p> <p>The US FOIA (b)(6), Unit Managers, and all RN/LPNs were reeducated by the Regional Registered Nurse on 5/31/2024 on the facility's policies Medication Orders, Physician Orders and Care Plans, Comprehensive Person-Centered to include:</p> <p>" When recording treatment orders, specify treatment, frequency, and duration of the treatment</p> <p>" All medication and treatment orders are received from a credentialed practitioner before implementing. Orders must be written on the appropriate physician's order sheet and the interim plan of care</p> <p>" Care plans must contain services that were furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being.</p> <p>" All treatment administration records (TAR) and corresponding care plans were audited by the Director of Nursing on 5/31/2024 to ensure compliance with these requirements.</p> <p>Measures or systematic changes to ensure that the deficiencies will not recur: Director of Nursing/Designee to conduct</p>		

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F 658	<p>Continued From page 9</p> <p>NJ Exec Order 26.4b1 applied to the NJ Exec Order 26.4b1 in the morning and to be removed in the evening.</p> <p>The Treatment Administration Record (TAR) dated NJ Exec Order 26.4b1, contained a physician orders indicating that the resident was to have a NJ Exec Order 26.4b1 applied to the NJ Exec Order 26.4b1 in the morning and to be removed in the evening.</p> <p>There were no physician orders for the resident to have NJ Exec Order 26.4b1 applied to the NJ Exec Order 26.4b1</p> <p>The surveyor reviewed the resident's Care Plan (CP) which also did not indicate that the resident was to wear NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 to manage NJ Exec Order 26.4b1</p> <p>On 05/02/24 at 01:55 PM, the surveyor interviewed Resident #64 who stated that he/she had a NJ Exec Order 26.4b1. Resident #64 stated that he/she was supposed to wear a NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b1 g and NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b1. The resident stated that he/she had a NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b1 and had it wrapped in an NJ Exec Order 26.4b1 instead of a NJ Exec Order 26.4b1. The resident then revealed that the staff had been NJ Exec Order 26.4b1 with an NJ Exec Order 26.4b1 and that he/she had not been wearing a NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1.</p> <p>On 05/02/24 at 02:01 PM, the surveyor observed that the nurses were documenting in the TAR that they had applied and removed a NJ Exec Order 26.4b1, however the resident was wearing NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1. The surveyor also</p>	F 658	<p>audits of treatments to ensure treatments are completed as ordered and documented in the TAR. Corresponding care plans will be audited to ensure accurate reflection of services rendered. Treatments for 3 random residents will be observed with audits of the TAR and corresponding care plans 1x weekly for 4 weeks, then 2x monthly for 2 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process.</p>		

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F 658	<p>Continued From page 10</p> <p>observed that there was not a physician's order for the resident to be wearing NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 to manage the resident's NJ Exec Order 26.4b1</p> <p>On 05/02/24 at 02:05 PM, the surveyor interviewed the U.S. FOIA (b) (6) who documented in the TAR that the resident NJ Exec Order 26.4b1 to have the NJ Exec Order 26.4b1 applied to the resident's NJ Exec Order 26.4b1. The U.S. FOIA then stated that the order should have been written for the NJ Exec Order 26.4b1 to be applied to the NJ Exec Order 26.4b1 and that she would get the order clarified to reflect the accurate U.S. FOIA (b)(6) that should have been applied.</p> <p>On 05/07/24 at 09:30 AM, the surveyor observed that the resident was lying in bed wearing NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1. The resident stated that he/she did not wear NJ Exec Order 26.4b1 to his NJ Exec Order 26.4b1. The surveyor reviewed the physician orders and the order still reflected that the resident was to have a NJ Exec Order 26.4b1 applied to the NJ Exec Order 26.4b1. There was not a physician's order to apply NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1.</p> <p>On 05/07/24 at 09:40 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that the nurses applied the NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 and that she had not seen the resident NJ Exec Order 26.4b1</p> <p>On 05/07/24 at 09:48 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that she had been employed in the facility for approximately NJ Exec Order 26.4b1</p>	F 658			

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F 658	<p>Continued From page 11</p> <p>NJ Exec Order 26.4b1 The U.S. FOIA (b) (6) reviewed Resident #64's physicians orders in the presence of the surveyor and confirmed that the physicians order written was to apply a NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 in the morning and to remove the NJ Exec Order 26.4b1 in the evening. The U.S. FOIA (b) (6) stated that the resident had not been wearing the NJ Exec Order 26.4b1 and had been NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) stated that the order should have been clarified to reflect that the NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1. She also stated that the nurses should not be signing the TAR that they were applying and removing the NJ Exec Order 26.4b1 when the resident did not utilize it. The U.S. FOIA (b) (6) then stated that she would get the physician order clarified to reflect the appropriate NJ Exec Order 26.4b1 that should be worn. The U.S. FOIA (b) (6) revealed that the resident had been wearing the NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 and that there should have been a physician's order to reflect the use of these NJ Exec Order 26.4b1.</p> <p>On 05/07/24 at 09:54 AM, the surveyor interviewed the U.S. FOIA (b) (6) who confirmed that if the resident was not utilizing the NJ Exec Order 26.4b1 then the nurses should not have been documenting that they were applying and removing the NJ Exec Order 26.4b1. She stated that any application of any NJ Exec Order 26.4b1 or treatments need to have a physician's order and if the resident was NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1, then a physician's order should reflect the use of the NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) also stated that the use of NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1.</p>	F 658			

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F 658	<p>Continued From page 12</p> <p>NJ Exec Order 26.4b1 should have been reflected in the resident's care plan.</p> <p>On 05/10/24 at 09:24 AM, the survey team met with the [REDACTED] U.S. FOIA b The [REDACTED] U.S. FOIA b stated that the nurses should have notified the physician regarding the resident's [REDACTED] NJ Exec Order 26.4b1 to wear the [REDACTED] NJ Exec Order 26.4b1 to the [REDACTED] NJ Exec Order 26.4b1 and a physician's order should have been obtained for the application of NJ Exec Order 26.4b1 to be applied to the resident's [REDACTED] NJ Exec Order 26.4b1</p> <p>The facility policy titled, "Medication Orders" dated 01/2024 indicated that when recording treatment orders, specify treatment, frequency, and duration of the treatment.</p> <p>The facility policy titled; "Physician Orders" dated 03/2024 indicated that all medications and treatments orders are received from a credentialed practitioner before implementing. The policy also indicated that the physician's order must be written on the appropriate physician's order sheet and interim plan of care.</p> <p>The facility policy titled, "Care Plans, Comprehensive Person-Centered" dated 01/2024 indicated that that CP would contain services that were furnished to attain or maintain the residents highest practicable physical, mental, and psychosocial well-being.</p> <p>NJAC 8:39-27.1(a)</p>	F 658			
F 686 SS=D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity</p>	F 686			6/28/24

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F 686	<p>Continued From page 13</p> <p>§483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #: NJ 166493</p> <p>Based on interview, record review, and review of facility documents, it was determined that the facility failed to thoroughly investigate a [REDACTED] NJ Exec Order 26.4b1 for 1 of 3 residents (Resident #146) reviewed for [REDACTED] NJ Exec Order 26.4b1.</p> <p>This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the closed record for Resident #146.</p> <p>According to the Admission Record, Resident #146 was admitted with diagnoses which included, but were not limited to, [REDACTED] NJ Exec Order 26.4b1.</p> <p>Review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] NJ Exec Order 26.4b1, included the resident had a Brief Interview for Mental</p>	F 686	<p>Resident affected by deficient practice: The facility failed to thoroughly investigate a [REDACTED] NJ Exec Order 26.4b1 for 1 of 3 residents. Resident #146. Resident #146 is no longer in the facility.</p> <p>Identify those individuals who could be affected by the deficient practice:</p> <p>" All residents with actual pressure ulcers/skin impairment and at risk for pressure ulcers and skin impairments have the potential to be affected.</p> <p>" All residents with pressure ulcers were audited on 05/31/24 and ensured an incident and proper investigation was completed with updated care plans are required.</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice:</p> <p>" The [REDACTED] NJ Ex Order 26.4b1, Unit Managers, and all RN/LPNs were</p>		

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F 686	<p>Continued From page 14</p> <p>Status score of [REDACTED] which indicated the resident's [REDACTED] NJ Exec Order 26.4b1. Further review of the MDS included the resident did not have any [REDACTED] NJ Exec Order 26.4b1 upon admission to the facility.</p> <p>Review of a progress note, dated [REDACTED] NJ Exec Order 26.4b1 revealed, [REDACTED] NJ Exec Order 26.4b1 [REDACTED]</p> <p>Review of the care plan, revised [REDACTED] NJ Exec Order 26.4b1 included a focus of [REDACTED] NJ Exec Order 26.4b1 r/t [related to] a [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 and an intervention, dated [REDACTED] NJ Exec Order 26.4b1 for "treatments and [REDACTED] NJ Exec Order 26.4b1 as ordered per physician."</p> <p>Review of the [REDACTED] NJ Exec Order 26.4b1 Care Consultant report, dated [REDACTED] NJ Exec Order 26.4b1, included recommendations for the [REDACTED] NJ Exec Order 26.4b1 to include, [REDACTED] NJ Exec Order 26.4b1 with [REDACTED] NJ Exec Order 26.4b1, [REDACTED] NJ Exec Order 26.4b1 with [REDACTED] NJ Exec Order 26.4b1</p> <p>On 05/08/24 at 1:00 PM, the surveyor requested all incident/accident reports with complete investigations for Resident #146 for [REDACTED] NJ Exec Order 26.4b1</p> <p>During an interview with the surveyor on 05/09/24 at 9:00 AM, the [REDACTED] U.S. FOIA (b) (6) [REDACTED] stated the facility did not have any incident/accident reports for Resident #146.</p> <p>During an interview with the surveyor on 05/09/24 at 9:26 AM, the [REDACTED] U.S. FOIA (b) (6) [REDACTED] stated that if a resident obtained a facility acquired [REDACTED] NJ Exec Order 26.4b1, she would report it to the nurse. The [REDACTED] U.S. FOIA further stated that she would be</p>	F 686	<p>reeducated by the Regional Registered Nurse on promptly initiating and documenting investigation of a facility acquired pressure ulcers on 5/31/2024.</p> <p>" All Nurses were re-educated on the policy for Prevention of Pressure Ulcers/Injuries, Wound Care, Pressure Ulcer/Skin breakdown [REDACTED] clinical protocol, Incidents and Accidents and the importance of initiating wound care investigation, treatments, implementation of interventions to prevent skin breakdown. The education of all existing nursing staff is immediate and will be ongoing with all new hires.</p> <p>Measures or systematic changes to ensure that the deficiencies will not reoccur:</p> <p>The Director of Nursing /Unit Manger/Designee will conduct compliance all facility acquired pressure ulcers to ensure that they have promptly initiated, documented and investigated, and filed incident report to include, wound care investigations, wound care orders, care plans, The duration of all audits will occur weekly X4 and then monthly x 3 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process.</p>		

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F 686	<p>Continued From page 15</p> <p>required to write a statement including any details of the [REDACTED] The [REDACTED] explained it was important for the facility to investigate facility acquired [REDACTED] because "they need to know how it was obtained."</p> <p>During an interview with the surveyor on 05/09/24 at 9:30 AM, the [REDACTED] (U.S. FOIA (b) (6)) stated that if a resident obtained a facility acquired [REDACTED], the nurse would report it to the supervisor. The [REDACTED] further explained that it would be important for the facility to investigate all facility acquired [REDACTED] so that the appropriate interventions could be implemented.</p> <p>During an interview with the surveyor on 05/09/24 at 9:37 AM, the [REDACTED] (U.S. FOIA (b) (6)) stated if a resident obtained a [REDACTED], the nurse would have to complete an investigation to determine how the [REDACTED] developed and to initiate interventions.</p> <p>During an interview with the surveyor on 05/09/24 at 11:15 AM, the [REDACTED] (U.S. FOIA (b) (6)) stated that if a resident obtained a [REDACTED], the [REDACTED] team would be alerted. The [REDACTED] further stated that the nurse would complete an incident report and obtain statements from staff. The [REDACTED] explained that it was important to investigate facility acquired [REDACTED] to determine the cause of the [REDACTED] When asked about the missing incident/accident report for Resident #146, the [REDACTED] verified that the nurse who discovered the facility acquired [REDACTED] should have initiated the incident report.</p> <p>Review of the facility's Accidents and Incidents - Investigating and Reporting policy, updated</p>	F 686			

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F 686	Continued From page 16 01/2024, included, "The Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident," and, "The following data, as applicable, shall be included on the Report of Incident/Accident form:... the nature of the injury/illness (e.g. bruise, fall, nausea, etc.)."	F 686			
F 695 SS=D	NJAC 8:39-27.1(a) Respiratory/Tracheostomy Care and Suctioning 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 pertinent facility documents, it was determined that the facility failed to obtain a physician's order for NJ Exec Order 26.4b1 . This deficient practice was identified for 1 of 1 resident (Resident #148) reviewed for NJ Exec Order 26.4b1 care. This deficient practice was evidenced by the following: On 05/01/24 at 11:02 AM, during the initial tour the surveyor observed Resident #148 lying in bed sleeping NJ Exec Order 26.4b1	F 695	Residents affected by deficient practice: The facility failed to obtain a physician's order for NJ Exec Order 26.4b1 on resident #148. Residents #148 was affected by the deficient practice. Identifying other Residents who could be affected by the deficient practice: All residents receiving oxygen therapy have the potential to be affected by the deficient practice. What corrective action will be	6/28/24	

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F 695	<p>Continued From page 17</p> <p>On 05/02/24 at 11:03 AM, the surveyor observed Resident #148 lying in bed awake receiving NJ Exec Order 26.4b1. At that time, the surveyor interviewed the resident who stated that she received NJ Exec Order 26.4b1 most the time.</p> <p>The surveyor reviewed the medical record for Resident #148.</p> <p>According to the Admission Record, Resident #148 was admitted to the facility with the following but not limited to diagnoses: NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>According to the Entry Resident Assessment Instrument Minimum Data Set (MDS), an assessment tool, dated NJ Exec Order 26.4b1, Resident #148 had a Brief Interview for Mental Status Score (BIMS) of NJ Ex out of 15, indicating they were NJ Exec Order 26.4b1. Section I of the MDS revealed Resident #148 had an active diagnosis of NJ Exec Order 26.4b1</p> <p>Section I also revealed that Resident #148's primary reason for admission was due to NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1 According to section NJ Exec Order 26.4b1 reflected the resident received intermittent NJ Exec Order 26.4b1 on NJ Ex Order 26.4b1 a resident.</p> <p>A review of Resident #148's NJ Exec Order 26.4b1 Physician Order Summary Report (POS) located in the electronic medical record (EMR) did not include</p>	F 695	<p>accomplished for those residents affected by the deficient practice:</p> <p>" The physician order for affected resident #148 was updated immediately.</p> <p>" All licensed nurses re-educated on proper oxygen labeling and dating. Staff will be re-educated on the facility policy titled Respiratory Care and Physician's Order.</p> <p>" Director of Nursing / Unit Managers/ Designee completed an MAR/TAR Administration Report to ensure that all orders are initiated and signed for and provided to residents as per MD orders.</p> <p>" All residents with Oxygen Orders reviewed to ensure all orders were in place.</p> <p>Measures or systemic changes to ensure that the deficiencies will not reoccur: Director of Nursing /Unit Manager / Designee will conduct 8 audits on residents with oxygen and orders. Audits will be completed weekly X 4 weeks then monthly x 3 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meetings over the duration of the audit process to ensure compliance and reassessed for further action.</p>		

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F 695	<p>Continued From page 18</p> <p>any orders for NJ Exec Order 26.4b1.</p> <p>On 05/07/2024 at 10:22 AM the surveyor interviewed the U.S. FOIA (b) (6) who stated there should be a physician's order for anyone receiving NJ Exec Order 26.4b1 because it was considered a treatment. The surveyor and U.S. FOIA (b) (6) reviewed the physician's orders in the EMR. The U.S. FOIA (b) (6) confirmed that a physician's order for NJ Exec Order 26.4b1 NJ Ex Order 26.4b1 hours as needed for NJ Exec Order 26.4b1 was written on NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) further stated that there should have been an physician's order written for the NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1.</p> <p>On 05/07/24 at 11:55 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated any resident that needed NJ Exec Order 26.4b1 needed to have a physician's order. The U.S. FOIA (b) (6) confirmed that on NJ Exec Order 26.4b1 resident #148 was receiving NJ Exec Order 26.4b1 and did not have a physician's order on that date. The U.S. FOIA (b) (6) further stated there should have been a physician's order written on that date for the NJ Exec Order 26.4b1.</p> <p>On 05/10/2024 at 09:28 AM, the Director of Nursing stated in the presence of the U.S. FOIA (b) (6) and survey team, "if a resident is on NJ Exec Order 26.4b1 there needs to be a physicians order." The U.S. FOIA (b) (6) confirmed that resident #148 did not have a physician's order for NJ Exec Order 26.4b1.</p> <p>A review of the facility's Oxygen Administration policy, dated updated 10/2019, included, "Verify that there is a physician's order for this</p>	F 695			

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F 695	Continued From page 19 procedure. Review the physician's orders or facility protocol for oxygen administration."	F 695			
F 812 SS=D	<p>N.J.A.C. 8:39-11.2 (e)</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to label, date, and store potentially hazardous foods appropriately to prevent food borne illness. This deficient practice was evidenced by the following:</p> <p>On 05/01/24 at 10:24 AM, the surveyor in the presence of the U.S. FOIA (b) (6),</p>	F 812	<p>Residents affected by deficient practice: The facility failed to label, date, and store potentially hazardous foods appropriately to prevent food borne illness. No residents were mentioned regarding this deficient practice. Identify those individuals who could be affected by the deficient practice: " All residents have the potential to be</p>	6/28/24	

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F 812	<p>Continued From page 20</p> <p>toured the kitchen and observed the following in the dry storage pantry:</p> <ol style="list-style-type: none"> 1. Two (2) packs of 12 bread that was identified as hamburger buns, had a used by date of 4/25/24. 2. A bag of Israeli couscous toasted pasta was opened and not dated. 3. A bag of instant nonfat dry milk was opened with a used by date of 4/27/24. <p>On 05/08/24 at 11:08 AM, the surveyor interviewed the [REDACTED] who stated that everything should have an opened date, used by date, and received by date on it. He stated that anything that came into the kitchen should have a sticker with the date it was received on it, a sticker for when it was opened and a used by date sticker. He explained anything opened and was a bulk item such as the couscous had a six (6) months expiration. The [REDACTED] confirmed there should be an opened date sticker on the couscous, to show when it was opened and when to use it by. He then confirmed that the 2 packs of 12 hamburger buns dated 4/25/24 and the instant nonfat dry milked dated 4/27/24 should have been discarded. The [REDACTED] concluded that the items were discarded on 5/1/24.</p> <p>On 05/10/24 at 09:31 AM, the [REDACTED] U.S. FOIA (b) (6) stated in the presence of the [REDACTED] U.S. FOIA (b) (6), the [REDACTED] U.S. FOIA (b) (6), the [REDACTED] U.S. FOIA (b) (6) and the survey team that the [REDACTED] generally conducted a walk through on Wednesdays to check for all expired items and that everything would have been discarded and labeled by then.</p>	F 812	<p>affected.</p> <p>" All residents were monitored for any adverse effects with none noted. What corrective action will be accomplished for those residents affected by the deficient practice:</p> <p>" The two packs of 12 bread that was identified as hamburger buns and had a used by date of 4/25/2024 were discarded on 5/1/2024.</p> <p>" The bag of Israeli couscous toasted pasta that was opened and not dated was discarded on 5/1/2024.</p> <p>" The bag of nonfat dry milk that was opened with a used by date of 4/27/2024 was discarded on 5/1/2024.</p> <p>" All dietary staff were re-educated by the Licensed Nursing Home Administrator on the following policies: Food Storage, Dry Food Storage, and Dating and. Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>" Food Service Director/Designee will conduct compliance audits of the identified kitchen areas to ensure that all foods are labeled, dated, and stored properly.</p> <p>" The Food service Director/Designee will conduct three audits weekly x 4 weeks, then monthly x 2 months to ensure that all foods are stored, dated, and labeled per policy as required. Results of audits will be reviewed at the Quarterly Quality Assurance and Performance Improvement Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 812	Continued From page 21 A review of the facility's Food Storage policy, undated, included "All foods will be properly stored in a safe, sanitary manner. Dry Storage 2. Plastic containers with tight-fitting covers will be used for storing products such as grains, sugar, dried vegetables and broken lots of bulk foods. All containers must be legible and accurately labeled and dated. 4. All foods will be stored either wrapped or in closed storage containers and be clearly dated and labeled." A review of the facility's Dry Food policy, undated, included "2. Immediately after delivery all products will be dated for proper rotation." A review of the facility's Dating and Labeling policy, undated, included "All foods are to be labeled and dated appropriately to ensure food safety regulations are followed. 1. Upon receiving and storing, all items must be labeled with the name of food and received date. Once opened, the label must be updated with the current date and a use by date of 3 days (including date opened) unless indicated on labeling and dating protocol. 3. All items with an expired use by date must be discarded immediately."	F 812			
F 842 SS=D	NJAC 8:39-17.2(g) 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	F 842			6/28/24

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F 842	<p>Continued From page 22</p> <p>agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§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-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained</p>	F 842			

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F 842	<p>Continued From page 23</p> <p>for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #: NJ 166943</p> <p>Based on interview, record review and review of pertinent facility documents, it was determined that the facility failed to accurately document in the medical records for 3 of 26 residents (Resident #146, #147, and #245) medical records reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) The surveyor reviewed the closed record for Resident #146.</p> <p>According to the Admission Record, Resident #146 was admitted with diagnoses which included, but were not limited to, NJ Exec Order 26.4b1</p>	F 842	<p>Resident affected by deficient practice: The facility failed to accurately document within the medical records of 3 residents, #245, #147, and #146.</p> <p>Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected.</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice: Residents #245, #147, and #146 that were affected are no longer in the facility. The US FOIA (b)(6), Unit Managers, and all licensed nurses, including the licensed nurses who failed to document</p>		

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F 842	<p>Continued From page 24</p> <p>NJ Exec Order 26.4b1</p> <p>Review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 26.4b1, included the resident had a Brief Interview for Mental Status score of NJ Exec Order 26.4b1 which indicated the resident's NJ Exec Order 26.4b1. Further review of the MDS included the resident did not have NJ Exec Order 26.4b1 upon admission to the facility.</p> <p>Review of a progress note, dated NJ Exec Order 26.4b1 revealed, NJ Exec Order 26.4b1</p> <p>Review of the care plan, revised NJ Exec Order 26.4b1 included a focus of NJ Exec Order 26.4b1 r/t [related to] a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, "and an intervention, dated NJ Exec Order 26.4b1 for "treatments and NJ Exec Order 26.4b1 as ordered per physician."</p> <p>Review of the NJ Exec Order 26.4b1 Care Consultant report, dated NJ Exec Order 26.4b1 included recommendations for the NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1."</p> <p>Review of the Treatment Administration Record (TAR) for NJ Exec Order 26.4b1, included a physician's order, dated NJ Exec Order 26.4b1 to apply NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1. Further review of the TAR revealed the treatment was not signed out as completed and was left blank on NJ Exec Order 26.4b1.</p> <p>During an interview with the surveyor on 05/09/24</p>	F 842	<p>properly were reeducated on 5/9/24 by the Regional Registered Nurse on the facility's Charting and Documentation Policy and charting omissions to include:</p> <p>" -All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional, or psychosocial condition, shall be documented in the resident's medical record.</p> <p>" -The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care.</p> <p>" The following information is to be documented in the resident medical record: events, incidents or accidents involving the resident.</p> <p>" All incident reports were audited by the Director of Nursing on 5/31/2024 to ensure pertinent information is documented accurately in the progress notes.</p> <p>Measures or systematic changes to ensure that the deficiencies will not recur: Director of Nursing/Designee to conduct compliance audits for progress notes, Treatment administration record related to incident occurrences. 3 resident charts associated with incident reports will be audited to ensure completion of accurate documentation in the progress notes. The audits will be completed 1x weekly for 4 weeks, then 2x monthly for 2 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process.</p>		

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F 842	<p>Continued From page 25</p> <p>at 9:26 AM, the U.S. FOIA (b) (6) <small>NJ Exec Order</small> stated that when a resident obtained a U.S. FOIA (b) (6) she would report it to the nurse.</p> <p>During an interview with the surveyor on 05/09/24 at 9:30 AM, the Licensed Practical Nurse (LPN #1) stated that when a resident obtained a U.S. FOIA (b) (6), the nurse would obtain a treatment order. LPN #1 further stated that when a treatment was completed, the nurse would sign off on the TAR. If the resident was unavailable or refused the treatment, LPN #1 explained that the nurse would use the corresponding code when signing the treatment off on the TAR. LPN #1 added that it was important not to leave the TAR blank, "to let everyone know that the treatment was done or not."</p> <p>During an interview with the surveyor on 05/09/24 at 9:37 AM, the U.S. FOIA (b) (6) stated that nurses knew which treatments to complete because they checked the TAR. The U.S. FOIA (b) (6) further stated that when the treatment was completed (or not due to unavailability or refusals) the nurse would sign off on the TAR. The U.S. FOIA (b) (6) explained that it was important to sign the treatments on the TAR so that staff could follow-up on the treatments.</p> <p>During an interview with the surveyor on 05/09/24 at 11:15 AM, the U.S. FOIA (b) (6) <small>NJ Exec Order 26.4b1</small> stated that when a resident obtained a U.S. FOIA (b) (6) the nurse would notify the physician for a treatment order. The U.S. FOIA (b) (6) further stated that the nurses reviewed the TAR for current treatment orders and signed off the treatments when they were completed. The U.S. FOIA (b) (6) explained that if there was a blank on the TAR, "it</p>	F 842			

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F 842	<p>Continued From page 26</p> <p>would appear the treatment wasn't done," and that the nurse should make sure to sign the TAR, "to take credit for what they did." At that time, the surveyor notified the [REDACTED] of the blanks on Resident #146's [REDACTED] TAR and the [REDACTED] verified that the nurse should have documented if they did the treatment or if the resident was unavailable or refused the treatment.</p> <p>Review of the facility's Pressure Ulcers/Skin Breakdown policy, updated 01/2024, included, "The physician will order pertinent wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressings, and application of topical agents."</p> <p>2.) The surveyor reviewed the closed medical record for Resident #147.</p> <p>A review of the Admission Record face sheet reflected that the resident was admitted to the facility with diagnoses that included, [REDACTED]</p> <p>A review of the quarterly Minimum Data Sheet (MDS), an assessment tool, dated [REDACTED], included the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated the resident had [REDACTED]</p> <p>A review of the Facility Reportable Event (FRE) indicated an incident occurred on [REDACTED] between Resident #147 and Resident #245. It reflected the residents were immediately</p>	F 842			

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F 842	<p>Continued From page 27</p> <p>NJ Exec Order 26.4b1 assessed and NJ Exec Order 26.4b1 were noted. It further reflected there were descriptions from the nurse and both residents of the incident as well as the written statements from staff with the incident reports.</p> <p>A review of the NJ Exec Order 26.4b1 Progress Notes (PN) revealed there were no documentation in the PNs related to the incident that occurred on NJ Exec Order 26.4b1. A further review reflected a PN on NJ Exec Order 26.4b1 at 20:58 (8:58 PM) that the NJ Exec Order 26.4b1 conducted rounds and to follow up as needed.</p> <p>3.) The surveyor reviewed the closed medical record for Resident #245.</p> <p>A review of the Admission Record face sheet reflected that the resident was admitted to the facility with diagnoses that NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>A review of the quarterly Minimum Data Sheet (MDS), an assessment tool, dated NJ Exec Order 26.4b1 included the resident had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1 out of 15, which indicated the resident had an NJ Exec Order 26.4b1</p> <p>A review of the NJ Exec Order 26.4b1 Progress Notes (PN) revealed there were no PN on NJ Exec Order 26.4b1 or any documentation in the PN related to the incident that occurred on NJ Exec Order 26.4b1</p>	F 842			

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F 842	<p>Continued From page 28</p> <p>On 05/08/24 at 01:14 PM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that after an incident they documented in the electronic medical record (EMR). She explained they documented what occurred, the assessment, and that the physician and the family were notified. She further explained they completed an incident report and wrote a PN. The U.S. FOIA (b) (6) stated it was important to write a PN in the EMR, so everyone was aware of what occurred with the resident. She further stated that the staff generally did not go into the incident section of the EMR and that was the importance of writing PNs.</p> <p>On 05/09/24 at 09:31 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that there should be progress notes in the EMR related to any incident, but staff have not been consistence with documenting in the PN.</p> <p>On 05/09/24 at 09:47 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #2) who stated that after an incident occurred, they assessed the resident and obtained witness statements from any staff that witnessed the incident. He then explained if it was unwitnessed then they would obtain statements from the U.S. FOIA (b) (6) and any other staff members that may have cared for the resident to document what the resident was doing the last time they were observed. LPN #2 stated that they completed a paper handwritten incident report and then document in the PN in the EMR on what occurred and what they did. He stated the importance of PN were to inform the next nurse and other staff that had access to the EMR what occurred. He stated the PN allowed them to coordinated care and allowed everyone to be</p>	F 842			

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F 842	<p>Continued From page 29</p> <p>aware on how to monitor the resident the next few days. LPN #2 stated that if there was a NJ Exec Order 26.4b1 incident then there should be a progress note in the EMR, so the staff was aware of what occurred and ensure the residents were NJ Exec and NJ Exec Order 26</p> <p>On 05/09/24 at 09:56 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that after an incident occurred and the resident was assessed, they obtained written statements right away from staff that was around. She stated that they completed an incident report form to investigate what happened, how it occurred, and the next steps needed. The U.S. FOIA (b) (6) stated that they documented in the EMR under the risk management tab and in the progress notes which were separate. She stated that PN were important because the PN allowed them to follow up with the resident after the incident. The U.S. FOIA (b) (6) stated that if there was a NJ Exec Order 26.4b1 incident that occurred then it should be documented in the PN so they could follow up with the residents and see if any additional interventions should be put into place.</p> <p>On 05/09/24 at 11:35 AM, the U.S. FOIA stated in the presence of the U.S. FOIA (b) (6) and the survey team that a lot of times the nurses would document on the incident report in the nursing description section and not in the PN. The U.S. FOIA confirmed that staff should be documenting in the PN and that after they completed an incident report it should be followed by a PN in the EMR. The U.S. FOIA stated that a progress note was a description of the occurrence and that it was a communication tool</p>	F 842			

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F 842	<p>Continued From page 30</p> <p>for all clinicians and staff to be aware of what occurred with the resident. The [U.S. FOIA] acknowledged that there should be progress notes for both Resident #147 and #245 in addition to the incident report from [NJ Exec Order 26]</p> <p>On 05/10/24 at 09:29 AM, the [U.S. FOIA] acknowledged in the presence of the [U.S. FOIA (b) (6)] the [U.S. FOIA (b) (6)], the [U.S. FOIA (b) (6)] and the survey team that there was no PN in the EMR and that it was an over site.</p> <p>A review of the facility's Charting and Documentation policy, updated 01/2022, included "All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional, or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. 2. The following information is to be documented in the resident medical record: e. events, incidents, or accidents involving the resident."</p>	F 842			
F 880 SS=E	<p>NJAC 8:39-35.2 (d)</p> <p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p>	F 880		6/28/24	

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F 880	<p>Continued From page 31</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct</p>	F 880			

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F 880	<p>Continued From page 32</p> <p>contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of medical records and other pertinent facility documentation it was determined that the facility failed to ensure that the infection control practices for residents on NJ Exec Order 26.4b1 were followed to prevent the potential spread of NJ Exec Order 26.4b1 by not utilizing NJ Exec Order 26.4b1 in accordance with facility policy and accepted national standards for 1 (one) of 2 (two) resident (Resident #79) reviewed for NJ Exec Order 26.4b1 and was evidenced by the following:</p> <p>According to the Admission Record, Resident #79 was admitted to the facility with the diagnoses that included but was not limited to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1</p>	F 880	<p>Residents affected by deficient practice:</p> <p>The facility failed to ensure that all staff were familiar with and adhered to infection control practices in accordance with facility policy guidelines and NJ Exec Order 26.4b1 protocol. This deficient practice was identified for 1 of 1 resident (Resident #79) reviewed for NJ Exec Order 26.4b1</p> <p>Identify those individuals who could be affected by the deficient practice: " All residents have the potential to be affected by the deficient practice.</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice:</p>		

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F 880	<p>Continued From page 33</p> <p>A review of the quarterly Minimum Data Set (MDS) an assessment tool that facilitated a resident's care dated [REDACTED] indicated that the resident was [REDACTED].</p> <p>On 05/01/24 at 10:28 AM, the surveyor observed a sign posted on Resident #79's door indicating that the resident was on [REDACTED]. There were also signs posted to indicate what type of personal protective equipment (PPE) must be worn when caring for the resident. There was an [REDACTED] cart in front of the resident's door containing necessary PPE such as gloves and [REDACTED] gowns. The surveyor did not observed signs posted on the resident's door that the resident was on [REDACTED]. The resident was observed sitting in the wheelchair in his/her room. The resident was interviewed at this time and the resident stated that the staff only utilized the PPE such as gowns and gloves when they took direct care of her/him. Resident #79 stated that they were not aware of any [REDACTED] that she/he had at this time.</p> <p>On 05/02/24 at 08:57 AM, the surveyor reviewed Resident #79's medical record which revealed the following information:</p> <p>The physician Order Summary Report (OSR) dated [REDACTED], indicated that Resident #79 was on [REDACTED] and [REDACTED].</p> <p>The OSR dated 02/21/24, indicated that Resident #79 required [REDACTED] for a</p>	F 880	<p>" CNA#2 caring for resident #79 was immediately re-educated and a competency completed for donning and doffing PPE (Gown, Gloves and Mask) as required.</p> <p>" All nursing staff re-educated on facility policy for Transmission based precautions and ensure proper signage and staff compliance with proper Personal Protective Equipment.</p> <p>.</p> <p>Measures or systemic changes to ensure that the deficiencies will not reoccur: The DON/Unit Manger/Designee will conduct audits of 8 staff members for competency of PPE and Proper signage of TBP. Audits will be completed weekly X 4 weeks then monthly x 3 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meetings over the duration of the audit process to ensure compliance and reassessed for further action.</p>		

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F 880	<p>Continued From page 34</p> <p>diagnosis of NJ Exec Order 26.4b1 very shift.</p> <p>The resident's Care Plan (CP) indicated that Resident #79 was on NJ Exec Order 26.4b1 related to a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The CP was initiated on NJ Exec Order 26.4b1.</p> <p>Interventions included:</p> <ul style="list-style-type: none"> -Clear signage must be posted on the door or wall outside of the resident room. indicating the type of NJ Exec Order 26.4b1 and required PPE (e.g., gown and gloves). For NJ Exec Order 26.4b1, signage should also clearly indicate the NJ Exec Order 26.4b1 resident care activities that require the usage of gown and gloves. Date Initiated: NJ Exec Order 26.4b1. - NJ Exec Order 26.4b1 will in place for the duration of a residents stay in the facility or until resolution of the NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1. Date Initiated: NJ Exec Order 26.4b1. <p>The CP also indicated that the resident was on NJ Exec Order 26.4b1 for the diagnoses of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The CP indicated that NJ Exec Order 26.4b1 was discontinued or NJ Exec Order 26.4b1 however there was still an active physician's order for the resident to be on NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed the Medication Administration Record (MAR) which contained a physician's order dated NJ Exec Order 26.4b1 for Resident #79 to be on NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 of the NJ Exec Order 26.4b1. The surveyor also observed that there were nurses' signatures documented on the MAR from NJ Exec Order 26.4b1 till present, which indicated</p>	F 880			

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F 880	<p>Continued From page 35</p> <p>that the staff were maintaining NJ Exec Order 26.4b1 for Resident #79.</p> <p>On 05/02/24 09:12 AM, the surveyor interviewed the Certified Nursing Assistant (CNA #1) who stated that she had been employed in the facility for NJ Exec Order 26.4b1. CNA #1 stated that she was very familiar with Resident #79. She stated that Resident #79 required NJ Exec Order 26.4b1 assistance with activities of daily living (ADLs). She stated that the resident was NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. She stated that the resident was on NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 in a NJ Exec Order 26.4b1. She stated that the resident had no NJ Exec Order 26.4b1 and that personal protective equipment (PPE) only had to be worn during NJ Exec Order 26.4b1 resident care only. She explained that a gown and gloves had to be worn only when in direct NJ Exec Order 26.4b1 with the resident. She stated that it was important to wear PPE to prevent the spread of NJ Exec Order 26.4b1 or protect the resident from acquiring an NJ Exec Order 26.4b1 from the staff.</p> <p>On 05/02/24 at 09:15 AM, the surveyor was standing outside Resident #79's room and observed CNA#2 providing direct resident care NJ Exec Order 26.4b1 for Resident #79 in the resident's room. The CNA was only wearing a surgical mask and a pair of gloves. The surveyor did not observe the CNA wearing an NJ Exec Order 26.4b1 gown when providing NJ Exec Order 26.4b1 resident care for Resident #79.</p> <p>On 05/02/24 at 09:20 AM, the surveyor interviewed CNA #2 who stated that she had been employed NJ Exec Order 26.4b1. CNA #2 stated that Resident #79 required NJ Exec Order 26.4b1 with ADLs. The surveyor asked the CNA why she was in the resident's room providing care and not wearing an NJ Exec Order 26.4b1</p>	F 880			

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F 880	<p>Continued From page 36</p> <p>gown? CNA #2 stated that she was only wearing a glove and a mask. CNA #2 stated that she was not aware that the resident had an [REDACTED] of any kind. The CNA accompanied the surveyor to Resident #79's room and CNA #2 stated that she did not notice the sign that was posted on the resident's door which indicated that the resident was on [REDACTED] and that gloves and a gown were required when providing [REDACTED] patient care. CNA #2 confirmed that she was not wearing an [REDACTED] gown when providing [REDACTED] resident care for Resident #79 and added that she should have read the sign that was posted on the resident's door.</p> <p>On 05/02/24 at 09:27 AM, the surveyor interviewed the primary care [REDACTED] U.S. FOIA (b) (6) [REDACTED] who stated that she had been employed in the facility since [REDACTED]. The [REDACTED] explained to the surveyor the difference of [REDACTED] NJ Exec Order 26.4b1 and [REDACTED]. She stated that [REDACTED] NJ Exec Order 26.4b1 were provided to any resident with any access to the body such as [REDACTED] NJ Exec Order 26.4b1. She stated that when a resident was on [REDACTED] gown and gloves were to be worn only when providing [REDACTED] resident care. She stated that when a resident was on [REDACTED] NJ Exec Order 26.4b1 that meant the staff must wear the required PPE (gown and gloves) when entering the room, when in [REDACTED] with the resident and when in [REDACTED] with the resident's environment. She stated that it was important to adhere to what type of [REDACTED] NJ Exec Order 26.4b1. [REDACTED] a resident was on to prevent the spread of [REDACTED] The [REDACTED] U.S. FOIA (b) (6) [REDACTED] then added that if Resident #79 had an order to be on [REDACTED] NJ Exec Order 26.4b1, then the sign on the resident's door should have specified that. The [REDACTED] U.S. FOIA (b) (6) [REDACTED] confirmed</p>	F 880			

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F 880	<p>Continued From page 37</p> <p>that the precaution sign on the resident's door should have indicated that the resident was on NJ Exec Order 26.4b1 instead of NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) admitted that she did sign the MAR indicating that the resident was on NJ Exec Order 26.4b1, however there was no sign on the resident's door nor were the staff following NJ Exec Order 26.4b1 when entering the residents room.</p> <p>On 05/02/24 at 09:38 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that she had been employed in the facility for NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) explained that NJ Exec Order 26.4b1 were required to protect residents with any kind of NJ Exec Order 26.4b1. She explained that application of PPE such as gowns and gloves were required when providing NJ Exec Order 26.4b1 patient care. She stated then when a resident was on NJ Exec Order 26.4b1 PPE would not have to be applied if only delivering a food tray or just going in to talk to the resident or to administer medications. She stated that when a resident was on NJ Exec Order 26.4b1 the staff were required to wear PPE prior to entering the room, when in NJ Exec Order 26.4b1 with the resident and the resident's environment. She stated that when a resident was on NJ Exec Order 26.4b1 the resident had an NJ Exec Order 26.4b1 and it was important to wear the appropriate PPE to prevent the spread of NJ Exec Order 26.4b1. She stated that Resident #79 did not have an NJ Exec Order 26.4b1. The surveyor asked the U.S. FOIA (b) (6) why the resident had a physician's order for NJ Exec Order 26.4b1 and she stated that that order should have been discontinued. She then added that if the order was not discontinued then Resident #79 should have still been on NJ Exec Order 26.4b1 and the sign</p>	F 880			

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F 880	<p>Continued From page 38</p> <p>posted on the resident's door should have indicated as such. She also stated that when CNA#2 was providing resident care this morning she should have been wearing a gown and gloves when providing [redacted] resident care. She also added that the LPN should have questioned the physicians for [redacted] in the MAR and should not have signed the MAR that [redacted] were being done if she was not following the order.</p> <p>On 05/02/24 at 09:50 AM, the surveyor interviewed the [redacted] who stated that [redacted] were for residents with [redacted]. She explained that PPE such as gown and gloves were required for [redacted] resident care to prevent [redacted] of [redacted] to the resident. She stated that [redacted] was instituted to protect the resident from [redacted] that [redacted] be transmitted from the staff. The [redacted] then explained what [redacted] meant. She stated that [redacted] was required for [redacted] the resident had and that PPE such as gowns and gloves were required when in [redacted] with the resident and the resident's environment. She stated that there was a confusion related to what type of [redacted] Resident #79 was on because there was an order for the resident to be on [redacted] as well as [redacted]. She stated that if the resident had an order for [redacted]s, then the sign posted on the resident's should have been posted on the resident's door should have reflected that. She also stated that if the nurses were signing the MAR that the resident was on [redacted] then the nurses should have been adhering to the order. She confirmed that when CNA #2 was providing [redacted] resident care to Resident #79 she</p>	F 880			

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

PRINTED: 07/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/17/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT ARBORS			STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757		
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F 880	<p>Continued From page 39</p> <p>should have worn a gown and gloves.</p> <p>On 05/10/24 at 09:29 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated that the resident had a history of [NJ Exec Order 26.4b1] which was resolved on [NJ Exec Order 26.4b1]. The [U.S. FOIA (b) (6)] confirmed that the staff should have obtained a physician's order to discontinue the [NJ Exec Order 26.4b1]. She stated that the resident's [NJ Exec Order 26.4b1] in the [NJ Exec Order 26.4b1] was [NJ Exec Order 26.4b1] so there was no need for [NJ Exec Order 26.4b1]. The [U.S. FOIA (b) (6)] continued to add that if there was no order to discontinue [NJ Exec Order 26.4b1] and the nurses were documenting in the MAR that they were adhering to [NJ Exec Order 26.4b1], then nurses should continue to follow the order until the order was discontinued. The order for the resident to be on [NJ Exec Order 26.4b1] was discontinued after surveyor inquiry.</p> <p>The facility policy titled, "Enhanced Barrier Precautions" dated 04/2024, indicated that the implementation of EBP will reduce transmission of resistant organisms by employing targeted use of gown and glove use during high contact resident care activities. The policy indicated that high-contact care activities included: dressing, bathing, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting, device care and wound care. The Policy also described Contact Isolation which indicated that this type of TPB was used when pathogen transmission was not completely interrupted by standard precaution alone. Contact precautions were intended to prevent the transmission of infectious agents and gloves and gowns were required on entry to the resident's room. The policy indicated that gloves and gowns were to be applied before entry to the resident room and removed before exiting the resident's room.</p>	F 880			

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F 880	Continued From page 40 The facility policy titled, "Categories of Transmission-Based Precautions" dated 03/2021, indicated that Contact Precautions was implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with the environmental surfaces or resident care items in the resident's environment. The policy also indicated that gowns, gloves, and handwashing was to be utilized while caring for resident or indirect contact with the residents environmental surfaces or resident care items in the resident's environment. NJAC 8:39-19.4 (m)(n), 27.1 (a)	F 880			

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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 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: Complaint #: NJ171614 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 ratio, as mandated by the State of New Jersey, for 4 of 4 weeks of staffing prior to the recertification survey date 05/17/2024. 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	S 560	Residents affected by deficient practice: Facility failed to ensure staffing ratios were met to maintain the required minimum staff care staff to resident ratios as mandated by the State of New Jersey. The facility continues to recruit new staff and use agency staff to meet staffing standards. Identifying other Residents who could be affected by the deficient practice: All residents have the possibility to be affected. Measures or systemic changes to ensure that the deficiencies will not recur: The facility has put in place the following: a. Increased wage rates for CNA's and nurses	6/28/24

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

TITLE

(X6) DATE

Electronically Signed

06/04/24

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S 560	<p>Continued From page 1</p> <p>nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One (1) care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>A review of the "Nurse Staffing Report" for the following weeks provided by the facility revealed the following:</p> <p>1. For the week of Complaint staffing from 08/20/2023 to 08/26/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, and was deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>-08/20/23 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. -08/21/23 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs. -08/21/23 had 7 total staff for 106 residents on the overnight shift, required at least 8 total staff. -08/22/23 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p>	S 560	<p>b. Attendance bonuses c. Recruitment sign on bonuses for new staff d. The facility has started an employee morale/recruitment and retention committee. e. Employee of the month program f. Employee Rewards) Program g. Indeed, job openings advertisement h. Facility monthly appreciation celebrations i. Have reached out to prior employees to see if they will come back. j. The facility will monitor the staffing ratios in QAPI reporting for 3 months.</p> <p>Monitoring the continued effectiveness of the systemic change: Administrator /Director of Nursing / Designee will audit schedule daily to proactively secure staff. Results of audits will be submitted to QAPI monthly x 3 to ensure compliance and reassessed for further action. All findings will be reported quarterly to the QAPI committee.</p>	

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S 560	<p>Continued From page 2</p> <p>-08/23/23 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-08/24/23 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-08/25/23 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-08/26/23 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>2. For the week of Complaint staffing from 02/18/2024 to 02/24/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, and was deficient in total staff for residents on 3 of 7 overnight shifts as follows:</p> <p>-02/18/24 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-02/18/24 had 5 total staff for 106 residents on the overnight shift, required at least 8 total staff.</p> <p>-02/19/24 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-02/19/24 had 7 total staff for 106 residents on the overnight shift, required at least 8 total staff.</p> <p>02/20/24 had 9 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>02/21/24 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>02/22/24 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>02/23/24 had 8 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>02/24/24 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>02/24/24 had 5 total staff for 102 residents on the overnight shift, required at least 7 total staff.</p> <p>3. For the 2 weeks of staffing prior to survey from 04/14/2024 to 04/27/2024, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows:</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>-04/14/24 had 8 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-04/15/24 had 9 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-04/17/24 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-04/19/24 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-04/20/24 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-04/21/24 had 7 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-04/23/24 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-04/24/24 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-04/25/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-04/27/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>On 05/09/24 at 10:58 AM, the surveyor interviewed the Certified Nursing Assistant/Staffing Coordinator (CNA/SC) who stated that her role included to make the schedule for each unit and ensure the facility was staffed with enough CNAs, Licensed Practical Nurses (LPN), and Registered Nurses (RN) in the building. She stated that she completed the staffing report daily and if she did not complete it then someone in Human Resource completed it to ensure they were staffed appropriately. She further stated that for the weekend she would complete it on Friday and post it on her door, which was right next to the front receptionist desk. The CNA/SC stated that the staffing ratios for CNAs to residents were for the 7AM to 3 PM shift 1:8; 3PM to 11 PM shift 1:10; and the 11 PM</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>to 7 AM shift 1:14. She stated there are days when they did not meet the required number because of call outs, but that they utilized agency staff. She further stated that for the call outs then she would reach out to per diem staff, offer bonuses to their staff, and call other agencies to fill the shift. She confirmed that there have been times they have not met the staffing ratio requirement. She stated it was mostly over the weekend because staff did not want to work the weekends and it has been hard to fill the weekend shifts. The CNA/SC emphasized that she was always in contact with the Director of Nursing (DON) and the Licensed Nursing Administrator (LNHA) to inform them they needed staff to meet the requirements. She further stated that she has also filled in and worked the shifts if needed.</p> <p>On 05/09/24 at 11:40 AM, the LNHA stated in the presence of the DON and the survey team that the staffing ratios for CNAs to residents were for the 7AM to 3 PM shift 1:8; 3PM to 11 PM shift 1:10; and the 11 PM to 7 AM shift 1:14. The LNHA stated that he believed the facility have been meeting those ratios. He stated that they have job fairs and were always trying to hire new staff. The LNHA stated that they utilized agency staff and was in constant communication with the SC to ensure they are staffed appropriately. He stated that they reached out to staff to help pick up extra shifts to ensure they meet the staffing ratios. The LNHA concluded they just had a job fair and hired "a bunch" of nurses and CNAs.</p> <p>A review of the facility's Staffing policy, updated 01/2024, included, "2. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the resident's plan of care. 4. Direct care staffing information per day</p>	S 560		

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S 560	Continued From page 5 (including agency and contract staff) is submitted to the CMS [Centers for Medicare & Medicaid Services] payroll-based journal system on the schedule specified by CMS, but no less than once a quarter."	S 560		
S1405	8:39-19.5(a) Mandatory Infection Control and Sanitation a) The facility shall require all new employees to complete a health history and to receive an examination performed by a physician or advanced practice nurse, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment by a registered professional nurse upon employment, the physician's or advanced practice nurse's examination may be deferred for up to 30 days from the first day of employment. The facility shall establish criteria for determining the completeness of physical examinations for employees. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review it was determined that the facility failed to ensure that newly hired employees had completed a health history and received an examination by a Physician, an Advanced Practice Nurse, or a Licensed Physician Assistant within two weeks	S1405	Staff members affected by deficient practice: The facility failed to ensure that the following newly hired employees, Licensed Practical Nurse (LPN#1), Licensed Practical Nurse (LPN #2), Certified	6/28/24

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S1405	<p>Continued From page 6</p> <p>prior to employment or upon employment, or within thirty days if a Registered Nurse (RN) completed an assessment upon employment, for 5 of 10 newly hired employees as evidenced by the following:</p> <ol style="list-style-type: none"> 1.) Licensed Practical Nurse (LPN #1) hired [REDACTED] 2.) Licensed Practical Nurse (LPN #2) hired [REDACTED] 3.) Certified Nursing Assistant (CNA #1) hired [REDACTED] 4.) Certified Nursing Assistant (CNA #2) hired [REDACTED] 5.) Receptionist hired [REDACTED] <p>On 05/09/24 at 10:00 AM the surveyor reviewed the employee health files which revealed the following information:</p> <p>The surveyor reviewed LPN #1 and LPN #2 new employee [REDACTED] examinations which were signed by the Director of Nursing, however both forms were undated.</p> <p>The surveyor reviewed the Certified Nursing Assistant (CNA #1) employee health record. CNA #1 was hired on [REDACTED] and the new employee history and [REDACTED] was not completed by the Registered Nurse (RN) until [REDACTED], three days after hire date.</p> <p>The surveyor reviewed the Certified Nursing Assistant (CNA #2) employee health record. CNA #1 was hired on [REDACTED] and the new employee history and [REDACTED] was not completed by the Registered Nurse (RN) until [REDACTED], 5 days after new hire date.</p> <p>The surveyor reviewed the Receptionist</p>	S1405	<p>Nursing Assistant (CNA #1), Certified Nursing Assistant (CNA #2) and receptionist hired [REDACTED], had completed a health history and received an examination by a Physician, an Advanced Practice Nurse, or a Licensed Physician Assistant within 2 weeks prior to employment or upon employment, or within 30 days if a Registered Nurse completed an assessment upon employment.</p> <p>Identify those individuals who could be affected by the deficient practice: All staff have the potential to be affected. All residents have the potential to be affected.</p> <p>What corrective action will be accomplished for the staff members affected by the deficient practice: US FOIA (b)(6) [REDACTED] and US FOIA (b)(6) [REDACTED] were reeducated on 5/30/2024 by the Licensed Nursing Home Administrator on requirements for all new employees to complete a health history and to receive an examination performed by a Physician or Advanced Practice Nurse, or New Jersey Licensed Physician Assistant within two weeks prior to the first day of employment or upon employment, or within 30 days if a Registered Nurse completed an assessment upon employment.</p> <p>The facility policy titled Employee Health Record was reviewed and updated to reflect that new employees are to complete a health history and to receive an examination performed by a Physician</p>	

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S1405	<p>Continued From page 7</p> <p>employee health record which indicated that the Receptionist was hired on [REDACTED] The new employee history and [REDACTED] was not completed by the RN until [REDACTED], 7 days after the hire date.</p> <p>On 05/09/24 at 11:17 the surveyor interviewed the Director of Nursing (DON) regarding new employee [REDACTED] examinations. The DON stated that the facility had 30 days after hire to assure that the physician performed a history and [REDACTED] The DON stated that she was not aware that an Registered Nurse history and [REDACTED] was required upon hire and would have to review the regulation regarding new hire history and [REDACTED] examinations.</p> <p>The DON admitted that she had signed LPN #1 and LPN #2 new hire [REDACTED] but had no explanation on why LPN #1 and LPN #2 new employee history and [REDACTED] were undated. The DON did not know the exact date when LPN #1 or LPN #2 had their RN history and [REDACTED].</p> <p>On 05/10/24 at 09:29, the surveyor interviewed the Infection Preventionist (IP) who reviewed the new employee hire history and [REDACTED] with the surveyor and admitted that 5 employee new hire admission [REDACTED] were not completed by a RN upon hire.</p> <p>The facility policy titled, "Employee Health Record" dated 01/2019 did not indicate when the facility was responsible to complete new hire history and physicals.</p>	S1405	<p>or Advanced Practice Nurse, or New Jersey Licensed Physician Assistant within two weeks prior to the first day of employment or upon employment, or within 30 days if a Registered Nurse completed an assessment upon employment.</p> <p>All employees' medical files were audited on 5/30/2024 by the Human Resources Director to ensure that this requirement has been met.</p> <p>Measures or systematic changes to ensure that the deficiencies will not recur: Director of Nursing/Designee will conduct three new employee file audits bi-weekly x 4 weeks, then monthly x 2 months to ensure that all new employees complete health history and receive an examination as required based on the regulation. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process.</p>	
S1410	8:39-19.5(b)(1) Mandatory Infection Control and Sanitation	S1410		6/28/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/17/2024
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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) COMPLETE DATE
S1410	<p>Continued From page 8</p> <p>(b) Each new employee, including members of the medical staff employed by the facility, upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows:</p> <p>1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documents, it was determined that the facility failed to timely perform a NJ Exec Order 26.4b1 as required for new employees hired for NJ Exec Order 26.4b1 for infection and disease screening. This deficient practice was identified for three (3) of ten (10) employee files reviewed.</p> <p>1.) Certified Nursing Assistant (CNA #1) hired NJ Exec Order 26.4b1</p>	S1410	<p>Staff/Residents affected by deficient practice: Staff/residents members affected by deficient practice: The facility failed to complete a timely NJ Exec Order 26.4b1 test (PPD) for the following three employees: Certified Nursing Assistant (CNA#1) and Certified Nursing Assistant (CNA #2) and Receptionist hired NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 and</p>	

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT ARBORS		STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757		
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S1410	<p>Continued From page 9</p> <p>2.) Certified Nursing Assistant (CNA #2) hired [REDACTED] NJ Exec Order 26.4b1.</p> <p>3.) Receptionist hired [REDACTED] NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed the Certified Nursing Assistant (CNA #1) employee health record. The initial employee [REDACTED] NJ Exec Order 26.4b1 was not completed until [REDACTED] NJ Exec Order 26.4b1, four days after hire date.</p> <p>The surveyor reviewed the Certified Nursing Assistant (CNA #2) employee health record. The initial employee [REDACTED] NJ Exec Order 26.4b1 [REDACTED] NJ Exec Order 26.4b1 was not completed until [REDACTED] NJ Exec Order 26.4b1 three days after hire date.</p> <p>The surveyor reviewed the Receptionist employee health record which indicated that the initial employee [REDACTED] NJ Exec Order 26.4b1 was not completed until [REDACTED] NJ Exec Order 26.4b1 7 days after hire date.</p> <p>On 05/09/24 at 11:17 the surveyor interviewed the Director of Nursing (DON) regarding employee physicals and [REDACTED] NJ Exec Order 26.4b1 prior to hire. The DON stated that the [REDACTED] NJ Exec Order 26.4b1 are done day of hire or prior to hire. The DON stated that it was important to conduct this test to assure that potential employees did not have [REDACTED] NJ Exec Order 26.4b1 and to assure that residents were not exposed to a potential infected individual.</p> <p>On 05/10/24 09:29, the surveyor interviewed the Infection Preventionist (IP) who confirmed that the 3 employees should have had their PPDs at the hire date and prior to working near or around residents.</p> <p>The facility policy titled, "Employee Health Record" dated 01/2019 did not indicate when the facility was responsible to complete new hires</p>	S1410	<p>[REDACTED] NJ Exec Order 26.4b1 screening.</p> <p>Identify those individuals who could be affected by the deficient practice: " All staff have the potential to be affected. " All residents have the potential to be affected.</p> <p>What corrective action will be accomplished for the staff members affected by the deficient practice: " Surveillance screening was completed for all three employees with no sign or symptoms noted. " The [REDACTED] US FOIA (b)(6) [REDACTED] NJ FOIA (b)(6) and [REDACTED] NJ FOIA (b)(6) were reeducated on 5/30/2024 by the Licensed Nursing Home Administrator on regulatory requirements to complete a timely Two-step Mantoux Tuberculin skin test (PPD) for new employees hired for Tuberculosis (TB) for infection and disease screening. " All employees' medical files were audited on 5/30/2024 by the Human Resources Director and ensured a timely Two-step Mantoux Tuberculin skin test (PPD) was completed.</p> <p>Measures or systemic changes to ensure that the deficiencies will not reoccur Director of Nursing/Designee will conduct audits Bi-weekly x 4 weeks, then monthly x 2 months to ensure that all new employees hired complete a timely Two-step Mantoux Tuberculin skin test (PPD) for Tuberculosis (TB) for infection and disease screening. Results of audit</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/17/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT ARBORS		STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757			
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S1410	Continued From page 10 PPDs.	S1410	will be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meetings over the duration of the audit process to ensure compliance and reassessed for further action.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315333	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/1/2024
NAME OF FACILITY COMPLETE CARE AT ARBORS	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757	

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 F0686	Correction	ID Prefix F0842	Correction	ID Prefix	Correction
Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. #	Completed
LSC	06/28/2024	LSC	06/28/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 5/17/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315333	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/1/2024
NAME OF FACILITY COMPLETE CARE AT ARBORS	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0577	Correction	ID Prefix F0655	Correction	ID Prefix F0658	Correction
Reg. # 483.10(g)(10)(11)	Completed	Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.21(b)(3)(i)	Completed
LSC	06/28/2024	LSC	06/28/2024	LSC	06/28/2024
ID Prefix F0686	Correction	ID Prefix F0695	Correction	ID Prefix F0812	Correction
Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.25(i)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	06/28/2024	LSC	06/28/2024	LSC	06/28/2024
ID Prefix F0842	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	06/28/2024	LSC	06/28/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/17/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061537	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/1/2024
NAME OF FACILITY COMPLETE CARE AT ARBORS	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/28/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 5/17/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061537	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/1/2024
NAME OF FACILITY COMPLETE CARE AT ARBORS	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix S1405	Correction	ID Prefix S1410	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-19.5(a)	Completed	Reg. # 8:39-19.5(b)(1)	Completed
LSC	06/28/2024	LSC	06/28/2024	LSC	06/28/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/17/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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

PRINTED: 07/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315333	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT ARBORS			STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757		
(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	E 000			
K 000	<p>An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 05/17/24. The facility was found to be in compliance with 42 CFR 483.73.</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 05/17/24 and was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.</p> <p>Complete Care at Arbors is a one-story building built in 2009. The skilled Nursing is on the first-floor south wing of the facility. It is composed of Type II protected construction. The facility is divided into eight - smoke zones. The generator does approximately 50% of the building per the Maintenance Director. The current occupied beds are 101 of 120.</p>	K 000			

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

TITLE

(X6) DATE

Electronically Signed

06/04/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.