STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315058	A. BUILDING _____ B. WING _____	C 11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT SALEM COUNTY	**438 SALEM-WOODSTOWN ROAD SALEM, NJ 08079**

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F 000	INITIAL COMMENTS COMPLAINT #: NJ177860, NJ178708, NJ179130, NJ179216 CENSUS: 98 SAMPLE SIZE: 8 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will	F 656		12/30/24

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

Electronically Signed | 12/12/2024

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 656	Continued From page 1 provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00179130 Based on interviews, medical record review, and review of other pertinent facility documents on 11/07/2024 and 11/08/2024, it was determined that the facility failed to develop a Care Plan (CP) for a resident that had a diagnosis of [redacted] and was admitted to the facility with NJ Exec Order 26.4b1 . The facility also failed to follow its policy titled "Care Plans, Comprehensive Person-Centered." This deficient practice was identified for 1 of 7 residents (Resident #2) reviewed for care plans. This deficient practice was evidenced by the	F 656	1. The care plan of resident #2 diagnosis of [redacted] was reviewed and determined that resident is not [redacted] obtained orders from MD to remove [redacted] from resident's diagnosis list. 2. The facility determined that all residents have the potential to be affected by this deficient practice. An audit was conducted to all current residents in the facility to review their comprehensive care plans for completion. 3.All interdisciplinary care plan team members responsible for writing care	

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F 656	Continued From page 2 following: According to the Admission Record (AR), Resident #2 was admitted to the facility on NJ Exec Order 26.4b1 with diagnoses which included but were not limited to, NJ Exec Order 26.4b1). A review of Resident #2's most recent Quarterly Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1 revealed that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1, which indicated the resident's NJ Exec Order 26.4b1. Revealed under Section I that resident had an active diagnosis of NJ Exec Order 26.4b1. A review of Resident #2's medical record document titled " Autumn (AUTM) Admit/Readmit Screener 1.0-V7" with an effective date of NJ Exec Order 26.4b1 and signed date of NJ Exec Order 26.4b1 revealed under "Comments", NJ Exec Order 26.4b1 A review of Resident #2's CPs did not reveal a focus that addressed Resident #2's NJ Exec Order 26.4b1 During an interview with the surveyors on 11/08/2024 at 10:50 AM, Licensed Practical Nurse (LPN#1) stated that the U.S. FOIA (b)(6)) was responsible for developing and updating a resident's care plan. LPN#1 further stated the care plan was important for a resident's safety and prevention. LPN #1 stated if a care plan needed to have interventions added she would notify the U.S. FOIA.	F 656	plans will be re-educated on the facility's policy and procedure for developing comprehensive care plans. Inservice will be completed by regional consultant on the timeline and thoroughness of the comprehensive care plan once the comprehensive MDS has been completed. The US FOIA (b) (6) will be educated by regional consultant to ascertain that all pertinent diagnosis for residents is included in the comprehensive care plan. 4. Care plans will be reviewed weekly in accordance with the care plan review schedule by the interdisciplinary team. All care plans will be updated as indicated. Director of nursing or designee will audit all new resident's charts for comprehensive care plan inclusion of diagnosis and triggered areas daily in morning clinical meeting. An audit will be conducted weekly on comprehensive care plans for one month then monthly for two months or until substantial compliance is achieved. The administrator will be responsible for overseeing all audits of findings and findings will be reported to the facility QAPI committee monthly for three months to review the need for continued intervention or amendment of plan. Audit records will be reviewed by risk management/QA committee quarterly for 4 quarters or until such time consistent	

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F 656	Continued From page 3 During an interview with the surveyors on 11/08/2024 at 11:15 AM, the [U.S. FOIA] stated that she typically updated a resident's CP every quarter and as needed. The [U.S. FOIA] stated if a resident was a new admission, she would implement the baseline CP and the U.S. FOIA (b)(6) would do the comprehensive CP. The [U.S. FOIA] further stated "The baseline CP was a check off sheet. This is where I would check off if a resident was [NJ Exec Order 26.4]." The [US FOIA] further stated that the information she would check off on the baseline care plan would then be transferred to the comprehensive CP. The [U.S. FOIA] stated that she was responsible for updating the nursing portion of a resident's CP. The [U.S. FOIA] stated, "I do not recall doing a CP for Resident #2's [NJ Exec Order 26.4b1]. The [U.S. FOIA] further stated that if a resident had [NJ Exec Order 26.4b] there should be a CP in place that addressed the [NJ Exec Order 26.4b]. The [U.S. FOIA] stated that it was important that the CP was updated so that the correct interventions were in place to care for the resident's needs. During an interview with the surveyors on 11/08/2024 at 1:21 PM, the U.S. FOIA (b)(6) [redacted]) stated that the nurse, [U.S. FOIA (b)(6) redacted] should have caught if a care plan was not initiated for a resident. The [U.S. FOIA (b)] confirmed that Resident #2 did not have a care plan that addressed NJ Exec Order 26.4b1 [redacted]. The [U.S. FOIA (b)] further stated "Yes, there should have been a care plan that addressed the resident's NJ Exec Order 26.4b1 [redacted]" The [U.S. FOIA (b)] confirmed that the facility's care plan policy was not followed. Review of the facility policy titled "Care Plans, Comprehensive Person-Centered" dated 07/2024 revealed under "Policy Statement", "A	F 656	substantial compliance has been achieved as determined by the committee.	

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F 656	Continued From page 4 comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident." Revealed under "Policy Interpretation and Implementation", "1. The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 7. The comprehensive, person-centered care plan: b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being." NJAC 8:39-11.2 (a)	F 656		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint #: NJ179130 Based on interviews, medical record review, and review of other pertinent facility documents on 11/07/2024 and 11/08/2024, it was determined that the facility failed to follow standards of clinical practice regarding a.) ensuring a resident was seen by the [NJ Exec Order 26.4b1] in a timely manner, b.)ensuring a resident care plan (CP) was developed for a resident that had a diagnosis of [NJ Exec Order 26.4b1] and was admitted to the facility with	F 658	1. Resident #2 comprehensive care plan was reviewed and updated to include and [NJ Exec Order 26.4b1] and to meet professional standards of practice. Resident #2 diagnosis of [NJ Exec Order 26.4b] was reviewed and resident determined not to be [NJ Exec Order 26.4b] Md gave order to remove [NJ Exec Order 26.4b] from diagnosis list. Resident #2 [NJ Exec Order 26.4b1] were addressed and reviewed with MD and received treatment as ordered. Resident #2 [NJ Exec Order 26.4b] needs	12/30/24

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F 658	Continued From page 5 NJ Exec Order 26.4b1 , and c.) immediate notification to the Physician of NJ Exec Order 26.4b1 results. This deficient practice was identified for 1 of 3 residents (Resident #2) reviewed and evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a 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." Reference: New Jersey Statutes Annotated Title 45. Chapter 11. New Jersey Board of Nursing Statutes 45:11-23. Definitions " b. The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribe by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical	F 658	were addressed and will be monitored ongoing. 2. All residents in the facility have the potential to be affected by this deficient practice. 3. All diabetic residents were immediately assessed for foot care and all residents are currently scheduled for regular podiatry care. all residents lab results were reviewed for appropriate response time and addressed. The Unit Manager will be assigned to review all residents charts initially and then weekly to ensure appropriate orders are in place for podiatry care and follow up care. All residents will have a consult order in place for podiatry care as needed. Unit managers/designee will review all lab order requisitions for completion and lab results addressed appropriately daily in morning clinicals. Certified nursing assistants will be in-serviced to notify nursing of any resident having been identified as having long toenails while performing resident care daily. Unit Managers will perform audits weekly to ensure all resident nails are being checked as part of their weekly skin assessments. The 3-1l supervisor will pull lab requisitions daily from the current days labs and follow up for results to ensure all labs are reviewed and physicians are notified of any abnormal results timely.	

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F 658	Continued From page 6 diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human response means those signs, symptoms and processes which denote the individual's health need or reaction to an actual or potential health problem. According to the Admission Record (AR), Resident #2 was admitted to the facility on NJ Exec Order 26.4b1 with diagnoses which included but were not limited NJ Exec Order 26.4b1 [redacted] A review of Resident #2's most recent Quarterly Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1 revealed that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1, which indicated the resident's NJ Exec Order 26.4b1 . A review of Resident #2's CPs did not reveal a focus that addressed Resident #2's NJ Exec Order 26.4b1 [redacted]. A review of Resident #2's medical record document titled "Autumn (AUTM) Admit/Readmit Screener 1.0-V7" with an effective date of NJ Exec Order 26.4b1 and signed date o NJ Exec Order 26.4b1 revealed under "Comments", NJ Exec Order 26.4b1 A review of Resident #2's NJ Exec Order 26.4b1 consult with a "visit date" of NJ Exec Order 26.4b1 revealed under "chief complaint", NJ Exec Order 26.4b1". Revealed under "Subjective", "Additional Comments: New NJ Exec Order 26.4	F 658	4. Director of Nursing/ designee shall review audits of skin assessments for all residents weekly for four weeks, then monthly for 3 months and then quarterly for 3 quarters to determine compliance with assessing foot care needs and addressing immediately. Director of Nursing/designee will review audits of lab requisitions done by 3-11 supervisor for completions and appropriate response to results weekly for 4 weeks and then monthly for three months and then quarterly for 3 quarters to determine compliance with lab result responses. These findings from all audits will be reviewed monthly by the administrator and will be reported to the monthly QAPI committee for the next 4 quarters or until such time consistent substantial compliance has been achieved as determined by the committee.	

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patient seen today at the request of the facility for NJ Exec Order 26.4b1." Revealed under "Treatments", "Additional Comment: the NJ Exec Or were NJ Exec Order 26.4b1 to patient's NJ Exec Order 26.4b1 Revealed under "Assessment" that the resident was at NJ Exec for NJ Exec Order 26.4b1 without treatment of the NJ Exec Order 26.4b

A review of Resident #2's NJ Exec Order 26.4b1 report revealed a "collection date" of NJ Exec Order 26.4b1 AM, a "reported date" of NJ Exec Order 26.4b1 The NJ Exec Order 26.4b1 report further revealed a reviewed by date of NJ Exec Order 26.4b1 by the U.S. FOIA (b)(6) indicating the facility was notified that Resident #2 had an NJ Exec Order 26.4b1 result.

A review of Resident #2's Progress Notes (PNs) revealed that on NJ Exec Order 26.4b1 the nurse reviewed the NJ Exec Order 26.4b1 result with the physician and a telephone order was obtained for NJ Exec Order 26.4b1 therapy.

During an interview with the surveyors on 11/08/2024 at 11:15 AM, the U.S. FOIA stated that the expectation was that if the nurse observed a resident with NJ Exec Order 26.4b1 they had to notify her. The U.S. FOIA stated she would then notify the U.S. FOIA (b)(6) that the resident needed to be scheduled for the NJ Exec Order 26.4b1 The U.S. FOIA stated that the floor nurses and herself were responsible for notifying the Physician of NJ Exec Order 26.4b1 results.

During an interview with the surveyors on 11/08/2024 at 1:21 PM, the U.S. FOIA (b)(6) stated that the nurses documented NJ Exec O assessment findings in the resident's chart and then notified NJ Exec Order 26.4b if a resident's . The U.S. FOIA (b) stated that the nurse

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should have notified the Physician in the interim to get a treatment order in place. The [U.S. FOIA (b)] stated it was considered a delay in treatment if the nurse seen a concern during an assessment and did not address it. The [U.S. FOIA (b)] stated that the process for laboratory notification was that the laboratory called the facility and notified the nurse of the NJ Exec Order 26.4b1 results. The [U.S. FOIA (b)] stated the expectation was that the nurse was responsible for calling the Physician immediately after receiving the [NJ Exec Order 26.4b1] results. The [U.S. FOIA (b)] stated that the nurse, [U.S. FOIA], or U.S. FOIA (b)(6) should have identified if a care plan was not initiated for a resident. The [U.S. FOIA (b)] confirmed that Resident #2 did not have a care plan that addressed NJ Exec Order 26.4b1 The [U.S. FOIA (b)] further stated "Yes, there should have been a care plan that addressed the resident's NJ Exec Order 26.4b1 ." The [U.S. FOIA (b)] confirmed that the facility's care plan policy was not followed.

Review of the undated facility job description titled "Charge Nurse/Staff Nurse" revealed under "Duties and Responsibilities", "initiate request for consultation or referral. Examine the resident and his/her record and charts, and discriminate between normal and abnormal findings, in order to recognize when to refer the resident to a physician for evaluation, supervision, or directions. Discuss findings with the Unit Manager. Consult with the resident's physician in providing the resident's care, treatment, rehabilitation as necessary. Notify the resident's attending physician and next of kin when there is a change in the resident's condition. Inform the Unit Manager of any changes that need to be made on the care plan. Review resident care plans for appropriate resident goals, problems,

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F 658	Continued From page 9 approaches, and revisions based on nursing needs. Review of the undated facility job description titled "Nursing Unit Manager" revealed under "Major Duties and Responsibilities", "Ensure compliance with current applicable federal, state, and local regulations and facility policies and procedures. Assists in the development of written preliminary and comprehensive assessments of the nursing needs of each resident." NJAC 8:39-27.1(a)	F 658		
F 687 SS=D	Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00179130 Based on interviews, medical record review, and review of other pertinent facility documents on 11/07/2024 and 11/08/2024, it was determined that the facility failed to provide NJ Exec Order 26.4b1 and services for a resident that had a diagnosis of NJ Exec Order 26.4b1) and was	F 687	1. Resident #2 was seen by the NJ Exec Order 26.4b1 and care was provide to NJ Exec Order 26.4b1 and resident #2 will continue to be followed up by the NJ Exec Order 26.4b1 every NJ Exec Order 26.4b1 2. All residents in the facility have the potential to be affected by the deficient practice.	12/30/24

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F 687	Continued From page 10 admitted to the facility with NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 and was not seen by a NJ Exec Order 26.4b1 until NJ Exec Order 26.4b1. The facility also failed to follow its policy titled "NJ Exec Order 26.4b Services." This deficient practice was identified for 1 of 1 resident (Resident #2) reviewed for NJ Exec Order 26.4b1. This deficient practice was evidence by the following: According to the Admission Record (AR), Resident #2 was admitted to the facility on NJ Exec Order 26.4b1 with diagnoses which included but were not limited to, NJ Exec Order 26.4b1 [redacted] A review of Resident #2's most recent Quarterly Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1 revealed that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1, which indicated the resident's NJ Exec Order 26.4b1. Revealed under Section I that resident had an active diagnosis of NJ Exec Order 26.4b1 A review of Resident #2's medical record document titled " Autumn (AUTM) Admit/Readmit Screener 1.0-V7" with an effective date of NJ Exec Order 26.4b1 and signed date o NJ Exec Order 26.4b1 revealed under "Comments" NJ Exec Order 26.4b1 A review of Resident #2's NJ Exec Order 26.4b consult with a "visit date" of NJ Exec Order 26.4b1 revealed under "chief complaint", "NJ Exec Order 26.4b1". Revealed under "Subjective", "Additional Comments: New NJ Exec Order 26.4 patient seen today at the request of the facility for NJ Exec Order 26.4b1." Revealed under	F 687	3. Nursing and CNA will check all residents podiatry needs daily during ADL care. CNA will be in-serviced to notify nursing of any residents identified as having long toenails or other foot care concerns immediately. Unit Managers will perform audits weekly of weekly skin assessments of all resident to ensure that they are not in need of podiatry care. If identified need is noted a consult will be initiated immediately. The unit secretary will be notified of any podiatry needs and the unit secretary will notify the podiatrist and the resident will be added to the podiatrist list to be seen. Facility spoke to the company providing podiatry care to the facility and a new podiatrist has been assigned to the facility effective 1-17-25 to better accommodate the --needs of the facility for podiatry services. Unit managers will maintain a list of residents on their units and dates of podiatry care to monitor for frequency and need of podiatry care. 4. Director of nursing/designee shall review audits weekly of all weekly skin assessments to determine compliance of completion of skin assessment to include foot care and initiation of consultation of the podiatrist for four weeks, then monthly for three months then quarterly for 2 quarters. The findings of the audits will be reported to the monthly QAPI committee meeting each month for 2 quarters or until	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315058	A. BUILDING _____ B. WING _____	C 11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT SALEM COUNTY	438 SALEM-WOODSTOWN ROAD SALEM, NJ 08079

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 687	Continued From page 11 "Treatments", "Additional Comment: the NJ Exec Order were NJ Exec Order 26.4b to patient's NJ Exec Order 26.4b1 Revealed under "Assessment" that the resident was at NJ Exec Order for NJ Exec Order 26.4b1 without treatment of the NJ Exec Order 26.4b During a tour of the NJ Exec Order wing on 11/07/2024, the surveyors observed that Resident #2's NJ Exec Order 26.4b1 During an interview with the surveyors on 11/08/2024 at 10:50 AM, the Licensed Practical Nurse (LPN#1) stated that Resident #2 was not NJ Exec Order about if anything was NJ Exec Order 26.4b1 him/her and if him/her had NJ Exec Order 26.4b. LPN #1 stated she observed the resident's NJ Exec Order and had him/her seen by the NJ Exec Order 26.4b1 LPN #1 further stated that the NJ Exec Order 26.4b1 Resident #2's NJ Exec Order 26.4b. LPN #1 stated that she was unsure of when the resident was moved to her wing. LPN #1 further stated that when Resident #2 came to her wing that he/she had NJ Exec Order 26.4b1. LPN#1 stated that the nurse was responsible for notifying the U.S. FOIA (b)(6) when a resident needed to be seen by the U.S. FOIA (b)(6). LPN#1 further stated the U.S. FOIA was responsible for scheduling the resident for the U.S. FOIA (b)(6). LPN #1 stated that the in-house U.S. FOIA (b)(6) came to the facility every two months and if a resident needed to be seen sooner, they would be seen by an outside U.S. FOIA (b)(6). During an interview with the surveyors on 11/08/2024 at 11:15 AM, the U.S. FOIA (b)(6) stated that the expectation was that if the nurse observed a resident with NJ Exec Order 26.4b1 they had to notify her. The U.S. FOIA stated she would then notify the U.S. FOIA (b)(6) that the	F 687	such time consistent substantial compliance has been achieved as determined by the committee.	

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AUTUMN LAKE HEALTHCARE AT SALEM COUNTY	438 SALEM-WOODSTOWN ROAD SALEM, NJ 08079

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F 687	Continued From page 12	F 687		

resident needed to be scheduled for the [redacted]. The [redacted] stated that if it was an emergency the resident could be seen by an outside [redacted]. The [redacted] stated she did not observe Resident #2's [redacted]. The [redacted] stated she was aware that Resident #2 was seen by the [redacted]. The [redacted] further stated, "Resident #2 was a [redacted] because LPN #1 told me that his/her [redacted]." The [redacted] stated she could not remember when Resident #2 was transferred to her unit. The [redacted] stated she could not recall whether Resident #2 came to her unit with [redacted]. The [redacted] stated that when a resident was admitted directly to [redacted]) there is an order for [redacted] The [redacted] stated that Resident #2 had come from the [redacted] prior to coming to her unit.

During an interview with the surveyors on 11/08/2024 at 1:21 PM, the [redacted] stated that the nurses documented [redacted] assessment findings in the resident's chart and then notified [redacted] needed to be [redacted] The [redacted] stated that the nurse should have notified the Physician in the interim to get a treatment order in place. The [redacted] stated it was considered a delay in treatment if the nurse saw a concern during an assessment and did not address it. The [redacted] stated she did not know Resident #2 specifically. The [redacted] further stated it was delay in treatment if Resident #2 was admitted in [redacted] and did not see the [redacted] until [redacted] especially if he/she was a [redacted]

Review of the undated facility policy titled "Podiatry Services" revealed under "Policy Interpretation and Implementation", "Foot healthcare and podiatry services are available to all residents requiring routine and emergency

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	315058	A. BUILDING _____ B. WING _____	C 11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT SALEM COUNTY	438 SALEM-WOODSTOWN ROAD SALEM, NJ 08079

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 687	Continued From page 13 podiatry care. The unit manager/unit secretary will be responsible for making necessary appointments. All requests for routine and emergency podiatry services should be directed to the nursing secretary to assure that appointments can be made in a timely manner. Residents with identified foot issues will be promptly referred to podiatry." NJAC 8:39-27.1 (a) NJAC 8:39-27.2 (g)	F 687		
F 773 SS=D	Lab Srvcs Physician Order/Notify of Results CFR(s): 483.50(a)(2)(i)(ii) §483.50(a)(2) The facility must- (i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00179130 Based on interviews, medical record review, and review of other pertinent facility documents on 11/07/2024 and 11/08/2024, it was determined that the facility failed to promptly notify the Physician of an [redacted] result. The facility also failed to follow its policy titled "Laboratory Services and Reporting." This	F 773	1. Resident #2 [redacted] were addressed with MD and resident #2 received [redacted] treatment as ordered. All nursing personnel will be in-serviced on notifying the physician promptly of any abnormal results timely. 2. All residents in the facility have the potential to be affected by the deficient	12/30/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315058	A. BUILDING _____ B. WING _____	C 11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT SALEM COUNTY	438 SALEM-WOODSTOWN ROAD SALEM, NJ 08079

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F 773	Continued From page 14 deficient practice was identified for 1 of 3 residents (Resident #2) reviewed for laboratory results. This deficient practice was evidenced by the following: According to the Admission Record (AR), Resident #2 was admitted to the facility on NJ Exec Order 26.4b1 with diagnoses which included but were not limited to, NJ Exec Order 26.4b1 [redacted] A review of Resident #2's most recent Quarterly Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1 revealed that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1, which indicated the resident's NJ Exec Order 26.4b1 . A review of Resident #2's NJ Exec Order 26.4b1 report revealed a collection date of NJ Exec Order 26.4b1 at 6:00 AM, a reported date of NJ Exec Order 26.4b1 at 2:12 PM. The NJ Exec Order 26.4b1 report further revealed a reviewed by date of NJ Exec Order 26.4b1 at 1:27 PM by the US FOIA (b) (6) indicating the facility was notified that Resident #2 had an NJ Exec Order 26.4b1 NJ Exec Order 26 result. A review of Resident #2's Progress Notes (PNs) revealed that on NJ Exec Order 26.4b1 the nurse reviewed the NJ Exec Order 26.4b1 result with the Physician and a telephone order was obtained for NJ Exec Order 26.4b1 NJ Exec Order 26.4b During an interview with the surveyors on	F 773	practice. 3. The 11-7 shift nurses will be in-serviced on completing 24 hour chart checks to ensure timely physician notification of lab results. nursing will be in-serviced to document conversations or attempts to converse with physician regarding any lab results and subsequent orders. Lab results will be reviewed each morning in the morning clinical meeting with IDT team to ensure appropriate follow up and physician notification has been made. 3-11 supervisor will pull lab requisition daily to review labs completed that day and obtain lab results to review with physician daily. This report will be submitted to DON daily. 4. Director of nursing/designee will review the daily audits daily at morning clinical for completed and appropriate response from physician each morning for 3 quarters. The results of these audits will be reviewed monthly by the Administrator and will be reported to the monthly QAPI committee meeting for the next 4 quarters or until such time consistent substantial compliance has been achieved as determined by the committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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AUTUMN LAKE HEALTHCARE AT SALEM COUNTY	438 SALEM-WOODSTOWN ROAD SALEM, NJ 08079

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F 773	Continued From page 15	F 773		

11/08/2024 at 10:50 AM, the Licensed Practical Nurse (LPN#1) stated that when she received an NJ Exec Order 26.4b1 result, she notified either the Nurse Practitioner (NP) or the Physician by phone or fax. LPN #1 further stated once the NP or Physician gave an order it was placed in the computer by the nurse. LPN #1 stated the lab result from NJ Exec Order 26.4b1 was when the resident resided on the other unit. LPN #1 stated that the Physician had to be made aware of NJ Exec Order 26.4b1 results right away or it would be considered a delay in resident care and the resident could end NJ Exec Order 26.4b1.

During an interview with the surveyors on 11/08/2024 at 11:15 AM, the U.S. FOIA stated that the floor nurses and herself were responsible for notifying the Physician of NJ Exec Order 26.4b1 results. The U.S. FOIA stated the Physician should be notified as soon as results were received. The U.S. FOIA stated that it was important to notify the Physician as soon as possible, so that the resident can get appropriate treatment. The U.S. FOIA stated, "I believe Resident #2 had a NJ Exec Order 26.4b1 (NJ Exec Order 26.4b1 NJ Exec Order 26.4b1) in U.S. FOIA (b)(6)" The U.S. FOIA stated that NJ Exec Order 26.4b1 should have come back within three days. The surveyors showed the U.S. FOIA, resident #2's NJ Exec Order 26.4b1 report and the U.S. FOIA stated, "I could see it was delayed." The U.S. FOIA confirmed that seven days was a long time to not be started on NJ Exec Order 26.4b1 after the NJ Exec Order 26.4b1 result was received.

During an interview with the surveyors on 11/08/2024 at 1:21 PM, the U.S. FOIA (b)(6) stated that the process for laboratory notification was that the laboratory called the facility and notified the nurse of the NJ Exec Order 26.4b1

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AUTUMN LAKE HEALTHCARE AT SALEM COUNTY	**438 SALEM-WOODSTOWN ROAD SALEM, NJ 08079**

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F 773	Continued From page 16	F 773		

U.S. FOIA (b)(6) results. The U.S. FOIA (b) stated the expectation was that the nurse called the Physician immediately after receiving the NJ Exec Order 26.4b1 results. The U.S. FOIA (b) stated the importance of the nurse calling the Physician immediately with NJ Exec Order 26.4b1 was so that the resident's issue could be corrected before it became an emergent situation. The U.S. FOIA (b) further stated that the expectation was not for a nurse to notify the Physician seven days after an NJ Exec Order 26.4b1 was received. The U.S. FOIA (b) stated this was not the facility policy. The U.S. FOIA (b) stated she considered this a delay in a resident's treatment.

During a telephone interview with the surveyor on 11/13/2024 at 3:20PM, the Physician stated that Resident #2 was his resident. The Physician stated he did not remember the date when the nurse notified him of Resident #2's NJ Exec Order 26.4b1 results. The Physician stated that the nurse was supposed to call him right away and let him know the resident's NJ Exec Order 26.4b1 results. The Physician stated "This resident is a NJ Exec Order 26.4b1 resident and I don't see them as often, so the nurse has to let me know if something is NJ Exec Order 26.4b1"

Review of the facility policy titled "Laboratory Services and Reporting" dated 10/22/2022 revealed under "Policy Implementation and Interpretation", "7. Promptly notify the ordering Physician, Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist of laboratory results that fall outside the clinical reference range."

NJAC 8:39-13.1 (d)

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061703	A. BUILDING: _____ B. WING _____	C 11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT SALEM COU	438 SALEM-WOODSTOWN ROAD SALEM, NJ 08079

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ177860, NJ178708, NJ179130, NJ179216 Based on interviews and review of facility documents on 11/07/2024 and 11/08/2024, it was determined that the facility failed to ensure staffing ratios were met for 6 of 7-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated)	S 560	1.Efforts to hire more facility staff to allow us to have adequate or more than adequate staff to serve our resident have been ramped up. In the meantime the facility is utilizing agencies to fill open slots in the schedule. 2. All residents have the potential to be affected by the deficient practice of not meeting the NJ staffing requirement ratios. 3. The Administrator and Director of Nursing will continue to review the daily CNA staffing schedules to ensure compliance with the state's minimum CNA	12/30/24

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

Electronically Signed | 12/12/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061703	A. BUILDING: _____ B. WING _____	C 11/07/2024

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AUTUMN LAKE HEALTHCARE AT SALEM COU	438 SALEM-WOODSTOWN ROAD SALEM, NJ 08079

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S 560	Continued From page 1 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as 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: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the week of staffing prior to survey from 10/27/2024 to 11/02/2024, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows: On 10/27/24 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs. On 10/28/24 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. On 10/29/24 had 9 CNAs for 93 residents on the day shift, required at least 12 CNAs. On 10/30/24 had 9 CNAs for 93 residents on the day shift, required at least 12 CNAs. On 10/31/24 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs.	S 560	staffing requirement. The facility will continue its recruitment program and hiring efforts to attract and hire CNAs, as evidenced by placing advertisements on indeed, contacting recruitment agencies, and offering referral bonuses to current staff for securing additional staff. Incentives are offered to CNA's to work extra shifts such as gift cards and bonuses. Tap payout system has been implemented for staff to receive instant pay as incentive to employing more staff. Overtime is made available to all current employees. The facility will maintain contracts with multiple staffing agencies to fill open schedules. 4. The DON/designee will review staffing levels daily to ensure that we have adequate staffing. Findings will be reported to the Administrator daily and reviewed with the QA committee quarterly until substantial compliance is obtained. The Administrator/designee will review the staffing schedule weekly to monitor the staffing ratio on all shifts weekly x 90 days. The Administrator will report findings to the QA committee on a quarterly basis for 4 quarters or until such time consistent substantial compliance is achieved as determined by the committee.	

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	061703	A. BUILDING: _____ B. WING _____	C 11/07/2024

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S 560	Continued From page 2 On 11/02/24 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315058 Y1	A. Building B. Wing Y2	12/31/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT SALEM COUNTY	438 SALEM-WOODSTOWN ROAD SALEM, NJ 08079

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0656	Correction	ID Prefix F0658	Correction	ID Prefix F0687	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(b)(2)(i)(ii)	Completed
LSC	12/31/2024	LSC	12/31/2024	LSC	12/31/2024
ID Prefix F0773	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.50(a)(2)(i)(ii)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/31/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
11/7/2024	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
061703		12/31/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT SALEM COUNTY	438 SALEM-WOODSTOWN ROAD SALEM, NJ 08079

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 12/31/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
11/7/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO