

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

PRINTED: 05/22/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315231</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE CENTER FOR REHAB &amp; NURSING WASHINGTON TOWNSHIP</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 EGG HARBOR ROAD</b> <b>SEWELL, NJ 08080</b>		
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F 000	INITIAL COMMENTS  Complaint NJ#'s: 168276, 168819, 169243, 169388, 173651, 173735, 174353, 174440, 174760, 179192  Survey Date: 11/17/24 to 11/22/24  Census: 157  Sample: 31 + 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 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the	F 550			1/13/25

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

TITLE

(X6) DATE

Electronically Signed

12/11/2024

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 550	<p>Continued From page 1</p> <p>provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation and interview and record review, it was determined that the facility failed to ensure that the residents' dining experience was provided in a manner to promote dignity and respect of the residents. This deficient practice was identified in 1 of 6 dining areas observed, (the Activities room) and was evidenced by the following:</p> <p>On 11/19/24 at 11:59 AM, the surveyor observed dining on the first-floor activities room. The surveyor observed two (2) residents (Resident #22 and Resident #94) sitting at the same table. Resident #94 had their lunch tray and was eating. Resident #22 had not received their lunch tray. At that time, the surveyor interviewed a Licensed Practical Nurse (LPN # 2) who stated that residents who were seated at the same table</p>	F 550	<p>1. Resident #22 and Resident #94 were assisted to complete their meals. Staff involved were counseled on proper meal service practices, ensuring residents at the same table are served together.</p> <p>2. All Residents are at risk to be affected by the deficient practice.</p> <p>3. The "Dining Room Services" policy reviewed and revised, if necessary, to include explicit guidelines about serving all residents at the same table simultaneously. Nursing Director re-inserviced dietary and nursing staff on resident rights, dignity in dining services, and proper meal distribution procedures. Education will emphasize the importance of serving meals to all residents at the same table at the same time to ensure a</p>		

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F 550	<p>Continued From page 2</p> <p>should have been served their lunch at the same time.</p> <p>At 12:02 PM, LPN #2 stated that she had called the kitchen to obtain Resident #22's lunch tray. At that time, the surveyor observed Resident #22 <u>NJ Ex Order 26. 4B1</u> Resident # 94's plate and ate it. Then, Resident #94 tried to <u>NJ Ex Order 26.4(b)(1)</u> to Resident #22 and LPN #1 intervened. LPN #1 stated <u>NJ Ex Order 26. 4B1</u> "</p> <p>At 12:11 PM, the surveyor observed Resident # 22's lunch was delivered, and the resident began eating.</p> <p>A review of Resident #22's Order Summary Report revealed a Physician's order, dated <u>NJ Ex Order 26.4(b)(1)</u>, for a <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 11/20/24 at 8:29 AM, the surveyor interview with the <u>U.S. FOIA (b) (6)</u> who stated that all residents who were seated at the same table should have been served their meals at the same time. The <u>U.S. FOIA (b) (6)</u> stated that it was important to serve all residents at the same table their meals at the same time for dignity. The <u>U.S. FOIA (b) (6)</u> further stated that a resident should not be sitting at a table for a long period of time without food.</p> <p>On 11/21/24 at 12:44 PM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u>, in the presence of the <u>U.S. FOIA (b) (6)</u> and the survey team, who stated when serving residents in the dining areas, one table should be served their meals at the same time. The <u>U.S. FOIA (b) (6)</u> further stated that the importance of serving meals to all residents at the same table at the same time was so that a</p>	F 550	<p>dignified dining experience.</p> <p>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Director of Nursing or Designee will perform random meal service audit to ensure compliance with proper dining practices. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary.</p>		

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F 550	Continued From page 3 resident would not be waiting to eat while other residents were eating. The [REDACTED] stated that Resident#22 and Resident #97 should have been served their lunch at the same time.  On 11/22/24 at 9:42 AM, the [REDACTED], in the presence of the [REDACTED] and survey team, stated that Resident #22 usually ate lunch in the main dining room but due to the main dining room being unavailable that day, Resident #22 was rerouted to the activities room for lunch and their lunch tray should have gone to the activities room.  A review of the facility's "Dining Room Services" policy, revised/updated May 2024, included Dignity and Respect: All residents should be treated with dignity and respect during mealtimes.  A review of the facility's "Resident Rights" policy, reviewed/revised 12/20/2023, included that all employees shall treat all residents with kindness, respect, and dignity.	F 550			
F 578 SS=D	NJAC 8:39-4.1(a)12 Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)  §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.  §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.	F 578			1/13/25



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F 578	<p>Continued From page 4</p> <p>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).</p> <p>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.</p> <p>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, medical record review, and review of other facility documentation, it was determined that the facility failed to document a resident's <b>NJ Ex Order 26.4(b)(1)</b> preference on the physician's orders.</p> <p>This deficient practice was identified for one (1) of one (1) resident (Resident #52) reviewed for</p>	F 578	<p>1. The care team immediately reviewed Resident #52's medical record to determine the resident's preferences for <b>NJ Ex Order 26.4(b)(1)</b>. An order for <b>NJ Ex Order 26. 4B1</b> was added. The care team immediately reviewed Resident #52's medical record to determine the resident's preferences for <b>NJ Ex Order 26.4(b)(1)</b></p>		

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F 578	<p>Continued From page 5</p> <p><b>NJ Ex Order 26.4(b)(1)</b> and was evidenced by the following:</p> <p>On 11/18/24 at 11:18 AM, the surveyor reviewed the medical record for Resident #52. There was no documented evidence of the resident's <b>NJ Ex Order</b>.</p> <p>A review of the Admission Record, (an admission summary) revealed the resident was admitted to the facility with diagnoses which included: <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>A review of the resident's comprehensive Minimum Data Set (MDS), an assessment tool, dated <b>NJ Ex Order 26.4(b)(1)</b>, included the resident had a Brief Interview Mental Status (BIMS) score of <b>NJ Ex Order 26.4(b)(1)</b> out of 15, which indicated the resident's <b>NJ Ex Order 26.4B1</b>.</p> <p>On 11/20/24 at 11:25 AM, the surveyor interviewed the Registered Nurse (RN) #1 who stated, if the resident was admitted without a code status, they informed the <b>U.S. FOIA (b) (6)</b> and the <b>U.S. FOIA (b) (6)</b>. She stated that if the resident did not have a <b>NJ Ex Order 26.4(b)(1)</b>, <b>NJ Ex Order 26.4B1</b> " At that time, RN #1 reviewed Resident #52's electronic medical record (EMR) and confirmed the code status was not documented. She then stated, <b>NJ Ex Order 26.4B1</b>."</p> <p>On 11/20/24 at 2:23 PM, the surveyor interviewed the <b>U.S. FOIA (b) (6)</b> who stated that the resident's <b>NJ Ex Order 26.4(b)(1)</b> should be determined upon admission to the facility as it was a part of the admission process. She further stated if the</p>	F 578	<p>treatment.</p> <p>2. All Residents are at risk to be affected by the deficient practice.</p> <p>3. The facility's "Advanced Directives" policy was reviewed and updated to include documentation of life-sustaining treatment preferences upon admission. Administrator re-inserviced admission staff, social workers, and nurses on the importance of accurately documenting advance directives and the process for verifying and recording this information in the medical record.</p> <p>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Director of Nursing or Designee will perform audits of new admissions to verify that advance directive documentation is completed. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary.</p>		

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F 578	Continued From page 6 resident did not have a [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] [REDACTED] ) form on admission, then during the care conference with the Interdisciplinary Team (IDT) the advance directive would be confirmed. She explained the physician then created a [NJ Ex Order 26.4] form, and a physician order (PO) for the code status was written.  On 11/22/24 at 10:08 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] [REDACTED] in the presence of the [U.S. FOIA (b) (6)] and the survey team. The [U.S. FOIA (b) (6)] stated that every resident should have a [NJ Ex Order 26.4(b)(1)] and it should be determined on admission.  A review of the facility's "Advanced Directives" policy, reviewed/revised December 2023, included, "Prior to or upon admission of a resident, the Social Services Director or designee will inquire of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives."	F 578			
F 609 SS=D	NJAC 8:39 - 9.6 (a) Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or	F 609			1/13/25

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F 609	<p>Continued From page 7</p> <p>mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint #NJ169388</p> <p>Based on interview, record review, and review of facility documents, it was determined that the facility failed to report an allegation of [REDACTED] to the New Jersey Department of Health and the Office of the Ombudsman in a timely manner in accordance with state and federal requirements and the facility policy.</p> <p>This deficient practice was identified for 1 of 1 resident (Resident #199) reviewed for [REDACTED] and was evidenced by the following:</p> <p>Refer to F610</p>	F 609	<p>1. The incident involving Resident #199 was immediately reported to the NJDOH and the Office of the Ombudsman.</p> <p>2. All Residents are at risk to be affected by the deficient practice.</p> <p>3. Clear steps for reporting incidents, including verifying receipt of reports by the appropriate agencies, will be incorporated into the policy. All incidents will be reported through web portal for accuracy. A dual-verification process will be established to ensure all reports are accurately completed and submitted to the correct agencies. investigative staff re-inserviced on conducting thorough</p>		



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F 609	<p>Continued From page 8</p> <p>A review of the Admission Record (an admission summary), revealed the resident had diagnoses which included: <u>NJ Ex Order 26. 4B1</u></p> <p>[REDACTED]</p> <p>A review of the resident's quarterly Minimum Data Set (MDS), an assessment tool, dated <u>NJ Ex Order 26.4(b)(1)</u>, included the resident had a Brief Interview for Mental Status (BIMS) score of <u>NJ Ex</u> out of 15, which indicated the resident's <u>NJ Ex Order 26. 4B1</u>. Further review of the MDS revealed the resident had a <u>NJ Ex Order 26. 4B1</u></p> <p>[REDACTED]</p> <p>[REDACTED]. Further review of the MDS indicated that the resident had no documented behaviors.</p> <p>A review of the residents individual comprehensive care plan (ICCP) included a focus area, that indicated the resident had <u>NJ Ex Order 26. 4B1</u></p> <p>[REDACTED]</p> <p>[REDACTED]. Interventions included: <u>NJ Ex Order 26. 4B1</u></p> <p>[REDACTED]</p> <p>On 11/19/24 at 10:46 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #5) who stated that the resident had <u>NJ Ex Order 26.4(b)(1)</u></p>	F 609	<p>investigations.</p> <p>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Administrator (LNHA) or Designee will perform audits of reported incidents to ensure compliance with reporting requirements. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary.</p>		

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F 609	<p>Continued From page 10</p> <p>allegation was phoned into the NJDOH she replied "yes", and that it was human error that area designated for the date and time the allegation was phoned in was left blank.</p> <p>Further review of the RER/R included an "Individual Statement Form" that was written by Registered Nurse/Supervisor (RN/S) #2 on [REDACTED] NJ Ex Order 26.4(b)(1). RN/S #2 documented that on the afternoon (time not specified) of [REDACTED] NJ Ex Order 26.4B1, RN/S #2 received a text message that was intended for the [REDACTED] U.S. FOIA (b) (6) from the resident's family member, which conveyed that a CNA (Certified Nursing Assistant) from the prior evening was [REDACTED] NJ Ex Order 26.4B1 to the resident. The family member also had a complaint about today's CNA, CNA #7, who asked the resident's two family members to please leave the room while she [REDACTED] NJ Ex Order 26.4B1. The family members asked why they were asked to leave the room and the CNA stated that it would be easier for her to get around the bed. When the family members refused to leave CNA #7 walked out and that was when RN/S #2 documented that she got involved and [REDACTED] NJ Ex Order 26.4B1. RN/S #2 documented that she had CNA #7 write a statement and removed her from the resident's assignment. RN/S #2 documented, refer to CNA #7's statement. Further review of the RER/R failed to contain documented evidence of CNA #7's statement as referenced by RN/S#2.</p> <p>On 11/19/24 at 1:19 PM, the surveyor interviewed the [REDACTED] U.S. FOIA (b) (6) who stated that the RN/S #2 wrote a statement on [REDACTED] NJ Ex Order 26.4(b)(1) about the concerns raised by the resident's family on [REDACTED] NJ Ex Order 26.4B1. The [REDACTED] U.S. FOIA (b) (6) stated the interaction that occurred was between the employee and the resident's family member. The [REDACTED] U.S. FOIA (b) (6) provided care and reassigned the CNA. The [REDACTED] U.S. FOIA (b) (6) stated that was</p>	F 609			

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F 609	<p>Continued From page 11</p> <p>CNA #7's <b>NJ Ex Order 26. 4B1</b> that she worked at the facility. The surveyor asked if RN/S #2 was responsible to phone in an <b>NJ Ex Order 26. 4B1</b> to the NJDOH? The <b>U.S. FOIA (b)</b> stated that was not the facility practice. The <b>U.S. FOIA (b)</b> stated that the supervisor's role was to just to write a statement form, collect statements, and follow through.</p> <p>At that time, the surveyor asked the <b>U.S. FOIA (b)</b> if she had spoken to anyone at the NJDOH after the RER/R was submitted? The <b>U.S. FOIA (b)</b> responded, that she believed that someone had reached out to her to request additional information. The <b>U.S. FOIA (b)</b> further stated that she also believed that someone from the NJDOH came in and spoke with the resident directly regarding the incident. The <b>U.S. FOIA (b)</b> maintained that it was human error that the date and time she phoned the complaint in to NJDOH was omitted from the form.</p> <p>On 11/20/24 at 1:49 PM, the surveyor reviewed the Transmission Verification Report (TVR) (confirmation of facsimile (fax) submission) that was dated <b>NJ Ex Order 26. 4B1</b> at 6:54 PM. Further review of the TVR revealed that three pages, the length of the RER/R was faxed to an incorrect fax number that was unrelated to the NJDOH. The surveyor confirmed with the NJDOH Long-Term Care Complaints Department that there was no receipt of a Facility Reported Event (FRE) or a RER/R being phoned in or faxed from the facility that pertained to the resident's <b>NJ Ex Order 26. 4B1</b>. There was also no record of a summary and conclusion of the <b>NJ Ex Order 26</b> investigation on file at the NJDOH.</p> <p>On 11/20/24 at 2:00 PM, in the presence of the survey team the <b>U.S. FOIA (b)</b> stated that she was unsure if she was required to call in an <b>NJ Ex Order 26. 4B1</b></p>	F 609			



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F 609	<p>Continued From page 12</p> <p><b>[REDACTED]</b> within two hours or within twenty-four hours and stated that she would have to refer to the policy. The <b>[REDACTED]</b> further stated, "You do not have to call and send it in. You just send it in."</p> <p>On 11/21/24 at 11:40 AM, the <b>[REDACTED]</b> provided the surveyor with a copy of the Summary and Conclusion for the investigation that was completed on 12/1/23 and was sent to the NJDOH yesterday (<b>[REDACTED]</b>). When the surveyor requested a TVR to confirm when the Summary and Conclusion was originally sent to the NJDOH the <b>[REDACTED]</b> stated that she did not have one.</p> <p>On 11/22/24 at 9:54 AM, the surveyor interviewed the <b>[REDACTED]</b> and asked if the Office of the Ombudsman were notified of the <b>[REDACTED]</b> timely? The <b>[REDACTED]</b> stated that the notification would have been faxed or emailed to the Office of the Ombudsman. The <b>[REDACTED]</b> who was present stated that she would have to check and see if there were a second fax confirmation. The facility failed to provide documented evidence that the Office of the Ombudsman was notified of the resident's <b>[REDACTED]</b>.</p> <p>A review of the facility's "Abuse Investigation And Reporting" policy, updated 7/10/23, included:</p> <p>All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown origin (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations shall also be reported.</p>	F 609			

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F 609	<p>Continued From page 13</p> <p>Witness reports shall be obtained in writing. Either the witness shall write his/her statement and sign and date it, or the investigator may obtain a statement, read it back to the member and have him/her sign and date it.</p> <p>The investigator shall notify the ombudsman that an abuse investigation is being conducted.</p> <p>The investigator shall consult daily with the Administrator concerning the progress/findings of the investigation.</p> <p>Upon conclusion of the investigation, the investigator shall record the results of the investigation on approved documentation forms and provide the completed documentation to the Administrator.</p> <p>All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property shall be reported by the facility Administrator, or his/her designee, to the following persons or agencies:</p> <p>The State licensing/certification agency responsible for surveying/licensing the facility; The local/State Ombudsman; The Resident's Representative (Sponsor) of Record; Law enforcement officials; The resident's Attending Physician</p> <p>An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) shall be reported immediately, but not later than:</p>	F 609			

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F 609	Continued From page 14  Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury. Verbal/written notices to agencies may be submitted via special carrier, fax, e-mail, or by telephone.  Notices shall include, as appropriate: The name of the resident; The number of the room in which the resident resides; The type of abuse that was allegedly committed (i.e., Verbal, Physical, Sexual, Neglect, etc.); The date and time the alleged incident occurred; The name (s) of all persons involved in the incident; and What immediate action was taken by the facility.  The Administrator/designee, shall provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident...	F 609			
F 610 SS=D	NJAC 8:39-9.4 (f) Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.	F 610			1/13/25

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F 610	<p>Continued From page 15</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint #NJ169388</p> <p>Based on interview, record review, and review of facility documents, it was determined that the facility failed to conduct a timely and thorough investigation in accordance with the facility policy for an <u>NJ Ex Order 26. 4B1</u>.</p> <p>This deficient practice was identified for 1 of 1 resident (Resident #199) reviewed for <u>NJ Ex Order 26</u> and was evidenced by the following:</p> <p>Refer to F609</p> <p>On 11/18/24 at 10:27 AM, the surveyor reviewed the closed medical record for Resident #199.</p> <p>A review of the Admission Record (an admission summary), revealed the resident had diagnoses which included: <u>NJ Ex Order 26. 4B1</u></p>	F 610	<ol style="list-style-type: none"> <li>1. A thorough review of the incident involving Resident #199 was conducted. Missing witness statements were obtained, and all involved parties were re-interviewed to complete the investigation.</li> <li>2. All Residents are at risk to be affected by the deficient practice.</li> <li>3. The "Abuse Investigation and Reporting" policy reviewed to include detailed steps for conducting investigations, including timelines and required documentation for all allegations. Investigations will be reviewed by the Administrator and Director of Nursing to ensure completion and compliance with regulatory requirements before submission to external agencies. Investigative staff, re-inserviced on the mandatory reporting requirements, including Timelines for reporting incidents involving abuse, neglect, or mistreatment. Proper completion of Reportable Event Records/Reports</li> <li>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a</li> </ol>		



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F 610	<p>Continued From page 16</p> <p><i>NJ Ex Order 26. 4B1</i></p> <p>A review of the resident's quarterly Minimum Data Set (MDS), an assessment tool, dated 12/10/23, included the resident had a Brief Interview for Mental Status (BIMS) score of <i>NJ Ex Order 26. 4B1</i> out of 15, which indicated the resident's <i>NJ Ex Order 26. 4B1</i>. Further review of the MDS revealed the resident had a <i>NJ Ex Order 26. 4B1</i></p> <p><i>NJ Ex Order 26. 4B1</i>. Further review of the MDS indicated that the resident had no documented <i>NJ Ex Order 26.4(b)(1)</i></p> <p>A review of the residents individual comprehensive care plan (ICCP) included a focus area, that indicated the resident had <i>NJ Ex Order 26. 4B1</i></p> <p>. Interventions included: <i>NJ Ex Order 26. 4B1</i></p> <p>On 11/19/24 at 10:46 AM, the surveyor interviewed the <i>U.S. FOIA (b) (6)</i> #5 who stated that the resident had <i>NJ Ex Order 26.4(b)(1)</i> which included <i>NJ Ex Order 26.4(b)(1)</i> to a care giver who was <i>NJ Ex Order 26.4(b)(1)</i>. LPN #5 stated that the resident would would <i>NJ Ex Order 26. 4B1</i></p> <p>. LPN #5 stated that if a resident were <i>NJ Ex Order 26.4(b)(1)</i>, the aide would be removed from the assignment and both the <i>U.S. FOIA (b) (6)</i> would handle that. LPN #5 stated that one time, an agency aide asked the resident's family members to step out of the resident's room and</p>	F 610	<p>monthly basis (2) two months, the Administrator (LNHA) or Designee will perform audits of reported incidents to ensure compliance with reporting requirements. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary.</p>		

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F 610	<p>Continued From page 17</p> <p>that was when I called the [U.S. FOIA (b) (6)]. LPN #5 stated that the resident was [NJ Ex Order 26.4(b)(1)] and the [U.S. FOIA] said the same thing. LPN #5 stated that the resident [NJ Ex Order 26.4(b)(1)], as that was just how he/she [NJ Ex Order 26.4(b)(1)]. LPN #5 stated that everything was then handled by the supervisors. When the surveyor asked if were [NJ Ex Order 26.4(b)(1)] if the [U.S. FOIA (b) (6)] refused to provide care LPN #5 responded, "NJ Ex Order 26. 4B1".</p> <p>A review of the resident's Progress Notes (PN) revealed there was no documented evidence of the incident that was described by LPN #5.</p> <p>On 11/19/24 at 11:03 AM, the surveyor requested all investigations for the resident and the [U.S. FOIA (b) (6)] provided the surveyor with a Reportable Event Record/Report (RER/R) dated [NJ Ex Order 26.4(b)(1)], for a report of [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] that occurred at an unspecified time in the AM on [NJ Ex Order 26.4(b)(1)]. Further review of the RER/R revealed that on [NJ Ex Order 26.4(b)(1)], the resident's family member [NJ Ex Order 26. 4B1] towards the resident during an interaction with a care taker on [NJ Ex Order 26.4(b)(1)], and the identified caretaker was removed from the schedule pending the investigation.</p> <p>Further review of the RER/R included an "Individual Statement Form" that was written by Registered Nurse/Supervisor (RN/S) #2 on [NJ Ex Order 26.4(b)(1)]. RN/S #2 documented that on the afternoon (time not specified) of [NJ Ex Order 26. 4B1], RN/S #2 received a text message that was intended for the [U.S. FOIA (b) (6)] from the resident's family member, which conveyed that a CNA (Certified Nursing Assistant) from the prior evening was [NJ Ex Order 26.4(b)(1)] to the resident. The family member also had a complaint about today's CNA, CNA #7, who</p>	F 610			

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F 610	<p>Continued From page 18</p> <p>asked the resident's two family members to please leave the room while she [REDACTED] the resident. The family members asked why they were asked to leave the room and the CNA stated that it would be easier for her to get around the bed. When the family members refused to leave CNA #7 walked out and that was when RN/S #2 documented that she got involved and [REDACTED] the resident. RN/S #2 documented that she had CNA #7 write a statement and removed her from the resident's assignment. RN/S #2 documented, refer to CNA #7's statement. Further review of the RER/R failed to contain documented evidence of CNA #7's statement as referenced by RN/S#2.</p> <p>Further review of the RER/R included a statement that was written by the [REDACTED] on [REDACTED], which indicated that he had spoken with the resident's family member with the [REDACTED] present. The [REDACTED] documented that he asked the resident's family member to explain the written statement in his/her email correspondence provided to the facility that mentioned there was [REDACTED]. The family member reportedly told the [REDACTED] that the resident experienced [REDACTED] on Sunday [REDACTED] with a CNA, after they found the resident [REDACTED] and the CNA was [REDACTED]. The family member reportedly stated that the resident had [REDACTED] and also informed the [REDACTED] that the resident's room mate was present at the time. Further review of the RER/R failed to contain documented evidence that the facility interviewed or obtained a statement from the resident's room mate, an unsampled resident whose BIMS was [REDACTED] out of 15, according to the resident's MDS dated [REDACTED]</p>	F 610			

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F 610	<p>Continued From page 19</p> <p>Further review of the RER/R included four resident interviews that were dated [REDACTED] NJ Ex Order 26.4(b)(1). There were no further Statement Forms attached to the investigation to indicate that the resident, resident's roommate, the resident's assigned nurse, or facility staff were interviewed as potential witnesses to the [REDACTED] NJ Ex Order 26. 4B1 as required of the facility policy.</p> <p>On 11/19/23 at 11:33 AM, the surveyor unsuccessfully attempted to contact both RN/S #2 and CNA #7 via telephone for an interview.</p> <p>On 11/19/24 at 1:19 PM, the surveyor interviewed the [REDACTED] and asked why the facility failed to provide the surveyor with a statement from CNA #7 that was referenced by RN/S #2? At that time, the [REDACTED] provided the surveyor with a copy of an email sent to the facility by the resident's family dated [REDACTED] NJ Ex Order 26. 4B1 at 12:03 PM, and referenced an undated or timed interview that the [REDACTED] reportedly wrote on the back of the email. The [REDACTED] stated that when she realized that CNA #7's statement was missing, she called her a few days later after the event. The [REDACTED] stated that when interviewed, CNA #7 stated that when she entered the resident's room, they immediately asked who she was and were constantly on the call bell. The [REDACTED] stated that CNA #7 did not even have a chance to introduce herself. The [REDACTED] stated that CNA #7 stated that the residents wanted a nurse and she got them some ice. CNA #7 stated that the resident's room mate was reportedly [REDACTED] NJ Ex Order 26. 4B1" to her. The [REDACTED] stated that she had given the family her number and the supervisors number to call her directly if needed.</p> <p>The [REDACTED] further stated that we made a follow-up</p>	F 610			



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F 610	<p>Continued From page 20</p> <p>call on [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1], and there was no [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1]. The [U.S. FOIA (b) (6)] stated that when the [U.S. FOIA (b) (6)] phoned the family, that was when they [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1]. The [U.S. FOIA (b) (6)] stated that if abuse was alleged during the shift, clear [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1], then we send the [U.S. FOIA (b) (6)] home rather than just remove them from the resident's assignment.</p> <p>The [U.S. FOIA (b) (6)] further stated that RN/S #2 was interviewed and stated that the CNA #7 asked the resident's family to step out because they were hindering the aide. RN/S #2 stated that the two family members stood at the end of the bed in a small space and were [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1] and CNA #7 felt hindered from getting supplies and could not perform the care. RN/S #2 stated that CNA #7 felt the family was [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1] and got the [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)]. The [U.S. FOIA (b) (6)] stated from the reports she received, the resident did not [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1] or [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1]. The conversation was with the family, not the resident. The [U.S. FOIA (b) (6)] stated that it was the family's perception that CNA #7 was [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1] to them. The [U.S. FOIA (b) (6)] stated that was when CNA #7 was removed from the resident's assignment and was permitted to work the rest of the shift. The [U.S. FOIA (b) (6)] stated that the family just did not want CNA #7 assigned to the resident as she had a [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1]. The [U.S. FOIA (b) (6)] stated that according to RN/S #2, [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1]. The [U.S. FOIA (b) (6)] stated that when the family went to get the [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)], she came and completed the resident's care and assigned the resident to another CNA. The [U.S. FOIA (b) (6)] stated that was CNA #7's [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1] that she ever worked at the facility and was then placed on the [U.S. FOIA (b) (6)] [NJ Ex Order 26.4B1] list.</p> <p>The [U.S. FOIA (b) (6)] further stated that the RN/S #2 initiated</p>	F 610			

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F 610	<p>Continued From page 21</p> <p>a concern, not a risk management, as it was not their practice. The RN/S #2 spoke with the family and obtained statements and the [U.S. FOIA (b)] initiated an investigation.</p> <p>The surveyor then reviewed the email the [U.S. FOIA (b)] provided dated [NJ Ex Order 26. 4B1] at 12:03 PM, from the resident's family that was sent to both the [U.S. FOIA (b)]. The family advised the facility that on [NJ Ex Order 26.4(b)], the resident and his/her room mate had an aide that was [NJ Ex Order 26. 4B1] to them when she came on duty at 7:00 PM and they did not want her back on [NJ Ex Order 26.4(b)]. The family documented that the concern was presented to RN/S #2 when she came to the room to talk with us on [NJ Ex Order 26. 4B1]. Further review of the email indicated that the family presented to the facility around 12:45 PM, on [NJ Ex Order 26. 4B1] and neither the resident or his/her room mate had baths or were dressed. The family was reportedly told that no one would be getting out of bed because there was short staffing. When asked about [NJ Ex Order 26. 4B1] the resident, CNA #7 stated, "[NJ Ex Order 26. 4B1]" which was not the case because the family was there for almost [NJ Ex Order 26. 4B1] at that point. The email further indicated that CNA #7 stated she would be back and did not return for [NJ Ex Order 26. 4B1] and that was when they texted RN/S #2. Then when CNA #7 finally came back, she requested that we leave the room when the resident wanted us to stay. When the family asked why CNA #7 stated, "[NJ Ex Order 26. 4B1]" and proceeded to leave and left the resident lying flat in the bed. The family described CNA #7 as "[NJ Ex Order 26. 4B1]". The family then informed LPN #5 after twenty minutes passed who stated, "[NJ Ex Order 26. 4B1]" and it was the resident's option to have his/her family there or not. The family indicated that when CNA #7 walked by the family asked if she would</p>	F 610			

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F 610	<p>Continued From page 22</p> <p>go back and <b>NJ Ex Order 26. 4B1</b> and CNA #7 allegedly stated if he/she needs help he/she can <b>NJ Ex Order 26. 4B1</b>.</p> <p>On 11/20/24 at 9:10 AM, the surveyor interviewed the <b>U.S. FOIA (b)</b> in the presence of the survey team and asked why the resident's roommate was not interviewed when the resident's family indicated his/her presence during the allegation? The <b>U.S. FOIA (b)</b> stated, <b>NJ Ex Order 26. 4B1</b>.</p> <p>A review of the facility's "Abuse Investigation And Reporting" policy, updated 7/10/23, included:</p> <p>All reports of resident abuse, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source ("abuse") shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations shall also be reported.</p> <p>...Role of the Investigator: The individual conducting the investigation shall, as a minimum: Review the completed forms; Review the resident's medical record to determine events leading up to the incident; Interview the person (s) reporting the incident; Interview any witnesses to the incident; Interview the resident (as medically appropriate); Interview the resident's nurse/Attending Physician as needed to determine the resident's current level of function and medical condition; Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident;</p>	F 610			

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F 610	<p>Continued From page 23</p> <p>Interview the resident's roommate; Interview other residents to whom the accused employee provides care or services; and Review all events leading up to the alleged incident.</p> <p>A review of the facility's "Abuse Prevention Program" updated 7/10/23, included:</p> <p>Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.</p> <p>...Identify and assess all possible incidents of abuse; Investigate and report any allegations of abuse within the timeframes as required by federal requirements; Protect residents during abuse investigations;...</p> <p>Abuse is defined as..."the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, and mental abuse including abuse facilitated or enabled by the use of technology."</p> <p>Neglect, as defined..."means "the failure of the</p>	F 610			



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F 610	<p>Continued From page 24</p> <p>facility, and its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress...."</p> <p>...the nurse shall assess the individual and document related findings. Assessment data shall include: injury assessment (bleeding, bruising, deformity, swelling etc.); Pain assessment; Current behavior; Patient's age and sex; All current medications, especially anticoagulants (thins the blood), NSAIDS (non-steroidal anti-inflammatory medications), salicylate (aspirin);...</p> <p>Vital signs; Behavior over last 24 hours... ...All active diagnoses; and Any recent labs.</p> <p>...The staff, with the physician's input as needed, shall investigate alleged abuse and neglect to clarify what happened and identify possible causes.</p> <p>The physician shall provide adequate documentation regarding negative outcomes that have resulted from a resident's underlying medical illnesses or conditions, despite appropriate care.</p> <p>...The staff and physician shall monitor individuals who have been abused to address any issues regarding their medical condition, mood and function.</p> <p>The medical director shall advise facility management and staff about ways to ensure that basic medical, functional, and psychosocial needs are being met and that potentially preventable or treatable conditions affecting</p>	F 610			

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F 610	Continued From page 25 function and quality of life are addressed appropriately.  The physician shall advise the facility and help review and address abuse and neglect issues as part of the quality assurance process.  NJAC 8:39-4.1(a) 5	F 610			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.	F 657			1/13/25

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F 657	<p>Continued From page 26</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ173651</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to revise a resident's individual comprehensive care plan after a resident developed <u>NJ Ex Order 26. 4B1</u> for 1 of 2 residents (Resident #2) reviewed for <u>NJ Ex Order 26. 4B1</u>.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 11/17/24 at 10:16 AM, the surveyor observed Resident #2 lying in bed. The resident's <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 11/18/24 at 10:24 AM, the surveyor reviewed the medical record for Resident #2.</p> <p>A review of the Admission Record (an admission summary), revealed the resident had diagnoses which included: <u>NJ Ex Order 26. 4B1</u>.</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool, dated <u>NJ Ex Order 26.4(b)(1)</u> included the resident had a Brief Interview for Mental Status score of <u>NJ Ex Order 26. 4B1</u> out of 15 which indicated the resident's <u>NJ Ex Order 26. 4B1</u>. Further review of the MDS revealed the resident had <u>NJ Ex Order 26. 4B1</u>.</p> <p>A review of the Individualized Comprehensive Care Plan (ICCP) did not include the resident's</p>	F 657	<ol style="list-style-type: none"> <li>1. Resident #2's care plan was updated to include the resident's <u>NJ Ex Order 26. 4B1</u>. Interventions were added to address and prevent further <u>NJ Ex Order 26. 4B1</u>. Physician orders were obtained to include <u>NJ Ex Order 26. 4B1</u>. Certified Nursing Assistants (CNAs) were provided with updated instructions on the CNA Kardex to assist Resident #2 with <u>NJ Ex Order 26. 4B1</u>.</li> <li>2. All Residents are at risk to be affected by the deficient practice.</li> <li>3. The facility's "Care Plans, Comprehensive, Person-Centered" policy was reviewed to ensure the requirement for immediate care plan updates following any change in a resident's condition, including the development of contractures. Enhanced communication between therapy and nursing staff to ensure therapy recommendations are promptly incorporated into care plans. Director of Nursing will educate all nursing and therapy staff on the importance of timely care plan updates and the process for revising care plans when a resident's condition changes.</li> <li>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Director of Nursing or Designee will perform audits of care plans will be conducted to ensure compliance with care plan updates for residents with changes in condition.</li> </ol>		

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F 657	<p>Continued From page 27</p> <p><b>NJ Ex Order 26. 4B1</b> . Further review of the ICCP did not include interventions to treat or prevent <b>NJ Ex Order 26.4(b)(1)</b> in <b>NJ Ex Order 26. 4B1</b> .</p> <p>A review of the Order Summary Report, dated as of <b>NJ Ex Order 26.4(b)(1)</b> , did not include any physician orders (PO) to treat or prevent <b>NJ Ex Order 26.4(b)(1)</b> in <b>NJ Ex Order 26. 4B1</b> .</p> <p>A review of the Certified Nursing Assistant (CNA) Kardex, dated as of <b>NJ Ex Order 26.4(b)(1)</b> , did not include any instructions for the CNA to provide or assist the resident with <b>NJ Ex Order 26. 4B1</b> to prevent a reduction in <b>NJ Ex Order 26. 4B1</b> .</p> <p>A review of the Record of Patient and Family Concerns form, dated <b>NJ Ex Order 26.4(b)(1)</b> , included on the second page titled, "Areas of Concerns," that the resident was <b>NJ Ex Order 26. 4B1</b> ."</p> <p>On 11/20/24 at 10:20 AM, the surveyor interviewed CNA #2 who stated she had been Resident #2's CNA for <b>NJ Ex Order 26. 4B1</b> and that both the resident's <b>NJ Ex Order 26. 4B1</b> . When asked how long the resident's <b>NJ Ex Order 26. 4B1</b> , the CNA stated she was unsure the exact timeframe, but that the resident's <b>NJ Ex Order 26. 4B1</b> when the CNA was first assigned to the resident <b>NJ Ex Order 26. 4B1</b> .</p> <p>On 11/20/24 at 10:41 AM, the surveyor interviewed the <b>U.S. FOIA (b) (6)</b> who stated that the resident was seen by <b>U.S. FOIA (b) (6)</b> from <b>NJ Ex Order 26.4(b)(1)</b> to <b>NJ Ex Order 26.4(b)(1)</b> , and that the resident's <b>NJ Ex Order 26. 4B1</b> at that time. The <b>U.S. FOIA (b) (6)</b> reviewed the <b>U.S. FOIA (b) (6)</b> treatment notes and stated the resident preferred <b>NJ Ex Order 26. 4B1</b> and that <b>U.S. FOIA (b) (6)</b> provided education to the nurse and CNA to provide <b>NJ Ex Order 26. 4B1</b> to the resident's</p>	F 657	Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary.		



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F 657	<p>Continued From page 28</p> <p><b>NJ Ex Order 26. 4B1</b>. At that time, the <b>U.S. FOIA (b)</b> provided the surveyor with copies of the <b>U.S. FOIA</b> and <b>NJ Ex Order 26. 4B1</b> evaluations, treatment notes, and discharge summaries, as well as the Training and Education Log that <b>U.S. FOIA</b> created to train the <b>U.S. FOIA (b)</b> on <b>NJ Ex Order 26. 4B1</b>.</p> <p>A review of the <b>NJ Ex Order 26.4(b)</b> Evaluation and Plan of Treatment, dated <b>NJ Ex Order 26.4(b)</b>, included the resident had diagnoses of <b>NJ Ex Order 26. 4B1</b>.</p> <p>A review of the <b>U.S. FOIA</b> Evaluation and Plan of Treatment, dated <b>NJ Ex Order 26.4(b)</b>, included the resident had diagnoses of <b>NJ Ex Order 26. 4B1</b>. Further review included <b>U.S. FOIA</b> educated the CNAs on the benefit of <b>NJ Ex Order 26. 4B1</b> to resident's <b>NJ Ex Order 26. 4B1</b>.</p> <p>A review of the Training and Education Log, dated <b>NJ Ex Order 26.4(b)</b>, included the resident would benefit from <b>NJ Ex Order 26. 4B1</b> could be incorporated into daily resident morning care. Further review included the resident refused any devices to prevent reduction in <b>NJ Ex Order 26. 4B1</b>.</p> <p>A review of the <b>U.S. FOIA</b> Discharge Summary, dated <b>NJ Ex Order 26.4(b)</b>, included discharge recommendations for nursing staff to continue <b>NJ Ex Order 26. 4B1</b> to the resident's <b>NJ Ex Order 26. 4B1</b>.</p> <p>On 11/20/24 at 11:22 AM, the surveyor conducted a follow-up interview with CNA #2 who stated she performed <b>NJ Ex Order 26. 4B1</b> for Resident #2's <b>NJ Ex Order 26. 4B1</b>. The <b>U.S. FOIA (b)</b> explained that she would open and close the resident's <b>NJ Ex Order 26. 4B1</b> during care, but that the resident's <b>NJ Ex Order 26. 4B1</b> and caused the resident <b>NJ Ex Order 26. 4B1</b>.</p>	F 657			

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F 657	<p>Continued From page 29</p> <p>On 11/20/24 at 12:04 PM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated she tried to perform <u>NJ Ex Order 26. 4B1</u> on the resident's <u>NJ Ex Order 26. 4B1</u>, but the resident refused to let the <u>U.S. FOIA (b) (6)</u> the resident's <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 11/21/24 at 10:57 AM, the surveyor conducted a follow-up interview with CNA #2 who stated for residents with <u>NJ Ex Order 26. 4B1</u>, the CNAs <u>NJ Ex Order 26. 4B1</u> the resident every two hours and performed <u>NJ Ex Order 26. 4B1</u> with care. The <u>U.S. FOIA (b) (6)</u> further stated it was important to provide <u>NJ Ex Order 26. 4B1</u> residents in order to <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 11/21/24 at 11:05 AM, the surveyor interviewed <u>U.S. FOIA (b) (6)</u> #4 who stated for residents with <u>NJ Ex Order 26. 4B1</u>, the nursing staff performed <u>NJ Ex Order 26. 4B1</u> and <u>NJ Ex Order 26. 4B1</u> the resident every two hour to <u>NJ Ex Order 26. 4B1</u>. LPN #4 further stated that <u>NJ Ex Order 26. 4B1</u> should be included on the resident's ICCP so that <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 11/21/24 at 11:15 AM, the surveyor interviewed <u>U.S. FOIA (b) (6)</u> (LPN/RSN) #1 who stated for residents with <u>NJ Ex Order 26. 4B1</u>, the nursing staff monitored the resident's <u>NJ Ex Order 26.4(b)(1)</u> and performed <u>NJ Ex Order 26. 4B1</u> for the resident to <u>NJ Ex Order 26. 4B1</u>. LPN/RSN #1 further stated <u>NJ Ex Order 26. 4B1</u> should be included on the resident's ICCP so that <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 11/21/24 at 12:45 PM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> in the</p>	F 657			

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F 657	Continued From page 30 presence of the U.S. FOIA (b) (6) and the survey team. The U.S. FOIA (b) stated that for NJ Ex Order 26. 4B1 residents, staff should be following the recommendations made by the NJ Ex Order 26. 4B1 department to NJ Ex Order 26. 4B1. The U.S. FOIA (b) further stated the NJ Ex Order 26. 4B1 recommendations should be included on the resident's ICCP which was revised by the interdisciplinary team as soon as there were changes in the resident's condition because the ICCP NJ Ex Order 26. 4B1. At that time, the surveyor informed the U.S. FOIA (b) that Resident #2's ICCP did not include the resident's NJ Ex Order 26. 4B1 and the U.S. FOIA (b) confirmed that the resident's ICCP should have been revised to include the NJ Ex Order 26. 4B1.  A review of the facility's "Range of Motion Exercises" policy, revised December 2023, included, "Review the resident's care plan to assess for any special needs of the resident."  A review of the facility's "Care Plans, Comprehensive, Person-Centered" policy, revised January 2024, included, "Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change," and, "The Interdisciplinary Team must review and update the care plan: ... At least quarterly, in conjunction with the required quarterly MDS assessment."	F 657			
F 677 SS=D	NJAC 8:39-27.1(a) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry	F 677			1/13/25

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F 677	<p>Continued From page 31</p> <p>out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint #: NJ173651</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide nail care to a resident who was unable to carry out <u>NJ Ex Order 26. 4B1</u> for 1 of 4 residents (Resident #2) reviewed for <u>NJ Ex Order 26. 4B1</u>.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 11/18/24 at 10:54 AM, the surveyor observed Resident #2 lying in bed. The resident's <u>NJ Ex Order 26. 4B1</u> on the resident's <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 11/18/24 at 10:24 AM, the surveyor reviewed the medical record for Resident #2.</p> <p>A review of the Admission Record (an admission summary), revealed the resident had diagnoses which included: <u>NJ Ex Order 26. 4B1</u>.</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool, dated <u>NJ Ex Order 26.4(b)(1)</u> included the resident had a Brief Interview for Mental Status score of <u>7</u> out of 15 which indicated the resident's <u>NJ Ex Order 26. 4B1</u>. Further review of the MDS revealed the resident was dependent on staff for all <u>NJ Ex Order 26. 4B1</u>.</p>	F 677	<ol style="list-style-type: none"> <li>1. Resident #2 received immediate assistance with <u>NJ Ex Order 26.4(b)(1)</u> and was <u>NJ Ex Order 26.4(b)(1)</u> appropriately. Staff assigned to Resident #2 were counseled on the importance of providing timely and adequate <u>NJ Ex Order 26. 4B1</u>.</li> <li>2. All Residents are at risk to be affected by the deficient practice.</li> <li>3. Review and reinforce the <u>NJ Ex Order 26. 4B1</u> policy to ensure all dependent residents receive appropriate assistance with hygiene, grooming, and dressing. <u>U.S. FOIA (b) (6)</u> re-inserviced direct care staff on recognizing and meeting the needs of dependent residents for <u>NJ Ex Order 26. 4B1</u>.</li> <li>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Director of Nursing or Designee will perform audits to ensure proper hygiene care is performed. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary</li> </ol>		



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F 677	<p>Continued From page 32</p> <p><u>NJ Ex Order 26. 4B1</u>.</p> <p>A review of the Individualized Comprehensive Care Plan (ICCP) included a focus area, dated <u>NJ Ex Order 26. 4B1</u>, that the resident had an <u>NJ Ex Order 26. 4B1</u> performance <u>NJ Ex Order 26. 4B1</u>. Interventions included: <u>NJ Ex Order 26. 4B1</u>.</p> <p>A review of the Order Summary Report (OSR), dated as of <u>NJ Ex Order 26. 4B1</u>, included the following physician orders (PO): A PO, dated <u>NJ Ex Order 26. 4B1</u>, for showers biweekly every <u>NJ Ex Order 26. 4B1</u> night shift.</p> <p>A review of the Progress Notes (PN) in the last six (6) months revealed there was no documentation that the resident refused to have his/her <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 11/20/24 at 10:20 AM, the surveyor interviewed <u>U.S. FOIA (b) (6)</u> #2 who stated the activities staff were responsible for resident <u>NJ Ex Order 26. 4B1</u>. When asked about Resident #2, CNA #2 stated <u>NJ Ex Order 26. 4B1</u> had been the resident's CNA for <u>NJ Ex Order 26. 4B1</u> and that the resident's <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 11/20/24 at 12:04 PM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated she normally would file Resident #2's <u>NJ Ex Order 26. 4B1</u>, but the resident <u>NJ Ex Order 26. 4B1</u>. At that time, the surveyor observed both of Resident #2's <u>NJ Ex Order 26. 4B1</u> in the presence of the <u>U.S. PO</u> who confirmed that the resident's <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 11/20/24 at 2:11 PM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated the</p>	F 677			

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F 677	<p>Continued From page 33</p> <p>activities staff [redacted] resident [redacted] but were not allowed to [redacted] resident [redacted]</p> <p>On 11/21/24 at 10:57 AM, the surveyor conducted a follow-up interview with CNA #2 who stated the CNAs were responsible for residents' [redacted] care and if the resident refused, the [redacted] would notify the nurse. CNA #2 further stated that it was important to provide [redacted] care to prevent [redacted] for infection control and if the resident's [redacted]</p> <p>On 11/21/24 at 11:05 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #4 who stated it was important to ensure residents with [redacted] to prevent [redacted]. LPN #4 further stated he was unsure who was responsible for [redacted] resident [redacted] but that if a resident refused [redacted] care, the nurse would document the refusal in the progress notes.</p> <p>On 11/21/24 at 11:15 AM, the surveyor interviewed Licensed Practical Nurse/Resource Nurse (LPN/RSN) #1 who stated it was important to ensure residents with [redacted] did not have [redacted] because it could create [redacted]. LPN/RSN#1 further stated it was the CNA's responsibility to check the residents' [redacted] every day to see if the [redacted] needed to be [redacted]. LPN/RSN#1 added that if the resident refused [redacted] care, the staff should reapproach to improve compliance.</p> <p>On 11/21/24 at 12:45 PM, the surveyor interviewed the [redacted] in the presence of the [redacted]</p>	F 677			

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F 677	<p>Continued From page 34</p> <p><b>U.S. FOIA (b) (6)</b> and the survey team. The <b>U.S. FOIA (b) (6)</b> stated the CNAs <b>NJ Ex Order 26. 4B1</b> the residents' <b>NJ Ex Order 26. 4B1</b> as part of the residents' daily care. The <b>U.S. FOIA (b) (6)</b> further stated that if the resident refused <b>NJ Ex Order 26. 4B1</b> care, the nurse should document the refusal. At that time, the surveyor informed the <b>U.S. FOIA (b) (6)</b> of Resident #2's <b>NJ Ex Order 26. 4B1</b> and the <b>U.S. FOIA (b) (6)</b> confirmed the <b>U.S. FOIA (b) (6)</b> should notify the <b>U.S. FOIA (b) (6)</b> of the resident's <b>NJ Ex Order 26. 4B1</b>.</p> <p>On 11/22/24 at 9:43 AM, in the presence of the <b>U.S. FOIA (b) (6)</b> and the survey team, the <b>U.S. FOIA (b) (6)</b> confirmed that she observed Resident #2's <b>NJ Ex Order 26. 4B1</b>.</p> <p>A review of the facility's "Care of Fingernails/Toenails" policy, revised December 2023, included, "Nail care includes daily cleaning and regular trimming," and, "Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin." Further review of the policy included, "Stop and report to the nurse supervisor if there is evidence of ingrown nails, infections, pain, or if the nails are too hard or too thick to cut with ease," and, "Notify the supervisor if the resident refuses the care."</p>	F 677			
F 679 SS=D	<p>NJAC 8:39-27.2 (g) Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1)</p> <p>§483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and</p>	F 679			1/13/25

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F 679	<p>Continued From page 35</p> <p>individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Complaint #: NJ173651 and NJ174353</p> <p>Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to provide a resident with meaningful activities that reflected the resident's preferences for 1 of 1 resident (Resident #2) reviewed for activities.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/18/24 at 10:24 AM, the surveyor reviewed the medical record for Resident #2.</p> <p>A review of the Admission Record (an admission summary), revealed the resident had diagnoses which included: <i>NJ Ex Order 26. 4B1</i> [REDACTED].</p> <p>A review of the comprehensive Minimum Data Set (MDS), an assessment tool, dated <i>NJ Ex Order 26.4(b)(1)</i> [REDACTED] included the resident had a Brief Interview for Mental Status score of <i>NJ Ex Order 26. 4B1</i> [REDACTED] out of 15 which indicated the resident's <i>NJ Ex Order 26. 4B1</i> [REDACTED]. Further review of the MDS revealed it was important for the resident to do things with groups of people and that the resident was dependent on staff for all <i>NJ Ex Order 26. 4B1</i> [REDACTED].</p> <p>A review of the Individualized Comprehensive</p>	F 679	<ol style="list-style-type: none"> <li>1. Resident #2 was immediately assessed for activity preferences and included in relevant group activities of <i>NJ Ex Order 26. 4B1</i> [REDACTED] interest. An individualized activity schedule was created for Resident</li> <li>2. All Residents are at risk to be affected by the deficient practice.</li> <li>3. Activities director will revise the initial and ongoing activity assessment process to ensure individual preferences are identified and included in care plans. Re-inservice activity staff on engaging residents and developing personalized activity plans.</li> <li>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Activities Director or Designee will audit resident participation in activities and adjust programs as needed. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary.</li> </ol>		



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F 679	<p>Continued From page 36</p> <p>Care Plan (ICCP) included a focus area, dated [REDACTED], that the resident was [REDACTED] NJ Ex Order 26. 4B1 [REDACTED].</p> <p>Interventions included: "NJ Ex Order 26. 4B1 [REDACTED] and, "NJ Ex Order 26. 4B1 [REDACTED]."</p> <p>Further review of the ICCP revealed there was no documentation of refusal to go to activities.</p> <p>A review of the Progress Notes (PN) in the last six (6) months revealed the last Activity Participation Note was dated [REDACTED] at 2:32 PM which included, "[Resident #2] received an individual visit from this writer for [REDACTED] NJ Ex Order 26. 4B1 [REDACTED]."</p> <p>A further review of the PN in the last 6 months revealed there was no documentation that the resident refused to go to activities.</p> <p>On 11/20/24 at 1:00 PM, the surveyor reviewed the [REDACTED] NJ Ex Order 26. 4B1 [REDACTED] Activities Calendar which revealed there was an activity called "Family Feud" scheduled for 2:00 PM in the Recreation Room.</p> <p>On 11/20/24 at 1:56 PM, the surveyor observed Resident #2 was lying in bed.</p> <p>On 11/20/24 at 1:57 PM, the surveyor observed the Recreation Room. There were approximately five (5) residents sitting around a table talking to one (1) Certified Nursing Assistant (CNA #5). CNA #5 stated she was in the Recreation Room</p>	F 679			

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F 679	<p>Continued From page 37</p> <p>because she was on light-duty. When asked if an activity was going to start at 2:00 PM, the CNA was unsure about any activity or if an activity staff member was coming to the Recreational Room. The surveyor waited outside the Recreation Room until 2:10 PM, but no activity staff showed up to start the 2:00 PM activity.</p> <p>On 11/20/24 at 2:11 PM, the surveyor interviewed the <i>U.S. FOIA (b) (6)</i> who was in her office at the time. The <i>U.S. FOIA</i> stated most of the activities were ran by the <i>U.S. FOIA</i> because there were currently no other activities staff. The <i>U.S. FOIA</i> explained the "Family Feud" activities game included residents being split into two teams that take turn answering questions related to a topic chosen by the <i>U.S. FOIA</i>. When asked if the activity was currently being held in the Recreational Room, the <i>U.S. FOIA</i> stated, "NJ Ex Order 26. 4B1". The surveyor then asked about Resident #2, and the <i>U.S. FOIA</i> stated the resident stayed in his/her room primarily, but that the resident would benefit from attending activities in the Recreational Room because he/she could get stimulation from being around other residents.</p> <p>On 11/20/24 at 2:28 PM, the surveyor interviewed CNA #2 who stated Resident #2 did not have a get up schedule because the resident "NJ Ex Order 26. 4B1" but that the resident had a "NJ Ex Order 26. 4B1" if he/she wanted to "NJ Ex Order 26. 4B1". CNA #2 further stated that the last time she asked the resident if he/she wanted to get up for an activity was about a week ago and the resident refused "NJ Ex Order 26. 4B1". At that time, the surveyor and the CNA entered Resident #2's room to ask if the resident wanted to attend an activity, and the resident stated he/she would like to go to the activity. CNA #2 then stated she would get the</p>	F 679			

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F 679	<p>Continued From page 38</p> <p><b>NJ Ex Order 26. 4B1</b> to get the resident out of bed.</p> <p>On 11/20/24 at 2:35 PM, the surveyor interviewed Licensed Practical Nurse (LPN) #5 who stated Resident #2 had not gotten out of bed <b>NJ Ex Order 26. 4B1</b> " because the resident was <b>NJ Ex Order 26. 4B1</b>. LPN #5 explained that the resident did not go to the Recreational Room for activities because he/she <b>NJ Ex Order 26. 4B1</b>." When asked about refusals, the LPN stated that if a resident refused to get up, the CNA would notify the nurse who would document the refusal in the resident's progress notes. LPN #5 verified that she was not made aware of any refusals by the CNA for Resident #2 for the current shift.</p> <p>On 11/20/24 at 2:40 PM, the surveyor observed CNA #2 with the <b>NJ Ex Order 26. 4B1</b> in Resident #2's room with CNA #3 and CNA #4 who were assisting. During the transfer into the <b>NJ Ex Order 26. 4B1</b>, the resident did not refuse getting out of bed. CNA #3 stated the resident did not have his/her own assigned <b>NJ Ex Order 26. 4B1</b>, but that the resident should because the resident was on <b>NJ Ex Order 26. 4B1</b>. Once the resident was transferred into the <b>NJ Ex Order 26. 4B1</b>, CNA #2 stated she would take the resident to the Recreational Room.</p> <p>Further review of the <b>NJ Ex Order 26. 4B1</b> <b>NJ Ex Order</b> Activities Calendar revealed there was a 3:00 PM activity scheduled for the Recreational Room.</p> <p>On 11/21/24 at 10:57 AM, the surveyor conducted a follow-up interview with CNA #2 who stated the CNAs were responsible for getting residents ready to attend activities and either the <b>U.S. FOIA (b) (6)</b> could take the resident to the Recreational Room. CNA #2 further stated activities were important to help residents relieve</p>	F 679			

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
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F 679	<p>Continued From page 39</p> <p>stress, calm residents, and make residents feel at home.</p> <p>On 11/21/24 at 11:05 AM, the surveyor interviewed LPN #4 who stated the CNAs, nurses, or activity aides were responsible for taking residents to the Recreational Room for activities. LPN #4 further stated that activities were important to keep residents social. When asked about refusals, the LPN stated that staff would encourage residents to go to activities and document in the progress notes whether the resident attended or refused the activity.</p> <p>On 11/21/24 at 11:15 AM, the surveyor interviewed Licensed Practical Nurse/Resource Nurse (LPN/RSN) #1 who stated CNAs were responsible for taking residents to the Recreational Room for activities. LPN/RSN #1 further stated that activities were important so that residents can be stimulated, socialized, and for their well-being. When asked about refusals, the LPN/RSN stated the resident has the right to refuse activities, and that the nurse would document the refusal in the progress notes.</p> <p>On 11/21/24 at 12:45 PM, the surveyor interviewed the U.S. FOIA (b) (6) in the presence of the U.S. FOIA (b) (6) and the survey team. The U.S. FOIA (b) (6) stated that if a resident was care planned to attend the 2:00 PM activity, staff should get the resident out of bed and ready for the activity, and if the resident refused, the staff should document in the resident's progress notes. The U.S. FOIA (b) (6) explained that activities were important for social interaction and resident engagement. At that time, the surveyor informed the U.S. FOIA (b) (6) of the observation made during the 2:00 PM activity and</p>	F 679			



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F 679	Continued From page 40 the  confirmed that the staff should have offered to get Resident #2 out of bed for the activity.  A review of the facility's "Activities" policy, revised March 2024, included the following: Activities should be planned with resident input and tailored to meet the individual interests, abilities, and needs of residents. The activities program should include a mix of group activities, one-on-one interactions, and self-directed activities. Activities should be inclusive, allowing residents of all physical and cognitive abilities to participate. Residents have the right to choose which activities they participate in and to decline participation without consequence. Their choice should be respected, and alternative options should be offered when possible. A record of all activities, including participation and outcomes, should be maintained.	F 679			
F 684 SS=D	NJAC 8:39-4.1(a)22 NJAC 8:39-7.3(a) Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 684			1/13/25

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F 684	<p>Continued From page 41</p> <p>Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to: a.) notify the physician of an <b>NJ Ex Order 26.4(b)(1)</b> by a resident, b.) obtain a physician's order for a <b>NJ Ex Order 26.4B1</b>, and c.) document a <b>NJ Ex Ord</b> assessment in accordance with the facility policy and professional standards of nursing practice.</p> <p>This deficient practice was identified for 1 of 1 resident (Resident #78) reviewed for <b>NJ Ex Ord</b> and was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <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>	F 684	<ol style="list-style-type: none"> <li>1. Resident #78 was <b>NJ Ex Order 26.4B1</b> and interventions could not be applied.</li> <li>2. All Residents are at risk to be affected by the deficient practice.</li> <li>3. All Nursing staff re-inserviced on identification of change of condition in residents.</li> <li>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Director of Nursing or Designee will audit skin treatment documentation. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary</li> </ol>		

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F 684	<p>Continued From page 42</p> <p>On 11/17/24 at 10:54 AM, the surveyor observed Resident #78 lying in bed with a [REDACTED] that was not dated on his/her [REDACTED]. There was a [REDACTED] of the resident's [REDACTED]. When interviewed, the resident stated that the [REDACTED] was applied by an unknown staff member the other day after the resident [REDACTED].</p> <p>On 11/18/24 at 12:19 PM, the surveyor observed Resident #78 lying asleep in bed. The resident had a [REDACTED].</p> <p>On 11/19/24 at 9:35 AM, the surveyor reviewed the medical record for Resident #78.</p> <p>A review of the Admission Record (an admission summary), revealed the resident had diagnoses which included: [REDACTED]</p> <p>[REDACTED]</p> <p>A review of the resident's most recent comprehensive Minimum Data Set (MDS), an assessment tool, dated [REDACTED], included the resident had a Brief Interview for Mental Status Score of [REDACTED] out of 15, which indicated that the resident's [REDACTED]. Further review of the MDS revealed the resident was at risk for developing [REDACTED] but did not have any documented [REDACTED]</p>	F 684			

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F 684	<p>Continued From page 43</p> <p><b>NJ Ex Order 26. 4B1</b> present upon admission to the facility.</p> <p>A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated <b>NJ Ex Order 26.4(b)(1)</b>, that identified that the resident was at risk for <b>NJ Ex Order 26. 4B1</b> related to <b>NJ Ex Order 26. 4B1</b>. Interventions included: Weekly body audit by licensed staff. Report changes in <b>NJ Ex Order 26.4(b)(1)</b> to <b>U.S. FOIA (b) (6)</b>, and Treatment as ordered by <b>U.S. FOIA (b) (6)</b>.</p> <p>A review of the Order Summary Report (OSR), included a Physician's Order (PO) dated <b>NJ Ex Order 26.4(b)(1)</b>, to conduct a <b>NJ Ex Order 26.4(b)(1)</b> assessment weekly on <b>NJ Ex Order 26. 4B1</b> and document findings in assessments ("weekly skin observation tool") every night shift every <b>NJ Ex Order 26. 4B1</b> for <b>NJ Ex Order 26.4(b)(1)</b>. With <b>NJ Ex Order 26. 4B1</b> identified. A PO dated <b>NJ Ex Order 26.4(b)(1)</b> for Consults: <b>NJ Ex Order 26. 4B1</b>.</p> <p>A review of the Progress Notes (PN) revealed there was no documented evidence that the resident <b>NJ Ex Order 26. 4B1</b> and required a <b>NJ Ex Order 26. 4B1</b> to be applied to the <b>NJ Ex Order 26. 4B1</b> area as described by the resident.</p> <p>A review of the resident's <b>NJ Ex Order 26.4(b)(1)</b> dated <b>NJ Ex Order 26. 4B1</b>, reflected no documented evidence for the resident's <b>NJ Ex Order 26. 4B1</b>.</p> <p>On 11/19/24 at 10:04 AM, the surveyor interviewed the Certified Nursing Assistant (CNA) #6 who stated that she did not know why the resident had a <b>NJ Ex Order 26. 4B1</b> on his/her <b>NJ Ex Order 26. 4B1</b>. CNA #6 further stated that the nurse</p>	F 684			



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F 684	<p>Continued From page 44</p> <p>removed it before he/she left yesterday.</p> <p>On 11/20/24 at 11:11 AM, the surveyor interviewed Registered Nurse (RN) #1 who stated that she was not aware that the resident had a <u>NJ Ex Order 26.4B1</u>. RN #1 stated that if the resident had <u>NJ Ex Order 26.4(b)(1)</u> you had to write a note in the progress notes, notify the family, call the doctor to initiate a treatment, and complete an incident report if it was a <u>NJ Ex Order 26.4B1</u>. RN #1 stated that the resident's <u>NJ Ex Order 26.4B1</u> should have been dated. RN #1 stated, <u>NJ Ex Order 26.4B1</u>.</p> <p>On 11/21/24 at 11:32 AM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated that if a <u>NJ Ex Order 26.4B1</u> were identified, there should have been a <u>NJ Ex Order 26.4</u> investigation completed and a treatment order should have been obtained.</p> <p>The <u>U.S. FOIA (b)</u> stated that if a <u>NJ Ex Order 26.4B1</u> was observed on the resident's <u>NJ Ex Order 26.4B1</u> it should have been documented in the progress notes. The <u>U.S. FOIA (b)</u> stated that she would have dated the <u>NJ Ex Order 26.4(b)(1)</u> as it was part of an investigation and <u>NJ Ex Order 26.4</u> management. The <u>U.S. FOIA (b)</u> further stated that she would also have expected to have seen it documented on the <u>NJ Ex Order 26.4B1</u> assessment if it were new. At that time, the <u>U.S. FOIA (b)</u> confirmed that a wound investigation was not completed as required.</p> <p>A review of the facility's "Accidents and Incidents-Investigating and Reporting" policy reviewed/revised January 2024, included:</p> <p>The Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall promptly</p>	F 684			

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F 684	<p>Continued From page 45</p> <p>initiate and document investigation of the accident or incident.</p> <p>The following data, as applicable, shall be included on the Report of Incident/Accident form: The date and time the accident or incident took place; The nature of the injury/illness (e.g., bruise, fall, nausea, etc.); The circumstances surrounding the accident or incident; Where the accident or incident took place; The name (s) of witnesses and their accounts of the accidents or incident; The injured person's account of the accident or incident; The time the injured person's Attending Physician was notified, as well as the time the physician responded and his other instructions; The date/time the injured person's family was notified and by whom; ...Any corrective action taken; follow-up information; Other pertinent data as necessary or required; and The signature and title of the person completing the report...</p> <p>The Nurse/Supervisor/Charge Nurse and/or the department director or supervisor shall complete a Report of Incident/Accident form and submit the original to the Director of Nursing services within 24 hours of the incident or accident.</p> <p>The Director of Nursing shall ensure that the administrator receives a copy of the Report of Incident/Accident form for each occurrence.</p> <p>A review of the facility's "Charting and Documentation" policy, reviewed/revised 1/21, 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' medical record. The</p>	F 684			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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F 684	Continued From page 46 medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care.  ...The following information is to be documented in the resident medical record: Objective observations; Treatments or services performed; Changes in the resident's condition; Events, incidents or accidents involving the resident;...  ...Documentation of procedures and treatments will include care-specific details including:  The date and time the procedure/treatment was provided; The name and title of the individual (s) providing the care; The assessment data and/or unusual findings obtained during the procedure/treatment; How the resident tolerated the procedure/treatment;...Notification of family, physician or other staff, if indicated; and the signature and title of the individual documenting.	F 684			
F 689 SS=D	NJAC 8:39-11.2(b) Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Complaint #: NJ173651	F 689	1. Resident #2 was re-evaluated for use		1/13/25

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F 689	<p>Continued From page 47</p> <p>Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to ensure [redacted] were in place for 1 of 2 residents (Resident #2) reviewed for [redacted].</p> <p>This deficient practice was evidenced by:</p> <p>On 10/17/24 at 10:16 AM and 10/18/24 at 10:54 AM, the surveyor observed Resident #2 lying in bed. On both observations, there were no [redacted] on either side of the resident's bed.</p> <p>On 10/18/24 at 10:24 AM, the surveyor reviewed the medical record for Resident #2.</p> <p>A review of the Admission Record (an admission summary), revealed the resident had diagnoses which included: <u>NJ Ex Order 26. 4B1</u> [redacted].</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool, dated [redacted], included the resident had a Brief Interview for Mental Status score of [redacted] out of 15 which indicated the resident's [redacted]. Further review of the MDS revealed the resident was [redacted].</p> <p>A review of the individualized comprehensive care plan (ICCP) included a focus area, dated [redacted] that the resident was at risk for [redacted].</p> <p>Interventions included: <u>NJ Ex Order 26. 4B1</u> [redacted].</p>	F 689	<p>of [redacted]. It was determined that the use of [redacted] and they were discontinued. Resident #2 careplan was updated.</p> <p>2. All Residents are at risk to be affected by the deficient practice.</p> <p>3. The fall prevention policy will be reviewed to ensure appropriate interventions are in place for residents with a history of falls. <u>U.S. FOLA (b) (6)</u> re-inserviced all appropriate staff on proper use of [redacted] as intervention.</p> <p>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Director of Nursing or Designee will audits of resident rooms to ensure compliance with fall prevention interventions. Results of observations will be forwarded to the Quality Assurance committee</p>		



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F 689	<p>Continued From page 48</p> <p><small>NJ Ex Order 26. 4B1</small>.</p> <p>A review of the Order Summary Report (OSR), dated as of <small>NJ Ex Order 26.4(b)</small>, included the following physician orders (PO): A PO, dated <small>NJ Ex Order 26.4(b)</small> <b>NJ Ex Order 26. 4B1</b>.</p> <p>A review of the Treatment Administration Record (TAR) for <small>NJ Ex Order 26. 4B1</small> <small>NJ Ex Order</small> did not include the PO for the <small>NJ Ex Order 26.4(b)(1)</small>.</p> <p>A review of the Progress Notes (PN) included a Nurses Note (NN), dated <small>NJ Ex Order 26.4(b)</small> at 11:52 PM, which revealed the resident <b>NJ Ex Order 26. 4B1</b>.</p> <p>A review of the Incident Report (IR), dated <small>NJ Ex Order 26.4(b)</small>, revealed the resident was conscious laying on the right side <small>NJ Ex Order 26.4(b)(1)</small> and had a <b>NJ Ex Order 26. 4B1</b>.</p> <p>On 11/20/24 at 10:10 AM, the surveyor observed Resident #2 lying in bed and there was a <small>NJ Ex Order</small> to the resident's <small>NJ Ex Order 26.4(b)</small> of the <small>NJ Ex Order</small>.</p> <p>On 11/20/24 at 12:04 PM, the surveyor interviewed the <b>U.S. FOIA (b) (6)</b> who stated she has been the resident's <small>U.S. FOIA</small> for about <small>NJ Ex Order</small>. When asked how long the resident had a <small>NJ Ex Order 26.4(b)(1)</small>, the <small>U.S. FOIA</small> stated it must have been placed the night before because there was no <small>NJ Ex Order 26.4(b)(1)</small> when she cared for the resident the day before (<small>NJ Ex Order 26. 4B1</small>).</p> <p>On 11/21/24 at 10:57 AM, the surveyor interviewed Certified Nursing Assistant (CNA) #2</p>	F 689			

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F 689	<p>Continued From page 49</p> <p>who stated residents who had floor mats were supposed to have the [NJ Ex Order 26.4(b)(1)] when the resident was in bed to prevent [NJ Ex Order 26.4(b)(1)] from [NJ Ex Order 26.4(b)(1)]</p> <p>On 11/21/24 at 11:05 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #4 who stated residents who had [NJ Ex Order 26.4(b)(1)] were supposed to have the [NJ Ex Order 26.4(b)(1)] when the resident was in bed to prevent serious [NJ Ex Order 26.4(b)(1)] from [NJ Ex Order 26.4(b)(1)]</p> <p>On 11/21/24 at 11:15 AM, the surveyor interviewed Licensed Practical Nurse/Resource Nurse (LPN/RSN) #1 who stated [NJ Ex Order 26.4(b)(1)] interventions could include [NJ Ex Order 26.4(b)(1)] while the resident was in bed to prevent [NJ Ex Order 26.4(b)(1)] from [NJ Ex Order 26.4(b)(1)] LPN/RSN #1 further stated that if a resident had a PO or was care planned for [NJ Ex Order 26.4(b)(1)], the resident should have [NJ Ex Order 26.4(b)(1)] in place while in bed.</p> <p>On 11/21/24 at 12:45 PM, the surveyor interviewed the [U.S. FOIA (b) (6)] in the presence of the [U.S. FOIA (b) (6)] and the survey team. The [U.S. FOIA (b) (6)] stated if a resident had a PO for [NJ Ex Order 26.4(b)(1)] and the ICCP included interventions for [NJ Ex Order 26.4(b)(1)], the resident should have [NJ Ex Order 26.4(b)(1)] in place while in bed for [NJ Ex Order 26.4(b)(1)] prevention. At that time, the surveyor informed the [U.S. FOIA (b) (6)] of observations of Resident #2's room without [NJ Ex Order 26.4(b)(1)] while the resident was in bed, and the [U.S. FOIA (b) (6)] confirmed that staff should have ensured the PO was carried out and that the [NJ Ex Order 26.4(b)(1)] were in place.</p> <p>The facility was unable to provide a policy related to [NJ Ex Order 26.4(b)(1)].</p> <p>NJAC 8:39-27.1 (a)</p>	F 689			

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F 695 SS=D	<p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 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: REPEAT DEFICIENCY</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed a.) to provide a [NJ Ex Order 26.4(b)(1)] (NJ Ex Order 26. 4B1 [redacted]) to accommodate the [NJ Ex Order 26.4(b)(1)] needs of a resident upon admission to the facility, b.) ensure the [NJ Ex Order 26. 4B1] was stored in accordance with professional standards when not in use, and c.) ensure the individualized comprehensive care plan included [NJ Ex Order 26. 4B1]. This deficient practice was identified for 1 of 3 residents reviewed for respiratory care (Resident #52), and the evidence was as follows:</p> <p>On 11/17/24 at 11:10 AM, during the initial tour, Resident #52 was observed sitting upright in the wheelchair with their eyes closed. At that time, the surveyor observed a [NJ Ex Order 26. 4B1] on top of the nightstand and the [NJ Ex Order 26. 4B1] was not properly stored inside a [NJ Ex Order 26.4(b)(1)]</p> <p>A review of the Admission Record (an admission summary), revealed the resident was admitted to</p>	F 695	<p>1. [NJ Ex Order 26. 4B1] was provided to resident #52 as ordered by [U.S. PO] on 11/18/24. Resident did not experience any adverse effects.</p> <p>2. All Residents are at risk to be affected by the deficient practice.</p> <p>3. Nursing Director inserviced Medical Providers to provide ordered to match as indicated in their progress notes. Nursing Director re-inserviced all nursing staff on identification of change of condition in residents.</p> <p>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Director of Nursing or Designee will audit [NJ Ex Order 26. 4B1] orders to ensure proper documentation and provision. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary</p>		1/13/25

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F 695	<p>Continued From page 51</p> <p>the facility with diagnoses which included: [REDACTED]</p> <p>A review of the admission Minimum Data Set (MDS), an assessment tool, dated [REDACTED] revealed that the facility assessed the resident's cognition using a Brief Interview Mental Status (BIMS) score of [REDACTED] out of 15, which indicated the resident's [REDACTED]. Further review of the MDS did not reflect that the resident used a [REDACTED].</p> <p>A review of the Admission Notification form (a form completed prior to the arrival of the resident) indicated Resident #52 needed a [REDACTED].</p> <p>A review of the Physician's Progress Notes revealed the following:</p> <p>[REDACTED] at 9:15 AM, "Late Entry... [REDACTED]"</p> <p>[REDACTED] at 10:00 AM, "[REDACTED]"</p> <p>[REDACTED] at 9:43 AM, "[REDACTED]"</p> <p>A review of the Order Summary Report (OSR) reflected a physician order (PO) dated [REDACTED], to apply [REDACTED] at [REDACTED] [REDACTED].</p> <p>A review of the [REDACTED] Medication Administration Record (MAR) reflected that the resident did not begin [REDACTED] until [REDACTED].</p> <p>On 11/20/24 at 1:02 PM, the surveyor interviewed Registered Nurse (RN) #1, who stated that when there was an admission, she would review the</p>	F 695			



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F 695	<p>Continued From page 52</p> <p><u>NJ Ex Order 26. 4B1</u> from the hospital to find all the equipment and medication the resident needs. She also stated, they received an email as well, so they knew all of the things that the patient needed.</p> <p>On 11/21/24 at 9:46 AM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated she would get the referrals from the sending facility and review their chart for clinical information. The <u>U.S. FOIA (b) (6)</u> further stated she completed the Admission Notification form, which included documentation of any special equipment the resident needed, and sent it to the unit secretaries.</p> <p>On 11/21/24 at 9:56 AM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u>, who stated that when she received the Admission Notification form, notified the <u>U.S. FOIA (b) (6)</u>, the nurses, the <u>U.S. FOIA (b) (6)</u>. She further stated she sent an email which included any special equipment such as <u>NJ Ex Order 26. 4B1</u> that the resident needed.</p> <p>At that time, the <u>U.S. FOIA (b) (6)</u> pulled up an email pertaining to Resident #52's admission that was sent on <u>NJ Ex Order 26.4(b)(1)</u> at 9:16 AM. She stated the email was sent to the <u>U.S. FOIA (b) (6)</u>, the admissions department, the physicians, and nursing.</p> <p>On 11/21/24 at 10:13 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #3, who stated that before the resident arrived on the unit, she would get the completed Admission Notification form. LPN #3 further stated, most residents bring their own <u>NJ Ex Order 26</u>, but if the resident did not have their own <u>NJ Ex Order 26</u>, she would notify the</p>	F 695			

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F 695	<p>Continued From page 53</p> <p>resource nurse to follow-up, and usually the [NJ Ex Order 26. 4B1] department would provide it. She continued by stating, she would get orders for the resident. The [U.S. FOIA (b) (6)] would then check the physician's orders, and if there was anything missing, they would obtain orders.</p> <p>On 11/21/24 at 10:58 AM, the surveyor interviewed the [U.S. FOIA (b) (6)], who stated that if the resident has been on a [NJ Ex Order 26. 4B1], the facility can find a [NJ Ex Order 26. 4B1]. The resident would just continue with the [NJ Ex Order 26. 4B1], and he was not sure why there was a delay.</p> <p>On 11/21/24 at 12:15 PM, the surveyor conducted a follow-up interview with the resident, who stated that while at home, he/she used the [NJ Ex Order 26. 4B1] every night and was not sure of the delay in receiving it. Resident #52 also stated he/she had a nice [NJ Ex Order 26. 4B1] but did not have anyone to bring it to the facility. They further stated did not think anyone knew at the time that they were on a [NJ Ex Order 26. 4B1] or anything so they asked for one.</p> <p>On 11/21/24 at 12:28 PM, the surveyor conducted a follow-up interview with RN #1, who confirmed that she would get the Admission Notification form and the discharge summary upon admission. She further stated, [NJ Ex Order 26. 4B1] [NJ Ex Order 26. 4B1] "RN #1 stated she would ask the [U.S. FOIA (b) (6)] if they wanted to continue with it. RN #1 also stated that the resident complained that he/she used a [NJ Ex Order 26. 4B1] and they did not have one.</p> <p>On 11/21/24 at 2:10 PM, in the presence of the survey team, and [U.S. FOIA (b) (6)] stated, the Admission Notification Form did not go to the</p>	F 695			

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F 695	<p>Continued From page 54</p> <p><b>U.S. FOIA (b) (7)</b> who admitted Resident #52. She further stated the Admission Notification form went to the <b>U.S. FOIA (b) (7)</b> and when a resident was admitted, the discharge summary was followed.</p> <p>2.) On 11/17/24 at 11:10 AM, the surveyor observed Resident #52 sitting in a wheelchair with their eyes closed. The <b>NJ Ex Order 26. 4B1</b> was on the resident's nightstand, uncovered and not in use.</p> <p>On 11/19/24 at 11:50 AM, the surveyor observed the resident sitting in a chair with his their eyes closed. The <b>NJ Ex Order 26. 4B1</b> was on the resident's nightstand, uncovered and not in use.</p> <p>On 11/20/24 at 11:51 AM, the surveyor returned to the resident's room for a follow-up. The resident was not present in their room at that time. The <b>NJ Ex Order 26. 4B1</b> was observed hanging over the resident's nightstand and touching the <b>NJ Ex Order 26. 4B1</b>. The surveyor left the resident's room and then returned with RN #1 to confirm the findings. At that time, RN #1 started to disconnect the <b>NJ Ex Order 26. 4B1</b> and stated that she was going to replace it.</p> <p>On 11/19/24 at 11:53 AM, the surveyor interviewed LPN #5, who stated, the <b>NJ Ex Order 26. 4B1</b> was supposed to be cleaned off with soap and water, after it dried it should be placed in <b>NJ Ex Order 26. 4B1</b> near the <b>NJ Ex Order 26. 4B1</b>.</p> <p>On 11/20/24 at 11:29 AM, the surveyor interviewed RN #1, who stated, if the <b>NJ Ex Order 26. 4B1</b> was not in use, it had to be in <b>NJ Ex Order 26. 4B1</b>.</p>	F 695			

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F 695	<p>Continued From page 55</p> <p>3.) A review of the individualized comprehensive care plan (ICCP) did not include the [REDACTED].</p> <p>On 11/20/24 at 11:29 AM, the surveyor interviewed RN #1, who stated, when a resident was on a [REDACTED], it should be included on the care plan so everyone knew how to care for the resident.</p> <p>At that time, RN #1 pulled up the resident's electronic medical record (EMR) and confirmed that the care plan did not include the [REDACTED].</p> <p>On 11/20/24 at 02:30 PM, the surveyor interviewed the [REDACTED] who stated, if a resident did not have their own [REDACTED], the facility had them in stock, [REDACTED]. She further stated that the [REDACTED] should be bagged and stored away, when not in use. The [REDACTED] also stated the [REDACTED] should be included in the care plan.</p> <p>A review of the facility's "Durable Medical Equipment (DME)" policy, reviewed/revised December 2023, included, "Policy: The facility will ensure that residents or patients are provided Durable Medical Equipment, as prescribed by their provider. Durable Medical Equipment refers to items that are prescribed by a healthcare provider to aid in the treatment of a resident's medical condition. DME is intended for long-term use and includes items like: Wheelchairs, Hospital beds, Oxygen equipment, Walkers, Commode chairs, CPAP machines, Shower chairs, Prosthetics and orthotics .....Storage: DME must be stored safely and properly to avoid damage or misuse. Facility will have designated areas for storing equipment when not in use."</p>	F 695			

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F 695	Continued From page 56  A review of the facility's "Care Plan, Comprehensive Person-Centered" policy, reviewed/revised January 2024, included "Policy Statement A comprehensive, person-centered care plan that includes measurable objectives and time tables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.	F 695			
F 725 SS=F	NJAC 8:39 - 27.1(a) NJAC 8:39 - 19.4(a)(1-6) NJAC 8:39 - 11.2(f) Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)  §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.  §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not	F 725			1/13/25



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F 725	<p>Continued From page 57 limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Complaint NJ #'s: 168276, 169388, 173735 and 174353</p> <p>Based on observation, interview, record review, and document review, it was determined that the facility failed to provide sufficient nursing staff to ensure all residents reached their highest practical wellbeing by failing to: a) provide timely <u>NJ Ex Order 26. 4B1</u> to 1 out of 4 residents (Resident #47) reviewed for <u>NJ Ex Order 26. 4B1</u> [REDACTED], and (b) sufficient nursing staff for 5 of 5 weeks of staffing prior to the recertification survey date of 11/22/24.</p> <p>The deficient practice was evidenced by the following:</p> <p>Refer to S0560</p> <p>1.) On 11/19/24 at 11:04 AM, the surveyor observed the resident #47 lying in bed with his/her eyes closed. observed resident in bed. The surveyor observed the resident's family member at the bedside. The family member <u>NJ Ex Order 26. 4B1</u> Resident #47 and showed the surveyor Resietn #47 <u>NJ Ex Order 26. 4B1</u> [REDACTED]. The resident's family meember stated that the resident was usually washed, dressed, and up in their wheelchair by this time. At 11:08AM, the assigned Licensed</p>	F 725	<p>1. Resident #47 received <u>NJ Ex Order 26.4(b)(1)</u> care, Additional staff were scheduled on subsequent shifts to address staffing gaps.</p> <p>2. All Residents are at risk to be affected by the deficient practice.</p> <p>3. Administrator will re-educate staffing coordinator on most recent staffing requirements. Conduct a comprehensive review of staffing levels and resident acuity to ensure adequate coverage. Review of recruitment initiatives. Enhance retention programs by providing competitive wages, career development opportunities, and improved work schedules.</p> <p>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Director of Nursing or Designee will audit staffing ratios and care delivery. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary</p>		

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F 725	<p>Continued From page 58</p> <p>Practical Nurse (LPN #1) entered the room and confirmed that the <u>NJ Ex Order 26. 4B1</u> <u>[REDACTED]</u></p> <p><u>[REDACTED]</u> At that time, the assigned Certified Nursing Assistant (CNA #1), along with another CNA, entered the room and confirmed the <u>NJ Ex Order 26. 4B1</u> <u>[REDACTED]</u>. At that time, the surveyor along with the family member exited the room so the CNAs could provide <u>NJ Ex Order 26. 4B1</u> to Resident #47.</p> <p>On 11/19/24 at 11:24 AM, the surveyor observed Resident #47 dressed and sitting in his/her wheelchair. At that time, the surveyor interviewed CNA #1 who stated that she usually does <u>[REDACTED]</u> with Resident #47 first thing in the morning but today she had to get <u>NJ Ex Order 26. 4B1</u> residents up first, so they were ready for <u>[REDACTED]</u>. CNA #1 stated that she had a total of 13 residents that day which included <u>NJ Ex Order 26. 4B1</u> residents who were dependent for <u>NJ Ex Order 26. 4B1</u> residents <u>(NJ Ex Order 26. 4B1</u> <u>[REDACTED]</u>) who also <u>NJ Ex Order 26. 4B1</u> <u>[REDACTED]</u>. CNA #1 further stated that <u>[REDACTED]</u> 13 assigned residents also needed total assist with <u>[REDACTED]</u>.</p> <p>A review of the "CNA Assignment Sheet", dated <u>[REDACTED]</u>, indicated that CNA #1 was assigned 12 residents.</p> <p>On 11/18/24 at 11:24 AM, the surveyor reviewed the medical record for Resident #47.</p> <p>A review of the Admission Record (an admission summary), revealed the resident had diagnoses which included: <u>NJ Ex Order 26. 4B1</u> <u>[REDACTED]</u>,</p>	F 725			

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F 725	<p>Continued From page 59</p> <p><i>NJ Ex Order 26. 4B1</i></p> <p>[REDACTED]</p> <p>A review of the resident's comprehensive Minimum Data Set (MDS), an assessment tool, dated <i>NJ Ex Order 26. 4B1</i>, included the resident had a Brief Interview for Mental Status (BIMS) score of <i>NJ Ex Order 26. 4B1</i> out of 15, which indicated the resident's <i>NJ Ex Order 26. 4B1</i>. Further review of the MDS revealed the resident was <i>NJ Ex Order 26. 4B1</i>.</p> <p>A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated <i>NJ Ex Order 26.4(b)</i> that the resident was <i>NJ Ex Order 26. 4B1</i>. Interventions included: <i>NJ Ex Order 26. 4B1</i>.</p> <p>On 11/20/24 at 12:28 PM, the surveyor conducted a follow up interview with CNA #1 who stated that on this day she was assigned a total of 10 long term care residents which included <i>NJ Ex Order 26. 4B1</i> residents who were dependent for all care.</p> <p>On 11/21/24 at 12:44 PM, the surveyor interviewed the <i>U.S. FOIA (b) (6)</i>, in the presence of the <i>U.S. FOIA (b) (6)</i> and the survey team, who stated that the nurse's on the unit will make the assignment for the CNA's. The <i>U.S. FOIA (b) (6)</i> stated that the CNA's should perform <i>NJ Ex Order 26. 4B1</i> on their residents every 2 hours and as needed. The <i>U.S. FOIA (b) (6)</i> stated that she was aware of the New Jersey (NJ) Mandated staffing ratios of one (1) CNA for every eight (8) residents on day shift.</p>	F 725			

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F 725	<p>Continued From page 60</p> <p>The [REDACTED] confirmed that CNA #1 should not have been assigned 13 residents per the NJ Mandated staffing ratio. The [REDACTED] further stated that the facility determined staffing levels needed per day by the census and the total care of the residents.</p> <p>A review of the facility's "Supporting Activities of Daily Living" policy, reviewed/revised January 2024, included that appropriate care and services will be provided for residents who are unable to carry out ADLs independently including...c) elimination (toileting).</p> <p>2.) 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 10/08/2023 to 10/14/2023, the facility was deficient in Certified Nurse Aide (CNA) staffing for residents on 7 of 7 day shifts as follows:</p> <ul style="list-style-type: none"> <li>-10/08/23 had 9 CNAs for 131 residents on the day shift, required at least 16 CNAs.</li> <li>-10/09/23 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs.</li> <li>-10/10/23 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs.</li> <li>-10/11/23 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs.</li> <li>-10/12/23 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs.</li> <li>-10/13/23 had 12 CNAs for 137 residents on the day shift, required at least 17 CNAs.</li> <li>-10/14/23 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs.</li> </ul> <p>2. For the week of Complaint staffing from 11/26/2023 to 12/02/2023, the facility was</p>	F 725			

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F 725	<p>Continued From page 61</p> <p>deficient in CNA staffing for residents on 4 of 7 day shifts and deficient in CNAs to total staff on 1 of 7 evening shifts as follows:</p> <p>-11/26/23 had 11 CNAs for 118 residents on the day shift, required at least 15 CNAs. -11/27/23 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs. -11/28/23 had 14 CNAs for 118 residents on the day shift, required at least 15 CNAs. -12/02/23 had 13 CNAs for 121 residents on the day shift, required at least 15 CNAs. -12/02/23 had 6.9 CNAs to 15.4 total staff on the evening shift, required at least 8 CNAs.</p> <p>3. For the week of Complaint staffing from 06/02/2024 to 06/08/2024, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:</p> <p>-06/03/24 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs. -06/07/24 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs. -06/08/24 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs.</p> <p>4. For the 2 weeks of staffing prior to survey from 11/03/2024 to 11/16/2024, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts and deficient in total staff for residents on 1 of 14 evening shifts as follows:</p> <p>-11/05/24 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs. -11/07/24 had 18 CNAs for 151 residents on the day shift, required at least 19 CNAs. -11/09/24 had 14.5 total staff for 151 residents on the evening shift, required at least 15 total staff.</p>	F 725			



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F 725	<p>Continued From page 62</p> <p>-11/10/24 had 18 CNAs for 150 residents on the day shift, required at least 19 CNAs. -11/12/24 had 17 CNAs for 148 residents on the day shift, required at least 18 CNAs. -11/16/24 had 19 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>On 11/21/24 at 2:22 PM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated the <u>U.S. FOIA (b) (6)</u> and the <u>U.S. FOIA (b) (6)</u> informed her of the staffing ratio requirements. She stated she scheduled according to the facility's census to ensure she met the requirements.</p> <p>On 11/22/24 at 9:58 AM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated the facility had an on-call rotation for staffing and they educated the staff on the expectations on arriving on time and calling out. The <u>U.S. FOIA (b) (6)</u> stated the facility did everything they could to handle call outs in real time. She stated that the staffing ratios had been "okay" and tried to ensure they were staffed according to the required staffing ratios.</p> <p>A review of the facility's "Staffing" policy revised December 2023, included, 1. Staffing levels: the facility will meet federal state, and local staffing requirements. 3. Staff to Resident Ratios: the facility will maintain a minimum staff-to-resident ratio of 1:8 during the day shifts, 1:10 during the evening shifts, and 1:14 during the night shifts. 4. Adjustments to staffing will be made based on: resident acuity levels; special care units; and fluctuations in resident census. 5. Staffing Assignments and Schedules: A staffing plan will be developed and reviewed regularly by the Director of Nursing, Scheduler, or designee to</p>	F 725			

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F 725	Continued From page 63 ensure appropriate allocation of resources.	F 725			
F 732 SS=D	NJAC 8:39-5.1(a); 25.2(a,b); 27.1(a) Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)  §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.  §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.  §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.  §483.35(g)(4) Facility data retention	F 732			1/13/25

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NAME OF PROVIDER OR SUPPLIER  <b>THE CENTER FOR REHAB &amp; NURSING WASHINGTON TOWNSHIP</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 EGG HARBOR ROAD</b> <b>SEWELL, NJ 08080</b>		
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F 732	<p>Continued From page 64</p> <p>requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of facility documents, it was determined that the facility failed to ensure that the daily "Nursing Home Resident Care Staffing Report" was posted and displayed in a place that was readily accessible to be viewed by both residents and the general public as indicated on the report. This deficient practice was identified on 5 of 5 nursing units and was evidenced by the following:</p> <p>On 11/18/24 at 9:37 AM, the surveyor observed the facility's "Nursing Home Resident Care Staffing Report" posted on the receptionist's desk in the front main lobby. A pass code was required to be entered into a keypad on the wall to gain access to the locked double doors that led to the nursing units. The surveyor toured the facility and did not observe the daily "Nursing Home Resident Care Staffing Report" posted on any of the five nursing units.</p> <p>On 11/21/24 at 2:10 PM, when the surveyor asked the <u>U.S. FOIA (b) (6)</u> where the staffing report was posted she stated that it was posted at both entrances to the facility. When asked if the staffing report was available for residents and the general public to view without having to ask to see it, the <u>U.S. FOIA (b) (6)</u> was present and stated, "Is that something that we need to have?"</p> <p>On 11/21/24 at 2:22 PM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated that she</p>	F 732	<ol style="list-style-type: none"> <li>1. The posting was placed in a visible area accessible to residents and visitors.</li> <li>2. All Residents are at risk to be affected by the deficient practice.</li> <li>3. Administrator will re-educate staffing coordinator on most recent staffing requirements. Revise the staffing information posting policy to include procedures for posting in all areas accessible to residents and visitors.</li> <li>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Director of Nursing or Designee will audit of posted staffing information. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary</li> </ol>		

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F 732	Continued From page 65 just posted the staffing in the front and rehab lobbies and it was not accessible on the nursing units.  A review of the facility's "Staffing" policy, reviewed/revised December 2023, failed to include any details that pertained to the required daily posting of the "Nursing Home Resident Care Staffing Report".	F 732			
F 812 SS=F	NJAC 8:39-41.2 (a)(d) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §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.  §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 pertinent facility documents, it was determined that the facility failed to handle	F 812	1. Director of Food Service assessed both veggie burger and French toast for safe use and potential contamination.		1/13/25



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F 812	<p>Continued From page 66</p> <p>potentially hazardous foods and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was identified in the facility's kitchen and 5 of 5 pantries designated for resident food, and was evidenced by the following:</p> <p>On 11/88/24 from 9:16 AM to 10:26 AM, the surveyor, accompanied by the <u>U.S. FOIA (b) (6)</u> toured the kitchen and observed the following:</p> <p>In the Walk-in Freezer:</p> <ol style="list-style-type: none"> <li>1. one box containing French toast inside a plastic bag that was not closed and the French toast was open to the air.</li> <li>2. One 10-pound box of veggie burgers inside a plastic bag that was not closed, and the burgers were open to the air.</li> </ol> <p>At that time, the <u>U.S. FOIA (b) (6)</u> stated that the French toast and the veggie burgers should be closed and wrapped.</p> <p>On 11/19/24 at 9:32 AM, the surveyor accompanied by the Licensed Practical Nurse (LPN #1) observed the following in the 200-unit pantry:</p> <ol style="list-style-type: none"> <li>a) the freezer did not contain a thermometer</li> <li>b) the freezer had dark dust like debris on the white plastic bottom shelf.</li> </ol> <p>LPN #1 stated the freezer should be clean.</p> <p>On 11/19/24 at 9:20 AM, the surveyor, accompanied by the <u>U.S. FOIA (b) (6)</u>, observed the following in the 100 Unit pantry:</p> <ol style="list-style-type: none"> <li>a) the freezer had dark dust like debris on the</li> </ol>	F 812	<p>Unit 200 pantry was properly cleaned free of dust and debris, thermometer was placed into the freezer unit. Unit 100 pantry was properly cleaned. Unit 300 freezer received a thermometer, ice build up cleaned and all undated items were discarded. Unit 400 pantry was properly cleaned. Unit 500 microwave was properly cleaned as well as the pantry and cold storage.</p> <ol style="list-style-type: none"> <li>2. All Residents with diet orders are at risk to be affected by the deficient practice.</li> <li>3. Food Service Director reviewed food storage policy and re-in serviced all appropriate staff on proper food storage, preparation, and sanitation practices.</li> <li>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Food Service Director or Designee will audit audits of food storage and sanitation practices. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary</li> </ol>		



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F 812	<p>Continued From page 67</p> <p>white plastic bottom shelf.</p> <p>b) the Microwave had dried food particles inside oven and on the inside of the door.</p> <p>The <b>U.S. FOIA (b) (6)</b> stated that housekeeping cleans the refrigerators and freezers.</p> <p>On 11/19/24 at 9:32 AM, the surveyor, accompanied by the Registered Nurse/Resource Nurse (RN/RSN #1), observed the following in the 300 Unit pantry:</p> <p>a) the freezer did not contain a thermometer</p> <p>b) the freezer had ice build up</p> <p>c) the freezer contained a pint of chocolate brownie ice cream, not dated, or labeled, with ice buildup on the container.</p> <p>RN/RSN #1 stated that the ice cream belonged to a resident and should have had a name and date on it. The surveyor observed a sign on the refrigerator that all temperature logs maintained in the kitchen.</p> <p>On 11/19/24 at 9:49 AM, the surveyor, accompanied by the Minimum Data Set (MDS) Coordinator, observed the following in the 400-unit locked pantry:</p> <p>a) a stainless-steel sink had dried food particles and dust like debris in the sink area.</p> <p>b) The water machine outside the locked pantry had white debris on the grate.</p> <p>The <b>U.S. FOIA (b) (6)</b> stated that she thought housekeeping was responsible to clean the pantry.</p> <p>On 11/19/24 at 9:58 AM, the surveyor, accompanied by the Registered Nurse/Resource Nurse (RN/RNS#2), observed the following in the 500-unit locked pantry:</p>	F 812			

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F 812	<p>Continued From page 68</p> <p>a) food particles outside the microwave. b) red and clear liquid on the bottom tray of the refrigerator.</p> <p>RN/RNS #2 stated that [U.S. FOIA (b) (6)] comes into the pantry and cleans it, or housekeeping cleans the pantry.</p> <p>On 11/19/ 24 at 10:05 AM, the surveyor interviewed the housekeeper on the 500 unit (HSK #1) who stated that the [U.S. FOIA (b) (6)] was responsible and "I think they are cleaned daily."</p> <p>On 11/19/24 at 9:36 AM, the surveyor interviewed HSK #2 who stated that the [U.S. FOIA (b) (6)] was responsible for cleaning the pantry.</p> <p>On 11/20/24 at 10:07 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated that the [U.S. FOIA (b) (6)] was responsible to clean the floors, tables, sink and counter in the pantries and the dietary department was responsible for the refrigerator, freezer, and ice machine. The [U.S. FOIA (b) (6)] stated that the housekeeper should have cleaned the stainless sink and microwaves in the pantries. The [U.S. FOIA (b) (6)] further stated that there was a miscommunication of who cleans the stainless sinks in the locked pantries on the 400 and 500 units.</p> <p>On 11/21/24 at 10:38 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated that dietary department was responsible for cleaning the refrigerator and freezers daily. The [U.S. FOIA (b) (6)] stated the freezers would be de-iced once a week, on Fridays, when the refrigerators were scheduled for a deep clean. The deep clean would be completed by both the dietary and housekeeping departments. The [U.S. FOIA (b) (6)] further stated that ice</p>	F 812			

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F 812	Continued From page 69 machines were cleaned monthly. The <u>U.S. FOIA (b) (6)</u> stated that he removed the thermometers from the 200- and 300-unit freezers because they weren't working.  On 11/21/24 at 12:44 PM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> , in the presence of the <u>U.S. FOIA (b) (6)</u> and survey team, stated that his expectation would be that the pantries would be kept clean, thermometers would be in the freezers, and the refrigerators and freezers would be clean.  Review of the facility's "Food receiving and Storage" policy, reviewed/revised December 2023, included, "All foods stored in the refrigerator or freezer will be covered, labeled, and dated. All food belonging to residents must be labeled with the resident's name, the item, and the date. Refrigerators must have working thermometers and be monitored for temperature according to state specific guidelines.  The facility did not provide a policy on the cleaning the pantry area.	F 812			
F 814 SS=F	NJAC 8:39-17.2(g) Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4)  §483.60(i)(4)- Dispose of garbage and refuse properly. 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 provide a sanitary environment for residents, staff, and the public by	F 814	1. All Trash, debris was removed off the ground in the dumpster area. Additional dumpster was ordered to ensure that there is no opportunity for overflow. All		1/13/25

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F 814	<p>Continued From page 70</p> <p>failing to keep the garbage container area free of garbage and debris. This deficient practice was evidenced by the following:</p> <p>On 11/18/14 at 10:06 AM, during initial kitchen tour with the <u>U.S. FOIA (b) (6)</u>, the surveyor observed the trash company at the dumpster area. The surveyor observed the debris, trash, leaves around the enclosed dumpster area. The dumpster area included four (4) blue dumpsters and one (1) black dumpster container for used oil. The surveyor observed five (5) black trash bags lying directly on the ground next to the first dumpster and one (1) black trash bag lying directly on ground next to third dumpster. At that time, the surveyor, in the presence of the <u>U.S. FOIA (b) (6)</u>, interviewed the driver of the trash company who stated that he had just moved the (5) black trash bags that were lying in front of the dumpster directly on the ground to the side of the dumpster so he could get access the dumpster. The <u>U.S. FOIA (b) (6)</u> stated that there should be no debris, trash, or trash bags outside or around the dumpster area. The <u>U.S. FOIA (b) (6)</u> further stated that it was maintenance, housekeeping and dietary who was responsible for cleaning the dumpster area. The <u>U.S. FOIA (b) (6)</u> stated it was important to keep the dumpster area clean to avoid pests or rodents to get in the area.</p> <p>On 11/20/24 at 9:45 AM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated that both maintenance and dietary were responsible to clean the dumpster area. The <u>U.S. FOIA (b) (6)</u> further stated that no debris, trash, or trash bags should be on the ground around the dumpsters to keep out rodents.</p> <p>On 11/21/24 at 12:44 PM, the <u>U.S. FOIA (b) (6)</u></p>	F 814	<p>staff involved in utilizing the dumpster area were reminded of the protocol of keep the dumpster area free of trash and debris on the floor.</p> <p>2. All Residents are at risk to be affected by the deficient practice.</p> <p>3. Administrator re-in-serviced all appropriate staff on disposal of garbage policy.</p> <p>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Food Service Director or Designee will audit garbage disposal practices. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary</p>		

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F 814	Continued From page 71  <u>U.S. FOIA (b) (6)</u> , in the presence of the <u>U.S. FOIA (b) (6)</u> and the survey team, stated that it was unacceptable to leave bags of trash on the ground around the dumpsters.  A review of facility's "Disposal of garbage: policy, reviewed/revised March 2024, included: - containers and dumpsters shall be kept covered when not being loaded and the surrounding shall be kept clean so that accumulation of debris and insect/rodent attractions are minimized. -garbage should not accumulate or be left outside the dumpster.	F 814			
F 880 SS=D	N.J.A.C. 8:39-19.3(c) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals	F 880			1/13/25



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F 880	<p>Continued From page 72</p> <p>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</li> <li>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</li> </ul> <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.</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER  <b>THE CENTER FOR REHAB &amp; NURSING WASHINGTON TOWNSHIP</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 EGG HARBOR ROAD</b> <b>SEWELL, NJ 08080</b>		
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F 880	<p>Continued From page 73</p> <p>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, record review, and review of facility documents, it was determined that the facility failed to follow appropriate infection control practices during the provision of a <u>NJ Ex Order 26. 4B1</u> treatment.</p> <p>This deficient practice was observed for 1 of 1 nurse (<u>NJ Ex Order 26.4(b)(1)</u>) observed during the provision of wound care to 1 of 1 resident (Resident #62) and was evidenced by the following:</p> <p>On 11/17/24 at 11:24 AM, the surveyor observed Resident #62 lying in bed on an <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 11/18/24 at 12:27 PM, the surveyor reviewed the medical record for Resident #62.</p> <p>A review of the Admission Record (an admission summary), revealed the resident had diagnoses which included: <u>NJ Ex Order 26. 4B1</u></p> <p>[REDACTED]</p> <p>A review of the resident's comprehensive Minimum Data Set (MDS), an assessment tool, dated <u>NJ Ex Order 26.4(b)(1)</u>, included the resident had a Brief</p>	F 880	<p>1. LPN #7 was immediately re-educated on proper hand hygiene techniques, including the requirement to wash hands for a minimum of 20 seconds after doffing gloves and before donning new gloves. All <u>NJ Ex Order 26. 4B1</u> for Resident #62 will be supervised by a senior nurse until LPN #7 demonstrates consistent compliance with infection control practices.</p> <p>2. All residents with wounds had the potential to be affected by the deficient practice.</p> <p>3. Infection Preventionist re-educated all nursing staff on the facility's hand hygiene policy, emphasizing the importance of hand hygiene in preventing infection.</p> <p>4. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Infection Preventionist or Designee will weekly audits of wound care procedures to ensure compliance with hand hygiene protocols. Results of observations will be forwarded to the Quality Assurance committee monthly for (3) Months for review, revisions will be made as necessary</p>		

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F 880	<p>Continued From page 74</p> <p>Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated the resident's [REDACTED]. Further review of the MDS revealed the resident had one [REDACTED] [REDACTED] that were present upon admission/entry or reentry to the facility.</p> <p>A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated [REDACTED], that the resident had [REDACTED] [REDACTED]. Interventions included: Administer treatment per physician orders, Encourage and assist as needed to [REDACTED]; use assistive devices as needed, [REDACTED] on bed, and [REDACTED] referral and follow-up as ordered.</p> <p>A review of the Order Summary Report (OSR) included the following physician's orders (PO):</p> <p>A PO, dated [REDACTED], for Cleanse [REDACTED] with [REDACTED] and apply [REDACTED] every shift.</p> <p>A PO, dated [REDACTED] for [REDACTED] with [REDACTED], apply [REDACTED] and [REDACTED] with [REDACTED]. Then apply [REDACTED].</p> <p>A PO, dated [REDACTED], for [REDACTED] every day shift for pack [REDACTED].</p>	F 880			

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F 880	<p>Continued From page 75</p> <p>On 11/20/24 at 10:19 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #7 who stated that she worked at the facility for [REDACTED] and had seen improvement in the resident's [REDACTED]. LPN #7 stated that she was assigned to Resident #62 and was prepared to perform the resident's [REDACTED] at that time. LPN #7 was at the medication cart and cleaned her hands with Alcohol Based Hand Rub (ABHR) before she accessed the computer to review resident's [REDACTED] orders aloud prior to the treatment observation.</p> <p>LPN #7 then proceeded to clean the treatment cart with a disinfectant wipe. LPN #7 then accessed the treatment cart without first performing hand hygiene and removed a bottle of [REDACTED] solution from the treatment cart. She then proceeded to don (put on) gloves and prepared [REDACTED] with normal saline solution. LPN #7 then proceeded to doff (remove) her gloves. LPN #7 then donned gloves without first performing hand hygiene before she prepared [REDACTED] with [REDACTED] solution, prepared the [REDACTED] and obtained a [REDACTED]. LPN #7 then doffed her gloves and failed to perform hand hygiene, before she proceeded to look through the treatment cart and removed different styles of dressings before she made a selection. LPN #7 then donned a pair of gloves and opened a package of [REDACTED], and the applied [REDACTED] onto the [REDACTED] with a [REDACTED]. LPN #7 then doffed her gloves and cleaned her hands with ABHR.</p> <p>LPN #7 brought the treatment supplies into the</p>	F 880			

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F 880	<p>Continued From page 76</p> <p>resident's room and placed them on the resident's table which was already sanitized and had a drape that covered the top.</p> <p>LPN #7 then proceeded to doff her gloves and washed her hands in the resident's room for eight seconds before she donned a mask, gown, and gloves. LPN #7 then proceeded to remove the resident's [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] from his/her [NJ Ex Order 26.4B1]. LPN #7 then doffed her gloves and cleaned her hands with ABHR.</p> <p>LPN #7 then donned gloves and cleaned the resident's [NJ Ex Order 26.4B1] with normal saline solution. LPN #7 then doffed her gloves and washed her hands for eight seconds. LPN #7 then donned gloves and applied [NJ Ex Order 26.4B1] [redacted] with a sterile cotton tipped stick. LPN #7 then doffed her gloves and donned another pair of gloves without first performing hand hygiene. LPN #7 then proceeded to [NJ Ex Order 26.4B1] the resident's [NJ Ex Order 26.4B1] with a [NJ Ex Order 26.4B1] LPN #7 then applied a [NJ Ex Order 26.4(b)(1)] [redacted] that was dated to the [NJ Ex Order 26.4B1].</p> <p>LPN #7 then cleaned her hands with ABHR before she donned gloves and applied [NJ Ex Order 26.4B1] to the [NJ Ex Order 26.4B1] and covered it with a dated [NJ Ex Order 26.4(b)(1)].</p> <p>LPN #7 then doffed her gloves and began to remove the trash from the room. LPN #7 then donned gloves without first performing hand hygiene and proceeded to clean the [NJ Ex Order 26.4(b)(1)] [redacted] with a disinfectant wipe. LPN #7 then doffed her mask, gown, and gloves, discarded the trash and washed her hands after the treatment was completed.</p>	F 880			



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F 880	<p>Continued From page 77</p> <p>On 11/20/24 at 10:53 AM, the surveyor interviewed LPN #7 who stated that she was required to wash her hands for at least 30 seconds and sang happy birthday twice to ensure the appropriate length of time for hand washing. LPN #7 stated that when you doffed your gloves, you were supposed to use ABHR or wash your hands.</p> <p>On 11/21/24 at 11:17 AM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated that staff were required to wash their hands for 20 seconds. The <u>U.S. F</u> further stated that if hand washing were performed for less than twenty seconds it was an infection control concern.</p> <p>The <u>U.S. F</u> further stated that when doing a wound treatment, when the <u>NJ Ex Order 26, 4B1</u> was removed hand washing was required to be performed for twenty seconds. The <u>U.S. F</u> stated that if hand washing was performed for less than twenty seconds then they were not taking the germs off of their hands.</p> <p>The <u>U.S. F</u> further stated that staff were required to wash their hands when they doffed their gloves or cross-contamination could occur. The <u>U.S. F</u> stated that stuff could get inside your gloves and you have to use soap and water to get the bacteria off of your hands, not the hand sanitizer.</p> <p>On 11/21/24 at 11:36 AM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated that every time staff removed (doffed) their gloves they were required to perform hand hygiene. The <u>U.S. FOIA (b)</u> stated that hands should be scrubbed for thirty seconds, or twenty seconds</p>	F 880			

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F 880	<p>Continued From page 78</p> <p>minimally. The <sup>U.S. FORM 6</sup> stated that if staff washed their hands for less than twenty seconds they were not cleaned.</p> <p>On 11/22/24 at 10:20 AM, the <sup>U.S. FORM 6</sup> provided the surveyor with a Licensed Nurse Clinical Skills Checklist and Competency evaluation and an Infection Control Competency Checklist which included, "Skill #1: Hand Hygiene (Hand Washing)" that was completed by LPN #7 on 10/22/24 with demonstrated competency and a "Treatment Administration" competency that was completed by LPN #7 on 10/22/24 with demonstrated competency.</p> <p>A review of the facility's "HandWashing/Hand Hygiene" policy, reviewed/revised May 2023, included:</p> <p>The facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>...All personnel shall follow the hand washing/hand hygiene procedure to help prevent the spread of infections to other personnel, residents, and visitors.</p> <p>...Wash hands with soap...and water for the following situations: When hands are visibly soiled;... ...Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap... Before and after coming on duty; Before and after direct contact with residents; Before preparing and handling medications; Before performing any non-surgical invasive procedures;... ...Before donning sterile gloves; Before handling clean or soiled dressings, gauze</p>	F 880			

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F 880	Continued From page 79 pads, etc.; Before moving from a contaminated body site to a clean body site during resident care; After contact with a resident's intact skin; After contact with blood or bodily fluids; After handling used dressings, contaminated equipment, etc.; After contact with objects in the immediate vicinity of the resident; After removing gloves; Before and after entering isolation precaution settings;... ...the use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. ...Washing Hands: Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds (or longer)...  NJAC 8:39-19.4	F 880			

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NAME OF PROVIDER OR SUPPLIER  <b>THE CENTER FOR REHAB &amp; NURSING WASHI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 EGG HARBOR ROAD</b> <b>SEWELL, NJ 08080</b>		
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S 000	Initial Comments  Complaint NJ #'s: 168276, 169388, 173735 and 174353  The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Complaint NJ #'s: 168276, 169388, 173735 and 174353  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 5 of 5 weeks of staffing prior to the recertification survey date of 11/22/2024.  This deficient practice was evidenced by the	S 560	1. Engaged agency staff and per diem CNAs to supplement staffing on deficient shifts. A comprehensive audit of resident care and safety was conducted to identify any negative impacts of inadequate staffing during the deficient periods. No critical adverse outcomes were identified, and measures were implemented to mitigate risks. 2. All Residents are at risk to be affected by the deficient practice 3. Administrator will re-educate staffing	1/13/25

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

TITLE

(X6) DATE

Electronically Signed

12/11/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>following:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in 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 10/08/2023 to 10/14/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-10/08/23 had 9 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p>	S 560	<p>coordinator on most recent staffing requirements. Partnered with staffing agencies to establish a priority contract for CNA coverage during high-need periods.</p> <p>4. Initiated an ongoing recruitment campaign offering competitive pay and benefits to attract new CNAs, including sign-on bonuses. Developed a robust staffing contingency plan to address sudden callouts or staffing shortages. This includes an emergency call tree and on-call supervisory staff trained to fill in as needed.</p> <p>5. As a quality assurance measure, on a weekly basis (4) four weeks, then a monthly basis (2) two months, the Administrator (LNHA) or Designee will audit staffing ratios.</p>	



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S 560	<p>Continued From page 2</p> <p>-10/09/23 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-10/10/23 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-10/11/23 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-10/12/23 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-10/13/23 had 12 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-10/14/23 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>2. For the week of Complaint staffing from 11/26/2023 to 12/02/2023, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts and deficient in CNAs to total staff on 1 of 7 evening shifts as follows:</p> <p>-11/26/23 had 11 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-11/27/23 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-11/28/23 had 14 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-12/02/23 had 13 CNAs for 121 residents on the day shift, required at least 15 CNAs.</p> <p>-12/02/23 had 6.9 CNAs to 15.4 total staff on the evening shift, required at least 8 CNAs.</p> <p>3. For the week of Complaint staffing from 06/02/2024 to 06/08/2024, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:</p> <p>-06/03/24 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-06/07/24 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs.</p> <p>-06/08/24 had 16 CNAs for 133 residents on the</p>	S 560			

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NAME OF PROVIDER OR SUPPLIER  <b>THE CENTER FOR REHAB &amp; NURSING WASHI</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 EGG HARBOR ROAD</b> <b>SEWELL, NJ 08080</b>		
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S 560	<p>Continued From page 3</p> <p>day shift, required at least 17 CNAs.</p> <p>4. For the 2 weeks of staffing prior to survey from 11/03/2024 to 11/16/2024, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts and deficient in total staff for residents on 1 of 14 evening shifts as follows:</p> <ul style="list-style-type: none"> <li>-11/05/24 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs.</li> <li>-11/07/24 had 18 CNAs for 151 residents on the day shift, required at least 19 CNAs.</li> <li>-11/09/24 had 14.5 total staff for 151 residents on the evening shift, required at least 15 total staff.</li> <li>-11/10/24 had 18 CNAs for 150 residents on the day shift, required at least 19 CNAs.</li> <li>-11/12/24 had 17 CNAs for 148 residents on the day shift, required at least 18 CNAs.</li> <li>-11/16/24 had 19 CNAs for 157 residents on the day shift, required at least 20 CNAs.</li> </ul> <p>On 11/21/24 at 2:22 PM, the surveyor interviewed the Staffing Coordinator who stated the Director of Nursing (DON) and the Assistant DON (ADON) informed her of the staffing ratio requirements. She stated she scheduled according to the facility's census to ensure she met the requirements.</p> <p>On 11/22/24 at 9:58 AM, the surveyor interviewed the DON who stated the facility had an on-call rotation for staffing and they educated the staff on the expectations on arriving on time and calling out. The DON stated the facility did everything they could to handle call outs in real time. She stated that the staffing ratios had been "okay" and tried to ensure they were staffed according to the required staffing ratios.</p>	S 560			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060806</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE CENTER FOR REHAB &amp; NURSING WASHI</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 EGG HARBOR ROAD</b> <b>SEWELL, NJ 08080</b>		
(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 560	Continued From page 4  A review of the facility's "Staffing" policy dated revised December 2023, included, 1. Staffing levels: the facility will meet federal state, and local staffing requirements. 3. Staff to Resident Ratios: the facility will maintain a minimum staff-to-resident ratio of 1:8 during the day shifts, 1:10 during the evening shifts, and 1:14 during the night shifts. 4. Adjustments to staffing will be made based on: resident acuity levels; special care units; and fluctuations in resident census. 5. Staffing Assignments and Schedules: A staffing plan will be developed and reviewed regularly by the Director of Nursing, Scheduler, or designee to ensure appropriate allocation of resources.	S 560			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315231	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/13/2025
NAME OF FACILITY THE CENTER FOR REHAB & NURSING WASHINGTON TOWNSHIP	STREET ADDRESS, CITY, STATE, ZIP CODE 535 EGG HARBOR ROAD SEWELL, NJ 08080	

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 F0550	Correction	ID Prefix F0578	Correction	ID Prefix F0609	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed
LSC	01/13/2025	LSC	01/13/2025	LSC	01/13/2025
ID Prefix F0610	Correction	ID Prefix F0657	Correction	ID Prefix F0677	Correction
Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.24(a)(2)	Completed
LSC	01/13/2025	LSC	01/13/2025	LSC	01/13/2025
ID Prefix F0679	Correction	ID Prefix F0684	Correction	ID Prefix F0689	Correction
Reg. # 483.24(c)(1)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	01/13/2025	LSC	01/13/2025	LSC	01/13/2025
ID Prefix F0695	Correction	ID Prefix F0725	Correction	ID Prefix F0732	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.35(g)(1)-(4)	Completed
LSC	01/13/2025	LSC	01/13/2025	LSC	01/13/2025
ID Prefix F0812	Correction	ID Prefix F0814	Correction	ID Prefix F0880	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.60(i)(4)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	01/13/2025	LSC	01/13/2025	LSC	01/13/2025
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/22/2024		<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 315231	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/13/2025
NAME OF FACILITY THE CENTER FOR REHAB & NURSING WASHINGTON TOWNSHIP	STREET ADDRESS, CITY, STATE, ZIP CODE 535 EGG HARBOR ROAD SEWELL, NJ 08080	

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 F0609	Correction	ID Prefix F0610	Correction	ID Prefix F0657	Correction
Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	01/13/2025	LSC	01/13/2025	LSC	01/13/2025
ID Prefix F0677	Correction	ID Prefix F0679	Correction	ID Prefix F0689	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.24(c)(1)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	01/13/2025	LSC	01/13/2025	LSC	01/13/2025
ID Prefix F0725	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.35(a)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/13/2025	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/22/2024		<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 060806	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/13/2025
NAME OF FACILITY THE CENTER FOR REHAB & NURSING WASHINGTON TOWNSHIP		STREET ADDRESS, CITY, STATE, ZIP CODE 535 EGG HARBOR ROAD SEWELL, NJ 08080

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/13/2025	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/22/2024		<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: 05/22/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315231</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/22/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>THE CENTER FOR REHAB &amp; NURSING WASHINGTON TOWNSHIP</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 EGG HARBOR ROAD SEWELL, NJ 08080</b>			
(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 11/19/24. 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 11/19/24 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>The Center for Rehab &amp; Nursing Washington Township is a two-story building with basement built in 1986 &amp; 1999. It is composed of Type II &amp; Type III protected construction. The facility is divided into 17 - smoke zones. The generator does approximately 75% of the building per <b>U.S. FOIA (b) (6)</b>. The current occupied beds are 157 of 190.</p>			K 000			

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

TITLE

(X6) DATE

Electronically Signed

02/04/2025

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.