STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315245	A. BUILDING ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	**1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002**

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F 000	INITIAL COMMENTS Complaint NJ #159786; 159896; 160540; 160881; 161584; 162587; 163278; 163474; 163869; 164529 Survey Date: 3/7/23 Census: 116 Sample: 28 + 3 + 10 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		3/29/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 03/24/2024

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	Continued From page 1 provision of services under the State plan for all residents regardless of payment source. §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. §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. §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, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure residents were served their meals in a dignified manner during meal services. This deficient practice was identified on 1 of 3 nursing units (NJ Exec Order 26-Floor), and was evidenced by the following: On 2/27/24 from 12:18 PM to 12:49 AM, the surveyor made the following meal observations in the Second- Floor dining room: On 2/27/24 at 12:19 PM, the food truck arrived to the NJ Exec Order 26-Floor nursing unit. There were sixteen residents observed seated in the dining room at five different tables. The Certified Nursing Aide (CNA #1) placed a tray in front of Resident #30 and walked away. Resident #30's	F 550	1. Resident #30 was moved to another table NJ Exec Order 26.4b1. Education was provided for nursing staff on NJ Exec Order 26 Floor on dining etiquette when serving residents. 2. All residents that get served meals in the Second Floor dining room at the facility have the potential to be affected. 3. In-service was provided for staff on proper dining etiquette when serving residents and in regards to Non-Labeling. Emphasis placed on not using inappropriate labels to include referring to residents as requiring feeding assistance as "NJ Ex Order 26". In-service/education provided to staff by Director of Nursing, or	

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F 550	Continued From page 2 tablemate proceeded to take Resident #30's tray and removed the dome from the tray. The surveyor observed that CNA #2 from the opposite side of the dining room addressed the resident in a NJ Exec Order 26.4b1 stating, 'NJ Exec Order 26.4b1 [Resident's name] [he/she] is 'NJ Ex Order 26.4 On 2/27/24 at 12:29 PM, the surveyor observed the staff did not serve residents by tables. The surveyor observed sixteen residents were sitting in the dayroom for lunch. Seven out of the sixteen residents received their meal trays and were eating lunch. The other nine residents sat at the tables and watched their tablemate's eat. The US FOIA (b)(6) stated that the other residents' meal trays were on a separate truck. At that time, the surveyor observed the US FOIA (b)(6) yell out to the staff who were in the dayroom that Resident #30 was a 'NJ Ex Order 26.4 At 12:31 PM, the surveyor observed CNA #3 spoke in a NJ Exec Order 26.4b1 as she informed staff in the dayroom that Resident #30 was a 'NJ Ex Order 26. and that NJ Ex Order 26.4b1. At that time, CNA #3 stated that she would NJ Exec O Resident #30. The surveyor observed that CNA #3 fed Resident #30 at a table where the other residents were NJ Exec Order 26.4b1. At 12:37 PM, the second food truck arrived on the NJ Exec Order 26-Floor nursing unit. The surveyor observed staff deliver the trays to residents in their rooms and other residents who ate in the dining room. The surveyor observed that meals were being served to both residents in the dining room and in their rooms from both dining carts. The last resident in the dining room was served at 12:42 PM.	F 550	designee. 4. The Director of Nursing, or designee, will complete 5 observations of dining services weekly for 4 weeks then 5 observations monthly for 2 months to ensure proper dining etiquette is being followed during meal services in the Dining Rooms. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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F 550	Continued From page 3	F 550		

On 2/28/24 at 12:11 PM, the surveyor interviewed the US FOIA (b)(6) who stated that the residents should be served by tables; staff should not refer to a resident as a "NJ Ex Order 26 and that residents NJ Ex Order 26.4b1 should be seated separately from residents who were NJ Ex Order 26.4b1 with their meals.

On 3/4/24 at 12:01 PM, the surveyor interviewed CNA #3 who acknowledged she should not have used a raised voice when she informed other staff that Resident #30 NJ Ex Order 26.4b1 as it was a dignity issue. CNA #3 further acknowledged that Resident #30 should have been seated at a table where other residents also NJ Ex Order 26.4b1 and that residents should be served by tables but that the trays don't come up that way.

A review of the Mealtimes list provided by the US FOIA (b)(6)) from the entrance conference reflected that lunch on the NJ Exec Order 26-Floor nursing unit was served at 11:55 AM; 12:15 PM, and 12:30 PM. The paper indicated the delivery of meals may be fifteen minutes early or fifteen minutes late.

On 3/7/24 at 11:15 AM, the US FOIA (b)(6) acknowledged that residents should be served by tables, staff should not have discussed a resident's status publicly in the dining room where other residents and visitors were within hearing distance, and that residents who were NJ Ex Order 26.4b1 on staff should not have been seated at the same table as residents who were NJ Ex Order 26.4b1.

A review of the facility's undated "Serving of Food" policy included residents who cannot feed

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F 550	Continued From page 4 themselves will be fed with attention to safety, comfort, and dignity. A review of the facility's undated "Resident Rights" policy included the facility must care for you in a manner that enhances your quality of life; the facility will treat you with dignity and respect in full recognition of your individuality... N.J.A.C. 8:39-27.1(a)	F 550		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Complaint #NJ160540 Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) provide a wheelchair for resident use when out of bed(Resident #43); b.) maintain the call bell within reach of the resident (Resident #58); and c.) accommodate a resident whose preference was to NJ Ex Order 26.4b1 (Resident #31). This deficient practice was identified for 3 of 28 residents reviewed for accommodation of needs (Resident #31, #43, and #58), and was evidenced by the following: 1. On 2/28/24 at 9:15 AM, the surveyor observed Resident #43 in bed and there was no wheelchair	F 558	1. Resident #43 received an appropriate chair. Call bell was placed within reach for Resident #58. Resident NJ Ex Order 26.4b1 was reevaluated to accommodate covering for the residents who prefer to NJ Ex Order 26.4b1 . 2. All residents that facility provides wheelchair to and those who smoke have the potential to be affected by this deficient practice. 3. An audit was completed by Director of Rehab for all residents residing at the facility to ensure proper accommodations were made to allow them to be out of bed; no concerns were found. Staff educated	3/29/24

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F 558	Continued From page 5 observed in the room. On 2/29/24 at 12:04 PM, the surveyor observed the resident in bed with head of bed NJ Ex Order 26.4b1 NJ Ex Order 26.4b1. The resident did not respond to surveyor inquiry. There was no observed wheelchair noted in the room. On 2/29/24 at 12:09 PM, the surveyor interviewed the resident's primary Certified Nurse Aide (CNA #1), who stated the resident needed NJ Ex Order 26.4b1 and she wanted to get the resident out of bed, but she did not have a wheelchair. CNA #1 stated she borrowed a wheelchair from other residents to get the resident out of bed, that it had been a month since she was able to get the resident out of bed with their own wheelchair. At this time, the US FOIA (b) reported that the resident's NJ Ex Order 26.4b1. On 2/29/24 at 12:23 PM, the surveyor interviewed the resident's Licensed Practical Nurse #1 (LPN #1) who stated this was the third time she was taking care of Resident #43, but to her knowledge the resident did not have a wheelchair; that they were usually kept by the resident's bed, and she had not seen one. On 2/29/24 at 12:32 PM, the surveyor interviewed the US FOIA (b)(6) who stated all residents should have a way to get out of bed and that Resident #43 would need a NJ Ex Order 26.4b wheelchair instead of a NJ Ex Order 26.4b1 wheelchair to do so. LPN/UM #1 further stated she had been the US FOIA (b)(6) on the NJ Exec Order 26-Floor nursing unit for a week, and had not once seen the resident out of bed and acknowledged she had not observed a NJ Ex Order 26.4b wheelchair in the resident's room.	F 558	on ensuring residents have wheelchair or equivalent to get out of bed and report concerns to Unit Manager, or designee. In-service was provided for staff to ensure call bells are kept within reach for residents to use. In-service/education provided to staff by Director of Nursing, or designee. Smoking area was reevaluated by Administrator and Director of Maintenance to put appropriate measures in place including covering above the designated smoking area during inclement weather. 4. The Director of Rehab, or designee, will review new admissions daily to ensure patient has wheelchair or equivalent, if applicable for 4 weeks then weekly audits for 8 weeks. The Director of Nursing, or designee, will complete 10 random audits of resident rooms 5 days a week for 4 weeks then weekly for 8 weeks to ensure call bells remain within reach of residents. The Administrator, or designee, will continue to evaluate the smoking area monthly to ensure accommodations are made as needed. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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Continued From page 6

On 3/4/24 at 11:41 AM, the surveyor observed Resident #43 dressed and NJ Exec Order 26.4b1 in a NJ Ex Order 26.4b wheelchair being wheeled into the NJ Exec Order 26-Floor dayroom. The surveyor observed the chair had been labeled with the resident's name. At that time CNA #1 stated to the surveyor "they got [him/her their] own chair" smiling.

On 3/5/24 at 11:48 AM, the surveyor interviewed the US FOIA (b)(6)) who stated every resident should have a chair, either a wheelchair, or NJ Ex Order 26.4b1 unless they NJ Exec Order 26 to get out of bed. The US FOIA (stated the resident was last evaluated on NJ Ex Order 26.4, as a result she had been initiated for NJ Ex Order 26.4 services for NJ Ex Order . US FOIA (explained that NJ Ex Order 26.4b1 was getting a resident into a wheelchair to see how they NJ Ex Order 26.4b1, and if any NJ Ex Order 26.4b1 were needed for NJ Ex Order 26.4b

The surevyor reviewed the medical record for Resident #44.

A review of the Admission Record face sheet reflected the resident was admitted to the facility with diagnoses which included NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 (NJ Ex Order 26.4b).

A review of the most recent quarterly Minimum Data Set (MDS), assessment tool, reflected the resident had a brief interview of mental status (BIMS) score of NJ Ex; which indicated NJ Ex Order 26.4b . According to section NJ Exec NJ Exec Order 26.4b1 and Goals, the resident had NJ Ex Order 26.4b1 in NJ Ex Order 26.4b1 including NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 For NJ Ex Order 26.4b1 used in

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F 558	Continued From page 7	F 558		

the last seven days, it was indicated none of the above, meaning the resident did not use a NJ Exec Order 26.4b1, or NJ Ex Or for NJ Exec Order 26.

On 3/6/24 at 10:46 AM, the surveyor interviewed the US FOIA (b)(6)) who stated each resident should have a chair in their room based on NJ Ex Order 26.4b1 and based on NJ Ex Order 26.4 approval would expect the facility to provide the resident with a NJ Ex Order 26.4b wheelchair.

2. On 2/27/24 at 10:55 AM, the surveyor observed Resident #58 in bed with their NJ Ex Ord ; the resident NJ Exec Order 26.4b1 to the surveyor's greeting. The surveyor observed the resident's call bell (bell used to summon staff for assistance) wrapped around the NJ Ex Order 26.4b1 NJ Ex Order 26.4b1). The call bell was affixed to the top of the wall near the ceiling and was not within Resident #58's reach.

On 2/28/24 at 11:52 AM, the surveyor observed Resident #58 in their bed with the call bell wrapped around the NJ Ex Order 26.4b1, not within Resident #58's reach.

On 2/28/24 at 12:04 PM, the surveyor interviewed LPN #2 who stated that she had no idea what the NJ Ex Orde on the wall was (NJ Ex Order 26.4b1), but acknowledged that the call bell should not have been tied around it.

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On 2/28/24 at 12:11 PM, the surveyor accompanied by the US FOIA (b)(6) entered Resident #58's room, and they observed the call bell wrapped around the NJ Ex Order 26.4b1, not within Resident #58's reach. The US FOIA (b)(6) stated that the NJ Ex Order 26.4b1 was used to monitor the resident's vital signs and that the call bell should not have been tied around the NJ Ex Order 26.4b1 The US FOIA (b)(6) further stated that she needed to get someone taller who could reach up the wall to unwrap the call bell from the NJ Ex Order 26.4b1.

The surveyor reviewed the medical record for Resident #58.

A review of the Admission Record face sheet reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 NJ ( ) and NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1).

A review of the most recent quarterly Minimum Data Set indicated the resident had NJ Ex Order 26 , and was dependent on staff for all

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6) US FOIA (b)(6) , and survey team acknowledged call bells should be within reach of all residents in their rooms.

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3. On 2/28/24 at 9:33 AM, the surveyor observed Resident #31 seated in an NJ Ex Order 26. wheelchair outside in the facility's NJ Ex Order 26.4b1 .

At this time, the surveyor interviewed the US FOIA (b)(6) who stated that the residents complained that there was not enough room in the NJ Ex Order 26.4b1 to allow them to NJ Ex Order 26 during a NJ Ex Order 26.4b1 without getting NJ Ex Ord

On 2/28/24 at 9:53 AM, the surveyor interviewed Resident #31 in their room. The resident stated that the NJ Ex Order 26.4b1 did not accomidate the resident to NJ Ex Order 26 while it was NJ Ex Order 26.4b1 without getting NJ Ex Ord .

On 3/1/24 at 9:40 AM, the surveyor interviewed the US FOIA (b)(6) who stated that it was the Activity departments responsibility to monitor the residents in the NJ Ex Order 26.4b1 to ensure they were NJ Ex Order 26.4b1 and responsibly. The US FOIA (b stated that the residents often complain that when it NJ Ex Order 26 there was not NJ Ex Order 26.4b1 for them to NJ Ex Order 26 without getting NJ Ex Ord

On 3/7/24 at 11:52 AM, the US FOIA (b)(6 in the presence of the US FOIA (b)(6) US FOIA (b)(6) , and survey team stated that the designated smoking area use to accomidate all the residents to NJ Ex Order 26.4b1 without getting NJ Ex O because there was only NJ Ex O or NJ Ex Order residents who NJ Ex Order 26.4b The US FOIA (b)(6 stated there was now NJ Ex Order 26 who NJ Ex Order 26.4b at one time during the NJ Ex Order 26.4b1 , so residents were getting NJ Ex O during NJ Ex Order 26.4b1.

A review of the facility's undated "Resident

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F 558	Continued From page 10 Rights" policy included the facility must care for you in a manner that enhances your quality of life; treat you with dignity and respect in full recognition of your individuality; you have the right as a resident to receive services with reasonable accommodations to individual needs and preferences... A review of the facility's undated "Smoking Policy" included...it is the policy to provide a safe environment for our residents, staff and visitors by defining and enforcing safe smoking practices... NJAC 8:39- 31.8 (c)(9)(10)	F 558		
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure a resident was free of NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 [redacted]. The deficient practice was identified for 1 of 6 residents reviewed for NJ Ex Order 2 (Resident #47), and was evidenced by the following:	F 602	1. The Administrator met with Resident #47 to review any NJ Exec Order 26.4b1 [redacted]. Resident #47 was encouraged not to NJ Ex Order 26.4b1 with staff. The US FOIA (b)(6) interviewed other NJ Exec O and NJ Exec Order 26 residents on Resident #47 units to ensure no NJ Ex Order 26.4b1 were taking place with staff. Residents were also inquired on how they are being	3/29/24

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F 602	Continued From page 11 On 2/28/24 at 12:14 PM, the surveyor interviewed Resident #47 who stated he/she had an issue with a Certified Nursing Aide (CNA #1) who no longer worked at the facility. The resident stated he/she developed a bond with CNA #1, and the aide would ask the resident to NJ Ex Order 26.4b1 which he/she NJ Ex Order 26.4b1. The resident continued CNA #1 always NJ Ex Order 26.4b1 the NJ Ex Order 26.4b1, and there were multiple NJ Ex Order 26.4b, but CNA #1 NJ Ex Order 26.4b1 the resident NJ Ex Order 26.4b1. The resident stated he/she NJ Ex Order 26.4b1 using NJ Ex Order 26.4b1, and CNA #1 NJ Ex Order 26.4b1 that was never NJ Ex Order 26.4b1. The resident stated the facility's US FOIA (b)(6)) and current US FOIA (b)(6)) spoke to the resident and took pictures of the NJ Ex Order 26.4b1, but the US FOIA (b)(and US FOIA (b)(never did anything further. The resident stated that CNA #1 no longer worked at the facility. On 2/29/24 at 10:00 AM, a request was made to the US FOIA (b)(6 to provide all investigations and grievances for Resident #47. On 3/4/24 at 9:08 AM, the surveyor interviewed the US FOIA (b)(6)) who stated NJ Exec Order 26.4b1 of NJ Ex Order 2 were immediately investigated. On 3/4/24 at 12:16 PM, the US FOIA (b)(6 confirmed the surveyor had all the investigations for the resident. A review of the investigations did not include the NJ Ex Order 2 NJ Exec Order 26.4b1 made by the resident.	F 602	treated by staff and NJ Exec Order 26.4b1 2. All residents residing at the facility who had direct interaction with this terminated employee have the potential to be affected. 3. In-service provided for staff on Resident Rights and Abuse Policy with emphasis on Misappropriation of Funds. In-service/education provided to staff by Director of Nursing, or designee. Education will be provided by Administrator for residents regarding Misappropriation of Funds during Resident Council Meetings and encourage concerns to be reported to Social Workers or Director of Quality Experience. 4. The Director of Quality Experience, or designee, will conduct weekly rounds and speak with 5 residents weekly for 12 weeks to ensure staff is not misappropriating resident funds. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315245	A. BUILDING ______ B. WING ______	C 03/07/2024

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F 602	Continued From page 12 On 3/5/24 at 11:50 AM, the surveyor interviewed the US FOIA (b)(6)) and asked if the resident ever informed the facility he/she was missing anything. The US FOIA (b) stated there was a time there was NJ Ex Order 26.4b1 or a NJ Ex Order 26.4b1 that she could not speak to that involved CNA #1 who no longer worked here. On 3/5/24 at 12:27 PM, the surveyor interviewed the US FOIA (b)(6 who stated there was NJ Ex Order 26 with a former employee (CNA #1), and CNA #1 had NJ Ex Order 26.4b1 Resident #47 per the resident. The US FOIA (b)(6 stated the facility only completed a NJ Exec Order 26.4b1 since the resident was NJ Ex Or and NJ Ex Order 26.4b1 The surveyor requested the NJ Exec Order 26.4b1 form. A review of the facility's undated "Abuse Policy & Procedure" included when an incident or suspected incident of resident abuse, neglect, misappropriation of resident property, or injury of unknown source is reported, the Administrator/Director of Nursing will immediately be notified. They will appoint a staff member to investigate the incident...The investigation shall consist of: a review of the complete Resident Abuse form for facility and F.R.I.D.A.Y. and Reportable Event Record Report for Department of Health [DOH]; interviews with the person(s) reporting the incident; interviews with any witnesses to the incident; an interview with the resident; an interview with staff members (on all shifts) having contact with the resident during the period of alleged incident; interviews with resident's roommate, family members, and visitors if applicable; interviews with other residents to which the accused employee provided care or services (if applicable); a review of circumstances surrounding the incident; review	F 602		

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of pertinent emails. Witness statements shall be in writing. Witness will be required to sign and date such statements.

A review of the "NJ Exec Order 26.4b1 Summaries" dated reported NJ Ex Order 26.4b1 and resolved NJ Ex Order 26.4b1, included the following:

NJ Exec Order 26.4b1 details: resident stated [he/she] had been NJ Ex Order 26.4b1 via a NJ Ex Order 26.4b1 for NJ Ex Order 26.4b1 with [CNA #1]; resident states that [he/she] has not seen the US FOIA (b) she was not responding to calls or messages and the US FOIA (b) NJ Ex Order 26.4b1.

Summary of investigation: resident reported that [he/she] had been NJ Ex Order 26.4b1 with an employee for them to NJ Ex Order 26.4b1 and that the employee was not responding to [his/her] calls or texts.

Summary findings: resident was NJ Ex Order and NJ Ex Order 26.4b1 and has been NJ Ex Order 26.4b1 to now a former employee to NJ Ex Order 26.4b1. According to the resident, the individual NJ Ex Order and was no longer responding to [his/her] calls or texts.

Summary of actions taken: Administration reached out to the former employee via phone who stated she NJ Ex Order 26.4b1 the resident any NJ Ex Order 26.4b1 and confirmed [Resident #47] had been NJ Ex Order 26.4b1. She also stated when she was not able to NJ Ex Order 26.4b1, she would NJ Ex Order 26.4b1 to the resident. Resident was made aware of the conversation with the employee and resident stated [he/she] made their attorney aware.

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The NJ Exec Order 26.4b1 did not include any witness statements from the resident, employee, other staff members, and residents; as well as no facility completed Resident NJ Ex Order 2 Form per facility policy.

The surveyor reviewed the medical record for Resident #47.

A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses which included NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, and NJ Ex Order 26.4

A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4, reflected the resident had a brief interview for mental status score of a NJ Ex out of 15; which indicated NJ Ex Order 26.4b1.

A review of the individual comprehensive care plan included a focus area dated initiated NJ Ex Order 26.4, I sometimes NJ Ex Order 26.4b1 to other residents despite education against it. Interventions included to educate resident NJ Ex Order 26.4b1 to other residents and to encourage resident to inform staff if [he/she] feels NJ Ex Order 26.4b1. The care plan did not include the resident NJ Ex Order 26.4b1 to staff.

A review of the Progress Notes did not include any documentation on the incident.

On 3/6/24 at 8:51 AM, the surveyor re-interviewed Resident #47 who stated he/she NJ Ex Order 26 CNA #1 NJ Ex Order 26 for the aide's NJ Ex Order 26.4b1; that CNA #1 had never nor was ever asked to NJ Ex Order 26.4b1. The resident further

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stated CNA #1 would NJ Ex Order 26.4b1 like NJ Ex Order 26.4b1 and NJ Ex Order 26.4 to NJ Ex Order 26.4b1 . The resident continued that CNA #1 told the resident the facility did not have NJ Ex Order for their NJ Ex Order 26.4b1 so when she NJ Ex Order 26.4 and did not have her NJ Ex Order 26.4b1 yet, she would NJ Ex Order 26.4b1 from the resident that she was at one point NJ Ex Order 26.4b1. The resident stated he/she asked CNA #1 for the NJ Ex Order 26.4b1, and CNA #1 kept saying "NJ Ex Order 26.4b1". The resident stated CNA #1 used to NJ Ex Order 26.4b1 of me doing NJ Ex Order 26.4b1 that other aides would not, and the resident stated they felt that if "[he/she] did not give CNA #1 the money, they would no longer NJ Ex Order 26.4b1 ." The resident stated that the US FOIA (b)(6) informed him/her that staff should be giving him/her that care, and the resident should never have to NJ Ex Or for that level of care.

On 3/6/24 at 9:59 AM, the surveyor interviewed the US FOIA (b) and asked if she had spoken to the resident regarding any grievances with staff, and the US FOIA (b) stated the only issue she recalled was from this past NJ Ex Order 26.4b where the resident and a staff member NJ Ex Order 26.4b1, and the staff NJ Ex Order 26.4b1. The US FOIA (b) stated she thought the incident involved CNA #1 who was no longer at the facility, but the US FOIA (b)(6) were aware.

On 3/6/24 10:19 AM, the surveyor interviewed the US FOIA (b) who stated she was the person residents made their complaints to; and then she communicated it to the US FOIA (b)(6) and US FOIA (b). The US FOIA (b) stated back in NJ Ex Order 26.4b or NJ Ex Order 26.4b1 Resident #47 reported that a CNA (CNA #1) NJ Ex Order ; and I reported it to the US FOIA (b)(6) and

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F 602	Continued From page 16 US FOIA (b) The US FOIA (b stated she did no investigations. On 3/6/24 at 10:46 AM, the surveyor interviewed the US FOIA (b)(6 who stated the types of NJ Ex Order 2 were NJ Ex Order 26.4b, NJ Ex Order 2, NJ Ex Order 26, NJ Ex Order 26.4b, NJ Ex Order 26.4b1, and that all residents were at risk for NJ Ex Order 2 in the facility. On 3/6/24 at 2:29 PM, the surveyor re-interviewed the US FOIA (b)(6 who stated since Resident #47 was NJ Ex Ord and NJ Ex Order 26.4b and NJ Ex Ord CNA #1 NJ Ex Order 26.4b1, the facility did not investigate it as NJ Ex Order 2 since "we" did not feel it was NJ Ex Order 26.4b1. The US FOIA (b)(6 confirmed it was not facility policy for staff to NJ Ex Order 26.4b1 from residents; it would be NJ Exec Order 26.4b1 The US FOIA (b)(6 stated CNA #1 was NJ Exec Order 26.4b1 from the facility not for NJ Ex Order 26.4b1, but for NJ Ex Order 26.4b1 to provide a NJ Ex Order 26.4b1. The US FOIA (b)(6 stated that CNA #2 had a NJ Ex Order 26.4b1 that Resident #47 NJ Ex Order 26.4b1 that the aide NJ Ex Order 26.4b1 the resident for, but the resident reported this to staff in NJ Ex Order 26.4 of NJ Ex Order and CNA #2 stopped working for the facility in NJ Ex Order 26.4b1 of NJ Ex Orde. The US FOIA (b)(6 stated NJ Exec Order 26.4b1 was called, but CNA #2 was no longer their employee at the time of the complaint. On 3/6/24 at 3:53 PM, the surveyor asked Resident #47 who NJ Ex Order 26.4b1, and the resident stated their family member; that the facility never NJ Ex Order 26.4b1 for them. On 3/6/24 at 3:48 PM, the surveyor interviewed the US FOIA (b)(6) who stated if a resident needed NJ Ex Order 26.4b1, the resident made an individual request, and the resident's social worker received consent from	F 602		

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F 602	Continued From page 17 the business office who NJ Ex Order 26.4b1. The NJ Ex Order were then NJ Ex Order 26.4b1 and the business office was given a NJ Ex Order 26 to NJ Ex Order 26.4b1. The US FOI continued that staff was not allowed to NJ Ex Order 26.4b1 for residents; that it was against facility policy and to avoid NJ Ex Order 26.4b1 which would be considered NJ Ex Order 26.4b1 On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team confirmed the incident was never investigated. The US FOIA (b)(6) also stated that the activities staff and US FOIA (b)(6) were the staff who NJ Ex Order 26.4b1 resident's NJ Ex Order 26.4b1 if their families could not. A review of the facility's undated "Abuse Policy and Procedure" policy included all reports of resident abuse, neglect, misappropriation of resident property, and injuries of unknown source shall be promptly and thoroughly investigated... NJAC 8:39-4.1(a)5	F 602		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at	F 607		3/29/24

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F 607	Continued From page 18 paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) develop an NJ Ex Order 2 policy that was in accordance with regulatory guidelines and b.) implement their NJ Ex Order 2 policy for an NJ Exec Order 26.4b1 of NJ Ex Order 26.4b1 [redacted]. This deficient practice was identified for 1 of 6 residents reviewed for NJ Ex Order 2 (Resident #47), and was evidenced by the following: During entrance conference on 2/27/24 at 10:13 AM, the surveyor requested and provided the US FOIA (b)(6)) and US FOIA (b)(6) with the Centers for Medicare & Medicaid Services (CMS) "Entrance Conference Worksheet" which indicated in section "32. Abuse Prohibition Policy and Procedures" to be provided to the surveyor for the next day.	F 607	1. Facility Abuse Policy was updated to comply with Federal guidelines. US FOIA (b)(6) were educated on the Abuse Policy and reporting requirement according to federal guidelines by US FOIA (b)(6) . 2. All residents residing at the facility who had an abuse allegation that was not reported immediately has the potential to be affected. 3. Staff was educated on facility Abuse Policy specifically on Misappropriation of Funds. In-service/education provided to staff by Director of Nursing, or designee. 4. The Director of Quality Experience, or	

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F 607	Continued From page 19 On 2/28/24 at 9:00 AM, the surveyor reviewed the facility's undated "Abuse Policy and Procedure" which did not include how the facility would protect residents from NJ Ex Order 2 through screening, training, preventing, identification, and protecting. The policy included investigation and reporting. The reporting indicated that the facility had one business day to report to the New Jersey State Department of Health any suspected allegation of NJ Ex Order 26 which was not in accordance with the regulation of two hours. On 2/28/24 at 10:00 AM, the surveyor asked the US FOIA (b)(6) if the facility had any additional NJ Ex Order 2 policies, and the US FOIA (b)(6) stated she would check. On 2/28/24 at 10:40 AM, the US FOIA (b)(6) provided the surveyor with the facility's undated "Abuse Investigations" policy, and stated she believed the two NJ Ex Order 2 policies provided was all the facility had. On 2/28/24 at 1:51 PM, the US FOIA (b)(6) provided the surveyor with the facility's undated "Abuse - Identifying" policy, and stated the facility had three NJ Ex Order 2 policies that were provided by the facility. On 3/4/24 at 9:08 AM, the surveyor asked the US FOIA (b) if she could confirm that the survey team had all the facility's NJ Ex Order 2 policies, and the US FOIA (b stated she would find out. On 3/4/24 at 12:16 PM, the US FOIA (b)(6) confirmed the facility had three NJ Ex Order 2 policies and they were all provided to the surveyor. On 3/5/24 at 10:52 AM, the surveyor interviewed the US FOIA (b)(6) regarding how the facility prevented	F 607	designee, will conduct weekly rounds and speak with 5 residents weekly for 12 weeks to ensure staff is not misappropriating resident funds. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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[NJ Ex Order 26] and the [US FOIA (b)(6)] responded by educating staff; and performing background checks for any history of [NJ Ex Order 26]. The surveyor asked the [US FOIA (b)(6)] if she reviewed all the facility's policies including the [NJ Ex Order 26] policy and the [US FOIA (b)(6)] confirmed she had. The surveyor asked the [US FOIA (b)(6)] if she knew the components that needed to be included in the [NJ Ex Order 26] policy and she stated break down of [NJ Ex Order 26] the [NJ Ex Order 26.4b1] [NJ Ex Order 26.4b1] [NJ Ex Order 26.4b1] reporting. At this time the surveyor produced the facility's "Abuse Policy and Procedure" provided to the survey team, and the [US FOIA (b)(6)] confirmed it was the facility's [NJ Ex Order 26] policy. The surveyor asked the [US FOIA (b)(6)] to identify the screening section, and the [US FOIA (b)(6)] stated this policy was the in-house policy so it would not be included in there. The surveyor asked for the training portion and the [US FOIA (b)(6)] confirmed was not included. The surveyor asked for the prevention section and the [US FOIA (b)(6)] confirmed it was s not there. The [US FOIA (b)(6)] confirmed the identification of [NJ Ex Order 26] was a separate policy that was already provided to the surveyor. The [US FOIA (b)(6)] stated she was aware all those elements should be in the [NJ Ex Order 26] policy, and the survey team had the main abuse policy, but the facility also had additional policies.

On 3/6/24 at 10:46 AM, the surveyor reviewed the facility's [NJ Ex Order 26] policy with the [US FOIA (b)(6)] which indicated the facility had one business day to notify the DOH of [NJ Ex Order 26] and the [US FOIA (b)(6)] confirmed the facility had one day to notify.

On 3/6/24 at 2:45 PM, the [US FOIA (b)(6)] provided the surveyor with the facility's "Abuse Prevention - Policy & Procedure Manual" which included a "Key Components of Systemic Approach to Prevent Abuse and Neglect" which included the seven components the [NJ Ex Order 26] policy needed to

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F 607	Continued From page 21 contain. The policy and procedure manual indicated the facility had to report allegations of NJ Ex Order 2 to the NJDOH immediately. On 3/7/24 at 10:30 AM, the US FOIA (b)(6) stated the "Abuse Prevention - Policy & Procedure Manual" was used to in-service staff on NJ Ex Order 26 2. On 2/28/24 at 12:14 PM, the surveyor interviewed Resident #47 who stated he/she had an issue with a Certified Nursing Aide (CNA #1) who no longer worked at the facility. The resident stated he/she developed a NJ Exec O with CNA #1, and the aide would ask the resident to NJ Ex Order 26 which he/she NJ Ex Order 26.4b1 The resident continued CNA #1 NJ Ex Order 26.4b1 the NJ Ex Order 26.4b1, and there were multiple NJ Ex Order 26.4b1, but CNA #1 stopped NJ Ex Order 26 the resident NJ Ex Order 26.4b1. The resident stated he/she NJ Ex Order 26.4b1 using NJ Ex Order 26.4b1, and CNA #1 NJ Ex Order 26.4b1 that was NJ Ex Order 26.4b1. The resident stated the facility's US FOIA (b)(6)) and current US FOIA (b)(6)) spoke to the resident and took pictures of the NJ Ex Order 26.4b1, but the US FOIA (b) and US FOIA (b)(6) never did anything further. The resident stated that CNA #1 no longer worked at the facility. On 3/5/24 at 11:50 AM, the surveyor interviewed the US FOIA (b)(6)) and asked if the resident ever informed the facility he/she was missing anything. The US FOIA (b) stated there was a time there was NJ Ex Order 26.4b1 or a NJ Ex Order 26.4b1 that she could not speak to that involved CNA #1 who no longer worked at the facility.	F 607		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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On 3/5/24 at 12:27 PM, the surveyor interviewed the US FOIA (b)(6) who stated there was NJ Ex Order 26.4b1 with a former employee (CNA #1), and CNA #1 had NJ Ex Order 26.4b1 Resident #47 per the resident. The US FOIA (b)(6) stated the facility only completed a NJ Exec Order 26.4b1 form since the resident was NJ Ex Order and NJ Ex Order 26.4b1 The surveyor requested the NJ Exec Order 26.4b1 form.

A review of the facility's undated "Abuse Policy & Procedure" included when an incident or suspected incident of resident abuse, neglect, misappropriation of resident property, or injury of unknown source is reported, the Administrator/Director of Nursing will immediately be notified. They will appoint a staff member to investigate the incident...The investigation shall consist of: a review of the complete Resident Abuse form for facility and F.R.I.D.A.Y...

A review of the "NJ Exec Order 26.4b1 Summaries" dated reported NJ Ex Order 26.4b1 and resolved NJ Ex Order 26.4b1, included the following:

NJ Exec Order 26.4b1 details: resident stated [he/she] had been NJ Ex Order 26.4b1 via a NJ Ex Order 26.4b1 for personal items with [CNA #1]; resident states that [he/she] has not seen the CNA, she was not responding to calls or messages and the CNA NJ Ex Order 26.4b1.

Summary of investigation: resident reported that [he/she] had been NJ Ex Order 26.4b1 with an employee for them to NJ Ex Order 26.4b1 and that the employee was not responding to [his/her] calls or texts.

Summary findings: resident was NJ Ex Order and

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	315245	A. BUILDING ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

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NJ Ex Order 26.4b1 and has been NJ Ex Order 26.4b1 to now a former employee to NJ Ex Order 26.4b1. According to the resident, the individual NJ Ex Order and was no longer responding to [his/her] calls or texts.

Summary of actions taken: Administration reached out to the former employee via phone who stated she did not NJ Ex Or the resident NJ Ex O and confirmed [Resident #47] had been NJ Ex Order 26.4b1. She also stated when she was not able to NJ Ex Order 26.4b1, she would NJ Ex Order 26.4b1 to the resident. Resident was made aware of the conversation with the employee and resident stated [he/she] made their attorney aware.

The NJ Exec Order 26.4b1 did not include any witness statements from the resident, employee, other staff members, and residents; as well as no facility completed Resident NJ Ex Order 2 Form per facility policy.

On 3/6/24 at 8:51 AM, re-interviewed Resident #47 who stated he/she NJ Ex Order 26 CNA #1 NJ Ex Order 26 for the aide's NJ Ex Order 26.4b1; that CNA #1 had never nor was ever asked to NJ Ex Order 26.4b1 the resident NJ Ex Order 26.4b1. The resident continued that CNA #1 told the resident the facility did not have NJ Ex Order for their NJ Ex Order 26.4b1 so when she NJ Ex Order 26.4 and did not have her NJ Ex Order 26.4b1 yet, she NJ Ex Order 26.4b1 from the resident. Resident #47 stated CNA #1 was NJ Ex Order 26.4b1 the NJ Ex Order 26.4b1, but then the aide NJ Ex Order 26.4b1 the resident. The resident stated he/she asked CNA #1 for the NJ Ex Order 26.4b1, and CNA #1 who tell the resident "Tomorrow". The resident stated CNA #1 used to NJ Ex Order 26.4b1 of me doing NJ Ex Order 26.4b1 that other aides would not, and the

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	**1399 CHAPEL AVE WEST** **CHERRY HILL, NJ 08002**

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F 607		F 607		

Continued From page 24
resident felt that he/she did not NJ Ex Or CNA #1 NJ Ex O , they would no longer NJ Ex Order 26.4b1 with care.

On 3/6/24 at 10:46 AM, the surveyor asked the US FOIA (b)(6) what the types of NJ Ex Order 2 were, and the US FOIA (b)(6) responded NJ Ex Order 26.4b, NJ Ex Order 2, NJ Ex Order 26, NJ Ex Order 26.4b, NJ Ex Order 26.4b1. The surveyor asked the US FOIA (b)(6) who was susceptible to NJ Ex Order 2 in the facility and the US FOIA (b)(6) stated all residents were at risk for NJ Ex Order 2 in the facility. The US FOIA (b)(6) stated at first Resident #47's complaint was CNA #1 would not return his/her phone calls, and then the facility was informed CNA #1 NJ Ex Order 26.4b1. The US FOIA (b)(6) sated CNA #1 refused to come in to provide a statement, so she was NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 was the resident's statement.

On 3/6/24 at 11:33 AM, the surveyor requested a copy of the facility's "Resident Abuse Form" from the facility's abuse policy, and the US FOIA (b)(6) stated the facility did not have that form. The surveyor asked about the F.R.I.D.A.Y. in the NJ Ex Order 2 policy, and the US FOIA (b)(6) stated that was a state form that the facility reported to.

On 3/6/24 at 2:29 PM, the surveyor re-interviewed the US FOIA (b)(6) who stated since Resident #47 was NJ Ex Or and NJ Ex Order 26.4b and NJ Exec O CNA #1 the NJ Exec Order 26 the facility did not investigate it as NJ Ex Order 2 since "we" did not feel it was NJ Ex Order 26.4b1. The US FOIA (b)(6) confirmed it was not facility policy for staff to NJ Ex Order 26.4b1 from residents; it would be NJ Exec Order 26.4b1 The US FOIA (b)(6) stated CNA #1 was NJ Exec Order 26.4b1 from the facility not for NJ Ex Order 26.4b1 the resident's NJ Ex Order 26.4 but for NJ Ex Order 26.4b1 to provide a statement.

On 3/7/24 at 11:52 AM, the [redacted] in the presence

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ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

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F 607	Continued From page 25 of the US FOIA (b)(6), and survey team confirmed the incident was never investigated, and the incident was not reported to any state agencies. The US FOIA (b)(6) also stated that the activities staff and US FOIA (b)(6) were the staff who NJ Ex Order 26.4b1 residents' NJ Ex Order 26.4b1 if their families could not. Refer F602; F609; F610 NJAC 8:39-4.1(a)5	F 607		
F 609 SS=E	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 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. §483.12(c)(4) Report the results of all investigations to the administrator or his or her	F 609		4/17/24

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F 609	Continued From page 26 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: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to report to the New Jersey Department of Health within two hours for a.) an allegation of NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 and b.) an allegation of NJ Ex Order 2. This deficient practice was identified for 2 of 4 incidents of NJ Ex Order 2 reviewed (Resident #47), and was evidenced by the following: 1. On 2/28/24 at 12:14 PM, the surveyor interviewed Resident #47 who stated he/she had an issue with a Certified Nursing Aide (CNA #1) who no longer worked at the facility. The resident stated he/she developed a NJ Exec O with CNA #1, and the aide asked the resident to NJ Ex Order 26.4b1 which he/she NJ Ex Order 26.4b1 The resident continued CNA #1 always NJ Ex Order 26.4b1 the NJ Ex Order 26.4b1, and there were NJ Exec Order 26.4b1, but CNA #1 stopped NJ Ex Order 26.4b1 the NJ Ex Order 26.4b1. The resident stated he/she NJ Ex Order 26.4b1 using NJ Ex Order 26.4b1 hone, and CNA #1 NJ Ex Order him/her NJ Ex Order 26.4b1 that was NJ Ex Order 26.4b1. The resident stated the facility's US FOIA (b)(6) and current US FOIA (b)(6)) spoke to the resident and took pictures of the NJ Ex Order 26.4b1, but the US FOIA (b) and US FOIA (b)(6) never did anything further. The resident stated that CNA #1 no longer worked at the	F 609	1. US FOIA (b)(6) were educated on the Abuse Policy and reporting requirement according to federal guidelines by Chief Clinical Officer. Facility reached out to Cherry Hill police with resident's consent to report the NJ Ex Order 26.4b1 incident on NJ Ex Ord. AAS for NJ Ex Order 26.4b1 submitted on NJ Ex Order 26.4b1. AAS for NJ Ex Order 26.4b1 was submitted on NJ Ex Order 26.4b1. 2. All residents residing at the facility who had an abuse allegation that was not reported immediately has the potential to be affected. 3. In-service was provided for staff on Abuse Policy and reporting requirements according federal guidelines. In-service/education provided to staff by Director of Nursing, or designee. Interdisciplinary Team educated by Administrator on reviewing incidents and grievances to properly identify and address reportable events. 4. Interdisciplinary Team will review incidents and grievances daily for 4 weeks then weekly for 8 weeks to identify reportable events and ensure events are	

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F 609	Continued From page 27 facility. The surveyor reviewed the medical record for Resident #47. A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4, reflected the resident had a brief interview for mental status score of a NJ Ex out of 15; which indicated NJ Ex Order 26.4b1. On 2/29/24 at 10:00 AM, a request was made to the US FOIA (b)(6) to provide all investigations and NJ Exec Order 26.4b1 for Resident #47. On 3/4/24 at 9:08 AM, the surveyor interviewed the US FOIA (b)(6) who stated NJ Exec Order 26.4b1 of NJ Ex Order 2 were immediately investigated and reported to the Department of Health (DOH) within two hours. On 3/4/24 at 12:16 PM, the US FOIA (b)(6) confirmed the surveyor had all the investigations for the resident. A review of the investigations did not include the NJ Ex Order 2 NJ Exec Order 26.4b made by the resident. On 3/5/24 at 11:50 AM, the surveyor interviewed the US FOIA (b)(6)) and asked if the resident ever informed the facility he/she was missing anything. The US FOIA (b) stated there was a time there was NJ Ex Order 26.4b1 or NJ Ex Order 26.4b1 that she could not speak to that involved CNA #1 who no longer worked at the facility. On 3/5/24 at 12:27 PM, the surveyor interviewed the US FOIA (b)(6) who stated there was NJ Ex Order 26 with a former employee (CNA #1),	F 609	reported in a timely manner according to the federal guidelines. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

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F 609	Continued From page 28 and CNA #1 had NJ Ex Order 26.4b1 Resident #47 per the resident. The US FOIA (b)(6) stated the facility only completed a NJ Exec Order 26.4b1 form since the resident was NJ Ex Ord and NJ Ex Order 26.4b1 The surveyor requested the NJ Exec Order 26.4b1 form. A review of the "NJ Exec Order 26.4b1 Summaries" dated reported NJ Ex Order 26.4b1 and resolved NJ Ex Order 26.4b1, included the following: NJ Exec Order 26.4b1 details: resident stated [he/she] had been NJ Ex Order 26.4b1 via a NJ Ex Order 26.4b1 for NJ Ex Order 26.4b1 with [CNA #1]; resident states that [he/she] has not seen the CNA, she was not responding to calls or messages and the CNA NJ Ex Order 26.4b1. Summary of investigation: resident reported that [he/she] had been NJ Ex Order 26.4b1 with an employee for them to NJ Ex Order 26.4b1 and that the employee was not responding to [his/her] calls or texts. Summary findings: resident was NJ Ex Ord and NJ Ex Order 26.4b and has been NJ Ex Order 26.4b1 to now a former employee to NJ Ex Order 26.4b1. According to the resident, the individual NJ Ex Orde and was no longer responding to [his/her] calls or texts. Summary of actions taken: Administration reached out to the former employee via phone who stated she NJ Ex Order 26.4b1 the resident NJ Ex Ord and confirmed [Resident #47] had been NJ Ex Order 26.4b1. She also stated when she was not able to NJ Ex Order 26.4b1, she would NJ Ex Order 26.4b1 to the resident. Resident was made aware of the conversation with the employee and resident stated [he/she]	F 609		

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made their attorney aware.

The [NJ Exec Order 26.4b1] did not include any witness statements from the resident, employee, other staff members, and residents; as well as no facility completed Resident [NJ Ex Order 2] Form per facility policy.

On 3/6/24 at 8:51 AM, re-interviewed Resident #47 who stated he/she [NJ Ex Order 26] CNA #1 [NJ Ex Order 26] for the aide's [NJ Ex Order 26.4b1]; that CNA #1 had never nor was ever asked to [NJ Ex Order 26.4b1] the resident [NJ Ex Order 26.4b1]. The resident continued that CNA #1 told the resident the facility did not have [NJ Ex Order] for their [NJ Ex Order 26.4b1] so when she [NJ Ex Order 26.4] and did not have her [NJ Ex Order 26.4b1] yet, she would [NJ Ex Order 26.4b1] from the resident. The resident stated CNA #1 was [NJ Ex Order 26.4b1], but then stopped. The resident stated he/she asked CNA #1 for the [NJ Ex Order 26.4b1], and CNA #1 kept telling the resident "Tomorrow". The resident stated CNA #1 used to [NJ Ex Order 26.4b1] of me doing [NJ Ex Order 26.4b1] that other aides would not, and the resident felt that he/she [NJ Exec Order 26.4b1] CNA #1 [NJ Exec Order 26.4b1], they would no longer [NJ Ex] with care.

On 3/6/24 at 10:46 AM, the surveyor asked the [US FOIA (b)(6)] what the types of [NJ Ex Order 2] were, and the [US FOIA (b)(6)] responded [NJ Ex Order 26.4b], [NJ Ex Order 26], [NJ Ex Order 26.4] [NJ Ex Order 26.4b1] [NJ Ex Order 26.4b1] The surveyor asked the [US FOIA (b)(6)] who was susceptible to [NJ Ex Order 2] in the facility and the [US FOIA (b)(6)] stated all residents were at risk for [NJ Ex Order 2] in the facility. At this time, the surveyor reviewed the facility's [NJ Exec Order] policy with the [US FOIA (b)(6)] which indicated the facility had one business day to notify the DOH of [NJ Ex Order 26] and the [US FOIA (b)(6)] confirmed the facility had one day to notify.

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On 3/6/24 at 2:29 PM, the surveyor re-interviewed the US FOIA (b)(6) who stated since Resident #47 was NJ Ex Order and NJ Ex Order 26.4b and gave CNA #1 the NJ Ex Order 26.4 the facility did not NJ Ex Order 26.4b1 since "we" did not feel it was NJ Ex Order 26.4b1 . The US FOIA (b)(6) confirmed it was not facility policy for staff to NJ Ex Order 26.4b1 from residents; it would be NJ Exec Order 26.4b1 The US FOIA (b)(6) stated CNA #1 was NJ Exec Order 26.4b1 from the facility not for NJ Ex Order 26.4b1 , but for refusing to come into the facility to provide a statement. The US FOIA (b)(6) confirmed the facility did not report the incident to the DOH.

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6) , and survey team confirmed the incident was never investigated or reported to the DOH or any other authority. The US FOIA (b)(6) also stated that the activities staff and US FOIA (b)(6) were the staff who NJ Ex Order 26.4b1 if their families could not.

2. On 2/28/24 at 12:14 PM, the surveyor observed Resident #47 in bed, the resident was NJ Ex Order and NJ Ex Order 26.4b and able to be interviewed.

The surveyor reviewed the medical record for Resident #47.

A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses which included NJ Ex Order 26.4b1 , NJ Ex Order 26.4b1 , NJ Ex Order 26.4b1 , and NJ Ex Order 26.4

A review of the most recent comprehensive MDS dated NJ Ex Order 26.4 , reflected the resident had a brief interview for mental status score of a NJ Ex out of

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15; which indicated NJ Ex Order 26.4b1.

On 2/29/24 at 10:00 AM, a request was made to the US FOIA (b)(6) to provide all investigations and NJ Exec Order 26.4b1 for Resident #47.

A review of the "NJ Exec Order 26.4b1 Summaries" dated NJ Ex Order 26.4b1 and resolved NJ Ex Order 26.4b1, included the following:

NJ Exec Order 26.4b1 details: resident states 11:00 PM to 7:00 AM (11- 7) shift [CNA #2] NJ Ex Order 26.4b [him/her] saying "NJ Ex Order 26.4b1 nd that's why NJ Ex Order 26.4b1." Resident states that [he/she] asked for ice water and [CNA #2] said "there is no ice you have to wait." Resident states that [he/she] told the [CNA #2] that [his/her] NJ Ex Order 26.4b1 are NJ Ex Order 26 [him/her] and the US FOIA (stated "you NJ Ex Order 26.4 and now all the sudden NJ Ex Ord " then NJ Ex Order 26.4b1. Resident states that US FOIA (left [his/her] light on, curtain open and door open and [he/she] had to ring [his/her] bell again for someone to close the door and turn the lights off.

Summary of investigation: resident reported the aide on the 11-7 was NJ Ex Order 26.4b1 to [him/her] and NJ Ex Order 26.4b [him/her].

Summary of findings: resident was NJ Ex Order by the interaction [he/she] had with the staff member. [He/she] did not know the employee's name but was able to describe her. Resident was not able to give any information on who answered [his/her] call light to turn the light off or close the door.

Summary of actions taken: employee was removed from schedule and was educated.

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On 3/4/24 at 9:08 AM, the surveyor interviewed the US FOIA (b)(6)) who stated NJ Exec Order 26.4b1 of NJ Ex Order 26.4b1 were immediately investigated and reported to the Department of Health (DOH) within two hours.

On 3/6/24 at 1:21 PM, the surveyor asked Resident #47 if he/she ever had any issues with a CNA, and the resident stated that CNA #2 who no longer worked at the facility. Resident #47 stated that he/she rang their call bell during the 11-7 shift because they wanted the air conditioner temperature changed, ice, and their NJ Ex Order 26.4b1. CNA #2 stated there was no ice; changed the NJ Ex Order 26.4b1; and went into the hallway and said to someone "[he/she] NJ Ex Order 26.4b1." When CNA #2 returned to the room, the resident reported NJ Ex Order 26.4b1, and CNA #2 stated "because you NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1." The resident stated it was the night shift and he/she was NJ Ex Order 26.4b1 and not ringing the call bell. The resident stated CNA #2 was NJ Ex Order 26.4b1."

On 3/6/24 at 2:29 PM, interviewed the US FOIA (b)(6) regarding the NJ Exec Order 26.4b1 and the US FOIA (b)(6) stated it was not investigated or reported to the DOH since CNA #2 "NJ Ex Order 26.4b1", and the resident did not feel like CNA #2 was NJ Ex Order 26.4b1. The US FOIA (b)(6) stated initially it was looked at as NJ Ex Order 26.4b1 but NJ Ex Order 26.4b1 was ruled out.

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6) and survey team confirmed this incident was not reported to the DOH.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315245	A. BUILDING ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 33 A review of the facility's undated "Abuse Policy & Procedure" included the administrator or designee will notify the Office of the ombudsman and the State Department of Health and Senior Services when abuse is suspected. Notification shall be documented within one business day and followed within 72 hours with written confirmation.... NJAC 8:39-4.1(a)5	F 609		
F 610 SS=E	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to thoroughly investigate a.) an allegation of NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 [redacted] and b.) an NJ Exec Order 26.4b1 of NJ Ex Order 2	F 610	1. Investigation was completed for Resident #47 for both incidents. Staff in question was interviewed. Education was completed for staff on NJ Exec Order 2 NJ Exec Order 26 and resident rights. Seven residents on the	4/17/24

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F 610	Continued From page 34 NJ Ex Order 26 This deficient practice was identified for 2 of 4 incidents of NJ Ex Order 2 reviewed (Resident #47), and was evidenced by the following: 1. On 2/28/24 at 12:14 PM, the surveyor interviewed Resident #47 who stated he/she had an issue with a Certified Nursing Aide (CNA #1) who no longer worked at the facility. The resident stated he/she developed a NJ Exec Or with CNA #1, and the aide asked the resident to NJ Ex Order 26.4b1 which he/she NJ Ex Order 26.4b1 The resident continued CNA #1 always NJ Ex Order 26.4b1 the NJ Ex Order 26.4b1 , and there were multiple NJ Ex Order 26.4b , but CNA #1 stopped NJ Ex Order 26 the residen NJ Ex Order 26.4b1 . The resident stated he/she NJ Ex Order 26.4b1 using NJ Ex Order 26.4b1 , and CNA #1 NJ Ex Order him/her NJ Ex Order 26.4b1 that was NJ Ex Order 26.4b1 . The resident stated the facility's US FOIA (b)(6)) and current US FOIA (b)(6)) spoke to the resident and NJ Ex Order 26.4b1 , but the US FOIA (b and US FOIA (b)(6 never did anything further. The resident stated that CNA #1 no longer worked at the facility. On 2/29/24 at 10:00 AM, a request was made to the US FOIA (b)(6 to provide all investigations and NJ Exec Order 26.4b1 for Resident #47. On 3/4/24 at 9:08 AM, the surveyor interviewed the US FOIA (b)(6) who stated NJ Exec Order 26.4b1 of NJ Ex Order 2 were immediately investigated. On 3/4/24 at 12:16 PM, the US FOIA (b)(6 confirmed the surveyor had all the investigations for the	F 610	same unit where the resident resided were interviewed to ensure residents NJ Exec at the facility, knew how to report concerns, and felt comfortable to report concerns to staff; NJ Exec Order 26.4b1 Facility reached out to Cherry Hill police with resident's consent to report the incident on NJ Ex Order 26.4b1 . AAS for NJ Ex Order 26.4b1 was submitted on NJ Ex Ord . AAS for NJ Ex Order 26.4b1 was submitted on NJ Ex Order 26.4b1 . 2. All residents residing at the facility who had an abuse allegation that was not investigated has the potential to be affected. 3. US FOIA (b)(6) were educated on the Abuse Policy including investigation by Chief Clinical Officer. In-service was provided for staff on Abuse Policy and reporting requirements according federal guidelines. In-service/education provided to staff by Director of Nursing, or designee. 4. The Administrator, or designee, will review incidents and grievances daily for 4 weeks then weekly for 8 weeks to ensure investigations are being completed to its entirety. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

F 610

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resident.

A review of the investigations did not include the NJ Ex Order 2 NJ Exec Order 26.4b1 made by the resident.

On 3/5/24 at 11:50 AM, the surveyor interviewed the US FOIA (b)(6) and asked if the resident ever informed the facility he/she was missing anything. The US FOIA (b) stated there was a time there was NJ Ex Order 26.4b1 or a NJ Ex Order 26.4b1 that she could not speak to that involved CNA #1 who no longer worked at the facility.

On 3/5/24 at 12:27 PM, the surveyor interviewed the US FOIA (b)(6) who stated there was NJ Ex Order 26 with a former employee (CNA #1), and CNA #1 had NJ Ex Order 26.4b1 Resident #47 per the resident. The US FOIA (b)(6) stated the facility only completed a NJ Exec Order 26.4b1 form since the resident was NJ Ex Ord and NJ Ex Order 26.4b1 The surveyor requested the NJ Exec Order 26.4b1 form.

A review of the facility's undated "Abuse Policy & Procedure" included when an incident or suspected incident of resident abuse, neglect, misappropriation of resident property, or injury of unknown source is reported, the Administrator/Director of Nursing will immediately be notified. They will appoint a staff member to investigate the incident...The investigation shall consist of: a review of the complete Resident Abuse form for facility and F.R.I.D.A.Y. and Reportable Event Record Report for Department of Health [DOH]; interviews with the person(s) reporting the incident; interviews with any witnesses to the incident; an interview with the resident; an interview with staff members (on all shifts) having contact with the resident during the period of alleged incident; interviews with

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resident's roommate, family members, and visitors if applicable; interviews with other residents to which the accused employee provided care or services (if applicable); a review of circumstances surrounding the incident; review of pertinent emails. Witness statements shall be in writing. Witness will be required to sign and date such statements.

A review of the "NJ Exec Order 26.4b1 Summaries" dated reported NJ Ex Order 26.4b1 and resolved NJ Ex Order 26.4b1, included the following:

NJ Exec Order 26.4b1 details: resident stated [he/she] had been NJ Ex Order 26.4b1 via a NJ Ex Order 26.4b1 for NJ Ex Order 26.4b1 with [CNA #1]; resident states that [he/she] has not seen the US FOIA (b) she was not responding to calls or messages and the US FOIA (b) NJ Ex Order 26.4b1.

Summary of investigation: resident reported that [he/she] had been NJ Ex Order 26.4b1 with an employee for them to NJ Ex Order 26.4b1 and that the employee was not responding to [his/her] calls or texts.

Summary findings: resident was NJ Ex Or and NJ Ex Order 26.4b and has been NJ Ex Order 26.4b1 to now a former employee to NJ Ex Order 26.4b1. According to the resident, the individual NJ Ex Orde and was no longer responding to [his/her] calls or texts.

Summary of actions taken: Administration reached out to the former employee via phone who stated she NJ Ex Order 26.4b1 the resident NJ Ex O and confirmed [Resident #47] had been NJ Ex Order 26.4b1. She also stated when she was not able to NJ Ex Order 26.4b1,

F 610

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F 610	Continued From page 37 she would NJ Ex Order 26.4b1 to the resident. Resident was made aware of the conversation with the employee and resident stated [he/she] made their NJ Exec Order 26. aware. The NJ Exec Order 26.4b1 did not include any witness statements from the resident, employee, other staff members, and residents; as well as no facility completed Resident NJ Ex Order 2 Form per facility policy. On 3/6/24 at 8:51 AM, re-interviewed Resident #47 who stated he/she NJ Ex Order 26. CNA #1 NJ Ex Order 26 for the aide's NJ Ex Order 26.4b1; that CNA #1 had never nor was ever asked to NJ Ex Order 26.4b1 the resident NJ Ex Order 26.4b1. The resident continued that CNA #1 told the resident the facility did not have NJ Ex Order for their NJ Ex Order 26.4b1 so when she NJ Ex Order 26. and did not have her NJ Ex Order 26.4b1 yet, she NJ Ex Order 26.4b1 from the resident. The resident stated CNA #1 was NJ Ex Order 26.4b1, but then stopped. The resident stated he/she asked CNA #1 for the NJ Ex Order 26.4b1, and CNA #1 kept telling the resident "Tomorrow". The resident stated CNA #1 used to NJ Ex Order 26.4b1 of me doing NJ Ex Order 26.4b1 that other aides would not, and the resident felt that he/she did not NJ Ex Or CNA #1 NJ Ex Order 26.4b1, they would no longer NJ Ex with care. On 3/6/24 at 10:46 AM, the surveyor asked the US FOIA (b)(what the types of NJ Ex Order 2 were, and the US FOIA (b)(responded NJ Ex Order 26.4b1 NJ Ex Order 26 NJ Ex Order 26. NJ Ex Order 26.4b1 NJ Ex Order 26.4b1. The surveyor asked the US FOIA (b)(who was susceptible to NJ Ex Order 2 in the facility and the US FOIA (b)(stated all residents were at risk for NJ Ex Order 2 in the facility. The US FOIA (b)(stated at first Resident #47's complaint was CNA #1 would not return his/her phone calls, and then the facility	F 610		

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F 610	Continued From page 38	F 610		

was informed CNA #1 NJ Ex Order 26.4b1 . The US FOIA (b)(6) sated CNA #1 refused to come in for a statement, so she was NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 was the resident's statement.

On 3/6/24 at 2:29 PM, the surveyor re-interviewed the US FOIA (b)(6) who stated since Resident #47 was NJ Ex Order and NJ Ex Order 26.4b and NJ Ex Order CNA #1 NJ Ex Order 26.4b1, the facility did not investigate it as NJ Ex Order since "we" did not feel it was NJ Ex Order 26.4b1. The US FOIA (b)(6) confirmed it was not facility policy for staff to NJ Ex Order 26.4b1 from residents; it would be inappropriate. The US FOIA (b)(6) stated CNA #1 was NJ Exec Order 26.4b1 from the facility not for NJ Ex Order 26.4b1, but for NJ Ex Order 26.4b1 to provide a statement.

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team confirmed the incident was never investigated. The US FOIA (b)(6) also stated that the activities staff and US FOIA (b)(6) were the staff who NJ Ex Order 26.4b1 if their families could not.

2. On 2/28/24 at 12:14 PM, the surveyor observed Resident #47 in bed, the resident was NJ Ex Order and NJ Ex Order 26.4b and able to be interviewed.

The surveyor reviewed the medical record for Resident #47.

A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses which included NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 and NJ Ex Order 26.4b

A review of the most recent comprehensive

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Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4, reflected the resident had a brief interview for mental status score of a NJ Ex out of 15; which indicated NJ Ex Order 26.4b1.

On 2/29/24 at 10:00 AM, a request was made to the US FOIA (b)(6) to provide all investigations and grievances for Resident #47.

A review of the "NJ Exec Order 26.4b1 Summaries" dated NJ Ex Order 26.4b1 and resolved NJ Ex Order 26.4b1, included the following:

Grievance details: resident states 11:00 PM to 7:00 AM (11- 7) shift [CNA #2] NJ Ex Order 26.4b [him/her] saying "NJ Ex Order 26.4b1 and that's why NJ Ex Order 26.4b1." Resident states that [he/she] asked for ice water and [CNA #2] said NJ Ex Order 26.4b1." Resident states that [he/she] told the [CNA #2] that [his/her] NJ Ex Order 26.4b1 are NJ Ex Order 26 [him/her] and the US FOIA (stated "NJ Ex Order 26.4b1 and now NJ Ex Order 26.4b1" then NJ Ex Order 26.4b1. Resident states that US FOIA (left [his/her] light on, curtain open and door open and [he/she] had to ring [his/her] bell again for someone to close the door and turn the lights off.

Summary of investigation: resident reported the aide on the 11-7 was NJ Ex Order 26.4b1 to [him/her] and NJ Ex Order 26.4b [him/her].

Summary of findings: resident was NJ Ex Order by the interaction [he/she] had with the staff member. [He/she] did not know the employee's name but was able to describe her. Resident was not able to give any information on who answered [his/her] call light to turn the light off or close the door.

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F 610	Continued From page 40 Summary of actions taken: employee was removed from schedule and was educated. On 3/4/24 at 9:08 AM, the surveyor interviewed the US FOIA (b)(6) who stated NJ Exec Order 26.4b1 of NJ Ex Order 26.4b1 were immediately investigated and reported to the Department of Health (DOH) within two hours. On 3/6/24 at 1:21 PM, the surveyor asked Resident #47 if he/she ever had any issues with a US FOIA (b)(6) and the resident stated that CNA #2 who no longer worked at the facility. Resident #47 stated that he/she rang their call bell during the 11-7 shift because they wanted the air conditioner temperature changed, ice, and their NJ Ex Order 26.4b1. CNA #2 stated there was no ice; NJ Ex Order 26.4b1; and went into the hallway and said to someone "[he/she] NJ Ex Order 26.4b1." When CNA #2 returned to the room, the resident reported NJ Ex Order 26.4b1, and CNA #2 stated "because you NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1." The resident stated it was the night shift and he/she was NJ Ex Order 26.4b1 and not ringing the call bell. The resident stated CNA #2 was "NJ Ex Order 26.4b1." On 3/6/24 at 2:29 PM, interviewed the US FOIA (b)(6) regarding the NJ Exec Order 26.4b1 and the US FOIA (b)(6) stated it was not investigated or reported to the DOH since CNA #2 "NJ Ex Order 26.4b1", and the resident did not feel like CNA #2 was NJ Ex Order 26.4b1. The US FOIA (b)(6) stated initially it was looked at as NJ Ex Order 26.4b1 but NJ Ex Order 26.4b1 was ruled out. On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6) and	F 610		

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F 610	Continued From page 41 survey team confirmed this incident was not reported to the DOH. A review of the facility's undated "Abuse Investigations" policy included all reports of resident abuse, neglect, misappropriation of resident property, and injuries of unknown source shall be promptly and thoroughly investigated... NJAC 8:39-4.1(a)5	F 610		
F 640 SS=B	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within	F 640		3/29/24

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F 640	Continued From page 42 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documents, it was determined that the facility failed to complete discharge Minimum Data Set (MDS) assessments, an assessment tool, as required for 2 of 2 system selected for residents with a MDS record over 120 days reviewed (Resident #13 and Resident #111), and was evidenced by the following: On 3/6/24 at 11:00 AM, the surveyor reviewed the system selected MDS record over 120 days which revealed Resident #13 and Resident #111 were overdue for a MDS assessment.	F 640	1. Discharge MDS Assessment for Resident #13 and Resident #111 were submitted and accepted 2. All residents who discharged from the facility has the potential to be affected. 3. MDS Coordinators were educated by Director of Clinical Reimbursement on submitting MDS assessments in a timely manner according to the CMS guidelines. 4. The MDS Coordinator, or designee, will review discharges weekly for 4 weeks	

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F 640	Continued From page 43 On 3/6/24 at 11:45 AM, the surveyor interviewed the US FOIA (b)(6) who stated MDS assessments were completed upon admission, quarterly, annually, any significant changes in status, or at discharge. The US FOIA (b)(6) continued that the assessments were completed within ninety-four days of the previous quarterly assessment or within fourteen days of discharge. At this time, the surveyor asked the US FOIA (b)(6) when the last completed MDS assessments were for Resident #13 and Resident #111, and the MDS/RN revealed the following: Resident #13 was discharged from the facility on NJ Ex Order 26.4, and no discharge MDS assessment was completed. The discharge MDS should have been completed by NJ Ex Order 26.4b1. Resident #111 was discharged from the facility on NJ Ex Order 26.4b1, and no discharge assessment was completed. The discharge MDS should have been completed by NJ Ex Order 26.4b1. The US FOIA (b)(6) stated she began working at the facility in NJ Ex Order 26.4b1 so she could not speak to why the assessments were not completed. On 3/7/24 at 9:08 AM, the surveyor interviewed the US FOIA (b)(6) who confirmed the two MDS discharge assessments were not completed. The US FOIA (b)(6) stated at the time, there was someone assisting with quarterly assessments, but she should have completed both of the MDS discharge assessments for the two residents. The US FOIA (b)(6) stated she had fourteen days from discharge to complete the assessment and an additional fourteen days to submit the assessment. On 3/7/24 at 11:52 AM, the US FOIA (b)(6)	F 640	then monthly for 2 months to ensure discharge MDS assessments are completed in a timely manner for residents that require the assessment. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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F 640	Continued From page 44 US FOIA (b)(6)) in the presence of the US FOIA (b)(6) , and survey team confirmed the MDS assessments should have been completed for both residents' discharges. A review of the Centers for Medicare & Medicaid Services' (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual dated October 2019, provided by the MDS Coordinator, included 09. Discharge Assessment-Return Not Anticipated must be completed when the resident is discharged from the facility and the resident is not expected to return to the facility within 30 days; must be completed within 14 days after the discharge date; must be submitted within 14 days after the MDS completion date... A review of the facility's undated MDS Submission Timeframes policy, included the facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes... NJAC 8:39- 11.1	F 640		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to accurately complete the Minimum Data Set (MDS) assessment for 1 of 5 residents reviewed for unnecessary medications	F 641	1. Resident #80's diagnosis and MDS was updated to include their NJ Ex Order diagnosis. 2. All residents residing in the facility	3/29/24

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	315245	A. BUILDING ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	**1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002**

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F 641	Continued From page 45 (Resident #80), and was evidenced by the following: On 2/29/24 at 11:50 AM, the surveyor observed Resident #80 in a wheelchair in the hallway NJ Ex Order 26.4b1 . The surveyor reviewed the medical record for Resident #80. A review of the Admission Record face sheet (an admission summary) reflected that Resident #80 was admitted to the facility with diagnoses that included NJ Ex Order 26.4b1 NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1 . A review of the NJ Exec Order 26.4b1 Progress Noted dated NJ Ex Order 26.4 included under diagnosis and plan that the resident had a current diagnosis of NJ Ex Order 26.4b1 - NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 (NJ Ex Order 2). A review of the resident's most recent comprehensive MDS, an assessment tool dated NJ Ex Order 26.4, reflected a brief interview for mental status (BIMS) score of NJ Ex out of 15; which indicated NJ Ex Order 26.4b1. A further review in Section I- Active Diagnoses did not include NJ Ex Order 2. On 3/6/24 at 9:32 AM, the surveyor interviewed the US FOIA (b)(6) who stated she gathered information to complete the assessments from interviews with the resident and family, review of the resident's medical record including physician's progress. At that time, the surveyor reviewed with the US FOIA (b)(6) the Physician	F 641	with the diagnosis of PTSD have the potential to be affected. Audit was completed by the MDS Coordinators to ensure no other residents were affected; no concerns noted. 3. MDS Coordinators were educated by Director of Clinical Reimbursement on the process of completing MDS Assessment and updating diagnosis list. Provider was informed to make MDS aware of any PTSD diagnosis. 4. The MDS Coordinator, or designee, will review new admission paperwork and visit reports from Psychiatry weekly for 4 weeks then monthly for 2 months to ensure PTSD diagnoses are being identified and proper documentations are being made. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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F 641	Continued From page 46 Progress Note dated NJ Ex Order 26.4, that included the diagnosis of NJ Ex Order 26 and the most recent MDS dated NJ Ex Order 26.4. The US FOIA (b)(6) acknowledged the MDS should have included the NJ Ex Order 26 diagnosis in Active Diagnoses, and that she needed to modify the MDS to include the diagnosis. On 3/6/24 at 12:41 PM, the surveyor interviewed the US FOIA (b)(6) who acknowledged the US FOIA (b)(6) had just updated the MDS to include the diagnosis of NJ Ex Order 26 but should have been included on the most recent comprehensive MDS. A review of the facility's undated "MDS submission Timeframes" policy did not include the process for completing a MDS assessment. NJAC 8:39-33.2 (d)	F 641		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as	F 656		3/29/24

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F 656	Continued From page 47 required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to develop and implement a comprehensive person-centered care plan that identified services to attain or maintain the resident's highest practical physical, mental, and NJ Exec Order 26.4b1 well-being. This deficient practice	F 656	1. For Resident #45, the order for NJ Ex O [redacted] was discontinued and NJ Ex Ord was placed. Care plan was updated to include NJ Ex Order 26.4b1. Care plan updated to reflect NJ Ex Order 26.4b1. For Resident #80, care plan was updated to include NJ Ex Order 2.	

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F 656	Continued From page 48 was identified for 3 of 28 residents reviewed for comprehensive care plans (Resident #45, #80, and #102), and was evidenced by the following: 1. On 2/28/24 at 10:18 AM, the surveyor observed Resident #45 sleeping in bed on his/her NJ Ex Order 26.4b1 . The surveyor reviewed the medical record for Resident #45. A review of the Admission Record face sheet (an admission summary), Resident #45 was admitted to the facility with diagnoses including, but not limited to, NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1) NJ E , NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1 NJ Ex Order 26 , and NJ Ex Order 26.4b1 . A review of the admission Minimum Data Set (MDS), an assessment tool reflected that the resident was not able to complete the brief interview for mental status (BIMS). A further review of Section NJ E NJ Ex Order 26.4b1 identified that the resident was admitted with one NJ Ex Order 26.4 (NJ Ex Order 26.4b1 . A review of the Order Summary Report identified the following active physician's order (PO): Monitor Resident for NJ Ex Order 26.4b1 [every] shift. Notify [doctor] if NJ Ex Order 26.4b1 [over] eight hours for NJ Ex Order 26.4b1 ; document in progress notes how many NJ Ex Order 26.4b1 resident has per shift with a start date of NJ Ex Order 26.4 . A review of the corresponding NJ Ex Order 26.4b1 Medication Administration Record (MAR) and Treatment Administration Record (TAR) the PO	F 656	2. All residents who have an order for monitoring of urine output, have a diagnosis of PTSD, have the potential to be affected. 3. Education was provided for staff by Director of Nursing, or designee on care plan which included, but not limited to, person centered care plan and updating care plans as needed. 4. The Director of Nursing, or designee, will review 5 resident care plans weekly for 12 weeks then quarterly to ensure care plans are updated and person centered to reflect physician orders and diagnoses. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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F 656	Continued From page 49 was located, and the nurses signed with a check mark and their initials. A Further review of the TAR identified NJ Ex Order 26 treatment orders. A review of individualized comprehensive care plan did not include the interventions regarding the monitoring of NJ Ex Order 26.4b1; documentation of NJ Ex Order 26.4b1; or the NJ Ex Order 26.4b1 orders. On 3/5/24 at 12:58 PM, the surveyor interviewed LPN #2, who stated that a care plan should promote resident's current health status and dictated their overall care. LPN #2 confirmed that the resident's intervention for NJ Ex Order 26.4b1, along with the NJ Ex Order 26 and its intervention, should be identified on the care plan. On 3/6/24 at 9:48 AM, the surveyor spoke with Unit Manager/Licensed Practical Nurse (UM/LPN #1) who confirmed that the resident's interventions, including regarding the documentation of NJ Ex Order 26.4b1 and contact the physician regarding NJ Ex Order 26.4b1, should be identified on the care plan. UM/LPN #1 further acknowledged that the resident's NJ Ex Order 26 and its treatments should be identified on the care plan. Upon review of Resident #45's care plan, UM/LPN #1 verified that these focus areas were not included. On 3/7/24 at 11:32 AM, the surveyor interviewed the US FOIA (b)(6) in the presence of US FOIA (b)(6)) and US FOIA (b)(6) , who acknowledged that a care plan should be updated as needed to include relevant interventions.	F 656		

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F 656	Continued From page 50 2. On 2/29/24 at 11:50 AM, the surveyor observed Resident #80 in a wheelchair in the hallway NJ Ex Order 26.4b1 . The surveyor reviewed the medical record for Resident #80 A review of the Admission Record face sheet reflected the resident was admitted to the facility with diagnoses that included NJ Ex Order 26.4b1 , NJ Ex Order 26.4b1 , NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1 . A review of the NJ Exec Order 26.4b1 Progress Noted dated NJ Ex Order 26.4 , included under diagnosis and plan a current diagnosis of NJ Ex Order 26.4b1 - NJ Ex Order 26.4b1 , NJ Ex Order 26.4b1 , and NJ Ex Order 26.4b1 (NJ Ex Order 2). A review of the resident's most recent comprehensive MDS dated NJ Ex Order 26.4 , reflected a BIMS score of NJ Ex out of 15; which indicated NJ Ex Order 2 . A further review in Section I- Active Diagnoses NJ Ex Order 26 was not indicated. A review of the individual comprehensive care plan did not include any focuses, goals or interventions related to the resident's diagnosis of NJ Ex Order 2 . On 3/6/24 at 9:32 AM, the surveyor interviewed the US FOIA (b)(6) who stated she gathered information to complete the assessments from interviews with the resident and family and review of the resident's medical record including physician's progress notes. At this time, the surveyor reviewed with the US FOIA (b)(6) the	F 656		

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F 656	Continued From page 51 Physician Progress Note dated NJ Ex Order 26.4, that included the diagnosis of NJ Ex Order 2 and the most recent MDS dated NJ Ex Order 26.4. The US FOIA (b) acknowledged the MDS should have reflected the NJ Ex Order 2 diagnosis and that she would need to modify the MDS. On 3/06/24 at 10:36 AM, the surveyor reviewed with the US FOIA (b)(6) the resident's current diagnoses, which now included NJ Ex Order 26. The US FOIA (b)(6) stated she expected that NJ Ex Order 2 would be addressed in the care plan, since the purpose of the care plan was to share information to take the best care of the patient possible. The surveyor and the US FOIA (b)(6) then reviewed the resident's current care plan, and she acknowledged it did not include a focus, goal or intervention to address resident's NJ Ex Order 2 diagnosis. On 3/6/24 at 12:41 PM, the surveyor interviewed the US FOIA (b)(6) who acknowledged the care plan should have included the resident's diagnosis of NJ Ex Order 26 A review of the facility provided "Baseline Care Plan Completion and Ongoing Care Plan Updates" policy, dated 11/17/17, included...The comprehensive care plan will described the following: The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial wellbeing ...Nursing staff will update the care plan related to physician's orders and/or changes in care needs......follow a uniform process for the comprehensive care plan upon Care Area Assessment(CAA) completion, and ensuring care plans are updated to reflect the resident's status... Ongoing updates to care plans: nursing	F 656		

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F 656	Continued From page 52 staff will update the care plan related to physician's orders and/or changes in care needs... update acute care plans for the resident as they are warranted. A review of the facility provided undated "LPN Nurse" Job Position document included...Review care plans daily to ensure that appropriate care is being rendered. Inform the Nursing Supervisor of any changes that need to be made on care plan. Ensure that your nurses' notes reflect that the care plan is being followed when administering care or treatment ...Ensure that your assigned [CNAs] are aware of the resident care plans. Ensure that the CNA's refer to the resident's care plan prior to administering daily care to the resident ... A review of the facility provided undated "Unit Manager" Nurse Job Position document included...Adjusts care plan when indicated. Care plans can and should be updated by the Unit Manager as situations present. NJAC 8:39-11.2(e) thru (i); 27.1(a),(d)	F 656		
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.	F 657		3/29/24

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F 657	Continued From page 53 (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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent documents, it was determined that the facility failed to a.) revise a comprehensive care plan and for NJ Ex Order 26.4b1 and b.) revise a care plan to include a resident NJ Ex Order 26.4b1 . This deficient practice was identified for 2 of 27 residents reviewed for care plans revisions (Resident #47 & Resident #79) and was evidenced by the following: 1. On 2/28/24 at 11:50 AM, the surveyor observed the resident seated in a NJ Ex Order 26.4b1 wheelchair with NJ Ex Order 26.4b1. The surveyor reviewed the medical record for Resident #79. A review of the Admission Record face sheet (an admission summary) reflected that the resident had a diagnosis that included but was not limited	F 657	1. Care plan was updated for Resident #79 to reflect their NJ Ex Order 26.4b Care plan was updated for Resident #47 to reflect resident's behavior of NJ Ex Order 26.4b1 with employees. 2. All residents who have care plan needs for wounds and resident behaviors for exchanging money and goods with employees have the potential to be affected. 3. Education was provided for staff by Director of Nursing, or designee on care plan which included, but not limited to, person centered care plan and updating care plans as needed.	

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F 657	Continued From page 54 to NJ Ex Order 26.4b1 NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1 A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4b1, reflected the resident had a cognitive mental status of NJ Ex Order 26.4b1 with NJ Ex Order 26.4b1. Further review revealed the resident had a NJ Ex Order 26.4b1 and an NJ Ex Order 26.4b1. A review of the Progress Note included a NJ Ex Order 26.4b1 Note dated NJ Ex Order 26.4b1 at 11:32 AM, which indicated the resident had a NJ Ex Order 26.4b1. New treatment was ordered, and the resident would be seen by the NJ Ex Order 26.4b1 US FOIA (b)(6) A review of the Progress Note included a NJ Ex Order 26.4b1 Note indicating an NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1 A review of Resident #79's individual comprehensive care plan (ICCP) included a focus area dated NJ Ex Order 26.4b1, for NJ Ex Order 26.4b1 with no updated focus area and interventions to address NJ Ex Order 26.4b1. On 3/7/24 at 10:30 AM, the surveyor interviewed the Unit Manager/Licensed Practical Nurse (UM/LPN #1), who stated that it would be the unit manager that updated care plans to reflect the NJ Ex Order 26.4b1 She further noted that a care plan reflected goals with interventions to NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 from happening again, but the actual should have been care planned.	F 657	4. The Director of Nursing, or designee, will review 5 resident care plans weekly for 12 weeks then quarterly to ensure care plans are updated and person centered. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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F 657	Continued From page 55	F 657		

2. On 2/28/24 at 12:14 PM, the surveyor interviewed Resident #47 who stated he/she had an issue with a Certified Nursing Aide (CNA #1) who no longer worked at the facility. The resident stated he/she developed a NJ Exec Or with CNA #1, and the aide asked the resident to NJ Ex Order 26.4b1 which he/she NJ Ex Order 26.4b1. The resident continued CNA #1 always NJ Ex Order 26.4b1 the NJ Ex Order 26.4b1, and there were multiple NJ Ex Order 26.4b, but CNA #1 stopped NJ Ex Order 26.4b1 the NJ Ex Order 26.4b1. The resident stated he/she NJ Ex Order 26.4b1 using NJ Ex Order 26.4b1, and CNA #1 NJ Ex Order him/her NJ Ex Order 26.4b1 that was NJ Ex Order 26.4b1. The resident stated the facility's US FOIA (b)(6)) and current US FOIA (b)(6) spoke to the resident and took pictures of the NJ Ex Order 26.4b1, but the US FOIA (b and US FOIA (b)(6) never did anything further. The resident stated that CNA #1 no longer worked at the facility.

On 3/5/24 at 11:50 AM, the surveyor interviewed the US FOIA (b)(6)) and asked if the resident ever informed the facility he/she was missing anything. The US FOIA (b) stated there was a time there was NJ Ex Order 26.4b1 or a NJ Ex Order 26.4b1 that she could not speak to that involved CNA #1 who no longer worked here.

On 3/5/24 at 12:27 PM, the surveyor interviewed the US FOIA (b)(6) who stated there was NJ Ex Order 26 with a former employee (CNA #1), and CNA #1 had NJ Ex Order 26.4b1 Resident #47 per the resident. The US FOIA (b)(6) stated the facility only completed a NJ Exec Order 26.4b1 since the resident was

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657	Continued From page 56 NJ Ex Order and NJ Ex Order 26.4b1 The surveyor requested the NJ Exec Order 26.4b1 form. A review of the "NJ Exec Order 26.4b1 Summaries" dated reported NJ Ex Order 26.4b1 and resolved NJ Ex Order 26.4b1, included the following: NJ Exec Order 26.4b1 details: resident stated [he/she] had been NJ Ex Order 26.4b1 via a NJ Ex Order 26.4b1 for personal items with [CNA #1]; resident states that [he/she] has not seen the US FOIA (b) she was not responding to calls or messages and the US FOIA (b) NJ Ex Order 26.4b1. Summary of investigation: resident reported that [he/she] had been NJ Ex Order 26.4b1 with an employee for them to NJ Ex Order 26.4b1 and that the employee was not responding to [his/her] calls or texts. Summary findings: resident was NJ Ex Order and NJ Ex Order 26.4b1 and has been NJ Ex Order 26.4b1 to now a former employee to NJ Ex Order 26.4b1. According to the resident, the individual NJ Ex Order [him/her] NJ Ex Order 26 and was no longer responding to [his/her] calls or texts. Summary of actions taken: Administration reached out to the former employee via phone who stated she NJ Ex Order 26.4b1 the resident any NJ Ex Order 26.4b1 and confirmed [Resident #47] had been NJ Ex Order 26.4b1. She also stated when she was not able to get [him/her] the item, she would NJ Ex Order 26.4b1 to the resident. Resident was made aware of the conversation with the employee and resident stated [he/she] made their attorney aware. The surveyor reviewed the medical record for	F 657		

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Resident #47.

A review of the Admission Record face sheet reflected the resident was admitted to the facility with diagnoses which included NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 , NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1

A review of the most recent comprehensive MDS dated NJ Ex Order 26.4, reflected the resident had a brief interview for mental status score of a NJ Ex out of 15; which indicated NJ Ex Order 26.4b1.

A review of the individual comprehensive care plan included a focus area dated initiated NJ Ex Order 26.4, I sometimes NJ Ex Order 26.4b1 to other residents NJ Exec Order 26.4b1 Interventions included to educate resident NJ Ex Order 26.4b1 to other residents and to encourage resident to inform staff if [he/she] feels NJ Ex Order 26.4b1 . The care plan did not include the resident NJ Ex Order 26.4b1 to staff.

On 3/7/24 at 9:00 AM, the surveyor interviewed UM/LPN #2 who stated care plans were completed by nursing staff as needed, upon admission, and quarterly upon review. UM/LPN #2 continued care plans included diagnoses, medications, behaviors, treatments, and anything pertinent to that resident. UM/LPN #2 confirmed after an investigation care plans were updated; as well as any time a new intervention needed to be added.

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6) , and survey team confirmed the resident's care plan was not updated to reflect NJ Ex Order 26.4b1 as well, and it should have been. The US FOIA (b)(6) stated care plans were updated by the nurse, but

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F 657	Continued From page 58 usually by the unit managers. A review of the undated facility's "Baseline Care Plan Completion and Ongoing Care Plan Updates" policy included ongoing updates to care plans nursing staff will update the care plan related to physician's orders and/or changes in care needs; the nursing staff will initiate and/or update acute care plans for the resident as they are warranted. NJAC 8:39-11.2(e-i); 27.1(a);(d)	F 657		
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint NJ #162587; 163869 Based on interview, review of medical records and other facility documentation, it was determined that the facility failed to a.) administer medications within scheduled parameters on various shifts for two residents (Resident #38 & Resident #42); b.) complete the NJ Ex Order 26.4 communication book for a resident on NJ Ex Order 26.4 (Resident #37); and c.) follow a for physician's order to monitor a resident for NJ Ex Order 26.4b1 in accordance with professional standards of practice. This deficient practice was identified for 4 of 27 residents reviewed for professional standards of practice (Resident #37, #38, #42, & #45).	F 658	1. Nursing staff was educated on following physician's orders including administering medication. An audit was completed by Director of Nursing, or designee, for resident's on dialysis to ensure their communication books were completed in its entirety. Care plan for Resident 45 was updated to include NJ Ex Order 26.4b1. The order for monitoring resident's NJ Ex Order 26.4b1 was discontinued due to NJ Ex Order 26.4b1. 2. All residents who go to dialysis and/or have an order that is not followed have the potential to be affected.	3/29/24

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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 or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist."

Reference: New Jersey Statutes, Annotated Title 45, Chapter 11 Nursing Board, The Nurse Practice Act for the State of New Jersey state: "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."

The evidence was as follows:

1. On 2/29/24 at 11:01 AM, the surveyor observed the Resident #38 in bed watching television. The resident stated in the past, their medications were administered not on time, but lately only during the weekend shifts were their medications administered late.

On 3/5/24 at 11:44 AM, the surveyor interviewed

F 658

3. Education was provided for staff on following physician orders including, but not limited to, administering medication within the time frame allowed and following orders for monitoring incontinence including proper documentation and communication between Licensed Nurses and Certified Nursing Aides. Education was provided for nurses on properly completing communication sheets in its entirety for dialysis patients. In-service/education provided to staff by Director of Nursing, or designee.

4. The Director of Nursing, or designee, will review 5 residents MARS and TARS 5 days a week for 4 weeks then weekly for 8 weeks to ensure physician orders are being followed appropriately. The Unit Managers, or designee, will review dialysis communication binder daily for 4 weeks then weekly for 8 weeks to ensure communication sheets are being completed in its entirety.
The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.

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the US FOIA (b)(6)) who stated that medication ordered for 9:00 AM with no parameters was administered at the time ordered or an hour before or after the scheduled time in accordance with professional standards of practice. If the medications were going to be administered late for the day, the physician would have needed to be contacted.

The surveyor reviewed the medical record for Resident #38.

A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1.

A review of the NJ Ex Order 26.4b1 Medication Administration Record (MAR) revealed the resident had the following physician's orders (PO) to be administered:

At 8:00 AM (8 AM), a PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 tablet NJ Ex Order 26.4b1; give one tablet by mouth one time a day for NJ Ex Order 26.4b1 and a PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 tablet NJ Ex Order 26.4b1; give one tablet by mouth two times a day for NJ Ex Order 26.4b1.

At 9:00 AM (9 AM):

PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 tablet NJ Ex Order 26; give one tablet by mouth one time a day for NJ Ex Orde
PO dated NJ Ex Order 26.4, NJ Ex Order 2 tablet NJ Ex Order 2; give one tablet by mouth one time a day related to NJ Ex Order 26.4b1.
PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1

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NJ Ex Order 26.4b1; give one tablet by mouth one time a day for NJ Ex Order 26.4b1
PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 tablet NJ Ex Order 26.4b1; give two tablets by mouth one time a day for NJ Ex Order 26.4b1
PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 tablet NJ Ex Order; give three tablets by mouth one time a day for NJ Ex Order 26.4b1
PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 tablet NJ Ex Order 26.4; give three tablets by mouth one time a day for NJ Ex Order
PO dated NJ Ex Order 26.4, NJ Ex Order 26 capsule NJ Ex Order 26.4; give one capsule by mouth two times a day for NJ Ex Order 26.4b1
PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 capsule NJ Ex Order 26.4b1 give one capsule by mouth two times a day for NJ Ex Order 26.4b1
PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 tablet NJ Ex; give one tablet by mouth two times a day for NJ Ex Order 26.4b1.
PO dated NJ Ex Order 26.4, NJ Ex Order 26 tablet NJ Ex Order; give one tablet by mouth three times a day for NJ Ex Order 26.4b1
PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 tablet NJ Ex Order; give one tablet by mouth three times a day for NJ Ex Order 26.

At 1:00 PM (1 PM), a PO dated NJ Ex Order 26.4, NJ Ex Order 26 tablet NJ Ex Order 26 give one tablet by mouth three times a day for NJ Ex Order 26.4b and a PO dated NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 tablet NJ Ex Order 26 give one tablet by mouth three times a day for NJ Ex Order 26.

At 5:00 PM (5 PM):

PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 capsule NJ Ex Order 26.4b1; give one capsule by mouth two times a day for NJ Ex Order 26.4b1
PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 tablet NJ Ex O

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NJ Ex Order 26.4b1 give one tablet by mouth two times a day for NJ Ex O.
PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 tablet NJ Ex ; give one tablet by mouth two times a day NJ Ex O.
PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 tablet NJ Ex Order 2; give one tablet by mouth three times a day for NJ Ex Order 26.4b1
PO dated NJ Ex Order 26.4, NJ Ex Order 26.4b1 tablet NJ Ex Order 26 give one tablet by mouth three times a day for NJ Ex Order 26.

At 6:00 PM (6 PM), a PO dated NJ Ex Order 26.4, NJ Ex Order 26 capsule NJ Ex Order 26.4b1 give one capsule by mouth two times a day for NJ Ex Order 26.4b1

A review of the corresponding NJ Ex Order 26.4b1 Medication Admin Audit Report reflected the following:

On NJ Ex Order 2, 9 AM and 1 PM doses were administered at 2:21 PM; the 5 PM and 6 PM doses were administered at 7:39 PM.

On NJ Ex Order 2, the 8 AM doses were administered at 9:32 AM; the 5 PM and 6 PM doses were administered at 7:57 PM.

On NJ Ex Order 2, the 8 AM doses were administered at 9:18 AM.

On NJ Ex Order 2, the 5 PM doses were administered at 7:05 PM.

On NJ Ex Order 2, the 5 PM doses were administered at 6:53 PM.

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On NJ Ex Order 26.4, the 8 AM and 9 AM doses were administered between 12:06 PM and 12:13 PM; the 1 PM doses were administered at 3:41 PM.

On NJ Ex Order 26.4, the 8 AM and 9 AM doses were administered at 1:25 PM.

On NJ Ex Order 26.4, the 5 PM doses were administered at 6:37 PM

On NJ Ex Order 26.4, the 5 PM and 6 PM doses were administered at 8:58 PM.

On NJ Ex Order 26.4, the 5 PM and 6 PM doses were administered at 7:33 PM.

On NJ Ex Order 26.4, the 8 AM and 9 AM doses were administered at 12:56 PM; the 1 PM doses were administered at 4:39 PM, the 5 PM doses were administered at 6:23 PM.

On NJ Ex Order 26.4, the 8 AM doses were administered at 9:45 AM; the 9 AM doses were administered at 10:11 AM.

On NJ Ex Order 26.4, the 5 PM doses were administered at 8:21 PM.

On NJ Ex Order 26.4, the 5 PM doses were administered at 6:47 PM.

On NJ Ex Order 26.4, the 5 PM doses were administered at 6:42 PM.

On NJ Ex Order 26.4, the 5 PM doses were administered at 6:14 PM.

On NJ Ex Order 26.4, the 5 PM doses were administered at 7:09 PM.

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On NJ Ex Order 26.4, the 5 PM and 6 PM doses were administered at 11:30 PM.

On NJ Ex Order 26.4, the 8 AM doses were administered at 9:27 AM.

On NJ Ex Order 26.4, the 5 PM doses were administered at 6:35 PM.

On NJ Ex Order 26.4, the 5 PM doses were administered at 6:30 PM.

On NJ Ex Order 26.4, the 8 AM and 9 AM doses were administered at 11:45 AM; the 1 PM doses were administered at 2:45 PM; the 5 PM and 6 PM doses were administered at 11:42 PM, 11:45 PM.

On NJ Ex Order 26.4b the 8 AM and 9 AM doses were administered at 11:08 AM; the 1 PM doses were administered at 2:21 PM the 5 PM and 6 PM doses were administered at 7:31 PM.

On 3/6/24 at 11:38 AM, the surveyor reviewed with the US FOIA (b)(6)) the resident's NJ Ex Order 26.4b1 Medication Admin Audit Report. The US FOIA (b) acknowledge there were multiple dates and times medications had been administered past the time of scheduled administration.

2. On 2/29/24 at 10:30 AM, the surveyor observed Resident #42 sitting in their wheelchair in the entranceway to their room. The resident in a NJ Ex Order 26.4b1 stated the words "NJ Ex Order 2" and "NJ Ex Order 26.4b1" while NJ Ex Order 26.4b1

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NJ Ex Order 26.4b The surveyor was unable to interview the resident at the time for further information.

At this time, the surveyor observed Licensed Practical Nurse (LPN #1) at their medication cart in the hallway at a resident's room near Resident #42's room. The surveyor asked LPN #1 if she was still administering 9:00 AM medications, and the LPN replied she was administering "10:00 AM" medications. The surveyor asked if Resident #42 received any NJ Ex Order 2 (NJ Ex Order 26.4b1) or NJ Ex Order 26.4b1, and the US FOIA stated the resident was not on any NJ Ex Order 2 but received a NJ Ex Order 26.4b1 medication; that she was unsure of the name. The surveyor asked if the resident had received their medications that morning, and LPN #1 stated that Resident #42 was to receive their medications next.

The surveyor reviewed the medical record for Resident #42.

A review of the Admission Record face sheet reflected that the resident was admitted to the facility with diagnoses that included NJ Ex Order 26.4b1 , NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 .

A review of the NJ Ex Order 26.4b1 Order Summary Report revealed the resident had the following physician's orders (PO) to be administered at 9:00 AM:

PO dated NJ Ex Order 2, for NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 one time a day for NJ Ex Order 26.4b1
PO dated NJ Ex Order 26.4, for NJ Ex Order 26 oral tablet NJ Ex Order 26.4b1 ; give one tablet by mouth in the morning for NJ Ex Order 26.4b1.

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PO dated NJ Ex Order 2, for NJ Ex Order 26.4b1 ; NJ Ex Order 26.4b1 one time a day for NJ Ex Order 26.4b
PO dated NJ Ex Order 2, for NJ Ex Order 26.4b1 oral tablet NJ Ex O g; give one tablet by mouth one time a day for NJ Ex Or .
PO dated NJ Ex Order 2, for NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 one time a day for NJ Ex Orde
PO dated NJ Ex Order 2, NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 by mouth one time per day for NJ Ex Order 26.4b1
PO dated NJ Ex Order 2, NJ Ex Order 26.4b1 tablet NJ Ex Order 26.4b1; give one tablet by mouth one time a day for NJ Ex Order 26
PO dated NJ Ex Order 2, for NJ Ex Order 26.4b1 oral capsule NJ Ex O ; give one capsule by mouth three times a day for NJ Ex Order 26.4b1.
PO dated NJ Ex Order 2, for NJ Ex Order 26.4b1 oral tablet NJ Ex Order 26.4b1; give one tablet by mouth four times a day for NJ Ex Order 26.4b1

A review of the NJ Ex Order 26.4b1 Medication Admin Audit Report reflected that all nine of the above medications ordered for 9:00 AM administration were signed administered on NJ Ex Order 26.4 at 10:31 AM by LPN #1. The resident had no medications that were ordered to be administered at 10:00 AM as informed by LPN #1 that she was administering "10:00 AM" medications.

On 2/29/24 at 1:11 PM, the surveyor interviewed LPN #1 who stated she started administering morning medications around 8:00 AM after checking residents' vital signs and NJ Ex Order 26.4b1. LPN #1 stated she had one hour before the medication was ordered and one hour after the medication was ordered to administer that medication. LPN #1 confirmed for a medication

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F 658	Continued From page 67 that was ordered to be administered at 9:00 AM, should be administered between 8:00 AM and 10:00 AM. LPN #1 acknowledged Resident #42's 9:00 AM medications were administered late that morning because she was observing a NJ Ex Order 26 treatment with the NJ Ex Order 26 nurse. LPN #1 stated that she typically administered resident treatments at the same time she administered their medications if the treatment was only a NJ Ex Order 26 treatment or NJ Ex Order 26.4b1 and not a lengthy procedure. LPN #1 stated she started the NJ Ex Order 26 observation around 10:00 AM that morning, and then continued to administer 9:00 AM medications afterwards. On 3/4/24 at 11:27 AM, the surveyor interviewed the US FOIA (b)(6) who stated medications were to be administered at the time ordered, or one hour before or one hour after the ordered time. The US FOIA (b)(6) confirmed 9:00 AM medication administration should be completed by 10:00 AM. The US FOIA (b)(6) stated LPN #1 should not have administered treatments and medications at the same time, since medications were ordered for a specific time and treatments were ordered for the shift; medications would not be administered on time if you administered together. The US FOIA (b)(6) acknowledged LPN #1 administered medications late on NJ Ex Order 26.4 for Resident #42, and there were no adverse outcomes. On 3/5/24 at 11:44 AM, the surveyor interviewed the US FOIA (b)(6) who stated that medication ordered for 9:00 AM with no parameters were administered at the time ordered or an hour before or after the scheduled time in accordance with professional standards of practice. If the medications were going to be	F 658		

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administered late for the day, the physician would have needed to be contacted. The US FOIA (b) stated medications and treatments should not be administered at the same time because it would put the nurse behind on medication administration; that all medications should be administered to the residents prior to treatments.

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team acknowledged that medications should be administered at the time ordered, and that treatments should not be administered during morning medication pass.

A review of the facility's undated "Administering Medications" policy included medications must be administered in accordance with the orders, including the required timeframes...

3. On 2/28/24 at 9:21 AM, the surveyor observed Resident #37 in their room. The resident was with the US FOIA (b)(6) and was unable to be interviewed.

On 2/28/24 at 12:05 PM, the surveyor observed the resident in their room NJ Ex Order 26.4b1 and they NJ Exec Order 26.4b1 at the time.

The surveyor reviewed the medical record for Resident #37.

A review of the Admission Record face sheet reflected that the resident was admitted to the facility with diagnoses that included NJ Ex Order 26.4b1; NJ Ex Order 26.4b1; and NJ Ex Order 26.4b1.

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F 658	Continued From page 69 A review of the Medication Review Report included a physician's order (PO) dated NJ Ex Order 26.4b1, for NJ Ex Order 26.4b1 every Tuesday, Thursday, and Saturday; pick-up at 9:30 AM with a chair time of 10:30 AM to 2:00 PM for NJ Ex Order 26.4b1. An additional PO dated NJ Ex Order 26.4, to please ensure NJ Ex Order 26.4 communication book/binder is filled out and accompany resident to NJ Ex Order 26.4b if resident is NJ Exec Order 26.4b1 with having book/binder filled out, please document NJ Exec Order 26 A review of the most recent quarterly Minimum Data Set (MDS) dated NJ Ex Order 26.4b1, reflected the resident had a brief interview for mental status score of NJ Ex out of 15; which indicated NJ Ex Order 26.4b1 . A further review of the MDS indicated the resident had NJ Ex Order 26.4b1 and received NJ Ex Order 26.4 treatments while in the facility. On 3/4/24 at 11:27 AM, the surveyor interviewed the US FOIA (b)(6) who stated the NJ Ex Order 26.4 communication books were stored at the nurse's station, and filled out by the nurse prior to the resident leaving for the NJ Ex Order 26.4 center. The US FOIA (b)(6) stated that the NJ Ex Order 26.4 center completed the communication log while the resident was at treatment, and then the cart nurse reviewed the communication book upon the resident's return to note any changes. The surveyor reviewed Resident #37's NJ Ex Order 26.4 communication book and observed the following blanks in documentation: There was no signature of staff reviewing the sheet upon return on: NJ Ex Order 26.4; NJ Ex Order 2; NJ Ex Order 2; NJ Ex Order 26.4; NJ Ex Order 26.4; NJ Ex Order 26.4; and NJ Ex Order 2. There were no vital signs from the facility on:	F 658		

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NJ Ex Order 26.4; NJ Ex Order 26.4; NJ Ex Order 26.4; NJ Ex Order 26.4; NJ Ex Order 26.4; and NJ Ex Order 26.4.

There were no vital signs post NJ Ex Order 26.4 on NJ Ex Order 26.4b and NJ Ex Order 26.4.

During a follow-up interview with the surveyor on 3/5/24 at 2:05 PM, the US FOIA (b)(6) acknowledged the missing signatures and vital signs from the resident's NJ Ex Order 26.4 binder. The US FOIA (b)(6) stated it was the NJ Ex Order 26.4 center's staff who completed the post NJ Ex Order 26.4 vital signs portion.

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team acknowledged the missing documentation in the resident's NJ Ex Order 26.4 communication book.

A review of the facility's undated "Hemodialysis Communication" policy included nurses to ensure upon return to the facility that the resident has their communication binder with them and filled out completely to include pre and post dialysis weights, vitals, and any medications provided during treatments...

4. On 2/28/24 at 10:18 AM, the surveyor observed Resident #45 sleeping in bed on his/her NJ Ex Order 26.4b1. The resident NJ Ex Order 26.4b1 upon entrance of room and when the surveyor NJ Ex Order 26.4 [redacted].

The surveyor reviewed the medical record for Resident #45.

A review of the Admission Record face sheet reflected the resident was admitted to the facility with diagnoses including but not limited to

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F 658	Continued From page 71 NJ Ex Order 26.4b1 NJ Ex Order 26.4b1) NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1) NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1. A review of the admission Minimum Data Set (MDS), an assessment tool, reflected that the resident NJ Ex Order 26.4b1 the brief interview for mental status (BIMS). A further review in Section NJ completed for NJ Ex Order 26.4b1, identified the resident of being NJ Ex Order 26.4b1 A review of the Order Summary Report identified the following active physician's order (PO) dated NJ Ex Order 26.4b1, monitor resident for NJ Ex Order 26.4b1 every shift; notify physician if NJ Ex Order 26.4b1 for eight hours for NJ Ex Order 26.4b1. Document in progress notes how many NJ Ex Order 26.4b1 resident had per shift. A review of the corresponding NJ Ex Order 26.4b1 Medication Administration Record (MAR) and Treatment Administration Record (TAR) the PO was reflected with a "check mark" and initials. A review of the Progress Notes from NJ Ex Order 26.4b1 to current, included the following entries: NJ Ex Order 26.4b1 at 2:41 PM, reported that resident's US FOIA (b)(6)) that resident NJ Ex Order 26.4b1 entire shift... NJ Ex Order 26.4b1 at 3:14 PM, NJ Ex Order 26.4b1 was removed it was NJ Ex Order 26.4b1... NJ Ex Order 26.4b1 at 10:40 PM, resident NJ Ex Order 26.4b1 at the end of the shift at 11:00 PM. NJ Ex Order 26.4b1 at 11:41 PM, resident NJ Ex Order 26.4b1 during this shift...	F 658		

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No additional entries were identified from NJ Ex Order 26.4 to NJ Ex Order 26.

On 2/28/24 at 12:47 PM, the surveyor interviewed Certified Nursing Assistant (CNA #1) who stated that residents were to be checked every two hours for NJ Ex Order 26.4b1.

On 2/29/24 at 12:57 PM, the surveyor interviewed Licensed Practical Nurse (LPN #2) who advised that the CNA completed NJ Ex Order 26.4b1 rounds every two hours, and anyone who remained NJ Ex during the shift, the nurse should be notified. LPN #2 also confirmed that a resident care plan would identify any NJ Ex Order 26.4b its NJ Ex Order 26.4 and their NJ Ex Order 26.4b1.

On 3/5/24 at 10:40 AM, the surveyor interviewed CNA #2 who confirmed that NJ Ex Order 26.4b1 NJ Ex Order 26.4b1) was "not normal" and was something that should be reported to the nurse. CNA #2 further stated that they were responsible for documenting baseline resident functions and anything abnormal which included, not NJ Ex Order 26.4b1 for eight hours, should be reported to the nurse and documented by the nurse.

On 3/5/24 at 12:58 PM, the surveyor interviewed LPN #3 regarding their documentation policy. LPN #3 advised that the expectations for physician's order was that they were to be completed in its entirety. LPN #3 stated that if the order required a nursing entry it would be located in the Progress Notes. When asked what kind of additional information would be identified in the Progress Notes, LPN #3 responded, anything out of the resident's baseline. LPN #3 further indicated that any resident with a history of

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NJ Ex Order 26.4b1 would be monitored for NJ Ex Order 26 . When asked regarding Resident #45 PO, LPN #3 indicated that the staff were aware of the order, and had been documenting accordingly. Upon reviewing the Progress Notes, LPN #3 confirmed that there was no documentation from the end of NJ Ex Order 26.4b to current.

On 3/6/24 at 1:37 PM, the surveyor spoke with the US FOIA (b)(6) who confirmed that there were no entries in the Progress Notes documenting the amount of NJ Ex Order 26.4b1 and physician contact. The US FOIA (b)(6) acknowledged that it was the facility's expectation that physicians orders be completed in full and any additional documentation requested by the physician would also be completed.

On 3/7/24 at 11:32 AM, the surveyor interviewed the US FOIA (b)(6) in the presence of US FOIA (b)(6) , who acknowledged that the order was not completed to the fullest since the supplementary documentation of the NJ Ex Order 26.4b1 was missing.

A review of the facility provided undated "Bowel and Bladder Elimination" policy included ...CNA's must report any concerns, changes, or irregularities in resident's elimination pattern and stool to the nurse or charge nurse immediately.

A review of the facility's undated "Charting and Documentation" policy included ...all observations, medications administered, services performed, etc., must be documented in the resident's clinical record ...

A review of the facility provided undated "LPN

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F 658	Continued From page 74 Nurse" Job Position document, included...review the resident's chart for specific treatments, medication order, diets, etc, as necessary...implement and maintain established nursing objectives and standards...ensure that your nurses' notes reflect that the care plan is being followed when administering care or treatment. A review of the facility provided undated "Unit Manager" Nurse Job Position document, included...responsible for the proper transcription and executing of physician's orders, accurate documentation, maintenance of the clinical record completeness...directly supervises staff nurses to ensure their completion of duties as well as the direct supervision of CNAs. NJAC 8:39-27.1(a)	F 658		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) assist a resident NJ Ex Order [redacted] daily with the use of a NJ Ex Order 26.4b1 as ordered by the physician. This deficient practice was	F 684	1. Resident #102's NJ Ex Order was replaced and resident was NJ Ex Order 26.4b1. 2. All residents residing in the facility that needs assistance getting out of bed have	3/29/24

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F 684	Continued From page 75 identified for 1 of 28 residents reviewed for quality of care (Resident #102), and was evidenced by the following: On 2/29/24 at 12:00 PM, the surveyor observed Resident #102 in bed. The resident stated that he/she was NJ Ex Order 26.4b1 and that he/she needed assistance NJ Ex Order 26.4b1 and wished that the staff would NJ Ex Order 26.4b1. Resident #102 stated that he/she had not NJ Ex Order for NJ Ex Order 26.4b1 On 3/1/24 at 12:45 PM, the surveyor observed Resident #102 in bed NJ Ex Order 26.4b1. Resident #102 stated that he/she still had not been NJ Ex Order 26.4b1. The surveyor reviewed the medical record for Resident #102. A review of Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1. A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4b1, reflected the resident had a brief interview for mental status score of NJ Ex out of 15; which indicated NJ Ex Order 26.4b1. A review of the Physician Order Summary Report (POS) reflected an active order dated NJ Ex Order 26.4, for the patient to be NJ Ex Order 26.4b daily at 11:00 AM, to the NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1 .	F 684	the potential to be affected. 3. Education was provided to staff on following physician orders specifically to getting residents out of bed. Staff must document any refusals and communicate to Supervisor and/or Unit Manager. Supervisor and/or Unit Manager must make provider aware after 3 refusals. In-service/education provided to staff by Director of Nursing, or designee. 4. The Director of Nursing, or designee, will review 5 residents TARS 5 days a week for 4 weeks then weekly for 8 weeks to ensure physician orders are being followed appropriately. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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On 3/6/24 at 12:20 PM, the surveyor interviewed Resident #102's Certified Nursing Aide (CNA #1) who stated that the resident only NJ Ex Order 26.4b1 three times per week on Mondays, Wednesdays, and Fridays and that she would not be NJ Ex Order 26.4b1 the resident NJ Ex Order 26.4b1 to NJ Ex Ord today. The surveyor asked the US FOIA (b) why not if today was Wednesday, and the US FOIA (b) did not answer. The surveyor then asked where the resident's NJ Ex Order 26.4b1 was stored, and CNA #1 replied that NJ Ex Order 26.4 took the resident's NJ Ex Orde back to the therapy room. Another CNA (CNA #2) overheard the conversation, and instructed CNA #1 to check the shower room. At that time, the surveyor accompanied by CNA #1 went to the shower room and observed Resident #102's NJ Ex O there.

On 3/6/24 at 12:37 PM, the surveyor interviewed the US FOIA (b)(6) who stated that the resident, "NJ Ex Order 26.4b whenever [he/she] wants to". The surveyor asked the US FOIA (b)(6) where their NJ Ex O was stored as it had not been observed in Resident #102's room throughout the entire survey. The US FOIA (b)(6) replied that the NJ Ex Order 26.4b1 was broken. The surveyor asked the US FOIA (b)(6) if she had informed the NJ Ex Order department or maintenance about the NJ Ex Orde being broken, and the US FOIA (b)(6) responded, "maybe it's not broken, I don't know."

At that time, the surveyor reviewed the POS with the US FOIA (b)(6) which reflected a PO to NJ Ex Order 26.4b the resident NJ Ex Order 26.4b1 every day at 11:00 AM. The UM/LPN then stated, "I guess [he/she] should be NJ Ex Order 26.4b1 every if he wants to." The surveyor stated that the resident has expressed

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that he/she would like to be NJ Ex Order 26.4b1 daily as per the physician's order.

On 3/6/24 at 12:58 PM, the surveyor interviewed the US FOIA (b)(6) who stated that she had not been informed that Resident #102's NJ Ex Order 26.4b1 had been broken and if she had been notified, she would have ordered a temporary replacement until the NJ Ex Order was repaired. The US FOIA (b) stated that it would take one to two days for the NJ Exec Order NJ Ex Order to be delivered to the facility. The US FOIA (b) stated that the NJ Ex Order 26.4b1 should be stored in the resident's room or just outside in the hallway for easy access.

At that time, the US FOIA (b) stated that Resident #102 received NJ Ex Order from NJ Ex Order 26.4 - NJ Ex Order 2 and then was discharged to the NJ Exec Order 26.4b1 Program. The US FOIA (b) provided the surveyor with a copy of the 'NJ Exec Order 26.4b1 Recommendations To NJ Exec Order 26.4b1" which reflected that Resident #102 was discharged from NJ Ex Order 26.4 with the recommendations...to be NJ Ex Order 26.4b1 daily to the NJ Ex Order 26.4b1 The US FOIA (b) further stated that she made two copies of the form and provided one to the US FOIA (b)(6) and one to the US FOIA (b)(6) who provided care to the resident.

A review of the facility provided undated "Certified Nursing Assistant" Job Position document, included...Perform restorative and rehabilitative procedures as instructed...

On 3/6/24 at 4:02 PM, the survey team met with the US FOIA (b)(6) and US FOIA (b)(6) and discussed the above observations and concerns.

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F 684	Continued From page 78 On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6) , and survey team acknowledged that the resident should have been NJ Ex Order 26.4b1 daily per the physician's order, and if the NJ Ex Order 26.4b1 was broken, the US FOIA (b) should have been notified. NJAC 8:39-27.1 (a)	F 684		
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure that a resident with NJ Ex Order 26.4b1 received appropriate services to prevent further NJ Ex Order 26.4b1 . This deficient practice was identified for 1 of 3 residents	F 688	1. The order for Resident #6 to NJ Ex Order was discontinued; NJ Ex Order reevaluation completed. Care plan was updated to include NJ Ex Order 26.4b1 2. All residents residing in the facility who require orthotics have the potential to	3/29/24

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F 688	Continued From page 79 reviewed for NJ Ex Order 26.4b1 (Resident #6), and was evidenced by the following: On 2/27/24 at 12:44 PM, the surveyor interviewed Resident #6 who stated that they had a NJ Ex Order 26.4b1 to the NJ Ex Order 26.4b1. When asked if he/she was supposed to NJ Ex Order 26.4b1, the resident opened their dresser drawer to show the surveyor a NJ Ex Order. Resident #6 stated that they NJ Ex because NJ Ex Order 26. The resident stated that he/she had told the nursing staff, but nothing had been done. On 2/29/24 at 11:21 AM, the surveyor observed Resident #6 dressed and seated in their wheelchair. The resident did not have NJ Ex Order 26.4b1 . On 3/4/24 at 10:53 AM, the surveyor observed Resident #6 dressed and seated in their wheelchair. The resident did not have NJ Ex Order 26.4b1 The surveyor reviewed the medical record for Resident #6. A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses including, but not limited to, NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1) and NJ Ex Order 26.4b1. A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool, reflected that the resident had a brief interview for mental status (BIMS) score of NJ Ex out of 15; which indicated NJ Ex Order 26.4b1. A review of the Order Summary Report identified	F 688	be affected. Audit completed by Director of Rehab on residents with orthotic to ensure residents have care plans and order is in TAR. 3. Education was provided for staff on following physician orders specifically for orthotics. Staff educated on reporting refusals to supervisor and physician. In-service/education provided to staff by Director of Nursing, or designee. 4. The Director of Nursing, or designee, will review 5 residents orders and TARS 5 days a week for 4 weeks then weekly for 8 weeks to ensure physician orders are being carried out and followed appropriately and to ensure refusals are being documented properly for follow up. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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F 688	Continued From page 80 the following active physician's orders (PO): NJ Ex Ord [redacted] with a start date of NJ Ex Order 26.4 . A review of the corresponding NJ Ex Order 26.4b1 Medication Administration Record (MAR) and Treatment Administration Record (TAR) the order could not be identified. A review of the Resident's NJ Ex Order 26.4b1 Encounter notes included the following: On 9/20/23 at 6:10 PM, spoke with physician regarding script for NJ Ex Order 26.4b1 and called NJ Ex Order 26.4 company to order. On 9/21/23 at 2:39 PM, NJ Ex Order 26.4b1 [redacted]; trained nursing staff on donning (putting on)/doffing (taking off) and NJ Ex Or [redacted]: NJ Ex Order 26.4b1 is obtained and patient with no [complaints of] NJ Ex Orde A review of Resident #6 individualized comprehensive care plan did not include the resident's NJ Ex Order 26.4b1 or the PO for the NJ Ex Order On 3/5/24 at 10:40 AM, the surveyor interviewed Certified Nursing Aide (CNA #1) who identified that he/she was familiar with Resident #6. When asked if they were responsible for applying any NJ Ex Order 26 CNA #1 denied. CNA #1 stated that NJ Ex Order 26.4b1 (NJ Ex) or NJ Ex Order 26.4b1 (NJ Ex O) was responsible for applying NJ Ex Order 26 to residents according to physician's orders. The surveyor asked CNA #1 how a NJ Ex Order should fit a resident, the US FOIA (b confirmed that it should NJ Ex Order [redacted] and if a resident reported NJ Ex Orde the US FOIA (b would let the nurse know who entered a referral to NJ Ex / NJ Ex . The surveyor asked the process for	F 688		

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F 688	Continued From page 81	F 688		

patient refusals, and CNA #1 advised that all NJ Exec Order 26 should be documented and "not just for NJ Ex Order 26 or NJ Ex Order 2 but every time a patient NJ Exec Order 26.4b CNA #1 reported that they notified the nurse about the NJ Exec Order who documented in the chart.

On 2/29/24 at 12:57 PM, the surveyor interviewed Licensed Practical Nurse (LPN #1) who advised that there was not one specific person who was responsible for entering PO and both the physicians and nursing could enter an order. LPN #1 confirmed that nursing was responsible for ensuring that the PO was accurate and correctly entered into the system. LPN #1 confirmed that NJ Ex Order 26.4b1 along with the interventions like NJ Ex Order 26.4 should be identified on the care plan. When asked why that was important to identify, LPN #1 stated that care plans promoted independence and health but also directed resident care. LPN #1 confirmed that an NJ Ex Order 26.4 should NJ Ex Order 26.4b1 and if he/she were notified that a resident was complaining of NJ Ex Or while wearing an NJ Ex Order 26.4b they would let the unit manager know. The surveyor inquired about how the nursing staff was aware of residents that required NJ Ex Order 26.4b1 and LPN #1 responded that it would be identified on the MAR/TAR and NJ Ex Order 26.4 communicated that with nursing. When asked who was responsible for ensuring that residents were wearing their NJ Ex Order 26.4b1 LPN #1 responded, nursing. The surveyor directly inquired about Resident #6, and LPN #1 was not aware that she/he was ordered to NJ Ex Order 26.4b1. LPN #1 reviewed the PO and confirmed the active order. LPN #1 proceeded to Resident #6's MAR/TAR and could not locate the order. When asked if Resident #6 should be wearing the NJ Ex Order 26.4b LPN #1 confirmed. When asked if the order should be

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F 688	Continued From page 82 identified on the MAR/TAR, LPN #1 confirmed. LPN #1 further agreed that Resident #6's refusal of wearing the NJ Ex Order and its corresponding NJ Ex Ord should be documented and supervisor made aware. On 3/6/24 at 9:48 AM, the surveyor spoke with US FOIA (b)(6) who confirmed care plans should be updated as needed and with special interventions. Upon review of Resident #6's PO, the US FOIA (b)(6) confirmed the active order for the NJ Ex Order 26.4b1. The US FOIA (b)(6) agreed that the resident's NJ Ex Order 26.4b1 and interventions for the NJ Ex Orde should be identified on the care plan. The US FOIA (b)(6) indicated that if the resident complained of NJ Ex Or from the NJ Ex Order the facility should have tried to find out NJ Ex Order 26.4b1. The US FOIA (b)(6) indicated that she would have consulted NJ Ex Order 26.4 and requested a NJ Ex evaluation. On 3/6/24 at 12:25 PM, the surveyor interviewed the US FOIA (b)(6)) who confirmed that any issues regarding NJ Ex Ord while wearing an NJ Ex Order 26.4 would be reported to NJ Ex /NJ Ex O for further evaluation. At this time, the US FOIA (b) was unaware of any issues or concerns with Resident #6's NJ Ex Order 26.4b The US FOIA (b) confirmed, based upon their documentation, that the resident was wearing the NJ Ex Order 26.4 for up to NJ Ex O hours while in NJ Ex Order 26.4 without concerns. The US FOIA (b) further advised that her expectation would be that Resident #6 continued wear the NJ Ex Order 26.4 on regular a basis. When the US FOIA (b) reviewed the current active order, the US FOIA (b) stated that this was an incomplete order since it did not specify when or how long the NJ Ex Order 26.4 was to be worn. On 3/7/24 at 11:32 AM, the surveyor interviewed	F 688		

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F 688	Continued From page 83	F 688		

the US FOIA (b)(6) , in the presence of US FOIA (b)(6) , who acknowledged that Resident #6 was not wearing the NJ Ex Order 26 lack of documentation regarding the resident's refusal to wear the NJ Ex Order 26 and that the care plan did not identify the resident's NJ Ex Order 26.4b1 and interventions. Furthermore, the US FOIA (b)(6) confirmed that the resident should have been referred to NJ Ex / NJ Ex .

A review of the facility provided undated "Certified Nursing Assistant" Job Position document included...Perform restorative and rehabilitative procedures as instructed...

A review of the facility provided undated "LPN Nurse" Job Position document included...Review care plans daily to ensure that appropriate care is being rendered. Inform the Nursing Supervisor of any changes that need to be made on care plan. Ensure that your nurses' notes reflect that the care plan is being followed when administering care or treatment ...Ensure that your assigned [CNAs] are aware of the resident care plans. Ensure that the CNA's refer to the resident's care plan prior to administering daily care to the resident ... Review the resident's chart for specific treatments, medication order, diets, etc, as necessary ...Implement and maintain established nursing objectives and standards ...Ensure that your nurses' notes reflect that the care plan is being followed when administering care or treatment.

A review of the facility provided undated "Unit Manager" Nurse Job Position document included...Adjusts care plan when indicated. Care plans can and should be updated by the Unit

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Manager as situations present ... Responsible for the proper transcription and executing of physician's orders, accurate documentation, maintenance of the clinical record completeness [...] Directly supervises staff nurses to ensure their completion of duties as well as the direct supervision of CNAs.

A review of the facility provided "Baseline Care Plan Completion and Ongoing Care Plan Updates" policy, dated 11/17/17, included...the comprehensive care plan will describe the following: the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well being...nursing staff will update the care plan related to physician's orders and/or changes in care needs...

A review of the facility's undated "Charting and Documentation" document included ...all observations, medications administered, services performed, etc., must be documented in the resident's clinical record...

A review of the facility's undated "Splinting" document included ...Once the wearing schedule is established, the physician's clarification order should specify the type of splint, where it is to be applied, and the wearing schedule. Written instructions should be left available to the nursing staff. This may be placed in the medical record per the facility policy, on the nursing unit, or other designated area.

A review of the facility's undated "Refusal of Medications and Treatments, Documentation of" document included ...If a resident refuses his or her medications and/or treatments, nursing staff

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F 688	Continued From page 85 will document such refusal in the resident's medical record ...Repeated refusals shall be reported to the Director of Nursing Services and Attending Physician after 3 continued refusals ... NJAC 8.39-27.1(a); 27.2(m)	F 688		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure that a resident was assessed and the comprehensive care plan was updated post NJ Ex with NJ Exec Order 26.4b1 for a resident with a NJ Ex Order 26.4b1. This deficient practice was identified for 1 of 7 residents reviewed for NJ Ex Or (Resident #79), and was evidenced by the following: On 2/28/24 at 11:50 AM, the surveyor observed the resident seated in a NJ Ex Order 26.4b1 wheelchair with NJ Ex Order 26.4b1 in the dining area. The surveyor reviewed the medical records for Resident # 79. A review of the Admission Record face sheet (an admission summary) reflected the resident was	F 689	1. Care plan was updated for Resident #79 to include NJ Ex Order 26.4b. 2. All residents who had a fall have the potential to be affected. 3. Education was provided for staff on fall protocols and ensuring safety of the residents by following physician order and care plan. Interdisciplinary Team was educated on updating care plan with appropriate interventions after falls. In-service/education provided to staff by Director of Nursing, or designee. 4. The Director of Nursing, or designee, will review all fall incidents weekly for 12 weeks to ensure care plans are updated	3/29/24

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F 689	Continued From page 86 admitted to the facility with diagnoses that included NJ Ex Order 26.4b1 NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1 A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4b1, reflected a NJ Exec Order 26.4b mental status of NJ Ex Order 26.4b1 with NJ Ex Order 26.4b1. Further review of Section I Active Diagnoses reflected a NJ Ex diagnosis. A review of the Progress Note included a Health Status Note dated NJ Ex Order 26.4b1 at 3:40 PM, which indicated that the resident NJ Ex Order 26.4b1 in activities. The writer notified the US FOIA (b)(6) to assess the resident, who ordered an NJ Ex Order of the NJ Ex Order 26.4b1 NJ Ex O and NJ Ex O A review of the Progress Note included a Health Status Note dated NJ Ex Order 26.4b1 at 9:30 PM, that indicated the NJ Ex Order result of the NJ Ex Order 26.4b1 and NJ Ex Order 26.4b was "NJ Ex Order 26.4b1: NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1." The physician was notified and ordered to be sent to the hospital. A review of the incident report provided by the US FOIA (b)(6)) for a NJ Ex that occurred on NJ Ex Order 26.4b1, included that the resident was seated in a wheelchair while attending activities and NJ Ex onto the floor. A review of the US FOIA (b)(6)) statement included the resident was in activities and NJ Exec Order 26.4b1. Further review of the "Individual Statement Forms" from Activity Aides revealed that the resident was NJ Ex Order 26.4b1 in their wheelchair; and the Activity Aides heard a noise, and the resident was observed NJ Ex Order 26.4b1	F 689	with appropriate interventions for the current NJ Ex O The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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F 689	Continued From page 87 Further review of a "NJ Ex Order 26.4b1 Huddle" revealed the safety interventions in place: any resident who uses NJ Ex Order 26.4b1 on their wheelchairs should have them on the wheelchair. A review of Resident #79's individual comprehensive care plan (ICCP) dated NJ Ex Order 26.4b1, included a focus areas that the resident was at risk for NJ Ex Order with regards to NJ Ex Order 26.4b1 problems with NJ Ex Order 26.4b1 on NJ Ex Order 26.4, NJ Ex Order 26, and a NJ Ex Order 26.4 on NJ Ex Order 26.4b1. Interventions included to anticipate and meet the resident's needs; to educate the resident/family/caregivers about safety reminders and what to do if a NJ Ex occurs; ensure that the resident is wearing appropriate NJ Ex Order 26.4b1 when NJ Ex Order 26.4b1 or NJ Ex Order 26.4b1 in wheelchair; follow facility NJ Ex protocol; resident requires NJ Ex Order 26.4b1 in the dayroom; resident needs activities to minimize the potential for NJ Ex Or while providing NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 No further interventions were updated at that time to address the prevention of a NJ Ex using NJ Ex Order 26.4b1 On 2/28/24 at 12:20 PM, the surveyor interviewed the Certified Nursing Assistant (CNA #1), who stated she was the resident's permanent day shift US FOIA (b) She further stated that the resident had NJ Ex Order 26.4b1 in the activity room on a day that she was not working and NJ Ex Order 26.4b1 On 2/29/24 at 11:26 AM, the surveyor interviewed the US FOIA (b)(6)), who stated that when the resident returned to the facility, they were evaluated for NJ Ex Order 26.4b1 and seen by the NJ Ex Order 26.4b1. On 2/29/24 at 11:40 AM, the surveyor interviewed the NJ Ex Order 26.4b1 who stated she	F 689		

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evaluated the resident after returning from the hospital. Since the resident was the same as their baseline and NJ Ex Order 26.4b1 on staff, no further services were needed.

On 3/5/24 at 9:45 AM, the surveyor interviewed the US FOIA (b)(6) who stated that when Resident #79 NJ Ex O the resident was seated in a wheelchair with NJ Ex Order 26.4b1 next to him. The US FOI continued that he turned to assist another resident and NJ Ex Order 26.4b1, and when he turned, the resident NJ Ex Order 26.4b1. He stated that he and another recreation aide NJ Ex Ord the resident NJ Ex Order 26.4b1 and brought the resident to the nurse. The US FOI stated that he knew he should not have NJ Ex Order 26.4b1 , but he reacted and felt that he had to NJ Ex O .

On 3/5/24 at 10:20 AM, the surveyor interviewed the US FOIA (b)(6)), who stated that when a NJ Ex occurred, the unit managers completed and summarized the conclusions on the interdisciplinary team (IDT) notes. The US FOIA (b) stated that all activity staff were educated not to NJ Ex Order a resident when they NJ Ex O

On 3/5/24 at 12:45 PM, the US FOIA (b)(6) stated that when there was a NJ Ex there was an IDT meeting, and they discussed and documented it in the electronic medical records or on the incident report. The US FOIA (b)(6) further stated that the root cause of the NJ Ex was not NJ Ex Order 26.4b1 on the wheelchair, so the facility added the intervention of a NJ Ex Order 26.4b post NJ Ex O

On 3/6/24 at 10:45 AM, the surveyor interviewed the US FOIA (b)(6)

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F 689	Continued From page 89 US FOIA (b)(6)) who stated that if a resident was required to have NJ Ex Order 26.4b when in a wheelchair, it should be care planned. On 3/7/24 at 10:30 AM, the surveyor interviewed the US FOIA (b)(6), who stated that the unit manager would update care plans to reflect the NJ Ex Order 26.4 and NJ Ex interventions. She further noted that a care plan reflects goals with interventions to prevent further NJ Ex Or from happening again. A review of the facility's undated "Assessing Falls and Their Causes" policy included that after a fall, the nursing staff will evaluate for possible injuries before moving the resident ... perform post-fall evaluation ...apply new interventions ... NJAC 8:39-27.1(a)	F 689		
F 727 SS=E	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on interview, review of Nurse Staffing	F 727	1. RN Supervisor has been hired since	3/29/24

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F 727	Continued From page 90 Report sheets, and other pertinent facility documents, it was determined that the facility failed to ensure a Registered Nurse worked seven days a week for at least eight consecutive hours a day for 5 of 16 weekends reviewed. This deficient practice was evidenced by the following: During entrance conference on 2/27/24 at 10:13 AM, the surveyor asked the US FOIA (b)(6) how the facility's staff was, and the US FOIA (b)(6) stated that staffing was good; that the facility primarily utilized agency staff for certified nursing aides (CNA); the facility did have callouts. At this time, the surveyor requested the Nurse Staffing Report to be completed for the following weeks: 1/1/23 through 1/7/23; 2/12/23 through 2/18/23; 2/19/23 through 2/25/23; 3/12/23 through 3/18/23; 5/21/23 through 5/27/23; 5/28/23 through 6/3/23. The surveyor reviewed the Nurse Staffing Reports which revealed there was no US FOIA (b)(6)) to work eight consecutive hours on the following dates: 1. No US FOIA on 1/7/23; the last US FOIA was scheduled on the 3:00 PM to 11:00 PM (3-11) shift on 1/6/23. 2. No US FOIA on 2/18/23; the last US FOIA was scheduled on the 3-11 shift on 2/17/23. 3. No US FOIA on 2/25/23; the last US FOIA was scheduled on the 11:00 PM to 7:00 AM (11-7) shift on 11/24/23. 4. No US FOIA on 3/18/23; the last US FOIA was scheduled on the 7:00 AM to 3:00 PM (7-3) shift on 3/17/23.	F 727	dates listed. 2. All residents residing in the facility had the potential to be affected. 3. Education was provided for US FOIA (b)(6) by Administrator on the importance of meeting federal and state guidelines on staffing. 4. The Director of Nursing, or designee, will review weekend schedules weekly for 12 weeks to ensure the facility has an RN working for at least 8 consecutive hours each day. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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F 727		F 727		

Continued From page 91
5. No US FOIA on 5/27/23 and 5/28/23; the last US FOIA was scheduled on the 3-11 shift on 5/26/23.

A review of the corresponding nursing staffing sheets verified the following:

During the 3-11 shift on 1/6/23, there was a US FOIA scheduled, and the next US FOIA scheduled to work on 1/7/23.

During the 3-11 shift on 2/17/23, there was a US FOIA scheduled, and the next US FOIA scheduled to work was on the 3-11 shift on 3/19/23.

During the 11-7 shift on 2/24/23, there was a US FOIA scheduled, and the next US FOIA scheduled to work was on the 11-7 shift on 2/26/23.

During the 7-3 shift on 3/17/23, there was a US FOIA scheduled, and the next US FOIA scheduled to work was on the 3-11 shift on 3/19/23.

During the 7-3 shift on 5/26/23, there was a US FOIA scheduled, and the next US FOIA scheduled to work was on the 3-11 shift on 5/29/23.

On 3/6/24 at 12:23 PM, the surveyor interviewed the US FOIA (b)(6) who stated she scheduled staff according to state and federal regulations; that there should be a US FOIA scheduled daily. The US FOIA (b)(6) stated it did not matter which shift the US FOIA was scheduled for; as long as there was a US FOIA scheduled for one shift a day. The US FOIA (b)(6) stated the facility had difficulty scheduling a US FOIA from the beginning of the year in NJ Exec Order until approximately NJ Exec Order, when the facility had permanent US FOIA scheduled for the weekend shifts. The facility did their best to reach out to agency staff for US FOIA

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F 727	Continued From page 92 coverage, but they had not always been able to obtain. On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team acknowledged the facility had days where there were no RNs scheduled for eight consecutive hours. A review of the facility's undated "Staffing" policy included this facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met. Licensed registered nursing and licensed nursing staff are available to provide and monitor the delivery of resident care services... NJAC 8:39-25.2(h)	F 727		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed	F 755		3/29/24

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F 755	Continued From page 93 pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined the facility failed to accurately document the administration of a NJ Ex Order 26.4b1 for 1 sampled resident (Resident #171) identified upon inspection of 1 of 3 medication carts (low-cart Second-Floor), and was evidenced by the following: On 3/4/24 at 10:47 AM, the surveyor in the presence of the US FOIA (b)(6)) inspected the NJ Exec Order 26 -Floor nursing unit low-side medication cart. A review of the NJ Ex Order 26.4b1 located in the secured and locked NJ Ex Order 26.4 box and reconciled to the NJ Ex Order 26.4b1 administration record, a declining inventory sheet, revealed Resident #171's NJ Ex Order 26.4b1 tablet, a medication used to NJ Ex Order 26.4b1, did not match. The blister packs contained 36 tablets and the declining inventory sheet indicated there should be 37 tablets remaining. The US FOIA stated she had administered the medication earlier and she had forgotten to sign the declining inventory	F 755	1. NJ Ex Order 26.4b1 for Resident #171 was signed out by the US FOIA (b)(6) Education completed by US FOIA (b)(6) or designee for the US FOIA (b)(6) on importance of signing out medication on the NJ Ex Order 26.4b1 Administration Record sheet upon administering medication. 2. All residents residing in the facility who receive controlled medications have the potential to be affected. 3. In-service was provided for Licensed Nurses by Director of Nursing, or designee on documenting in the Controlled Drug Administration Record sheet upon administering controlled medication 4. The Director of Nursing, or designee, will review records for 5 residents with controlled drugs 5 days a week for 4	

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F 755	Continued From page 94 sheet for the dose she had administered. The US FOIA further stated the declining inventory sheet should be signed when the medication was removed from the packaging. On 3/4/24 at 11:43 AM, the surveyor interviewed the NJ Exec Order 26-Floor nursing unit's US FOIA. The US FOIA (b)(6) acknowledged the US FOIA should have signed the declining inventory sheet immediately after removing the medication from the packaging. She further acknowledged this was the process to ensure the accurate inventory of all NJ Ex Order 26.4b1. On 3/6/24 at 10:50 AM, the surveyor interviewed the US FOIA (b)(6)), in the absence of the facility's US FOIA (b) who stated as soon as medication was removed from the packaging, the nurse must sign the declination sheet. This was the process to ensure accountability and ensure the medication counts were correct. A review of the undated facility "Controlled Substance" policy revealed "AristaCare at Cherry Hill shall comply with all laws, regulations and other requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled medications..." A review of the facility's undated "Administering Medications" policy did not include the process for documenting administration of controlled medications using a declining inventory sheet. NJAC 8:39- 29.2(d), 29.7(c)	F 755	weeks then weekly for 8 weeks to ensure Controlled Drug Administration Record sheets are being completed appropriately. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)	F 761		3/29/24

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F 761	Continued From page 95 §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) properly label and date medication in accordance with manufacturer recommendations and b.) maintain a medication refrigerator temperature log to ensure safe medication storage. This deficient practice was observed in 1 of 2 medication storage rooms (Second-Floor) and 1 of 3 medication carts (low cart- Second-Floor) inspected, and was evidenced by the following:	F 761	1. Education provided for nursing staff by Director of Nursing, or designee on labeling and dating medication. Undated items were discarded. 2. All residents residing in the facility who receives medication has the potential to be affected. 3. In-service was provided for Licensed	

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F 761

Continued From page 96

1. On 3/4/24 at 10:47 AM, the surveyor in the presence of the US FOIA (b)(6) inspected the Second-Floor nursing unit's low cart and observed the following multi-dose medications had been opened and undated:

Incruse Ellipta 62.5 microgram (mcg) inhaler (medication used for symptoms of chronic obstructive pulmonary disease, COPD) dated opened 1/14. Instructions on the package were "discard the inhaler six weeks after opening the moisture-protective foil tray..."

Advair HFA 230 mcg/21 mcg inhaler (medication used for asthma or COPD, opened and undated. Instructions on the package were "discard 30 days after foil pouch opened.

Spiriva Respimat 2.5 mcg/actuation inhaler (medication used for COPD) two inhalers opened and undated. Instructions on the package were "discard three months after insertion of the cartridge into inhaler. Both inhalers had the cartridges inserted.

Fluticasone propionate and salmeterol inhaler 113 mcg/21 mcg inhaler (medication used for asthma and COPD) opened and undated. Instructions on the package were "discard inhaler ... 30 days after removal from the foil pouch..."

Latanoprost 0.005% opthalmic solution (medication used for glaucoma) opened and undated. Instructions on label were "discard after six weeks"

Insulin glargine vial 100 units/milliliter (medication used for diabetes) opened, and bag dated 2/1/24,

F 761

Nurses on proper storage and labeling of medications. In-service provided for Licensed Nurses on ensuring temperatures are recorded daily for the medication room refrigerators.
In-service/education provided to staff by Director of Nursing, or designee.

4. The Director of Nursing, or designee, will complete 2 audits of medication carts and medication rooms weekly for 4 weeks then once a week for 8 weeks to ensure all medications are properly dated and stored properly. The Unit Manager, or designee, will ensure temperature logs are completed daily in the medication room.
The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.

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F 761 Continued From page 97 F 761

vial was undated. Instruction on packaging were "discard after 28 days.

Insulin glargine vials 100 units/milliliter- 2 vials opened, and bag was dated, but the vial was not dated. Instructions on packaging were "discard after 28 days.

On 3/4/24 at 11:33 AM, the US FOIA stated the vials, eye drops and inhalers should have all been dated when they were opened.

2. On 3/4/24 at 11:57 AM, the surveyor in the presence of the Second-Floor nursing unit's US FOIA [redacted] inspected the Second-Floor medication room. In the medication refrigerator, the surveyor observed an opened and undated bottle of lorazepam 2 milligrams per 1 milliliter (mg/ml) concentrated oral solution in active inventory. The product label instructed "Discard opened bottle after 90 days". The US FOIA acknowledged that neither the medication bottle nor the medication box had been dated when opened or when to be discarded. The surveyor also noted the refrigerator temperature log had not been completed for 3/2/24. The US FOIA (b)(6) stated there should be no blanks in the log; that the evening nurses should be checking the temperature of the refrigerators and recording them in the log.

On 3/4/24 at 11:43 AM, the US FOIA (b)(6) stated to the surveyor medications such as eye drops, and NJ Ex Order 26.4 should be dated when opened. Insulin vials however, it was enough to date the bag, the vials did not have to also be dated.

On 3/6/24 at 10:50 AM, the surveyor interviewed the US FOIA (b)(6)) in the

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F 761	Continued From page 98 absence of the facility US FOIA (b)(6) who stated all medications should be dated when opened and discarded per manufacturer's instructions and that nurses should be monitoring the refrigerator temperatures to make sure temperatures are within safe range for medication storage. A review of the facility's undated "Storage of Medications" policy indicated AristaCare at Cherry Hill shall store all drugs and biologicals in a safe, secure, and orderly manner...nursing staff shall be responsible for maintaining medication storage. A review of the facility's undated "Refrigerators and Freezers" policy did not include medication refrigerators, but did include "AristaCare at Cherry Hill will ensure safe refrigeration and freezer maintenance, temperatures and sanitation... monthly tracking sheets for all refrigerators and freezers will be posted to record temperatures..." A review of the undated facility "Controlled Substance" policy revealed "AristaCare at Cherry Hill shall comply with all laws, regulations and other requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled medications..." NJAC 8:39-29.4(h), 29.7(c)	F 761		
F 803 SS=E	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must-	F 803		3/29/24

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F 803	Continued From page 99 §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) ensure residents who received the standard serving of the main entree for a regular texture lunch meal was adequate in protein based on the nutritional needs of the residents; b.) ensure the menu was followed; c.) ensure the facility's US FOIA (b)(6) reviewed the menus for nutritional adequacy; and d.) ensure that residents received food and beverage in accordance with their preferences (Resident #6, #21, and #99) This deficient practice was identified for 1 of 2 NJ Ex Order 26.4b1 meals observed and 3 of 6 residents reviewed for food	F 803	1. Menu for the remainder of the month were reviewed by US FOIA (b)(6) with no concerns noted. Additional NJ Ex Order 2 [redacted] were ordered. US FOIA (b)(6) [redacted] were educated by Administrator on following menu and resident preferences. 2. All residents that receive food and beverage from the facility kitchen has the potential to be affected. 3. New menus were reviewed by	

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F 803	Continued From page 100 (Resident #6, #21, & #99), and was evidenced by the following: 1. During entrance conference on 2/27/24 at 10:13 AM, the surveyor requested from the US FOIA (b)(6)) the facility's menus for the survey period which included that week and the following week. A review of the menu provided titled "S/S Week 3" which was identified by the US FOIA (b)(6) for the week of 2/25/24 through 3/2/24, revealed the following for the NJ Ex Order 26.4b1 meal for Friday 3/1/24: Herb baked fish serving size two ounces (2 oz) Summer vegetable medley serving size 1/2 cup Baked sweet potato serving size 1 individual On 3/1/24 between 11:45 AM and 12:48 PM, the surveyor observed the dietary staff serve the above lunch meal, and made the following observations: The surveyor observed the US FOIA (b) plate the first lunch entree where he placed one fish cake (not herb baked fish) on a plate, proceeded to take a knife to the sweet potato and the US FOIA (b)(6)) asked what he was doing, the potato was already cut. The surveyor observed slits on the top of the sweet potatoes on the steam table. The US FOIA then demonstrated how the lunch plate should be plated which included one fish cake, one whole sweet potato, a 1/2 cup scoop of summer vegetable medley (green and yellow squash), and an individual portion cup of cinnamon and sugar that was placed next to the sweet potato. The surveyor observed the US FOIA (b)	F 803	Dietitian and approved to be implemented. Dietary staff, including Registered Dietitian educated by Administrator on following menu and resident preferences to ensure resident receive meals accordingly. Dietary staff educated by Administrator on communicating changes in menu to Dietitian for approval and to make residents aware of menu changes. Nursing staff were educated on resident rights and following resident preferences and requests during meals. 4. The Director of Dietary, or designee, will complete 5 tray accuracy audits weekly for 4 weeks then monthly for 2 months to ensure menus and preferences are being followed. The Director of Dietary will review menus with Registered Dietitian weekly to address any changes. The Director of Quality of Experience will meet with 5 residents weekly for 12 weeks to ensure dietary needs are being met. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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F 803	Continued From page 101	F 803		

plate the serving for the regular entree meal for the first dining cart.

The surveyor observed during the plating of the second dining cart, the US FOIA (b) began to cut the sweet potato in half and proceeded to serve half a sweet potato as a serving. At this time, the surveyor asked the US FOIA what the serving size was for the meal, and the US FOIA explained for the regular meal, it was one fish cake, a half sweet potato, and 1/2 cup scoop of vegetables. The US FOI continued if the resident requested double or large portions, the resident received two fish cakes and a whole sweet potato.

On 3/4/24 at 10:52 AM, the surveyor interviewed the US FOIA (b)(6) who stated she was a fulltime employee who started working at the facility last NJ Ex Order The US FOIA stated she was a contracted employee and the nutrition vendor [name redacted] who employed her was creating new menus for the facility. The US FOIA stated the menus that the facility was currently using was an older menu that she did not sign off on, but has looked at the menus. The surveyor asked what were the components each meal should have, and the US FOIA stated generally quarter of the plate protein, half the plate fruits and vegetables, and a quarter of the plate starch. The US FOIA continued that some resident's had a preference of larger portions, which would be double the entree portion, and some residents may also request double portions of the sides which would be communicated to the kitchen. The surveyor asked what the serving size for the meal was, and the US FOIA stated the kitchen would have that on the menu, and she would get back to the surveyor.

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F 803	Continued From page 102 On 3/4/24 at 12:27 PM, the US FOIA in the presence of the US FOIA (b)(6) informed the surveyor that the facility was utilizing an old menu that was signed off by the previous dietitian. The US FOI stated the typical portion size was 3 oz meat which would yield 24 grams of protein; 4 oz vegetable; and 4 oz of starch. At this time, the surveyor reviewed the menu from Friday with the NJ Exec and US FOIA (b)(6) who both stated there should be 3 oz of fish served and not 2 oz, and they both thought the sweet potato would be a whole sweet potato unless it was large in size. The US FOIA (b)(6) stated they would have to ask the US FOI the size of the sweet potato. The surveyor also requested the product specifications of the fish cake. On 3/4/24 at 1:01 PM, the US FOIA (b)(6) provided the surveyor with the recipe for fish cakes which indicated portion size two cakes which yielded 34 grams of protein. The surveyor asked both dietitians if the kitchen made the fish cakes and if, so why were they only providing one cake if the portion size was two cakes? The US FOIA (b)(6) stated that some fish cakes were smaller so they served two fish cakes. The surveyor informed the dietitians they observed only residents who received larger or double portions received two fish cakes, and asked if the recipe indicated portion size of two fish cakes, why was the kitchen not following the recipe? The US FOIA (b)(6) could not speak to this and stated they needed to speak to the US FOIA On 3/4/24 at 1:30 PM, the surveyor interviewed the US FOIA (b)(6) who stated it was the US FOIA (b) responsibility to look at the menus, and the previous US FOIA (b)(6) signed off on the current menu. The US FOIA (b)(6) continued the portion size was in the facility's electronic meal system which was	F 803		

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F 803	Continued From page 103 approved by the previous US FOIA (b)(6) and the kitchen served that portion. At this time, the US FOIA (b)(6) provided the surveyor with [name redacted] 2 oz fish cakes ten-pound case, which the US FOIA (b)(6) confirmed was served to the residents for Friday's lunch. The surveyor requested the product specifications which included serving size and nutrition information. On 3/4/24 at 1:39 PM, the surveyor interviewed the US FOIA in the presence of the US FOIA (b)(6) who confirmed the fish cakes served for Friday's lunch were the 2 oz commercially bought fish cakes. The US FOI also stated all the potatoes were 8 oz whole, so the kitchen cut in half to serve 4 oz portions. The surveyor asked if the menu for Friday was herb baked fish, why the kitchen served fish cakes, and the US FOI stated that the vendor could not provide the herb baked fish, so she substituted with the fish cake. The surveyor asked the US FOIA if the 2 oz fish cake was adequate protein served and the US FOIA confirmed no. The surveyor requested the delivery invoice or product specifications for the sweet potatoes. On 3/5/24 at 10:08 AM, the surveyor interviewed the US FOIA in the presence of the US FOIA who stated she was unaware of the fish cake substitution for Friday's meal and confirmed a 2 oz cake was an inadequate amount for protein. The US FOI also confirmed she did not review last week's menu that indicated the serving size for the herb baked fish was 2 oz. The US FOIA stated the only information she was able to obtain for the sweet potatoes was she received one forty-pound case, and it did not specify each sweet potato was 8 oz. The surveyor asked the US FOIA (b)(6) if everyone on the sub-acute unit who received the first dining cart with whole sweet potatoes was on larger or	F 803		

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double portions, and the US FOIA confirmed no. The US FOIA acknowledged if the sweet potatoes were 8 oz whole and 4 oz cut in half, then some residents received double portions of starch instead of a single portion. The US FOIA acknowledged that the kitchen should be serving the portions indicated on the menu to ensure nutrition adequacy.

On 3/5/24 at 10:34 AM, the surveyor reviewed the facility's dietary manual in the presence of the US FOIA (b)(6). The surveyor asked the US FOIA to review the dietary manual and asked if there were any concerns with the manual. The US FOIA stated the manual was not current since it was based on the 2000 Nutrition Guidelines and followed the "Food Pyramid" and not "My Plate." The US FOIA stated she would follow-up on with what the current nutrition guideline dates were.

On 3/5/24 at 10:41 AM, the surveyor re-interviewed the US FOIA (b)(6) who stated the menus were reviewed by the previous dietitian, and the expectation was for the kitchen to follow the menu and portion size since a dietitian approved it. The US FOIA (b)(6) stated any changes to the menu, the US FOIA typically made the substitution, and the residents were made aware. The US FOIA (b)(6) stated the nurses made the residents as well as the Resident Council President aware of any menu changes.

On 3/5/24 at 11:35 AM, the surveyor interviewed Resident #18 who stated he/she was not informed of the menu change last Friday from herb baked fish to fish cakes. Resident #18 further stated that no one ever informed him/her there would be a menu change that he/she usually was not served what they ordered.

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On 3/5/24 at 11:40 AM, the surveyor interviewed Resident #65 who stated no one informed them of the menu change from last Friday, nor do they inform him/her when they change the menu. The resident continued that he/she no longer completed their menu request, since he/she never receive what they ordered.

On 3/6/24 at 10:41 AM, the US FOIA informed the surveyor that the current nutrition guidelines were the 2020-2025 recommendations.

On 3/7/24 at 11:52 AM, the LNHA in the presence of the US FOIA (b)(6) and survey team acknowledged these concerns.

During a post survey review on 3/13/24 at 4:04 PM, the US FOIA (b)(6) provided the surveyor via email with the product specifications for the fish cakes. According to the manufacturer's Nutrition Facts, a serving size was two 2 oz fish cakes which yield 4 oz and six grams (6 gm) of protein per serving. The US FOIA during survey stated the protein source should yield 24 grams of protein, so this was 18 grams less protein than what was recommended.

A review of the undated facility's "Menu Substitutions" policy included food substitutions will be made as appropriate or necessary; the Food Services Manager, in conjunction with the Clinical Dietitian, may make food substitutions as appropriate or necessary...the Food Service Manager will maintain an exchange list. When in doubt about an appropriate substitution, the Food Services Manager will consult the Dietitian prior to making the substitution...all substitutions are noted on the menu and filed in accordance with

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established dietary policies. Notations of substitutions must include the reason for the substitution...the Food Services Manager or designee will ensure the residents' are made aware of changes.

2. On 2/27/24 at 1:17 PM, the surveyor observed Resident #21 in bed with their food tray on their bedside table. Resident #21 stated that they do NJ Ex Order 26.4b1; that staff will sometimes get them their NJ Ex Order 26.4b1 when asked. The surveyor reviewed Resident #21's dietary slip that included NJ Ex Order 26.4b1

On 2/29/24 at 9:32 AM, the surveyor observed Resident #21 in bed with food tray in front of them without NJ Ex Order 26.4b1

The surveyor reviewed the medical record for Resident #21.

A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses including but not limited to NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1.

A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool reflected that the resident had a brief interview for mental status (BIMS) score of NJ Ex Order 26.4b1 out of 15, which indicated NJ Ex Order 26.4b1.

On 3/5/24 at 10:40 AM, the surveyor interviewed Certified Nursing Aide (CNA #1) who stated that nursing was responsible for checking the trays to make sure that everything on the NJ Exec Order slip was

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delivered to the residents. When asked if there was an issue with the resident's NJ Ex Order 26 CNA #1 responded yes, "it happens all the time".

On 3/5/24 at 12:58 PM, the surveyor interviewed Licensed Practical Nurse (LPN #1) who stated that tray accuracy was "teamwork", and everyone should ensure that the NJ Exec Order 2 slip matched what was on the tray. When asked if there has been an issue with residents and their NJ Ex Order 26 LPN #1 confirmed that the nursing staff often obtained it for the residents since it was not on their meal tray.

On 3/5/24 at 1:28 PM, the surveyor interviewed the US FOIA who stated that a resident's meal ticket should identify everything that they want, and confirmed that what was on the ticket should be on the tray. When asked who was responsible for ensuring that NJ Ex Order 2 was on resident's tray, the US FOIA stated that the kitchen had a person at the end of the tray line that would ensure tray accuracy.

On 3/6/24 at 12:39 PM, the surveyor interviewed the US FOIA who stated that there was not enough NJ Ex Order 26.4b1 for the facility. The kitchen had a list of names who would like NJ Ex Order 2 and, as NJ Ex Ord become available throughout the service, they would be washed, filled, and brought out to the residents.

On 3/7/24 at 11:23 AM, the surveyor met with the US FOIA (b)(6 in the presence of the US FOIA (b)(6) and survey team, and the US FOIA (b)(6 confirmed that residents should be receiving their meals based on their preferences. The US FOIA (b)(6 also stated she was unaware the kitchen did not have enough NJ Ex Order 26.4b1.

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3. On 2/27/24 at 1:17 PM, the surveyor observed Resident #6 seated in wheelchair with NJ Ex Order 26.4b1 . The resident stated that they requested NJ Ex Order 2 with their lunch, but did not receive it. When asked if this happened often, Resident #6 agreed. The surveyor reviewed Resident #6's NJ Exec Order 2 slip that included NJ Ex Order 26.4b

On 2/29/24 at 9:33 AM, Resident #6 informed the surveyor they just NJ Ex Orde for the morning. The resident's breakfast tray was observed on the bedside table NJ Ex Order 26.4b1 . Resident #6 stated that NJ Ex Order 2 was something that they NJ Ex Order 26.4 every morning, and it made them NJ Ex Order that they cannot have it.

The surveyor reviewed the medical record for Resident #6.

A review of the Admission Record face sheet reflected the resident was admitted to the facility with diagnoses including but not limited to NJ Ex Order 26.4b1 NJ Ex Order 26.4b1) and NJ Ex Order 26.4b1.

A review of the most recent quarterly MDS reflected that the resident had a BIMS score of NJ Ex out of 15, which indicated NJ Ex Order 26.4b1.

On 3/5/24 at 10:40 AM, the surveyor interviewed CNA #1 who stated that nursing was responsible for checking the trays to ensure that everything on the NJ Exec Order slip was delivered to the residents. When asked if there was an issue with the resident's NJ Ex Order 2 CNA #1 responded yes, "it happens all the time".

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On 3/5/24 at 12:58 PM, the surveyor interviewed LPN #1 who stated that tray accuracy was "teamwork", and everyone should ensure that the NJ Exec Order 2 slip matched what was on the tray. When asked if there has been an issue with residents and their NJ Ex Order 26 LPN #1 confirmed that the nursing staff often obtained it for the residents since it was not on their meal tray.

On 3/5/24 at 1:28 PM, the surveyor interviewed the US FOIA who stated that a resident's meal ticket should identify everything that they want, and confirmed that what was on the ticket should be on the tray. When asked who was responsible for ensuring that NJ Ex Order 2 was on resident's tray, the US FOIA stated that the kitchen had a person at the end of the tray line that would ensure tray accuracy.

On 3/6/24 at 12:39 PM, the surveyor interviewed the US FOIA who stated that there was not enough NJ Ex Order 26.4b1 for the facility. The kitchen had a list of names who would like NJ Ex Order 2 and, as NJ Ex Ord become available throughout the service, they would be washed, filled, and brought out to the residents.

On 3/7/24 at 11:23 AM, the surveyor met with the US FOIA (b)(6) in the presence of the US FOIA (b)(6) and survey team, and the US FOIA (b)(6) confirmed that residents should be receiving their meals based on their preferences. The US FOIA (b)(6) also stated she was unaware the kitchen did not have enough NJ Ex Order 26.4b1

4. On 2/28/24 at 12:18 PM, the surveyor observed Resident #99 seated in NJ Ex Order 26.4b1

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F 803	Continued From page 110 in the dining room. The surveyor inquired about their meal, and the resident stated that they told the facility that they do not eat NJ Ex Order but still continued to be served NJ Ex Order 26.4b1. The surveyor reviewed Resident #99's NJ Exec Order 2 slip which included ham steak with pineapple glaze. Resident #99 stated that they asked the nursing staff for sandwiches. At 12:26 PM, the surveyor observed Resident #99 was removed from the dining area and returned to their room where medications were administered; their lunch tray remained in the dining room. At 12:31 PM, the surveyor observed Resident #99 in their room, without their tray, while the resident's roommate NJ Ex Order 26.4b1. At 12:33 PM, the surveyor observed CNA #2 enter the room with Resident #99's tray from the dining room. As CNA #2 cut Resident #99's NJ Ex Orde, the resident informed them that they do not eat NJ Ex Orde CNA #2 responded, "it's not NJ Ex Ord". The resident stopped the CNA and stated, "Yes, it is; it's NJ Ex Ord". Resident #99 stated that they requested sandwiches. On 2/28/24 at 12:39 PM, the surveyor interviewed with the US FOIA (b)(6) who confirmed that Resident #99's preference for a NJ Ex Order 26.4b1 lunch should have been honored and taken off their tray. The surveyor reviewed the medical record for Resident #99. A review of the Admission Record face sheet reflected the resident was admitted to the facility with diagnoses including but not limited to NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1. A review of the most recent quarterly MDS	F 803		

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F 803	Continued From page 111 reflected that the resident had a BIMS score of NJ Ex of 15, which indicated NJ Ex Order 26.4b1. On 3/5/24 at 1:28 PM, the surveyor interviewed the US FOIA regarding food preferences for Resident #99 who stated that they updated the resident's food preferences on NJ Ex Order 26.4. The US FOIA continued that the resident used to be NJ Ex Order 26.4b1, but consumed NJ Ex Order 26.4b1. The US FOIA thought the resident did not prefer NJ Ex Orde When provided with a picture of Resident #99's dietary slip, the US FOIA confirmed that NJ Ex Ord was identified. After the US FOIA reviewed the online system, it was confirmed preferences were updated upon surveyor inquiry. On 3/7/24 at 11:23 AM, the surveyor met with the US FOIA (b)(6) in the presence of the US FOIA (b)(6) and survey team, and the US FOIA (b)(6) confirmed that residents should be receiving their meals based on their preferences. A review of the facility provided undated "Tray Identification" document included ...1. To assist in setting up and serving the correct food trays/diets to residents, the Food Services Department will use appropriate identification (computer generated diet cards) to identify the various diets. 3. Nursing staff shall check each food tray for the correct diet before serving the residents. NJAC 17.2(b); 17.4(a)3;(e)	F 803		
F 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that	F 804		3/29/24

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F 804	Continued From page 112 conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to ensure safe and appetizing temperatures of food for 2 of 2 regular texture meals observed during 1 of 1 meal observations (lunch) on 1 of 3 nursing units (Second-Floor). This deficient practice was evidenced by the following: On 2/29/24 at 10:33 AM, the surveyor conducted a Resident Council meeting which included five residents (Resident #18, #19, #51, #65, and #73). Four of the five residents informed the surveyor during the meeting that the meals served at the facility were cold; "NJ Ex Order 26.4b1 ". On 3/1/24 at 11:22 AM, the surveyor informed the US FOIA (b)(6)) they wanted to observe the lunch meal for the day including food temperatures. The surveyor asked the US FOIA to calibrate the facility's digital thin probe thermometer in their presence; which the US FOIA completed using an ice bath, and the thermometer reached 33 degrees Fahrenheit (F). The surveyor completed the same process, and their thermometer reached 32 F. On 3/1/24 at 11:40 AM, the surveyor asked the US FOIA what the minimum temperatures hot and cold food should be served at, and the US FOIA responded 135 F and 41 F respectively. At this time the US FOIA obtained the following food temperatures for the	F 804	1. Director of Dietary completed 5 temperature test on trays; no concerns noted. Dietary staff in-serviced by Director of Dietary on correct hot and cold holding temperatures. 2. All residents that receive hot food from the facility kitchen has the potential to be affected. 3. In-service provided by Administrator, or designee for Dietary staff and Nursing staff on the importance of serving residents food at preferred temperature. 4. The Director of Dietary, or designee, will complete 5 tray accuracy audits weekly for 4 weeks then monthly for 2 months to ensure meals are being served at preferred temperature. The Director of Quality of Experience will meet with 5 residents weekly for 12 weeks to ensure meal temperatures are acceptable. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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regular texture meal (fish cake, sweet potato, squash) and the alternate regular texture meal (beef tips, chopped carrots, and squash) which were as follows:

Fish cake 191 F
Sweet potato 172 F
Squash 190 F
Beef tips 171 F
Chopped carrots 203 F

On 3/1/24 at 11:45 AM, the US FOIA (b) started plating the first meal cart. The surveyor observed the facility utilized a plate warmer, a device used to heat the plates prior to serving, and plastic insulated domes and bases.

On 3/1/24 at 12:36 PM, the surveyor observed the US FOIA (b) start plating the fourth dining cart. At this time, the surveyor requested test trays of the regular texture meal and the alternate regular meal texture to be plated first.

On 3/1/24 at 12:46 PM, the surveyor observed the US FOIA (b) plate the last resident tray for the fourth cart, and at 12:48 PM, the US FOIA (b)(6) left the kitchen with the cart headed to the Second-Floor nursing unit.

On 3/1/24 at 12:50 PM, the dining cart arrived to the Second-Floor nursing unit, and the nurse checked the trays to ensure accuracy.

On 3/1/24 at 12:52 PM, the US FOIA tested the temperatures of the test trays utilizing the thermometer calibrated to 32 F, and obtained the following temperatures below 135 F:

Regular texture meal:

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F 804	Continued From page 114	F 804		

Fish cake 131 F
Squash 124 F
Sweet potato 127 F

Regular alternate texture meal:
Beef tips 119 F
Chopped carrots 123 F
Squash 123 F

At the time of the observation, the US FOIA confirmed that the hot food should be at 135 F, and acknowledged none of the food on the test trays was at that temperature.

On 3/1/24 form 1:00 PM to 1:16 PM, the surveyor interviewed sampled residents from the Second-Floor nursing unit to see if their lunch meal was hot and received the following responses:

At 1:00 PM, Resident #104 stated that his/her beef was NJ Ex Order at best and preferred it to NJ Ex Order 2; breakfast was always NJ Ex Ord
At 1:10 PM, Resident #102 stated that his/her NJ Ex O
At 1:14 PM, Resident #31 stated the beef was NJ Ex Order 2 but he/she preferred it to be NJ Ex O
At 1:16 PM, Resident #18 stated beef tips were NJ Ex Order 2 but he/she preferred it NJ Ex O and coffee was NJ Ex Order 26.4b1.

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team acknowledged the cold food temperatures.

NJAC 8:39-17.4(a)(2)

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F 809	Continued From page 115	F 809		
F 809 SS=E	Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3) §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. §483.60(f)(2)There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span. §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to serve residents a nourishing snack when there was more than a fourteen-hour span of time between the dinner and breakfast mealtimes. This deficient practice was identified for five of five residents sampled for bedtime snacks (Resident #18, #19, #51, #65, and #73), and was evidenced by the following: On 2/29/23 at 10:33 AM, the surveyor conducted a Resident Council meeting which included five residents (Resident #18, #19, #51, #65, and #73). All five residents informed the surveyor during the	F 809	1. Residents were provided nutritious snacks at bedtime. 2. All residents residing in the facility who consume food by mouth have the potential to be affected by this practice. 3. Dietary staff and nursing staff were educated by Director of Nursing, or designee, on the importance of nutritious snacks for residents and ensuring HS snacks are provided to residents daily.	3/29/24

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F 809	Continued From page 116 meeting that bedtime (HS) snacks were not offered every night. They further stated that they had to ask for a snack and if there were any snacks left in the bins kept under the nurses station, they were given chips, pretzels, or cookies. All residents stated it would be nice if the facility automatically provided each resident with an HS snack. The residents confirmed dinner was served between 4:30-5:00 PM on the First-Floor nursing unit and breakfast between 8:00-8:45 AM. The surveyor reviewed the "Mealtimes" provided by the facility upon entrance conference, which indicated the first dinner cart was served to the Chapel nursing unit first floor at 4:15 PM, and the first breakfast cart was served to the Chapel nursing unit at 7:40 AM. This was a fifteen-hour and twenty-five-minute period between dinner and breakfast. On 3/4/24 at 11:20 AM, the surveyor interviewed the US FOIA (b)(6) who stated she did not oversee the snacks that the residents received. The US FOIA stated that the US FOIA (b)(6) ordered them and delivered the snacks to the units. The surveyor asked the US FOIA how often the snacks were delivered, and the US FOIA replied that she was not sure. The US FOIA stated that breakfast was delivered between 8:30-9:00 AM, lunch was delivered between 12:00-1:00 PM, but she was not sure what time dinner was delivered. When asked what a nourishing snack was, the US FOIA responded snacks could not be anything perishable since they were kept in the bins at the nurse's station. The US FOIA stated that nutritious snacks could be pretzels or peanut butter crackers, there was no definition of a nourishing snack or what would be considered a sufficient	F 809	4. The Director of Nursing, or designee, will review 10 resident records for HS snacks weekly for 12 weeks to ensure snacks are being provided daily. The Director of Quality Experience will meet with 5 residents weekly for 12 weeks to ensure nutritious HS snacks are being offered daily. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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F 809	Continued From page 117	F 809		

snack at night. The US FOIA stated that she was not aware of what snacks the NJ Exec Order 26 residents received at night, but that they would probably be carbohydrate controlled and that the US FOIA took care of that.

On 3/4/24 at 12:15 PM, the surveyor interviewed the US FOIA (b)(6) who stated there were no snacks since the kitchen did not send them up. The US FOIA (b)(6) further stated that snacks were only provided to the residents upon request.

On 3/4/24 at 1:01 PM, the surveyor interviewed the US FOIA who acknowledged that the time frame from when a resident was provided dinner and breakfast should be no longer than fourteen hours and acknowledged that the residents in the facility were between 15-16 hours. The US FOIA further acknowledged that each resident should be provided a nutritious snack at HS because of the extended length of time between dinner and breakfast. The US FOIA confirmed that snacks were available upon request only, residents were not automatically served a snack and the first dinner cart was served at 4:15 PM, and the first breakfast cart was served at 7:40 AM.

On 3/7/24 at 11:02 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team confirmed that all residents should have been provided nutritious snacks because of the extended time between dinner and breakfast. The US FOIA (b)(6) acknowledged that a nourishing snack was considered a food that contained protein such as a sandwich, yogurt, fruit, nuts, and not just a cookie or a bag of chips.

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F 809	Continued From page 118 A review of the facility's undated "Serving of Food" policy did not include their procedure for providing nourishing HS snacks to all residents if the period between the dinner and breakfast meal was greater than fourteen hours. NJAC 8:39-17.2 (f)(1)(i-ii)	F 809		
F 812 SS=E	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 pertinent facility documents, it was determined that the facility failed to a.) store, label, and date potentially hazardous foods to prevent food-borne illness; b.) discard potentially hazardous foods past their date of expiration; and c.) maintain	F 812	1. An inventory of all food items were taken by Director of Dietary and designee to ensure no expired items were in storage, ensure all items were labeled and dated properly; no concerns noted. The vinyl curtains in the freezer replaced.	3/29/24

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F 812	Continued From page 119 storage areas in a sanitary manner. This deficient practice was evidenced by the following: On 2.27/24 at 10:42 AM, the surveyor toured the kitchen with the US FOIA (b)(6)) and observed the following: 1. In the walk-in refrigerator, one five-pound container of sour cream dated opened 2/1/24. The container had a manufacturer printed expiration date of 5/24/24, but the US FOIA was unsure how many days the sour cream could be used for once opened. 2. In the walk-in refrigerator, one five-pound container of cottage cheese dated opened 2/13/24, with an expiration date of 2/24/24. 3. In the walk-in refrigerator, one gallon of mayonnaise opened. The container had no opened date or when to use by; the US FO stated mayonnaise was good for one month after opened. 4. In the walk-in freezer, the vinyl strip curtains located in the entrance to the freezer were missing three strip curtains on the outer sides of the doorway. These curtains protect the inside of the freezer from outside dust particles as well as keep the cold air from escaping the freezer when the door was opened. 5. In dry storage, seven 108-ounce (oz) cans of rice pudding; five 105-oz cans of whole peeled tomatoes; eight six-pound cans of sliced apples all with visible white particles, debris, and dust on the can lids. The US FOIA stated staff do not dust the cans in dry storage; that she would add to the	F 812	Storage rooms were cleaned to remove any debris and dust; cleaning schedule and responsibilities updated to include storage room cleaning into daily opening and closing check. 2. All residents residing at the facility who eat meals from the facility kitchen have the potential to be affected. 3. Dietary staff were educated by Director of Dietary on proper labeling and storing including dating protocol. Dietary staff was educated by Administrator, or designee, on maintaining kitchen and storage rooms including freezers clean and free of dust and debris. 4. The Director of Dietary, or designee, will complete inventory of food items in the kitchen weekly for 12 weeks to ensure items are dated, labeled, and stored properly with no expired items. The Director of Dietary, or designee, will complete kitchen audit including sanitation and maintenance weekly for 4 weeks then monthly for 2 months. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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F 812	Continued From page 120	F 812		

cleaning list.

6. In dry storage, one forty-pound bucket of chicken flavored base. The lid of the bucket was heavily soiled.

7. In reach-in milk box #2 which contained juice, the right latch did not close which kept the side ajar.

8. In the ice cream freezer, built up accumulation of ice.

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and the survey team acknowledged these concerns.

A review of the undated facility provided "Labeling and Dating System Protocol" policy included follow manufacturer's expiration date on all un-opened product. If there is no printed manufacturer's date on product following below dating protocol... refrigerated items opened [mayonnaise], garlic, dressing, salsa thirty days...cottage cheese, ricotta, cream cheese one week from opened date...

A review of the undated facility's "Food Storage" policy included food storage areas shall be maintained in a clean, safe, and sanitary manner; Food Services, or other designated staff, will maintain clean food storage areas at all times...all packaged food, canned foods, or food items will be kept clean and dry at all times...

NJAC 8:39-17.2(g)

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F 836	Continued From page 121	F 836		
F 836 SS=E	License/Comply w/ Fed/State/Locl Law/Prof Std CFR(s): 483.70(a)-(c) §483.70(a) Licensure. A facility must be licensed under applicable State and local law. §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph. This REQUIREMENT is not met as evidenced by: Complaint NJ# 162587	F 836	1. Current schedules were reviewed with no concerns.	3/29/24

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Based on interview and review of pertinent facility documents, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 75 out of 105 day shifts reviewed.

This deficient practice was evidenced by the following:

Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:

One Certified Nurse Aide (CNA) to every eight residents for the day shift.

One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and

One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.

During entrance conference on 2/27/24 at 10:13 AM, the surveyor asked the US FOIA (b)(6) [redacted]) and US FOIA (b)(6)

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2. All residents residing at the facility have the potential to be affected by this practice.

3. US FOIA (b)(6) was educated by Administrator on meeting the state requirement for CNA to resident ratio. Job posting has been updated for CNA's.

4. The Director of Nursing, or designee, will review schedule daily to ensure ratios are being met according to the state guidelines.
The results of these reviews will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.

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US FOIA (b)(6) how the facility's staff was, and the US FOIA (b)(6) stated that staffing was good; that the facility primarily utilized agency staff for certified nursing aides (CNA); the facility had callouts. At this time, the surveyor requested the Nurse Staffing Report to be completed for the following weeks: 11/20/22 to 11/26/22; 11/27/22 to 12/3/22; 1/1/23 to 1/7/23; 1/14/23 to 1/20/23; 1/21/23 to 1/27/23; 2/12/23 to 2/18/23; 2/19/23 to 2/25/23; 3/12/23 to 3/18/23; 3/19/23 to 3/25/23; 4/2/23 to 4/8/23; 4/9/23 to 4/15/23; 5/21/23 to 5/22/23; 5/28/23 to 6/3/23; 2/11/24 to 2/17/24; and 2/18/24 to 2/24/24.

The surveyor reviewed the facility completed Nurse Staffing Reports which revealed the following:

1. For the two weeks of staffing from 11/20/22 to 12/03/2022, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows:

11/20/22 had 8 CNAs for 121 residents on the day shift, required at least 15 CNAs.
11/21/22 had 14 CNAs for 121 residents on the day shift, required at least 15 CNAs.
11/22/22 had 10 CNAs for 121 residents on the day shift, required at least 15 CNAs.
11/25/22 had 10 CNAs for 121 residents on the day shift, required at least 15 CNAs.
11/26/22 had 12 CNAs for 121 residents on the day shift, required at least 15 CNAs.

11/27/22 had 12 CNAs for 121 residents on the day shift, required at least 15 CNAs.
11/28/22 had 9 CNAs for 121 residents on the day shift, required at least 15 CNAs.
11/29/22 had 13 CNAs for 120 residents on the

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day shift, required at least 15 CNAs.
12/3/22 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.

2. For the week of staffing from 1/1/2023 to 1/7/2023, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:

1/1/23 had 8 CNAs for 118 residents on the day shift, required at least 15 CNAs.
1/2/23 had 10 CNAs for 117 residents on the day shift, required at least 15 CNAs.
1/3/23 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs.
1/6/23 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs.
1/7/23 had 10 CNAs for 117 residents on the day shift, required at least 15 CNAs.

3. For the two weeks of staffing from 1/14/23 to 1/27/23, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:

1/14/23 had 14 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/15/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/16/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/17/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/18/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/19/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/20/23 had 12 CNAs for 125 residents on the day shift, required at least 16 CNAs.

1/21/23 had 11 CNAs for 131 residents on the

F 836 Continued From page 125 F 836

day shift, required at least 16 CNAs.
1/22/23 had 9 CNAs for 129 residents on the day shift, required at least 16 CNAs.
1/23/23 had 11 CNAs for 127 residents on the day shift, required at least 16 CNAs.
1/24/23 had 11 CNAs for 127 residents on the day shift, required at least 16 CNAs.
1/25/23 had 12 CNAs for 127 residents on the day shift, required at least 16 CNAs.
1/26/23 had 9 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/27/23 had 14 CNAs for 122 residents on the day shift, required at least 16 CNAs.

4. For the two weeks of staffing from 1/12/23 to 2/25/23, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:

2/12/23 had 8 CNAs for 122 residents on the day shift, required at least 15 CNAs.
2/13/23 had 11 CNAs for 119 residents on the day shift, required at least 15 CNAs.
2/14/23 had 10 CNAs for 118 residents on the day shift, required at least 15 CNAs.
2/15/23 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs.
2/16/23 had 14 CNAs for 118 residents on the day shift, required at least 15 CNAs.
2/17/23 had 9 CNAs for 118 residents on the day shift, required at least 18 CNAs.
2/18/23 had 10 CNAs for 118 residents on the day shift, required at least 15 CNAs.

2/19/23 had 9 CNAs for 117 residents on the day shift, required at least 15 CNAs.
2/20/23 had 9 CNAs for 117 residents on the day shift, required at least 15 CNAs.
2/21/23 had 10 CNAs for 117 residents on the day shift, required at least 15 CNAs.

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F 836	Continued From page 126 2/22/23 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. 2/23/23 had 11 CNAs for 117 residents on the day shift, required at least 15 CNAs. 2/25/23 had 12 CNAs for 120 residents on the day shift, required at least 15 CNAs. 5. For the two weeks of staffing from 3/12/23 to 3/25/23, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: 3/12/23 had 9 CNAs for 124 residents on the day shift, required at least 15 CNAs. 3/13/23 had 10 CNAs for 122 residents on the day shift, required at least 15 CNAs. 3/14/23 had 12 CNAs for 122 residents on the day shift, required at least 15 CNAs. 3/15/23 had 12 CNAs for 122 residents on the day shift, required at least 15 CNAs. 3/16/23 had 12 CNAs for 122 residents on the day shift, required at least 15 CNAs. 3/17/23 had 10 CNAs for 122 residents on the day shift, required at least 15 CNAs. 3/18/23 had 11 CNAs for 123 residents on the day shift, required at least 15 CNAs. 3/19/23 had 10 CNAs for 123 residents on the day shift, required at least 15 CNAs. 3/20/23 had 10 CNAs for 121 residents on the day shift, required at least 15 CNAs. 3/21/23 had 11 CNAs for 120 residents on the day shift, required at least 15 CNAs. 3/22/23 had 14 CNAs for 118 residents on the day shift, required at least 15 CNAs. 3/23/23 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs. 3/25/23 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs.	F 836		

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6. For the two weeks of staffing from 4/2/23 to 4/15/23, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows:

4/2/23 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs.
4/3/23 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs.
4/4/23 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.
4/8/23 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs.

4/9/23 had 7 CNAs for 116 residents on the day shift, required at least 14 CNAs.
4/10/23 had 12 CNAs for 116 residents on the day shift, required at least 14 CNAs.
4/11/23 had 11 CNAs for 113 residents on the day shift, required at least 14 CNAs.
4/13/23 had 13 CNAs for 111 residents on the day shift, required at least 14 CNAs.
4/14/23 had 8 CNAs for 111 residents on the day shift, required at least 14 CNAs.
4/15/23 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs.

7. For the two weeks of staffing from 5/21/23 to 6/3/23, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:

5/21/23 had 10 CNAs for 108 residents on the day shift, required at least 13 CNAs.
5/22/23 had 10 CNAs for 108 residents on the day shift, required at least 13 CNAs.
5/23/23 had 10 CNAs for 108 residents on the day shift, required at least 13 CNAs.
5/24/23 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs.
5/25/23 had 12 CNAs for 112 residents on the

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day shift, required at least 14 CNAs.
5/27/23 had 11 CNAs for 112 residents on the day shift, required at least 14 CNAs.

5/28/23 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs.
6/1/23 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs.
6/2/23 had 10 CNAs for 111 residents on the day shift, required at least 14 CNAs.

8. For the two weeks of staffing prior to survey from 2/11/24 to 2/24/24, the facility was deficient in CNA staffing for residents on 4 of 14 day shifts as follows:

2/11/24 had 12 CNAs for 116 residents on the day shift, required at least 14 CNAs.
2/15/24 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs.

2/18/24 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs.
2/19/24 had 14 CNAs for 121 residents on the day shift, required at least 15 CNAs.

On 3/6/24 at 12:23 PM, the surveyor interviewed the US FOIA (b)(6) who stated she scheduled staff according to state and federal regulations; 1 to 8 CNAs to residents for the 7:00 AM to 3:00 PM shift (day shift); 1 to 10 CNAs for the 3:00 PM to 11:00 PM shift (evening shift); and 1 to 15 CNAs to residents for the 11:00 PM to 7:00 AM shift (night shift). The Staffing Coordinator stated she tried her best to schedule per the required ratio, but the facility did fall short at times. The facility used two agency staff companies for callouts or lack of facility staff. The US FOIA (b)(6) stated she was a CNA

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F 836	Continued From page 129 and had to at times work on the floor when the facility was short staffed. On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team acknowledged the facility had days where the staffing requirements did not meet state ratios. A review of the facility's undated "Staffing" policy included this facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met. Licensed registered nursing and licensed nursing staff are available to provide and monitor the deliver of resident care services; certified nursing assistants are available each shift to provide the needed care and services of each resident as outlined on the resident's comprehensive care plan...this facility continues to strive to meet the guidance from the DOH... NJAC 8:39-5.1(a)	F 836		
F 880 SS=E	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	F 880		3/29/24

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a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

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F 880	Continued From page 131 §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Complaint # NJ161584 Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to ensure that infection control practices were followed by a.) ensuring appropriate personal protective equipment was worn for residents on NJ Exec Order 26.4b1 NJ Ex Order 26.4b1; b.) maintaining and storing medical supplies and tubing in a sanitary manner to prevent NJ Exec Order 26.4b c.) ensure medical equipment and privacy curtains were maintained in a sanitary manner to prevent NJ Exec Order 26.4b d.) ensure proper and hygiene was performed prior to dining; and e.) NJ Exec Order 26.4 control practices were followed during medication observation. This deficient practice was identified on 2 of 3 nursing units (NJ Exec O and NJ Exec Order 26-Floor) and was evidenced by the following: 1. On 2/27/24 at 10:55 AM, the surveyor observed outside Resident #58's room, a sign that indicated the resident was on NJ Exec Order 26.4b1 NJ Ex Order 26 NJ Exec Order 26.4b1 which instructed before	F 880	1. NJ Exec Order 26.4b1 were put in place to include proper PPE available for staff for Resident #58 and Resident #102. US FOIA (b)(6) was educated by US FOIA (b)(6) on NJ Exec Order 26.4b1. The NJ Ex Order 2 for Resident #58 was replaced. Privacy curtain and NJ Ex Order 26.4b1 for Resident #58 were replaced. NJ Ex Order 26.4b for Resident #83 was replaced; NJ Ex Order 26.4b1. Education provided to staff by US FOIA (b)(6), or designee, on NJ Exec Order 26.4b1, NJ Exec Order 26.4 control including proper hand hygiene during meal pass, proper medication pass, and ensuring room and equipment are kept clean and free of debris or dust. 2. All residents residing in the facility have the potential to be affected. 3. In-service was provided to staff by Director of Nursing, or designee, on Enhanced Barrier Precautions, infection	

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entering and exiting the room, you must perform hand hygiene; wear (don) a gown for high contact resident care activities which included...dressing, bathing, showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use including central line, urinary catheter, feeding tube, tracheostomy; wound care including any skin opening requiring a dressing. The surveyor did not observe any readily available personal protective equipment (PPE) which included but not limited to isolation gowns or disposable gloves.

On 2/28/24 at 11:28 AM, the surveyor observed Licensed Practical Nurse (LPN #1) without an NJ Exec Order 26.4 gown, reposition Resident #58 and readjusted their NJ Ex Order 26.4b1 .

On 3/5/24 at 9:45 AM, the surveyor observed LPN #1 without an NJ Exec Order 26. gown, administer Resident #58's NJ Ex Order 26.4b1 via their NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1).

On 3/5/24 at 9:47 AM, the surveyor observed Unit Manager/LPN (UM/LPN #1) enter Resident #58's room without performing hand hygiene using an alcohol-based hand rub (ABHR).

At that this time, the surveyor interviewed LPN #1 who acknowledged that she should have put on an NJ Exec Order 26.4 gown prior to administering Resident #58's NJ Exec Order 26.4b1 .
The surveyor also interviewed UM/LPN #1 who acknowledged that she should have performed hand hygiene utilizing an ABHR prior to entering Resident #58's room. UM/LP #1 stated that she was not aware that staff should be wearing NJ Exec Order 26.4 gowns for high-contact resident care.

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control including proper hand hygiene during meal pass, proper medication pass, and ensuring room and equipment are kept clean and free of debris or dust.

4. The Director of Nursing, or designee, will complete weekly rounds to ensure infection control protocols are in place to include, but not limited to, resident who require Enhanced Barrier precautions have PPE available, proper hand hygiene is being practiced during meal times in the dining room, equipment including feeding tube poles are kept clean and maintained. The Director of Nursing, or designee, will observe 2 medication pass weekly for 4 weeks then monthly for 2 months to ensure proper infection control protocols are being utilized.
The results of these reviews will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.

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F 880	Continued From page 133 On 3/5/24 at 10:05 AM, the surveyor observed the US FOIA (b)(6) provide readily accessible PPE supplies outside of Resident #58's room. At this time, the surveyor interviewed the US FOIA (b)(6) who acknowledged that the PPE was not readily accessible to staff, but should have been since Resident #58 was on NJ Exec Order 26.4b1 NJ Ex Order 26 NJ Exec Order 26.4b1 On 3/5/24 at 2:16 PM, the surveyor interviewed the US FOIA (b)(6) who confirmed that Resident #58 was on NJ Exec Order 26.4b1 NJ Ex Order 26 NJ Exec Order 26.4b1 and staff were expected to perform hand hygiene using ABHR prior to entering and exiting the room. The US FOIA (b)(6) also confirmed that staff should have been wearing NJ Exec Order 26 gowns and gloves as instructed by the sign on the door when touching the resident and their environment. On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team confirmed that the staff should be wearing PPE as instructed by the signage on the door. 2. On 2/27/24 at 10:55 AM, the surveyor observed outside Resident #58's room, a sign that indicated the resident was on NJ Exec Order 26.4b1 NJ Ex Order 26 NJ Exec Order 26.4b1 which instructed before entering and exiting the room, you must perform hand hygiene; wear (don) a gown for high contact resident care activities which included...dressing, bathing, showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use including central line, urinary catheter, feeding tube, tracheostomy;	F 880		

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wound care including any skin opening requiring a dressing.

At this time, the surveyor observed Resident #58 in bed with their eyes closed. The surveyor observed that Resident #58 had a NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1), and was receiving NJ Ex Order 26.4b1 via a NJ Ex Order 26.4b1. The surveyor observed that the NJ Ex Order 26.4b1 that was attached to the NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 was on the floor between the bed frame and the floor mat.

On 2/28/24 at 9:40 AM, the surveyor observed Resident #58 in bed with the NJ Ex Order 26.4b1 detached from their NJ Ex Order 26.4b1 and on the floor.

On 2/28/24 at 9:44 AM, the surveyor accompanied by UM/LPN #1 entered Resident #58's room, and they observed the resident's NJ Ex Order 26.4b1 on the floor. The surveyor asked UM/LP #1 if the NJ Ex Order 26.4b1 should be on the floor, and the US FOIA (b)(6) acknowledged the NJ Ex Order 26.4b1 should not for NJ Exec Order 26.4 control reasons. At this time, UM/LPN #1 asked the US FOIA (b)(6) Nurse (US FOIA (b)(6)) to assist her with Resident #58's care and NJ Ex Order 26.4b1 The US FOIA (b)(6) picked the NJ Ex Order 26.4b1 off the floor and connected it the resident's NJ Ex Order 26.4b1, then UM/LPN #1 and the US FOIA (b)(6) NJ Ex Order 26.4b1 Resident #58. The surveyor observed that both UM/LPN #1 and the US FOIA (b)(6) did not don NJ Exec Order 26.4 gowns prior to providing Resident #58's care.

On 3/5/24 at 2:16 PM, the surveyor interviewed the US FOIA (b)(6) who confirmed that if Resident #58's

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NJ Ex Order 26.4b1 was on the floor, it should have been discarded and new NJ Ex Order 26.4b1 obtained to prevent NJ Exec Order 26.4b1 The US FOIA (b)(6) confirmed that Resident #58 was on NJ Exec Order 26.4b1 NJ Ex Order 26.4b1 NJ Exec Order 26.4b1 and that staff should have worn NJ Exec Order 26.4b1 gowns when touching the resident's medical equipment and performing care such as NJ Exec Order 26.4b1 and NJ Ex Order 26.4b1 the resident.

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team acknowledged that staff needed to be re-educated on appropriate infection control practices.

3. On 2/27/24 at 10:55 AM, the surveyor entered Resident #58's room and observed a soiled NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1 on the resident's bedside table, a soiled privacy curtain, and a box of NJ Ex Order 26.4b1 supplies stored on the floor.

On 2/28/24 at 9:40 AM, the surveyor entered Resident #58's room and observed a soiled NJ Ex Order 26.4b1 on the resident's bedside table, a soiled privacy curtain, and a box of NJ Ex Order 26.4b1 supplies stored on the floor.

On 2/29/24 at 1:12 PM, the surveyor accompanied by the US FOIA (b)(6) entered Resident #58's room, and they observed the resident's NJ Ex Order 26.4b1 supplies on the floor; the NJ Ex Order 26.4b1 heavily soiled with debris and dust; and the privacy curtain soiled with several brown stains. The US FOIA (b)(6) confirmed that the NJ Ex Order 26.4b1 supplies should have been stored off the floor for NJ Exec Order 26.4b1 prevention; the NJ Ex Order 26.4b1 needed to be changed out for a new

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clean one; and the privacy curtain should be taken down and replaced with a new clean curtain.

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team stated that staff needed to re-educated on appropriate infection control practices.

4. On 2/29/24 at 12:00 PM, the surveyor observed outside Resident #102's room, a sign that indicated the resident was on NJ Exec Order 26.4b1 NJ Ex Order 26 NJ Exec Order 26.4b1 which instructed prior to entering and exiting the room, you must perform hand hygiene; wear a gown for high contact resident care activities which included...dressing, bathing, showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use including central line, urinary catheter, feeding tube, tracheostomy; wound care including any skin opening requiring a dressing. The surveyor did not observe any readily available PPE which included but not limited to NJ Exec Order 26. gowns or disposable gloves. At that time, the surveyor observed Resident #102's NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 directly on the floor.

On 3/1/24 at 12:45 PM, the surveyor observed Resident #102's NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 directly on the floor.

On 3/1/24 at 12:48 PM, the surveyor accompanied by the US FOIA (b)(6) entered Resident #102's room, and they observed the resident's NJ Ex Order 26.4b1 and NJ Ex Order 2 on the floor. The US FOIA (b)(6) stated the NJ Ex Order 26.4b1 and NJ Ex Order 2 should not be on the floor, and proceeded to pick up the NJ Ex Order 2 without donning an NJ Exec Order 26.

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F 880	Continued From page 137	F 880		

gown as instructed by the sign on the door.

On 3/5/24 at 2:16 PM, the surveyor asked the US FOIA (b)(6) if they needed to wear a gown to touch the resident's NJ Ex Order 26.4b1, and the US FOIA (b)(6) acknowledged that she should have put on a gown before touching the NJ Ex Order 26. The US FOIA (b)(6) further acknowledged that the PPE should have been readily accessible, but had not been until surveyor inquiry.

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team stated that staff needed to re-educated on appropriate infection control practices.

A review of the facility's "Isolation Steps-Categories of Transmission Based Precautions" policy and procedure updated 5/19/20, included...Enhanced Barrier Precautions (EBP) are an infection control prevention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities.

A review of the facility's undated "Infection Prevention and Control Program" policy included...The infection prevention and control program is coordinated and overseen by an infection prevention specialist. Important facets of infection prevention include: educating staff and ensuring that they adhere to proper techniques and procedures; implementing appropriate isolation precautions when necessary; following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC); those with potential direct exposure to blood or body fluids are trained in and required to use appropriate precautions and

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personal protective equipment; the facility provides personal protective equipment... checks for its proper use.

A review of the facility's undated "Cleaning and Disinfection of Resident-Care Items and Equipment" policy included...Resident care equipment...including durable medical equipment will be cleaned and disinfected according to CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard. The Infection Preventionist will be included on the decision making of the products used and purchased...

A review of the facility's undated "Catheter Care, Urinary" policy included the purpose of this procedure is to prevent infection of the resident's NJ Ex Order 26.4b1 ...be sure the NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 are kept off the floor...

5. On 3/1/24 at 11:53 AM, the surveyor observed ten residents seated in the NJ Exec Order 26 -Floor dining room preparing for their NJ Ex Order 26.4b1 .

On 3/1/24 at 12:15 PM, the surveyor observed Certified Nursing Aide (CNA #1) assisted the residents with their hand hygiene. The surveyor observed CNA #4 cleaned a resident's hands with hand wipes and without performing hand hygiene, CNA #1 handed hand wipes to three other residents.

On 3/1/124 at 12:21 PM, the surveyor interviewed CNA #1 who acknowledged that she should have performed hand hygiene after she wiped the resident's hands with the hand wipe and before handing wipes to other residents.

On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence

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F 880	Continued From page 139 of the US FOIA (b)(6), and survey team stated that staff needed to re-educated on appropriate infection control practices. 6. On 2/28/24 at 1:21 PM, the surveyor observed Resident #83 with a NJ Ex Order 26.4b1. The resident was in bed with the NJ Exec Order 26 with a NJ Ex Order 26.4b1 by the him/her. The surveyor reviewed the medical record for Resident #83. A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses that included NJ Ex Order 26.4b NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 NJ Ex Order 26.4b1) and NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1). A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4, reflected the resident had a brief interview for mental status (BIMS) score of NJ out of 15, which indicated NJ Ex Order 26.4b1. A review of Section NJ NJ Ex Order 26.4b1 Status included the resident had a NJ Ex Order 26.4b1 to provide NJ Ex Order 26.4b1 On 2/29/24 at 10:17 AM, the surveyor observed Resident #83 in bed with the head of the bed elevated. The surveyor observed the NJ Ex Order 26.4 were soiled with a dried	F 880		

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NJ Exec Order 26.4b1 on the front of the NJ Ex Order 26.4b1, at the base of the NJ Ex Order and on the floor around the base of the NJ Ex Order

On 2/29/24 at 12:06 PM, the surveyor showed LPN #2 the NJ Ex Order 26.4b1, NJ Ex Order and floor, who stated that it was the CNAs and the housekeepers responsibility to maintain cleanliness of the room.

On 2/29/24 at 12:11 PM, the surveyor interviewed UM/LPN #1, who stated that anyone can keep the NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 clean. UM/LPN #1 further stated the area should have been clean.

On 3/5/24 at 1:28 PM, the surveyor interviewed the US FOIA (b)(6)) who stated that when medical equipment like a NJ Ex Order 26.4b1 and NJ Ex Order were soiled, the nurses requested another NJ Ex Order and the NJ Ex Order would be switched out so the housekeepers could clean the dirty NJ Ex Order The US FOIA stated that she was made aware that the NJ Ex Order and NJ Ex Order 26.4b1 were soiled, and she did not know why the nurses did not switch the NJ Ex Order out.

On 3/6/24 at 4:00 PM, the US FOIA (b)(6) was informed of the surveyor's findings.

A review of the undated "Cleaning and Disinfection of Resident-Care Items and Equipment" policy included resident-care equipment, including reusable items and durable medical equipment, which will be cleaned and disinfected according to current CDC recommendations.

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7. On 3/1/24 from 7:57 AM through approximately 8:10 AM, the surveyor during Medication Pass observation with LPN #3 made the following observations:

LP #3 stated she needed to take Resident #52's NJ Exec Order 26.4b1 before she could administer his/her medication. LPN #3 brought the NJ Exe machine into the resident's room, proceeded to take the resident's NJ Exec When LP #3 was finished, she used ABHR on her hands and proceeded to remove the NJ Exe machine from the resident's room, and placed it back into the hallway. LPN #3 then returned to the medication cart, prepared the resident's medications; administered the medications; and signed for the administration in the resident's electronic medical record (eMR). The surveyor then asked LPN #3 if she had she completed the medication pass for Resident #52, and the nurse responded yes. The surveyor did not observe LPN #3 sanitize the NJ Exe machine after use on Resident #52.

On 3/1/24 at 11:18 AM, the surveyor interviewed LPN #3 who confirmed when she was finished with using the NJ Exe machine, it should have been cleaned prior to moving on to the next resident.

On 3/1/24 from 8:16 AM through approximately 8:45 AM, the surveyor during Medication Pass observation of LPN #3 made the following observations:

As the surveyor approached LPN #4 at her medication cart, she removed a wipe from a container of germicidal wipes and proceeded to wipe the NJ Exe cuff on the portable BP cart. The nurse then immediately entered Resident #74's

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F 880	Continued From page 142 room to take their blood pressure without allowing the disinfectant to dwell. After taking the [NJ Exec] the nurse again wiped the [NJ Exec] cuff with the germicidal wipe, and used ABHR on her hands. LPN #4 then proceeded to the medication cart to prepare the medications for Resident #74, and placed the prepared medication cup on the back of a clipboard that she utilized as a tray without sanitizing the clipboard. LPN #4 then proceeded into the resident's room and placed the clipboard directly on the resident's overbed table, administered the medications, then took the clipboard and placed it on her medication cart. The surveyor did not observe LPN #4 sanitize the clipboard or resident's overbed table. On 3/1/24 at 11:22 AM, the surveyor interviewed LPN #4 who acknowledged she should have waited for the [NJ Exec] cuff to dry and allowed for the dwell time to complete before using the cuff. LPN #4 further stated she should not have brought the clipboard into the room without sanitizing it and should not have placed it on the resident's overbed table, that once she was finished administering the medications, she should have gone back to the resident's room and sanitized the overbed table. On 3/1/24 at 11:30 AM, the surveyor interviewed the [US FOIA (b)(6)] who stated LPN #3 should disinfected the [NJ Exec Order 2] and any [NJ Ex Order 2] or equipment that could have touched the resident to avoid cross contamination. The [US FOIA (b)(6)] further stated LPN #4 should have waited for the dwell time to complete before using the cuff and she should have wiped down all the equipment before and after using each item, including the clipboard, the overbed table and the top of the medication cart to prevent cross contamination.	F 880		

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F 880	Continued From page 143 On 3/6/24 at 10:50 AM, the surveyor interviewed the US FOIA (b)(6) who stated after each use of equipment such as NJ Exec Order 2 the nurse should be cleaning with a bleach wipe or acceptable alternative such as a germicidal wipe cloth to clean the cuff. The US FOIA (b)(6) further stated the nurse should not have used her clipboard as a tray to bring medications into a resident's room and should not have placed it on the overbed table; that would be an infection control issue. NJAC 8:39-19.4 (a-c)(k)(n); 27.1 (a)	F 880		
F 881 SS=E	Antibiotic Stewardship Program CFR(s): 483.80(a)(3) §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)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent documents, it was determined that the facility failed to implement an adequate antibiotic stewardship program. This deficient practice was identified during a review of the last NJ Ex Orde months of antibiotic use and conducted surveillance from NJ Ex Order 26.4b1 NJ Exec Or through NJ Ex Order 26.4b1 NJ Exec Orde and was evidenced by the following: This deficient practice was evidenced by the following:	F 881	1. A review of all residents on antibiotics was completed by Infection Preventionist. No residents were affected. 2. All residents residing at the facility receiving antibiotics have the potential to be affected. 3. Education provided for US FOIA (b)(6) on Antibiotic Stewardship Program by Chief	3/29/24

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F 881	Continued From page 144 On 3/5/24 at 8:54 AM, the surveyor requested the facility's surveillance for the facility's Antibiotic Stewardship Program. At that time, the US FOIA (b)(6) met with the surveyor, but the US F could not provide surveillance documentation for antibiotics used. The US F stated that the nurses filled out blue forms on the units for antibiotic use, and she reviewed them during the morning meeting. She stated that she had a spreadsheet that she documented and prepared a monthly report for the US FOIA (b)(6)). At that time, the surveyor requested the forms and the spreadsheet from the US FO but the US F could not provide the forms. On 3/6/24 at 1:06 PM, the US FOIA (b)(6) provided NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 Antibiotic tracking sheets that were found. She stated that no further tracking sheets after NJ Ex Order 26.4b1 were to be provided. On 3/7/24 at 11:16 AM, the US FOIA (b)(6) acknowledged that the facility had no further documentation for antibiotic tracking. A review of the facility's undated "Infection Control Program Overview" dated 8/1/19, included surveillance of infections, ongoing monitoring of infections among residents and personnel, and subsequent documentation of infections...the IP monitors the residents' infection cases, and they complete the line listing of infections and the monthly reports... NJAC 8:39-19.4 (d)	F 881	Clinical Officer. Licensed Nurses were reeducated by Infection Preventionist, or designee, on the process facility currently has in place to monitor antibiotics usage. Policy was reviewed and approved by Regional Infectious Disease medical director. 4. The Infection Preventionist will complete audit on 3 residents that are on antibiotics by reviewing orders weekly for 12 weeks and complete Antibiotic Stewardship Program report monthly to ensure antibiotic usage is being monitored. Concerns will be reviewed with provider. The results of these reviews will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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F 921	Continued From page 145	F 921		
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to a.) maintain a resident bathroom sink (Resident Room #[NJ Ex O]) in a sanitary working condition and b.) maintain resident rooms and common area in a safe, sanitary, and comfortable environment for 1 of 3 nursing units ([NJ Exec Order 26]-Floor). The evidence was as follows: 1. During a water temperature tour on 2/29/24 at 10:50 AM, the surveyor observed in the presence of the US FOIA (b)(6)) in Resident Room #[NJ Ex O]'s bathroom, the sink did not operate properly, that the water dripped out. The [US FOIA] stated at the time of the observation, that he was unaware that Resident Room #[NJ Ex O]'s bathroom sink was not working. The [US FOIA] stated all maintenance work that needed to be done was entered into the electronic work order system [name redacted]. At this time the surveyor requested the electronic work order system [name redacted] report for the year. On 2/29/24 at 12:09 PM, the surveyor interviewed Certified Nursing Aide (CNA #1) who was assigned to Resident Room #[NJ Ex O] for the day, who stated she had not used the resident's bathroom today for care, but stated she was aware that the water pressure in the bathroom	F 921	1. Room [NJ Ex O] bathroom sink was replaced. Room [NJ Ex O] wall was fixed. Room [NJ Ex Orde] [NJ Ex O], and [NJ Ex Ord] walls were fixed. Second Floor dayroom walls and floor board were addressed. 2. All residents residing in facility that utilizes the Second Floor dayroom and residents who reside in rooms [redacted] have the potential to be affected. 3. Staff were in-serviced on residents' right to a safe and homelike environment including making appropriate departments aware to address concerns. Staff were educated on adding Maintenance concerns into the facility's electronic work order system. In-service/education provided to staff by Director of Nursing, or designee. Maintenance Department was educated by Administrator on ensuring maintenance related concerns are to be addressed as quickly as possible. 4. The Administrator, or designee, will complete weekly rounds with Maintenance Director to include dayrooms and 5 resident rooms for 4 weeks then monthly for 2 months to ensure residents are	3/29/24

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F 921	Continued From page 146 sink was off; meaning only a thin amount of water came out of the waterspout. CNA #1 stated she told the US FOIA at the time, and she thought she entered it into the electronic work order system [name redacted]. On 2/29/24 at 12:14 PM, the surveyor interviewed CNA #2 who stated she routinely cared for the residents in Resident Room #NJ Ex O, and she did not provide care for the residents in their bathroom because the water in the sink did not work. CNA #2 thought the water in the sink did not work for maybe one month. CNA #2 thought she informed the nurse the water did not work; that the nurse entered maintenance requests in the electronic work order system [name redacted]. On 2/29/24 at 12:32 PM, the surveyor reviewed the electronic work order system [name redacted] report for the year, and Resident Room #NJ Ex O's bathroom sink was not on the report. On 3/1/24 at 1:22 PM, the surveyor interviewed the US FOIA who stated he fixed the faucet in Resident Room #NJ Ex O; that faucet completely did not work, and he had to replace it. The US FOIA confirmed no work order was ever entered into the system. On 3/7/24 at 11:52 AM, the US FOIA (b)(6) in the presence of the US FOIA (b)(6), and survey team acknowledged that the sink in Resident Room #NJ Ex O should have been reported by staff so it could be repaired and maintained in working condition. 2. On 2/28/24 at 12:30 PM, the surveyor conducted a tour of the NJ Exec Order 26-Floor nursing unit	F 921	provided with a safe and homelike environment while residing in the facility. The results of these reviews will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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and observed the following:

1. Resident Room #[NJ Ex O], a hole in the wall behind door handle.

2. Resident Room #[NJ Ex O] wallpaper along the bottom left wall in room's entrance way peeling off.

3. Resident Room #[NJ Ex Or] panel of wallpaper missing from the right entranceway wall.

4. Resident Room #[NJ Ex O] wallpaper was missing right entranceway.

5. In the [NJ Exec Order 26]-Floor day room there was paint peeling from the walls, holes in the walls of the bottom left side walls; a section of floorboard missing under a resident table that measured approximately four feet long by one foot wide.

On 2/29/24 at 10:53 AM, the surveyor and the [US FOIA] conducted water temperature observations on the Second-Floor. The [US FOIA] acknowledged the missing wallpaper in Resident Room #[NJ Ex O], and stated that there was wallpaper missing throughout the floor as well as the Second-Floor day room needed the walls repaired and new flooring.

On 3/7/24 at 11:52 AM, the [US FOIA (b)(6)] in the presence of the [US FOIA (b)(6)] and survey team acknowledged that there should not be holes in the walls or missing wallpaper in residents rooms as well as the day room.

A review of the facility's undated "Homelike Environment" policy included residents are

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F 921	Continued From page 148 provided with a safe, clean, comfortable and homelike environment...the facility and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. clean, sanitary, and orderly environment... NJAC 8:39-31.4(a)	F 921		

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S 000	Initial Comments Complaint NJ# 162587 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 (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint NJ# 162587 Part A Based on interview and review of pertinent facility documents, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 75 out of 105 day shifts reviewed. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health	S 560	1. Current schedules were reviewed with no concerns. Employees who declined influenza vaccination completed declination forms and others followed facility policy of wearing surgical mask. 2. All residents residing at the facility have the potential to be affected. 3. Staffing Coordinator was educated on meeting the state requirement for CNA to resident ratio. Job posting has been updated for CNA's. Staff was educated on facility policy on Influenza Vaccination including wearing mask if not vaccinated	3/29/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 03/24/24

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	060417	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	**1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002**

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S 560	Continued From page 1 (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: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. During entrance conference on 2/27/24 at 10:13 AM, the surveyor asked the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) how the facility's staff was, and the LNHA stated that staffing was good; that the facility primarily utilized agency staff for certified nursing aides (CNA); the facility did have callouts. At this time, the surveyor requested the Nurse Staffing Report to be completed for the following weeks: 11/20/22 to 11/26/22; 11/27/22 to 12/3/22; 1/1/23 to 1/7/23; 1/14/23 to 1/20/23; 1/21/23 to 1/27/23; 2/12/23 to 2/18/23; 2/19/23 to 2/25/23; 3/12/23 to 3/18/23; 3/19/23 to 3/25/23; 4/2/23 to 4/8/23; 4/9/23 to 4/15/23; 5/21/23 to 5/22/23; 5/28/23 to 6/3/23; 2/11/24 to 2/17/24; and 2/18/24	S 560	and completing declination form if declining the vaccination. 4. The Director of Nursing, or designee, will review schedule daily to ensure ratios are being met according to the state guidelines. The Infection Preventionist will review employee list as needed to ensure vaccination documentations are updated. The results of these reviews will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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to 2/24/24.

The surveyor reviewed the facility completed Nurse Staffing Reports which revealed the following:

1. For the two weeks of staffing from 11/20/22 to 12/03/2022, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows:

11/20/22 had 8 CNAs for 121 residents on the day shift, required at least 15 CNAs.
11/21/22 had 14 CNAs for 121 residents on the day shift, required at least 15 CNAs.
11/22/22 had 10 CNAs for 121 residents on the day shift, required at least 15 CNAs.
11/25/22 had 10 CNAs for 121 residents on the day shift, required at least 15 CNAs.
11/26/22 had 12 CNAs for 121 residents on the day shift, required at least 15 CNAs.

11/27/22 had 12 CNAs for 121 residents on the day shift, required at least 15 CNAs.
11/28/22 had 9 CNAs for 121 residents on the day shift, required at least 15 CNAs.
11/29/22 had 13 CNAs for 120 residents on the day shift, required at least 15 CNAs.
12/3/22 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.

2. For the week of staffing from 1/1/2023 to 1/7/2023, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:

1/1/23 had 8 CNAs for 118 residents on the day shift, required at least 15 CNAs.
1/2/23 had 10 CNAs for 117 residents on the day shift, required at least 15 CNAs.
1/3/23 had 12 CNAs for 117 residents on the day

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ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

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shift, required at least 15 CNAs.
1/6/23 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs.
1/7/23 had 10 CNAs for 117 residents on the day shift, required at least 15 CNAs.

3. For the two weeks of staffing from 1/14/23 to 1/27/23, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:

1/14/23 had 14 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/15/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/16/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/17/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/18/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/19/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/20/23 had 12 CNAs for 125 residents on the day shift, required at least 16 CNAs.

1/21/23 had 11 CNAs for 131 residents on the day shift, required at least 16 CNAs.
1/22/23 had 9 CNAs for 129 residents on the day shift, required at least 16 CNAs.
1/23/23 had 11 CNAs for 127 residents on the day shift, required at least 16 CNAs.
1/24/23 had 11 CNAs for 127 residents on the day shift, required at least 16 CNAs.
1/25/23 had 12 CNAs for 127 residents on the day shift, required at least 16 CNAs.
1/26/23 had 9 CNAs for 125 residents on the day shift, required at least 16 CNAs.
1/27/23 had 14 CNAs for 122 residents on the day shift, required at least 16 CNAs.

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4. For the two weeks of staffing from 1/12/23 to 2/25/23, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:

2/12/23 had 8 CNAs for 122 residents on the day shift, required at least 15 CNAs.
2/13/23 had 11 CNAs for 119 residents on the day shift, required at least 15 CNAs.
2/14/23 had 10 CNAs for 118 residents on the day shift, required at least 15 CNAs.
2/15/23 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs.
2/16/23 had 14 CNAs for 118 residents on the day shift, required at least 15 CNAs.
2/17/23 had 9 CNAs for 118 residents on the day shift, required at least 18 CNAs.
2/18/23 had 10 CNAs for 118 residents on the day shift, required at least 15 CNAs.

2/19/23 had 9 CNAs for 117 residents on the day shift, required at least 15 CNAs.
2/20/23 had 9 CNAs for 117 residents on the day shift, required at least 15 CNAs.
2/21/23 had 10 CNAs for 117 residents on the day shift, required at least 15 CNAs.
2/22/23 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs.
2/23/23 had 11 CNAs for 117 residents on the day shift, required at least 15 CNAs.
2/25/23 had 12 CNAs for 120 residents on the day shift, required at least 15 CNAs.

5. For the two weeks of staffing from 3/12/23 to 3/25/23, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:

3/12/23 had 9 CNAs for 124 residents on the day shift, required at least 15 CNAs.
3/13/23 had 10 CNAs for 122 residents on the day shift, required at least 15 CNAs.

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3/14/23 had 12 CNAs for 122 residents on the day shift, required at least 15 CNAs.
3/15/23 had 12 CNAs for 122 residents on the day shift, required at least 15 CNAs.
3/16/23 had 12 CNAs for 122 residents on the day shift, required at least 15 CNAs.
3/17/23 had 10 CNAs for 122 residents on the day shift, required at least 15 CNAs.
3/18/23 had 11 CNAs for 123 residents on the day shift, required at least 15 CNAs.

3/19/23 had 10 CNAs for 123 residents on the day shift, required at least 15 CNAs.
3/20/23 had 10 CNAs for 121 residents on the day shift, required at least 15 CNAs.
3/21/23 had 11 CNAs for 120 residents on the day shift, required at least 15 CNAs.
3/22/23 had 14 CNAs for 118 residents on the day shift, required at least 15 CNAs.
3/23/23 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs.
3/25/23 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs.

6. For the two weeks of staffing from 4/2/23 to 4/15/23, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows:

4/2/23 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs.
4/3/23 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs.
4/4/23 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.
4/8/23 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs.

4/9/23 had 7 CNAs for 116 residents on the day shift, required at least 14 CNAs.
4/10/23 had 12 CNAs for 116 residents on the

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S 560	Continued From page 6 day shift, required at least 14 CNAs. 4/11/23 had 11 CNAs for 113 residents on the day shift, required at least 14 CNAs. 4/13/23 had 13 CNAs for 111 residents on the day shift, required at least 14 CNAs. 4/14/23 had 8 CNAs for 111 residents on the day shift, required at least 14 CNAs. 4/15/23 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs. 7. For the two weeks of staffing from 5/21/23 to 6/3/23, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows: 5/21/23 had 10 CNAs for 108 residents on the day shift, required at least 13 CNAs. 5/22/23 had 10 CNAs for 108 residents on the day shift, required at least 13 CNAs. 5/23/23 had 10 CNAs for 108 residents on the day shift, required at least 13 CNAs. 5/24/23 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs. 5/25/23 had 12 CNAs for 112 residents on the day shift, required at least 14 CNAs. 5/27/23 had 11 CNAs for 112 residents on the day shift, required at least 14 CNAs. 5/28/23 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs. 6/1/23 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. 6/2/23 had 10 CNAs for 111 residents on the day shift, required at least 14 CNAs. 8. For the two weeks of staffing prior to survey from 2/11/24 to 2/24/24, the facility was deficient in CNA staffing for residents on 4 of 14 day shifts as follows: 2/11/24 had 12 CNAs for 116 residents on the day	S 560		

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shift, required at least 14 CNAs.
2/15/24 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs.

2/18/24 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs.
2/19/24 had 14 CNAs for 121 residents on the day shift, required at least 15 CNAs.

On 3/6/24 at 12:23 PM, the surveyor interviewed the Staffing Coordinator who stated she scheduled staff according to state and federal regulations; 1 to 8 CNAs to residents for the 7:00 AM to 3:00 PM shift (day shift); 1 to 10 CNAs for the 3:00 PM to 11:00 PM shift (evening shift); and 1 to 15 CNAs to residents for the 11:00 PM to 7:00 AM shift (night shift). The Staffing Coordinator stated she tried her best to schedule per the required ratio, but the facility did fall short at times. The facility used two agency staff companies for callouts or lack of facility staff. The Staffing Coordinator stated she was a CNA and had to at times work on the floor when the facility was short staffed.

On 3/7/24 at 11:52 AM, the LNHA in the presence of the Regional DON, Chief Clinical Officer, and survey team acknowledged the facility had days where the staffing requirements did not meet state ratios.

A review of the facility's undated "Staffing" policy included this facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met. Licensed registered nursing and licensed nursing staff are available to provide and monitor the deliver of resident care services; certified nursing assistants are available each shift to provide the needed care and services of each resident as outlined on the

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S 560	Continued From page 8 resident's comprehensive care plan...this facility continues to strive to meet the guidance from the DOH... Part B Based on interview and review of pertinent facility documentation, it was determined that the facility failed to ensure a.) staff were NJ Ex Order 26.4b1 for NJ Ex Order 26.4b1 for the NJ Ex Order 26.4b1 season b.) maintain a record of staff NJ Ex Order 26.4b1 ; and c.) update the facility policy per statute. This deficient practice was identified for 133 of 159 employees reviewed for NJ Ex Order 26.4b1 , and was evidenced by the following: Reference: NJDOH memo, dated 10/7/2020, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 26:2H-18.79, Influenza vaccination in health care facilities", indicated the New Jersey Governor signed into law P.L. 2019 c. 330 (codified at N.J.S.A. 26:2H-18.79 and referred to hereafter as "the Statute") effective 1/13/2020, in which healthcare facilities are required to: For the purposes of its annual influenza vaccination program, each health care facility shall:(1) annually provide an on-site or off-site influenza vaccination to each of its employees;(2) require that each employee at the facility receive an influenza vaccination annually, no later than December 31 of the current influenza season as determined by the federal Centers for Disease Control and Prevention, which vaccination shall be provided by the health care facility, except that an employee may, in lieu of receiving the influenza vaccination at the facility, present	S 560		

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S 560	Continued From page 9 acceptable proof, comprising:(a) an attestation from the employee, which shall be submitted in a form and manner designated by the facility, of a current influenza vaccination if the employee receives the vaccination from another vaccination source, which attestation shall include the lot number of the vaccination the employee received or; (b) a medical exemption, which shall be submitted using a form designated by the Department of Health, stating that the influenza vaccination for that employee is medically contraindicated, as enumerated by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention. An attestation of a medical exemption shall be subject to approval by the facility following a review by the facility to confirm the medical exemption is consistent with standards enumerated by the Advisory Committee on Immunization Practices; (3) maintain a record or attestation, as applicable, of influenza vaccinations and medical exemptions for each employee and report to the Department of Health, in a manner and according to a schedule prescribed by the commissioner, the vaccination percentage rate of its workforce in receiving influenza vaccinations as part of the facility's annual vaccination program or by other means as attested to by the workforce, as applicable. The report may also include other information that the facility deems relevant to its vaccination percentage rate, including, but not limited to, the number of employees who received medical exemptions. During entrance conference on 2/27/24 at 10:13 AM, the surveyor asked the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) to provide the survey team with a copy of the employee's NJ Ex Order 26.4b1	S 560		

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S 560	Continued From page 10 status. On 3/6/24 at 9:45 AM, the surveyor interviewed the Infection Preventionist/Registered Nurse (IP/RN), who stated that if an employee signed a declination for the NJ Ex Order 26.4b1, the employee must wear a mask. The IP/RN further stated that receiving an NJ Ex Order 26.4b1 was optional and no employee handed in a medical exemption not to receive the NJ Ex Order 26.4b1. At this time, the surveyor requested the list of staff and declination forms that the employee had signed. On 3/6/24 at 9:50 AM, the surveyor interviewed the Regional Director of Nursing (RDON) who stated that the facility offered NJ Ex Order 26.4b1 to all employees and residents. If they refused, they would sign a declination. On 3/7/24 at 10:00 AM, the surveyor interviewed the Chief Clinical Officer, who stated that she received the NJ Ex Order 26.4b1 mandates. According to her understanding, the staff can decline the NJ Ex Order 26.4b1 and if an employee refused, they wore a mask for the NJ Ex Order 26.4b1 A review of the employee list revealed that NJ Ex out of 159 employees received an NJ Ex Order 26.4b1 before December 31, 2023. The facility did not provide the declination for the refusal of the NJ Ex Order 26.4b1 to the surveyor. A review of the facility's "Influenza Policy" dated October 20, 2020, revealed that as a condition of employment/medical staff privileges, the facility requires annual influenza vaccination of all staff ...by December 1st ... Medical exceptions	S 560		

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S 560	Continued From page 11 ...Healthcare personnel who meet the requirement due to medical contraindications must wear a mask at all times ...	S 560		
S1210	8:39-17.2(a) Mandatory Dietary Services (a) The facility shall make available a current dietary manual, which shall have been approved by the dietitian and the medical director. The facility shall serve diets that are consistent with the dietary manual. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to maintain and utilize a current dietary manual which was approved by the Registered Dietitian and the Medical Director. This deficient practice would affect all residents and was evidenced by the following: On 3/5/24 at 10:20 AM, the surveyor requested from the Registered Dietitian (RD) and the Director of Dietary (DD) to provide the facility's dietary manual. The RD was unsure where the facility kept their dietary manual, and the DD stated they would need to ask the Licensed Nursing Home Administrator (LNHA). On 3/5/24 at 10:34 AM, the surveyor was provided the facility's dietary manual in the presence of the LNHA, RD, and DD. The surveyor observed that the dietary manual included the 2000 dietary guidelines based on my food pyramid and last signed by the facility's dietitian and Medical Director in 2021. At this time, the surveyor asked the RD to review the	S1210	1. Dietary Manual has been reviewed and updated. 2. All residents residing at the facility whose dietary needs are managed by the facility have the potential to be affected. 3. The Director of Dietary and Registered Dietitian were educated on ensuring Dietary Manual is reviewed and kept current to be able to better serve the residents. 4. The Registered Dietitian, or designee, will review and update Dietary Manual monthly, or as needed, to ensure manual is kept current. The results of these reviews will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	3/29/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060417	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

(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
S1210	Continued From page 12 manual. The RD confirmed that the guidelines were not current, and she had never reviewed the manual, that the signature in 2021 was from the previous dietitian. On 3/6/24 at 10:41 AM, the RD informed the surveyor the current dietary guidelines were dated 2020-2025. On 3/7/24 at 11:52 AM, the LNHA in the presence of the Regional Director of Nursing, Chief Clinical Officer, and survey team stated the dietary manual should be reviewed and updated as needed. NJAC 8:39 17.2(a)	S1210		
S1405	8:39-19.5(a) Mandatory Infection Control and Sanitation a) The facility shall require all new employees to complete a health history and to receive an examination performed by a physician or advanced practice nurse, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment by a registered professional nurse upon employment, the physician's or advanced practice nurse's examination may be deferred for up to 30 days from the first day of employment. The facility shall establish criteria for determining the completeness of physical examinations for employees.	S1405		3/29/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

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S1405	Continued From page 13	S1405		

This REQUIREMENT is not met as evidenced by:
Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure that newly hired employees had completed a thorough health history and received an examination by a Physician, an Advanced Practice Nurse, or a Licensed Physician Assistant within two weeks prior to employment or upon employment; or within thirty days if a Registered Nurse assessed upon hire. This deficient practice was identified for 10 out of 10 newly hired employees reviewed, and was evidenced by the following:

On 3/7/24 at 9:04 AM, the surveyor reviewed the employee files of ten random newly hired individuals.

Employee #1 was hired on [NJ Ex Order 2]; the Employee Health Examination Form was completed by signed by a Registered Nurse (RN). No examining provider signature was obtained.

Employee #2 was hired on [NJ Ex Order 26.4b1]; the Employee Health Examination Form was completed by signed by a RN. No examining provider signature was obtained.

Employee #3 was hired on [NJ Ex Order 26.4b1]; the Employee Health Examination Form was completed by signed by a RN. No examining provider signature was obtained.

Employee #4 was hired on [NJ Ex Order 26.4b1]; the Employee Health Examination Form did not contain entries in the following areas [NJ Ex Order]

1. Employee files listed were updated as appropriate.

2. All residents residing at the facility with direct contact with the listed employees have the potential to be affected.

3. The Human Resources Manager was educated on completing the Employee Examination Form upon hire date and ensuring it's completed within 30 days in it's entirety, when applicable.

4. The Administrator, or designee, will review new employee folders to ensure all new employees have Employee Health Examination Forms completed within the allowed timeframe per guidelines. The Human Resources Manager, or designee, will complete 5 random audit of current employee files to ensure Employee Health Examination Forms have been completed in it's entirety.
The results of these audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060417	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	**1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002**

(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
S1405	Continued From page 14 NJ Ex Order 26.4b1 NJ Ex Order 2 NJ Ex Order 26.4b1, but was signed by a RN. No examining provider signature was obtained. Employee #5 was hired on NJ Ex Order 26.4b1; the Employee Health Examination Form did not contain entries in the following areas: NJ Ex Order 26.4 NJ Ex O NJ Ex Order 2 NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 NJ Ex Order 26.4 , NJ Ex Order 26.4b1, but was signed by a RN. No Examining provider signature was obtained. Employee #6 was hired on NJ Ex Order 26.4. An Employee Health could not be produced by the facility. Employee #7 was hired on NJ Ex Order 26.4; the Employee Health Examination Form did not contain entries in the following areas: NJ Ex Order 26. NJ Ex Order 26.4 NJ Ex O NJ Ex Order 2 NJ Ex Order 26.4b1, but was signed by a RN. No examining provider signature was obtained. Employee #8 was hired on NJ Ex Order 2; the Employee Health Examination Form did not contain entries in the following areas: NJ Ex Order 26 and NJ Ex Order 26.4b1, but was signed by a RN. No examining provider signature was obtained. Employee #9 was hired on NJ Ex Order 26.4b1; the Employee Health Examination Form did not contain entries in the following areas: NJ Ex O NJ Ex Order 2 and NJ Ex Order 26.4b1, but was signed by a RN. No examining provider signature was obtained. Employee #10 was hired on NJ Ex Order 2; the Employee Health Examination Form did not contain entries in the following areas: NJ Ex Order 26.4 NJ Ex O NJ Ex Order 2 NJ Ex Order 2 NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 NJ Ex Order 26.4b1, NJ Ex Order 26 , but was signed by a RN. No examining provider signature was obtained.	S1405		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060417	A. BUILDING: ___ B. WING ___	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S1405	Continued From page 15 On 3/7/24 at 10:23 AM, the surveyor interviewed the Human Resources Manager (HRM) who confirmed that he/she was responsible for the hiring process, which included overseeing the paperwork of new applicants. The HRM confirmed that physicals includes full set of vital signs. The HRM was not able to identify who was responsible for signing off the employee NJ Ex Order 26.4b and who was able to medically clear a employee for work. Upon review of the Employee Health Examination forms of the nine employees, the HRM confirmed that only the nurses signature was obtained on the form. On 3/7/24 at 12:03 PM, the surveyor interviewed the Licensed Nursing Home Administrator, in the presence of Regional Director of Nursing (RDON) and Chief Clinical Officer, who acknowledged that there should be a provider signature on the Employee Health Examination Form. A review of the Employee Health Examination Form included it is the policy of this facility to complete a medical history and NJ Ex Order 26.4b exam for all new employees within two weeks prior to employment or upon employment. If a new employee receives an assessment by RN, the NJ Ex Order 26.4b1 examination may be deferred for up to 30 days from the 1st day of employment.	S1405		
S2340	8:39-31.6(n) Mandatory Physical Environment (n) The facility shall maintain at least a three-day supply of food and have access to an alternative supply of water in case of an emergency.	S2340		3/29/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S2340	Continued From page 16 This REQUIREMENT is not met as evidenced by: Based on observations, interview, and review of pertinent facility documentation, it was determined that the facility failed to maintain a three-day minimum emergency food supply. This deficient practice would affect all residents and was evidenced by the following: On 3/7/24 at 12:00 PM, the surveyor requested a copy of the facility's three day emergency food supply menu. On 3/7/24 at 2:10 PM, the surveyor in the presence of the Director of Dietary (DD) observed the facility's emergency three day food supply inventory compared with the facility's provided menus. The observations were as followed: For lunch on days 1 and 3, the facility was to serve ravioli. The surveyor observed only one case of ravioli. For breakfast on days 1, 2, and 3, the facility was to serve peanut butter. The surveyor observed no peanut butter. For all three meals on all three days, the facility was to serve milk reconsistituted. The surveyor observed no milk. For dinner on days 1 and 3, the facility was to serve chili. The surveyor observed no chili. For lunch on day 2, the facility was to serve corned beef hash. The surveyor observed no corned beef hash. For dinner on day 2, the facility was to serve beef stew. The surveyor observed no beef stew. At the time of the observation, the DD stated that she started at the facility a month ago, and last week she reviewed the emergency food supply	S2340	1. All items necessary for 3-day emergency supply menu have been delivered and updated. 2. All residents residing at the facility who eat meals from the facility kitchen have the potential to be affected. 3. The Director of Dietary was educated on maintaining 3-day emergency supply as indicated by the 3-day emergency menu. 4. The Director or Dietary, or designee, will take monthly inventory of the 3-day emergency supplies to ensure all items are available. The results of these audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	**1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002**

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S2340	Continued From page 17	S2340		
	and removed any food that would expire and ordered new food. The DD stated that the food had not been delivered to the facility yet. The DD stated the facility received a case of peanut butter she had to place in the emergency food supply. The DD stated the emergency food supply should be checked yearly for expiration dates. The DD stated she also did not have the pureed chicken or beef for the menus. The DD acknowledged in the event of an emergency, the facility did not have the three day emergency menu food items.			
	On 3/7/24 at 2:30 PM, the surveyor informed the Licensed Nursing Home Administrator (LNHA) of these findings.			
	A review of the facility's undated "Emergency Food Supply Policy" included the Food Service Director or designee will be responsible for ensuring that there are adequate supplies per the facility disaster plan; all emergency supplies will be labeled and stored in a designated area with the menu attached. Canned items will be rotated and replenished with regular inventory and discarded after the six month expiration date.			
	NJAC 8:39-31.6(n)			
S2410	8:39-31.7(h) Mandatory Physical Environment	S2410		3/29/24
	(h) Hot (95 to 110 degrees Fahrenheit) and cold running water shall be provided. Hot water in resident areas shall not exceed 110 degrees Fahrenheit.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S2410	Continued From page 18 This REQUIREMENT is not met as evidenced by: Based on observations and interview, it was determined that the facility failed to maintain water temperatures between 95 and 110 degrees Fahrenheit. The deficient practice was identified in 4 of 8 rooms sampled, and was evidenced by the following: On 2/29/24 at 10:21 AM, the surveyor in the presence of the survey team calibrated a thermometer in an ice bath to 32 degrees Fahrenheit (F). On 2/29/24 at 10:25 AM, the surveyor interviewed the Maintenance Director (MD) who stated he obtained water temperatures daily in six rooms; two on each nursing unit and in the two shower rooms. The MD stated he obtained the water temperatures at different times of the day. The MD stated the boiler was set to 115 F, which usually maintained water temperatures of 106-108 F on both floors. The MD stated that water temperatures should be maintained between 95-110 F. On 2/29/24 from 10:36 AM to 11:02 AM, the MD in the presence of the surveyor conducted water temperature tests on both nursing units utilizing the facility's thermometer and temperatures confirmed with the surveyor's thermometer, and the following rooms did not maintain a water temperature of a minimum of 95 F: 1. At 10:36 AM, Resident Room #NJ Ex O bathroom sink was 91.6 F.	S2410	1. Boiler valves were checked and adjusted accordingly. Resident rooms #NJ Ex O, #NJ Ex O, #NJ Ex O, and First Floor Public Rest Room sink were checked with water temperature reaching above 95° 2. All resident residing in the facility utilizing hot water have the potential to be affected. 3. The Maintenance Director was educated on the importance of maintaining appropriate water temperature. 4. The Maintenance Director, or designee, will complete water temperature checks for all resident rooms and shower rooms 5 times weekly for 4 weeks then 10 resident rooms and shower rooms 5 times a week weekly for 8 weeks to ensure water temperatures reach the minimum requirement of 95° The results of these audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

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S2410	Continued From page 19	S2410		

2. At 10:39 AM, First-Floor nursing unit's Public Rest Room 91.8 F. The MD stated it should take no more that a minute to a minute and a half to reach temperatures above 95 F.
3. At 10:42 AM, Resident Room #[NJ Ex C] bathroom sink was 88 F.
4. At 10:53 AM, Resident Room #[NJ Ex O] bathroom sink was 93 F.

On 2/29/24 at 11:04 AM, the MD confirmed the boiler's temperature was set to 110 F, but stated he would have to adjust the temperature to ensure the residents' bathroom sinks reached higher temperatures.

On 3/7/24 at 11:52 AM, the Licensed Nursing Home Administrator (LNHA) in the presence of the Regional Director of Nursing, Chief Clinical Officer, and survey team acknowledged water temperatures should have been a minimum of 95 F.

A review of the facility's undated "Water Temperatures, Safety of" policy, did not include the minimum water temperature allowed.

NJAC 8:39-31.7(h)

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315245 (Y1)	A. Building B. Wing (Y2)	5/9/2024 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

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 Reg. # 483.10(a)(1)(2)(b)(1)(2) LSC	Correction Completed 03/29/2024	ID Prefix F0558 Reg. # 483.10(e)(3) LSC	Correction Completed 03/29/2024	ID Prefix F0602 Reg. # 483.12 LSC	Correction Completed 03/29/2024
ID Prefix F0607 Reg. # 483.12(b)(1)-(5)(ii)(iii) LSC	Correction Completed 03/29/2024	ID Prefix F0609 Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4) LSC	Correction Completed 04/17/2024	ID Prefix F0610 Reg. # 483.12(c)(2)-(4) LSC	Correction Completed 04/17/2024
ID Prefix F0640 Reg. # 483.20(f)(1)-(4) LSC	Correction Completed 03/29/2024	ID Prefix F0641 Reg. # 483.20(g) LSC	Correction Completed 03/29/2024	ID Prefix F0656 Reg. # 483.21(b)(1)(3) LSC	Correction Completed 03/29/2024
ID Prefix F0657 Reg. # 483.21(b)(2)(i)-(iii) LSC	Correction Completed 03/29/2024	ID Prefix F0658 Reg. # 483.21(b)(3)(i) LSC	Correction Completed 03/29/2024	ID Prefix F0684 Reg. # 483.25 LSC	Correction Completed 03/29/2024
ID Prefix F0688 Reg. # 483.25(c)(1)-(3) LSC	Correction Completed 03/29/2024	ID Prefix F0689 Reg. # 483.25(d)(1)(2) LSC	Correction Completed 03/29/2024	ID Prefix F0727 Reg. # 483.35(b)(1)-(3) LSC	Correction Completed 03/29/2024

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

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315245	A. Building B. Wing	5/9/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

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)
ID Prefix	F0755	Correction Completed 03/29/2024
Reg. #	483.45(a)(b)(1)-(3)	
LSC		
ID Prefix	F0761	Correction Completed 03/29/2024
Reg. #	483.45(g)(h)(1)(2)	
LSC		
ID Prefix	F0803	Correction Completed 03/29/2024
Reg. #	483.60(c)(1)-(7)	
LSC		
ID Prefix	F0804	Correction Completed 03/29/2024
Reg. #	483.60(d)(1)(2)	
LSC		
ID Prefix	F0809	Correction Completed 03/29/2024
Reg. #	483.60(f)(1)-(3)	
LSC		
ID Prefix	F0812	Correction Completed 03/29/2024
Reg. #	483.60(i)(1)(2)	
LSC		
ID Prefix	F0836	Correction Completed 03/29/2024
Reg. #	483.70(a)-(c)	
LSC		
ID Prefix	F0880	Correction Completed 03/29/2024
Reg. #	483.80(a)(1)(2)(4)(e)(f)	
LSC		
ID Prefix	F0881	Correction Completed 03/29/2024
Reg. #	483.80(a)(3)	
LSC		
ID Prefix	F0921	Correction Completed 03/29/2024
Reg. #	483.90(i)	
LSC		

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

FOLLOWUP TO SURVEY COMPLETED ON
3/7/2024

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
060417	A. Building B. Wing	5/9/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

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

ITEM (Y4)	DATE (Y5)	ITEM (Y4)	DATE (Y5)	ITEM (Y4)	DATE (Y5)
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 03/29/2024	ID Prefix S1210 Reg. # 8:39-17.2(a) LSC	Correction Completed 03/29/2024	ID Prefix S1405 Reg. # 8:39-19.5(a) LSC	Correction Completed 03/29/2024
ID Prefix S2340 Reg. # 8:39-31.6(n) LSC	Correction Completed 03/29/2024	ID Prefix S2410 Reg. # 8:39-31.7(h) LSC	Correction Completed 03/29/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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

FOLLOWUP TO SURVEY COMPLETED ON	
3/7/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315245	A. BUILDING 01 B. WING ______	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 03/04/24. The facility was found to be in compliance with 42 CFR 483.73	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 03/04/24 and was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Aristacare at Cherry Hill is a two-story building that was built in the 1950's. The building is composed of Type II protected construction. The facility is divided into nine - smoke zones. The generator does approximately 50 % of the building per the Maintenance Director. The current occupied beds are 118 of 137.	K 000		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1	K 211		4/23/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 03/24/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315245	A. BUILDING **01** B. WING ____________	**03/07/2024**

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K 211	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the exit stairs from the boiler room were equipped with a handrail and guard in accordance with NFPA 101 Life Safety Code (2012 Edition) Sections 7.2.2.4.1.6 and 7.2.2.4.5.2. This deficient practice did not have the potential to affect any residents; however, this could affect any staff who occupied the boiler room. Findings include: An observation on 03/04/24 at 12:26 PM revealed the handrail and guard was missing from the stairs leading to the exterior exit door. At the time of the observation, the US FOIA (b)(6) [redacted] confirmed the handrail and guard was missing. NJAC 8:39-31.2(e)	K 211	1. Boiler to be remained locked with no access for residents or employees to access. Rails installed on 4/23/2024. (see attachments) 2. No residents are affected. 3. The Maintenance Director will complete preventative rounds monthly to ensure compliance on exit doors to include boiler room exit stairs. Rounds will include ensuring railing is secure and does not require maintenance. 4. The Maintenance Director will complete preventative rounds to ensure compliance on exit doors. The results of these audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	
K 311 SS=F	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.	K 311		4/5/24

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K 311	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain one of three vertical openings in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.1.3.2.1. This deficient practice had the potential to affect all 118 residents who resided at the facility. Findings include: An observation on 03/04/24 at 12:45 PM revealed a communication wire from the elevator penetrated the south wall in the stairway and entered the east wall into the elevator machine room. The penetrations were not sealed with fire rated material. In an interview, at the time of the observation, the US FOIA (b)(6) verified the wire penetrations were not sealed. NJAC 8:39-31.1(c), 31.2(e)	K 311	1. The penetration in the stairway entering the elevator machine room was sealed with fire rated material. (see attachment) 2. All resident residing at the facility has the potential to be affected. 3. The US FOIA (b)(6) was educated on sealing penetrations with fire rated material and ensuring no penetrations are left unaddressed after Maintenance work has been completed. 4. The Maintenance Director, or designee, will complete weekly rounds to ensure no penetrations are left unaddressed for 4 weeks then monthly for 2 months to ensure compliance. The results of these reviews will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	
K 321 SS=F	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing	K 321		4/5/24

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K 321	Continued From page 3 and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the fire rated door to the kitchen leading to the corridor latched into the frame. Additionally, the facility failed to ensure the boiler room walls resisted the passage of smoke in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 19.3.2.1. These deficient practices had the potential to affect all 118 residents who resided at the facility. Findings include: Observation on 03/04/24 at 12:18 PM revealed the fire rated door assembly in the kitchen did not latch into the frame because the latch assembly was removed. Observation on 03/04/24 at 12:27 PM revealed	K 321	1. The latch on the fire rated door leading to the kitchen was replaced. Penetration in the boiler room was sealed. (see attachment) 2. All residents residing in the facility have the potential to be affected. 3. The US FOIA (b)(6) was educated on sealing penetrations with fire rated material and ensuring no penetrations are left unaddressed after Maintenance work has been completed. Weekly preventative maintenance list updated with fire rated doors check. 4. The Maintenance Director, or designee, will complete weekly rounds to	

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K 321	Continued From page 4 three heating pipes approximately 1 ½ inches in diameter each and electrical conduit approximately 2 inches in diameter penetrating the south wall going to the renovated wing were not sealed. The US FOIA (b)(6) was present at the time of the observations and confirmed the door in the kitchen did not latch and the penetrations were not sealed in the boiler room. NJAC 8:39-31.1(c), 31.2(e)	K 321	ensure no penetrations are left unaddressed for 4 weeks then monthly for 2 months to ensure compliance. The Maintenance Director, or designee, will complete weekly audit on fire rated door 4 weeks then monthly for 2 months to ensure doors are latching properly. The results of these reviews will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked ______ b) Who provided system test ______ c) Water system supply source ______ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a fire sprinkler gauges were	K 353	1. New caps on FDC were installed and sight glass on wall was replaced. New	4/12/24

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K 353	Continued From page 5 calibrated or replaced every five years. Additionally, the facility failed to ensure the fire department connection (FDC) was inspected quarterly in accordance with NFPA 25 Standard for the Inspection, Testing and Maintenance of Water Based Fire Protection Systems (2011 edition) sections 5.3.1.2. and 13.7.1. This deficient practice had the potential to affect all 118 residents who resided at the facility. Findings include: An observation on 03/04/24 at 12:11 PM revealed the sprinkler gauge on the fire sprinkler riser was not calibrated or replaced every five years as required. The gauge was dated 08/2010. An observation on 03/04/24 at 12:13 PM revealed one cap was missing, and the other cap was broken on the FDC. Continued observation revealed debris was inside the FDC piping. The FDC is required to be inspected quarterly. The US FOIA (b)(6) was present at the time of the observations and confirmed that the fire sprinkler gauge was not calibrated or replaced and the FDC caps were either missing or broken and that the debris was in the piping. NJAC 8:39-31.1(c), 31.2(e) NFPA 25	K 353	gauges were installed. All necessary testing were completed to ensure compliance. All work completed on April 12th, 2024. (see attachment) 2. All residents residing at the facility has the potential to be affected. 3. A preventative maintenance program has been put in place to monitor FDC and fire sprinkler gauge monthly to ensure facility is in compliance with inspections and caps are intact and debris free. 4. The Maintenance Director, or designee, will complete monthly inspection of FDC and fire sprinkler gauge. The results of these reviews will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives.	K 761		4/5/24

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K 761	Continued From page 6 Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on observation, documentation review, and interview, the facility failed to ensure the fire doors were inspected annually by an individual who could demonstrate knowledge and understanding of the operating components in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.1.15. This deficient practice had the potential to affect all 118 residents who resided at the facility. Findings include: A review of the facility's fire safety binder on 03/04/24 from 9:20 AM to 11:50 AM revealed the facility's exit door inspections were completed. However, the required annual fire door inspections were not completed. An observation of the facility's fire doors on 03/04/24 from 11:58 AM to 1:30 PM revealed the doors lacked the required inspection tags to be placed on the doors after completed inspections. The US FOIA (b)(6) was present at the time of the observations and confirmed the fire doors were not inspected annually.	K 761	1. No residents had negative outcome due to this practice. The fire door inspections were completed. 2. All residents residing at the facility have the potential to be affected. 3. The US FOIA (b)(6) was educated on how to perform fire door inspection. 4. The Maintenance Director, or designee with knowledge on how to perform fire door inspection, complete fire door inspection monthly for 3 months then annually. The results of these inspections will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.	

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K 761	Continued From page 7 NJAC 8:39-31.1(c), 31.2(e) NFPA 80	K 761		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315245 (Y1)	A. Building 01 - MAIN BUILDING 01 B. Wing (Y2)	5/9/2024 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002

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 Reg. # NFPA 101 LSC K0211	Correction Completed 04/23/2024	ID Prefix Reg. # NFPA 101 LSC K0311	Correction Completed 04/05/2024	ID Prefix Reg. # NFPA 101 LSC K0321	Correction Completed 04/05/2024
ID Prefix Reg. # NFPA 101 LSC K0353	Correction Completed 04/12/2024	ID Prefix Reg. # NFPA 101 LSC K0761	Correction Completed 04/12/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

[redacted] ☐	[redacted]	DATE	SIGNATURE OF SURVEYOR	DATE
[redacted] ☐	[redacted] (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
3/7/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO