

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/24/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ACCLAIM REHABILITATION AND NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>198 STEVENS AVE</b> <b>JERSEY CITY, NJ 07305</b>
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F 000	INITIAL COMMENTS  A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH). The facility was found not to be in substantial compliance with 42 CFR 483 subpart B.  Survey Dates: 08/21/23- 08/24/23 Census: 130 Sample Size: 34 Complaint #: NJ161859, NJ163622, NJ163666, NJ163789, NJ165100, NJ165647 Supplemental Residents: none	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 provision of services under the State plan for all	F 550		9/24/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>09/15/2023</b>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 550	<p>Continued From page 1 residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record review, interviews, and facility procedure review, the facility failed to ensure that two (Resident (R)3 and R114) of the 34 sampled residents were treated with dignity and respect that promotes enhancement of quality of life.</p> <p>Findings include:</p> <p>1. Review of the electronic medical record (EMR) for R3 revealed diagnoses of NJ ex order 26.4b1 [REDACTED]</p> <p>According to the most recent quarterly Minimum Data Set (MDS) assessment with reference date (ARD) of NJ ex order 26.4b1 [REDACTED], R3 has a Brief Interview for</p>	F 550	<p>F550-RESIDENT RIGHTS</p> <p>I: IMMEDIATE ACTION NJ ex order 26.4b1 R3 and R114 NJ ex order 26.4b1 [REDACTED] NJ ex order 26.4b1 NJ ex order 26.4b1 [REDACTED]. Rooms affected not in use currently, until new curtains installed. 8/27/23 and audit was completed and all privacy curtains were checked for integrity and function, no further negative findings</p> <p>II: IDENTIFICATION OF OTHERS All residents have the potential of being affected when the privacy curtains are non functional.</p> <p>III: SYSTEMIC CHANGES</p>		

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F 550	<p>Continued From page 2</p> <p>Mental Status (BIMS) <b>NJ ex order 26.4b1</b> t out of 15 which indicated the resident was <b>NJ ex order 26.4b1</b>. He was also noted to be <b>NJ ex order 26.4b1</b></p> <p>Interview with Family Member (FM)1of R3 on 08/22/23 at 11:29 AM revealed the privacy curtain in the bedroom of R3 was broken and could not be pulled shut. FM1 stated "I've told all the nurses and nurse aides on the unit for months and nothing is done about it. I'm frustrated." She stated the privacy curtains had been in this condition since the day he moved in <b>NJ ex order 26.4b1</b></p> <p>Attempts to interview R3 regarding the privacy curtain revealed a nod of the head to indicate the privacy curtain was broken as observed on 08/22/23 at 3:55 PM.</p> <p>Review of the red binder at the nursing station on the third floor labeled "maintenance" revealed the log since <b>NJ ex order 26.4b1</b> or since R3's admission. The log revealed no reference to maintenance requests to repair the privacy curtains in R3's bedroom.</p> <p>Observation on 08/23/23 at 3:55 PM revealed the privacy curtain in R3's bedroom, a double room was broken. The curtain could not pull beyond the foot of the bed. In addition, the privacy curtain for the roommate or R114 was also broken and could not pull beyond the window side of the bed. Therefore, both curtains provided no privacy for either resident.</p> <p>2. Review of the EMR for R114 revealed diagnoses of <b>NJ ex order 26.4b1</b></p>	F 550	<p>9/1/23 nursing staff were in serviced on importance of reporting to Maintenance immediately if the privacy curtains are non functional.</p> <p>9/1/23 Maintenance staff were in serviced on importance of immediately addressing and fixing any broken privacy curtains</p> <p>IV: QA MONITORING Maintenance Director or designee will conduct and audit of 5 residents to ensure privacy curtains are functioning properly weekly x 4 weeks then monthly x 2 months, then quarterly x 2 quarters All findings will be reviewed at the Quality Assurance meeting x 2 quarters</p> <p>V: PERSON RESPONSIBLE: Director of Nursing, Administrator and Maintenance Director</p>		

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F 550	<p>Continued From page 3 disorder.</p> <p>Review of R114's most recent quarterly MDS with an ARD date of [redacted] indicated a BIMS score of [redacted] out of 15 which indicated the resident was [redacted]. was also noted to be [redacted].</p> <p>Interview with R114 on 08/22/23 at 3:56 PM revealed neither curtain could be used to shield each resident from the other or provide privacy. When asked if R114 could see R3 [redacted] in R3's bed, he said "yes I can, and he can see me. There is no privacy."</p> <p>Interview with the Registered Nurse (RN)2 on 08/22/23 at 4:00 PM verified the curtains for both beds did not slide on the track properly and supply R3 and R114 with full visual privacy. She stated she would report to maintenance to have the problem corrected.</p> <p>Interview with Certified Nurse Aide (CNA)1 on 08/23/23 at 9:55 AM revealed "I try to change each resident when the other is out of the room to provide privacy." She verified the curtains for both residents did not work to provide full visual privacy.</p> <p>Interview with the Maintenance Man (MM) on 08/23/23 at 10:20 AM indicated the curtains were fixed. He stated he did not know if this issue had been reported in the past. He stated this was the first time he looked at the problem.</p> <p>Observation of the curtains on 08/23/23 at 11:00 AM revealed the curtains still did not close or move any further to provide full visual privacy than when first reported.</p>	F 550			

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F 550	Continued From page 4  Interview with the Administrator on 08/24/23 at 10:14 AM indicated the curtains in the bedroom for R3 and R114 were fixed.  Further observation on 08/24/23 at 10:30 AM revealed the curtains had not been fixed and were in the same condition.  Further interview with the Administrator on 08/24/23 at 11:00 AM indicated that both residents would be moved to another room while maintenance removed the tracks and replaced R3 and R114's privacy curtain tracks and privacy curtains.	F 550			
F 600 SS=E	NJAC 8:39-4.1(a)12 Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation 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.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility	F 600	F600- ABUSE AND NEGLECT	9/24/23	

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F 600	<p>Continued From page 5</p> <p>policy review, the facility failed to protect the residents' right to be free from physical abuse by another resident for four of four residents (Resident (R)19, R83, R26, and R74) reviewed for abuse in a total sample of 34 residents.</p> <p>Findings include:</p> <p>Review of a "Reportable Event Record/Report," provided to the survey team by the facility, dated [redacted] revealed the facility reported to the State Agency (SA) the following: "Around 2:30 PM [R83] came to speak to [R19] As per [R19], [R83] came too close to his face; they started arguing, and the staff immediately separated them; while the nurse went inside the nurse station to sign the out on pass for [R83], [R19] came close to [R83] and [redacted] that he was carrying back to his room. [R83] [R19] and [redacted] Both residents were separated immediately. A complete body assessment was done on both residents [redacted]"</p> <p>1. Review of R19's "Admission Record" located in the electronic medical record (EMR) under the "Profile" tab, revealed an admission date of [redacted] with diagnoses of [redacted]</p> <p>Review of R19's annual "Minimum Data Set (MDS)," located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of [redacted], revealed the resident had a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15, indicating R19 was [redacted]</p>	F 600	<p>I: IMMEDIATE ACTION: R 19, R 26 and R 74 care plans were updated on [redacted] for [redacted]</p> <p>R 83 has [redacted] on [redacted] and audit was conducted to ensure all residents with behavioral issue have proper care plans in place, including interventions to maintain safety of others.</p> <p>II. IDENTIFICATION OF OTHERS: All residents have the potential of being affected when the proper protocols and policies are not followed for ensuring freedom from abuse and neglect.</p> <p>III. SYSTEMIC CHANGES: On 8/27/23 staff in serviced on Abuse and Neglect, including verbal and physical abuse and proper immediate responses when an incident occurs . On 8/27/23 staff in serviced on care planning regarding behavior management while maintaining safety of others On 8/27/23 policy on Abuse and Neglect reviewed by Director of Nursing and Administrator, no changes made.</p> <p>IV. QA MONITORING An audit of 5 patients will be conducted by the Director of Nursing or designee to ensure all behaviors are care planned with proper interventions in place to ensure safety of others, weekly x 4, then monthly x 2 months, then quarterly x 2 quarters.</p> <p>A separate random audit will be</p>	

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F 600	<p>Continued From page 6</p> <p>Review of R19's "Care Plan" dated [redacted], located in the EMR under the "Care Plan" tab, indicated R19 had [redacted] behaviors.</p> <p>Review of R19's "Progress Notes" located in the EMR under the "Progress Notes" tab dated [redacted], revealed, "At 2:30 pm [R19] and [R83] was arguing and yelling at each other, then we separated them. After 5 minutes [R19] [redacted] [R83] on his legs. [R83] [redacted] [R19] on his left check [sic]. And then we separated them. NP [Nurse Practitioner] made aware, MD [Medical Director] aware order to monitor and [redacted] for [R19]."</p> <p>2. Review of R83's "Admission Record" located in the EMR under the "Profile" tab, revealed an admission date of [redacted] with diagnoses of [redacted]</p> <p>Review of R83's quarterly MDS," located in the EMR under the "MDS" tab with an ARD of [redacted], revealed the resident had a BIMS score of [redacted] out of 15, indicating R83 was [redacted]</p> <p>Review of R83's "Care Plan" dated [redacted] located in the EMR under the "Care Plan" tab, indicated R19 had [redacted]</p> <p>Review of R83's "Progress Notes" located in the EMR under the "Progress Notes" tab dated [redacted] revealed, "It was reported to me by H floor low side nurse that resident was arguing with another resident [R19] [redacted]</p>	F 600	<p>conducted with staff on immediate responses to signs or occurrences between residents that are verbal or physical incidents by use of simulated scenario questions, Monthly x 2 and then quarterly x 2 quarters.</p> <p>All findings will be reviewed at the Quality Assurance meeting x 2 quarters</p> <p>V. PERSON RESPONSIBLE: Director of Nursing, Assistant Director of Nursing.</p>	

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F 600	<p>Continued From page 7</p> <p>separated them, 5 minutes later resident [R19] NJ ex order 26.4b1 [R83] NJ ex order 26.4b1 [R19] NJ ex order 26.4b1 staffs separated from each other. Body assessment done NJ ex order 26.4b1</p> <p>Resident stated, "I was signing my oop [out on pass] form at the station when the resident [R19] NJ ex order 26.4b1 NJ ex order 26.4b1</p> <p>Both resident were arguing and yelling at each other staffs separated them, 5 minutes later resident [R19] NJ ex order 26.4b1 then resident [R83] NJ ex order 26.4b1 [R19] in NJ ex order 26.4b1 staffs separated from each other."</p> <p>During an interview on 08/21/23 at 1:23 PM, R19 stated, "NJ ex order 26.4b1." R19 further stated, "I'm nice. I don't like to cause trouble for anyone. I'm sorry."</p> <p>During an interview on 08/24/23 at 9:35 AM, the Director of Nursing (DON), who was also the Abuse Coordinator, gave a recapitulation of the incident. The DON stated the incident was "definitely abuse when they hit each other, and I substantiated it as such." The DON stated the facility substantiated the incident as abuse because one resident hit another resident.</p> <p>During an interview on 08/24/23 at 10:40 AM, Licensed Practical Nurse (LPN)1 stated, "I was at the nurses' station and heard [R19] and [R83] talking. They always joke and play with each other. [R83] had just returned from a pass so I'm not sure what made [R19] irritated but he did get that way and [R83] NJ ex order 26.4b1 [R83] then [R19] NJ ex order 26.4b1. [Certified Nursing Assistant (CNA)2] helped me stop them and then I called</p>	F 600			

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F 600	<p>Continued From page 8</p> <p>the DON. They [R19 and R83] had never argued before. They were friends. Neither one of them is [REDACTED]. I don't know why they got upset that day."</p> <p>During an interview on 08/24/23 at 10:47 AM, CNA2 stated R83 and R19 were at the nursing station. CNA2 stated R83 had just returned from being out of the facility and was checking in with the nurse. CNA2 stated that R19 said R83 was "NJ ex order 26.4b1 [REDACTED]." CNA2 further stated that R83 then [REDACTED]. CNA2 stated he and LPN1 separated the two residents. CNA2 confirmed there were no prior incidents involving R19 and R83.</p> <p>Review of the facility's policy titled "Abuse Prevention and Reporting," revised 05/20/23, indicated, "Residents of [Facility Name] will be protected from abuse, neglect, mistreatment, or misappropriation of property in accordance with state and Federal Regulations."</p> <p>3. Review of R26's "Admission Record" located in the EMR under the "Admission" tab revealed an initial admission date of [REDACTED] with diagnoses that included NJ ex order 26.4b1 [REDACTED]</p> <p>Review of the quarterly MDS located in the EMR under the "MDS" tab with an ARD of [REDACTED] revealed a BIMS score of [REDACTED] out of 15 indicating the resident was [REDACTED]. The resident did not exhibit any behaviors during the MDS assessment period of the incident.</p>	F 600			

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F 600	<p>Continued From page 9</p> <p>Review of the "Care Plan," located in the EMR under the "Care Plan" tab and revised on [redacted], revealed R26 was identified as [redacted] with facilities policies.</p> <p>4. Review of R74's "Admission Record," located in the EMR under the "Admission" tab revealed an initial admission date of [redacted] with [redacted].</p> <p>Review of the annual MDS located in the EMR under the MDS tab with an ARD of [redacted] revealed a BIMS score of [redacted] out of 15 indicating the resident was [redacted]. The MDS indicated the resident exhibited [redacted] symptoms directed toward others.</p> <p>Review of R74's "Care Plan" revised on [redacted] located in the EMR under the "Care Plan" tab, identified the resident was [redacted].</p> <p>Review of the facility's investigation of the "Reportable Event Record/Report," submitted by the facility on [redacted], revealed the front desk receptionist observed R74 and R26 arguing and swinging at each other. Both residents were separated immediately and assisted back to their room. R74 stated that R26 [redacted], he fought back. R26 [redacted] but upon inspection [redacted]. R26 stated R74 was blocking the entrance and</p>	F 600			

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F 600	<p>Continued From page 10</p> <p>he could not pass. Both residents were placed on 1:1 supervision. <b>NJ ex order 26.4b1</b>  <b>26 NJ ex order 26.4b1</b></p> <p>The investigation also noted there were no further alterations between R74 and R26. It was also documented that R11 had resided in the facility for the past six years without any <b>NJ Ex.Order 26.4(b)(1)</b> behaviors towards other residents.</p> <p>Review of the summary and conclusion of the facility's investigation revealed the following:  "Around 6:37 PM, the receptionist called the unit to report that two residents got involved in a physical altercation. Around 6:37 PM, R26 and R74 were back from out on pass separately, and they started exchanging words right before they entered the building. According to the receptionist, R74 stopped at the front desk to sign back in from his out-of-on-pass [out on pass]. R26 followed R74 into the building and continued to verbally insult R74. R74 ignored R26 and started to leave the receptionist area when R26 <b>NJ ex order 26.4b1</b>  <b>R74 stated that he had to fight back against R26. R74 NJ ex R26 NJ ex order 26.4b1</b>  <b>NJ ex order 26.4b1</b>.  Both residents were separated immediately. R74 <b>NJ ex order 26.4b1</b>; the police came in and advised R74 <b>NJ ex order 26.4b1</b> R26."</p> <p>The facility's investigation concluded with the following actions taken to protect the residents:  "Both residents were immediately separated. Support: Emotional reassurance rendered and will continue as needed.</p>	F 600			

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NAME OF PROVIDER OR SUPPLIER  <b>ACCLAIM REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>198 STEVENS AVE</b> <b>JERSEY CITY, NJ 07305</b>		
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F 600	<p>Continued From page 11</p> <p>NJ Ex.Order 26.4(b)(1)</p> <p>Family and MD notification</p> <p>NJ Ex.Order 26.4(b)(1) as per facility protocol</p> <p>NJ Ex.Order 26.4(b)(1) Assessment</p> <p>Both residents refused to be moved off the unit."</p> <p>Review of the EMR under the "task" tab, revealed that on NJ Ex.Order 26.4(b)(1) R74 was evaluated by Senior Care Therapy, NJ Ex.Order 26.4(b)(1), after the incident to address NJ Ex.Order 26.4(b)(1) skills to NJ Ex.Order 26.4(b)(1) situations. The resident will continue to receive follow up visits with NJ Ex.Order 26.4(b)(1)</p> <p>Review of the EMR under the "task" tab, revealed that on NJ ex order 26.4b1, R 26 was NJ ex order 26.4b1 after the incident. The evaluation revealed, "Pt presents as NJ Ex.Order 26.4(b)(1) &amp; not interested in evaluation. States, Hey, you are a NJ Ex.Order 26.4(b)(1), GOODBYE. With much encouragement, pt agreed to talk. Pt shared he was outside when his peer provoked him NJ ex order 26.4b1 Denies S/H/I NJ ex order 26.4b1</p> <p>" The plan included follow up as needed, continued non-pharmacological interventions, and monitor and document any behavior concerns.</p> <p>During an interview with the Social Worker on 08/23/23 at 9:21 AM, she stated that R26 "has his days, he is not as pleasant as he should be but NJ ex order 26.4b1." Regarding the incident between R26 and R74, she stated there were some words exchanged, they were separated, they calmed down and they have kept their distance. Both residents declined room changes and psychological counseling. She stated there have not been any further exchanges between the two</p>	F 600		

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F 600	Continued From page 12 residents since this episode. She was not aware of R74 having any altercations with other residents prior to this incident.	F 600			
F 790 SS=D	<p>NJAC 8:39-4.1(a)5 Routine/Emergency Dental Srvcs in SNFs CFR(s): 483.55(a)(1)-(5)</p> <p>§483.55 Dental services. The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>§483.55(a) Skilled Nursing Facilities A facility-</p> <p>§483.55(a)(1) Must provide or obtain from an outside resource, in accordance with with §483.70(g) of this part, routine and emergency dental services to meet the needs of each resident;</p> <p>§483.55(a)(2) May charge a Medicare resident an additional amount for routine and emergency dental services;</p> <p>§483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;</p> <p>§483.55(a)(4) Must if necessary or if requested, assist the resident; (i) In making appointments; and (ii) By arranging for transportation to and from the dental services location; and</p>	F 790		9/24/23	

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F 790	<p>Continued From page 13</p> <p>§483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to assist one resident (Resident (R)50) of the total 34 residents sampled in obtaining [REDACTED] NJ Ex Order 26.4(b)(1)</p> <p>Findings include:</p> <p>Review of policy for titled "Dental Services," with effective date as 11/28/16 revealed that it is the policy of the facility to order a prompt referral for dental services as resident would need. It also revealed that Long Term residents should be seen annually. It further revealed that upon assessment of a dental issue by the nurse, it should be reported to the physician and a referral made to the Dentist. The policy stated that the nursing staff would monitor the resident's diet and ability to eat and report changes as needed to include speech therapy referral.</p> <p>Review of the resident's "Face Sheet," located in the electronic medical record (EMR) under the "Profile" tab, revealed R50 was initially admitted to the facility on [REDACTED] NJ Ex Order 26.4b1 with a re-admit date of [REDACTED] NJ Ex Order 26.4b1 with diagnoses to include [REDACTED]</p>	F 790	<p>F 790 ROUTINE/EMERGENCY DENTAL SERVICES</p> <p>I: IMMEDIATE ACTION 8/24/23 R 50 was referred for the bedside dentist for [REDACTED] NJ Ex Order 26.4(b)(1)</p> <p>II: IDENTIFICATION OF OTHERS All residents have the potential of being affected when the privacy curtains are non functional.</p> <p>III: SYSTEMIC CHANGES 9/1/23 nursing staff were in serviced on importance of ensuring dental consults are followed up timely, while addressing residents' needs for dentures. 9/1/23 nursing staff, speech therapist and dietician were in serviced on importance of ensuring a care plan is in place for any resident with dental issues or requiring dentures 9/1/23 an audit was completed to ensure all dental consults were followed up, including any resident in need for dentures, no negative findings.</p> <p>IV: QA MONITORING Facility will conduct and audit of 5</p>		

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F 790	<p>Continued From page 14</p> <p>Record review of the resident's "Care Plan" located in the "Care Plan" tab of the EMR revealed no concerns for [redacted] were documented.</p> <p>Review of the resident's "Care Plan," updated on [redacted], revealed <b>NJ ex order 26.4b1</b> [redacted]</p> <p>Review of the resident's annual "Minimum Data Set Assessment (MDS)," with an Assessment Reference (ARD) date of [redacted] revealed the resident had a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 which indicated the resident had <b>NJ ex order 26.4b1</b> . R50 <b>NJ ex order 26.4b1</b> [redacted]</p> <p>During an observation and interview on [redacted] at 2:55 PM R50 was in his room watching TV. R50 said he had been without [redacted] for almost five years and had been asking for them but had not received them. He further stated he could not chew his food well.</p> <p>Record review of handwritten "Dentist Progress Notes," located in the paper chart, revealed an initial exam on [redacted], where R50 was <b>NJ ex order 26.4b1</b> On [redacted] R50 had [redacted]</p> <p>A dental visit on [redacted] revealed that R50 <b>NJ ex order 26.4b1</b> [redacted] Twelve other visits occurred until [redacted] and [redacted] were not mentioned. On [redacted], the resident again requested [redacted] There was no documentation of the status of the [redacted]</p>	F 790	<p>residents to ensure all dental consults are followed up timely, including need for dentures with proper documentation weekly x 4 weeks then monthly x 2 months, then quarterly x 2 quarters All findings will be reviewed at the Quality Assurance meeting x 2 quarters</p> <p>V: PERSON RESPONSIBLE: Director of Nursing, Assistant Director of Nursing</p>		

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F 790	<p>Continued From page 15</p> <p>An interview on 08/24/23 at 10:53 AM with Social Service Director (SSD) revealed that she was not aware that R50 had <b>NJ Ex.Order 26.4(b)(1)</b>. She stated nursing usually had dentist order dental needs. SSD stated there were denture resources that could be used for the residents.</p> <p>An interview on 08/24/23 at 3:30 PM with Regional Social Worker (RSW) revealed that R50 required a <b>NJ ex order 26.4b1</b></p> <p>An Interview on 08/23/23 at 2:10 PM with Registered Nurse (RN)4 revealed that R50 had had several dental appointments, and she was not aware that R50 needed <b>NJ Ex.Order 26.4(b)(1)</b>.</p> <p>An interview on 08/24/23 at 3:30 PM with the Director of Nursing (DON) and Speech Therapist revealed that R50 was placed on a <b>NJ Ex.Order 26.4(b)(1)</b>. Both agreed that R50's <b>NJ Ex.Order 26.4(b)(1)</b> should not affect R50 receiving <b>NJ Ex.Order 26.4(b)(1)</b></p> <p>NJAC 8:39-15.1(b)</p>	F 790			

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S 000	<p>Initial Comments</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met. This deficient practice had the potential to affect all residents.</p> <p>Findings included:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which</p>	S 560	<p>S550 MANDATORY ACCESS TO CARE</p> <p>I. Immediate Action</p> <p>1. The facility respectfully submits that staff to resident ratios were reviewed on 8/27/23 to ensure compliance with New Jersey minimal staffing requirements.</p> <p>2. Staffing coordinator was re in-serviced on 8/27/23 on staffing ratio requirements.</p> <p>II. Identification of Others:</p> <p>i. The facility respectfully submits that all residents may be affected by this practice.</p> <p>III. System Changes</p>	9/24/23

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

Electronically Signed

TITLE

(X6) DATE

09/15/23

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S 560	<p>Continued From page 1</p> <p>established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One certified nurse aide to every eight residents for the day shift.</p> <p>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 certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and</p> <p>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 certified nurse aide and perform certified nurse aide duties.</p> <p>For the 3 weeks of Complaint staffing from 02/12/2023 to 03/04/2023, the facility was deficient in CNA staffing for residents on 17 of 21 day shifts as follows:</p> <p>-02/12/23 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs. -02/13/23 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs. -02/14/23 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs. -02/15/23 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs. -02/17/23 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs. -02/18/23 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p>	S 560	<p>1. Policy and Procedure for Minimal Staffing was reviewed and revised on 8/27/23 by Administrator and Director of Nursing to include staffing ratio of C.N.A.s of 1:8 for day shift, 1:10 for evening shift and 1:14 for the night shift.</p> <p>2. Director of Nursing and Administrator will review open positions and applications plus results of any interviews weekly to look for opportunities to hire.</p> <p>3. The Administrator and Director of Nurses will continue to utilize all possible means to increase the facility staff. This will include continued timely interviews, job fairs, reaching out to agencies for supplemental staff, setting up booths at nursing schools, utilization of all possible avenues to increase staffing in the facility.</p> <p>IV. Quality Assurance</p> <p>1a) Audits will be completed by the Director of Nursing or designee to ensure that all staffing complies with staffing ratios.</p> <p>1b) Audits will be done weekly x 4 weeks, monthly x 2 months and quarterly x 2 quarters.</p> <p>1d) The results of all audits will be brought to the QAPI committee quarterly x 3 quarters.</p> <p>V. Responsibility</p> <ol style="list-style-type: none"> <li>Director of Nursing</li> <li>Staffing coordinator</li> <li>Administrator</li> </ol>	
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S 560	<p>Continued From page 2</p> <p>-02/19/23 had 13 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-02/20/23 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-02/21/23 had 13 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-02/22/23 had 15 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>-02/24/23 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-02/25/23 had 14 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-02/26/23 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-02/27/23 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-02/28/23 had 13 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-03/03/23 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-03/04/23 had 14 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>For the 3 weeks of Complaint staffing from 04/09/2023 to 04/29/2023, the facility was deficient in CNA staffing for residents on 20 of 21 day shifts and deficient in total staff for residents on 2 of 21 overnight shifts as follows:</p> <p>-04/09/23 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-04/10/23 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-04/11/23 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-04/12/23 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-04/13/23 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>-04/14/23 had 14 CNAs for 133 residents on the day shift, required at least 17 CNAs.</p> <p>-04/15/23 had 13 CNAs for 133 residents on the day shift, required at least 17 CNAs.</p> <p>-04/16/23 had 14 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-04/17/23 had 14 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-04/18/23 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-04/19/23 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-04/21/23 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-04/21/23 had 9 total staff for 135 residents on the overnight shift, required at least 10 total staff.</p> <p>-04/22/23 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-04/23/23 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-04/23/23 had 9 total staff for 135 residents on the overnight shift, required at least 10 total staff.</p> <p>-04/24/23 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-04/25/23 had 13 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-04/26/23 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-04/27/23 had 14 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-04/28/23 had 14 CNAs for 132 residents on the day shift, required at least 17 CNAs.</p> <p>-04/29/23 had 15 CNAs for 132 residents on the day shift, required at least 17 CNAs.</p> <p>For the 2 weeks of Complaint staffing from 07/02/23 to 07/15/23, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts</p>	S 560		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060909</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/24/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ACCLAIM REHABILITATION AND NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>198 STEVENS AVE JERSEY CITY, NJ 07305</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 4</p> <p>as follows:</p> <p>-07/02/23 had 10 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-07/03/23 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-07/04/23 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-07/05/23 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-07/07/23 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-07/08/23 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-07/09/23 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-07/10/23 had 11 CNAs for 130 residents on the day shift, required at least 16 CNAs.</p> <p>-07/11/23 had 15 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-07/12/23 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-07/13/23 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-07/14/23 had 14 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-07/15/23 had 12 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>For the 2 weeks of staffing prior to survey from 8/06/2023 to 8/19/2023, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows:</p> <p>-08/06/23 had 12 CNAs for 130 residents on the day shift, required at least 16 CNAs.</p> <p>-08/07/23 had 11 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-08/08/23 had 15 CNAs for 126 residents on the</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060909</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/24/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ACCLAIM REHABILITATION AND NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>198 STEVENS AVE</b> <b>JERSEY CITY, NJ 07305</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 5</p> <p>day shift, required at least 16 CNAs. -08/09/23 had 13 CNAs for 125 residents on the day shift, required at least 16 CNAs. -08/12/23 had 10 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-08/13/23 had 11 CNAs for 123 residents on the day shift, required at least 15 CNAs. -08/14/23 had 13 CNAs for 123 residents on the day shift, required at least 15 CNAs. -08/15/23 had 12 CNAs for 126 residents on the day shift, required at least 16 CNAs. -08/16/23 had 14 CNAs for 126 residents on the day shift, required at least 16 CNAs. -08/17/23 had 14 CNAs for 126 residents on the day shift, required at least 16 CNAs. -08/18/23 had 14 CNAs for 128 residents on the day shift, required at least 16 CNAs. -08/19/23 had 12 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p>	S 560		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315083	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/3/2023	Y3
NAME OF FACILITY ACCLAIM REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 198 STEVENS AVE JERSEY CITY, NJ 07305		

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0550	Correction	ID Prefix F0600	Correction	ID Prefix F0790	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.55(a)(1)-(5)	Completed
LSC	09/24/2023	LSC	09/24/2023	LSC	09/24/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/24/2023

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 060909	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/3/2023
NAME OF FACILITY ACCLAIM REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 198 STEVENS AVE JERSEY CITY, NJ 07305	

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/24/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/24/2023

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

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

PRINTED: 06/04/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCLAIM REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>198 STEVENS AVE JERSEY CITY, NJ 07305</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments  An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 08/22/2023. The facility and 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, Health Facility Survey and Field Operations on 08/22/23 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.  Acclaim Rehabilitation and Nursing Center is a three-story building with a basement and subbasement that was built in 1908. It is composed of Type II protected construction. The facility is divided into 13 - smoke zones. The generator does approximately 30 % of the building as per the Maintenance Director. The current occupied beds are 129 of 150.	K 000		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101  Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.	K 291		9/24/23

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

TITLE

(X6) DATE

Electronically Signed

09/15/2023

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:  <b>315083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCLAIM REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>198 STEVENS AVE JERSEY CITY, NJ 07305</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 291	<p>Continued From page 1 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure emergency lighting was provided at the emergency generator transfer switches in accordance with NFPA 110 Standard for Emergency and Standby Power Systems (2010 Edition) Section 7.3. This deficient practice had the potential to affect all 129 residents.</p> <p>Findings include:</p> <p>An observation on 08/22/23 at 1:35 PM revealed emergency lighting was not provided at the emergency generator transfer switches located in the subbasement electrical room and in the room adjacent to the laundry.</p> <p>During an interview at the time of the observation, the Maintenance Director confirmed emergency lighting was not provided at the emergency generator transfer switches.</p> <p>NJAC 8:39-31/2(e), 31.2(g) NFPA 99, 110</p>	K 291	<p>K291-Emergency Lighting</p> <p>1.Immediate Correction a. Facility Contracted with an Electrician to install the Emergency light as per the NFPA 101 (standard for Emergency and Standby Power Systems) for the identified location found at the emergency generator transfer switch area located in the subbasement electrical room. This emergency light addition was installed and completed on 9/11/23 and is functioning.</p> <p>2. Identification of Others a. All residents have the potential to be affected by this, occurrence however no residents were involved in this deficiency.</p> <p>3. Systemic Changes a. Maintenance staff will be in-serviced on the proper the need for emergency lighting for duration of 1-1.5 hours according NFPA 101 (Emergency and Standby Power Systems) standards needed in the facility.</p> <p>4. QA Monitoring a. The Director of Maintenance will conduct weekly audits for x 4 weeks to ensure the lighting is properly working in the subbasement electrical room. The weekly audits will then change to monthly audit x 6 months.</p> <p>Audit findings will be presented to the</p>		

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

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NAME OF PROVIDER OR SUPPLIER  <b>ACCLAIM REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>198 STEVENS AVE JERSEY CITY, NJ 07305</b>		
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K 291	Continued From page 2	K 291	quality assurance committee quarterly x 2.  Person Responsible: The Director of Maintenance and Administrator		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315083	Y1	MULTIPLE CONSTRUCTION A. Building 01 - ACCLAIM B. Wing	Y2	DATE OF REVISIT 10/3/2023	Y3
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ITEM	DATE	ITEM	DATE	ITEM	DATE
Y4	Y5	Y4	Y5	Y4	Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC K0291	09/24/2023	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

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FOLLOWUP TO SURVEY COMPLETED ON 8/24/2023
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  YES  NO