STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315083	A. BUILDING _____ B. WING _____	C 01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCLAIM REHABILITATION AND NURSING CENTER	198 STEVENS AVE JERSEY CITY, NJ 07305

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS C #: NJ00158785 Sample Size: 5 Census; 124 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
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: NJ00158785 Based on observation, interview and record review on 1/18/23, it was determined that the facility failed to accurately assess and encode a resident [NJ Exec. Order 26:4] in the Minimum Data Set (MDS) assessments for 1 of 3 residents (Resident #2) reviewed for MDS accuracy. This was evidenced by the following: The Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual Section M Skin Conditions reflected "Coding Instructions Code based on the presence of any NJ Exec. Order 26:4.b.1 (regardless of stage) in the past 7 days. Code 0, no: if the resident did not have a NJ Exec. Order 26:4.b.1 in the 7-day look-back period. Then skip to M1030, Number of Venous and Arterial Ulcers. Code 1,	F 641	F641 Accuracy of Assessments I. Immediate Action a) Resident #2 was [NJ Exec. Order 26 4.b.1] to the [NJ Exec. Order 26:4] on [NJ Exec. Order 26:4] and [NJ Exec. Order 26:4] in the [NJ Exec. Order 26:4] b) Resident #2□s admission Minimum Data Set (MDS) dated [NJ Exec. Order 2] was modified and section M corrected to reflect a [NJ Exec. Order 26 4.b.1] on 2/9/23 c) Resident #2□s 5 day Minimum Data Set (MDS) dated 7/18/22 was modified and section M corrected to reflect [NJ Exec. Order 26:4] on 2/9/23 d) Resident #2□s discharge Minimum Data Set (MDS) dated [NJ Exec. Order 26:4] was modified and section M corrected to reflect [NJ Exec. Order 26 4.b.1] on 2/9/23	2/23/23

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/09/2023

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.

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F 641	Continued From page 1 yes: if the resident had any NJ Exec. Order 26:4.b.1 (Stage 1, 2, 3, 4, or unstageable) in the 7-day look-back period. Proceed to M0300, Current Number of NJ Exec. Order 26:4.b.1 at Each Stage." According to the Admission Record, Resident #2 was admitted to the facility on [redacted] with diagnoses which included but were not limited to; NJ Exec. Order 26:4.b.1 [redacted] A review of the MDS, an assessment tool used to facilitate the management of care, dated 7/8/22 reflected under Section M NJ Exec. Order 26:4.b.1 [redacted]), the resident had NJ Exec. Order 26:4.b.1. Section M further reflected that Resident #2 had [redacted] and that these were presented at the time of admission. A review of the resident's "Medicare - 5 Day" MDS, dated 7/12/22 reflected under Section M that resident had NJ Exec. Order 26:4.b.1 . However, there was no evidenced documentation that the NJ Exec. Order 26:4.b.1 was resolved. A review of the resident's "Discharge Return Anticipated /End of PPS Part A Stay" MDS, dated 8/24/22 reflected under Section M that the resident had NJ Exec. Order 26:4.b.1 . However, there was no evidenced documentation that the NJ Exec. Order 26:4.b.1 was resolved. The Order Summary Report reflected an order for NJ Exec. Order 26:4.b.1 Apply to [redacted] topically every day shift for [redacted] on 7/5/22. The "TREATMENT ADMINISTRATION RECORD	F 641	II. Identification of Others a) The facility respectfully acknowledges that potentially all residents may be affected. b) A complete audit was performed on 2/9/23 of all residents with [redacted] and with scheduled MDS to ensure accuracy of [redacted] coding. No errors or miscoding identified. c) All findings were brought to the attention of the Administrator III. Systemic Changes a) The Policy and Procedure on Minimum Date Set (MDS) was reviewed on 2/9/23 by Administrator, Director of Nursing and Regional Minimum Data Set (MDS) Coordinator and it was found to be in compliance. b) Clinical personnel responsible for completion of section M of the Minimum Date Set (MDS) will be reeducated on the accuracy of Minimum Date Set (MDS). I. Quality Assurance: a) Audits will be done by the Minimum Date Set (MDS) coordinator of all MDS submitted to ensure that section M is completed accurately. b) Audits will be done for residents with [redacted] and with in progress Minimum Data Set assessments (prior to lock and export) weekly x 4 weeks, monthly x 2 months, and quarterly x 2 quarters. c) The results of all audits will be brought to the QA committee quarterly x 3. I. Person Responsible: Director of	

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	315083	A. BUILDING _____ B. WING _____	C 01/18/2023

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F 641	Continued From page 2 (TAR)" for the month of 7/2022 and 8/2022 revealed the aforementioned order. The TAR further revealed that the aforementioned medications were applied to the Resident's [redacted] from 7/6/22 to 8/23/22 and on 8/24/2022 [redacted] was not provided because the resident was transferred to the [redacted]. A review of the facility [redacted] from 7/11/22 to 8/17/22 revealed the following: On 7/11/22, Resident #2 had [redacted] On 7/18/22, Resident #2 had [redacted] On 7/27/22, Resident #2 had [redacted] On 8/3/22, Resident #2 had [redacted] On 8/10/22, Resident #2 had [redacted] On 8/17/22, Resident #2 had [redacted]. A review of the resident's medical records (MR), dated from 7/5/22 through 8/24/22 revealed there was no documented evidence to indicate that the aforementioned [redacted] was [redacted] and the treatment was [redacted] The surveyor conducted and interview with the Registered Nurse (RN #1) on 1/18/23 at 3:45 pm. The RN confirmed that she had coded Resident #2's 5-day MDS for ARD 7/12/22 on 7/19/22 at 8:07 pm. The RN stated that she had coded Section M wrong on the MDS with ARD 7/12/22. The surveyor conducted an interview with the Regional MDS Coordinator (RMDSC) on 1/18/23 at 3:51 pm. The RMDSC confirmed that she had	F 641	nursing or designee, MDS coordinator	

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F 641	Continued From page 3	F 641		

coded Resident #2's "Discharge Return Anticipated" MDS for ARD 8/24/22 on 9/18/22 at 3:29 pm. The RMDSC acknowledged that the MDS assessment dated 8/24/22 was inaccurately coded in Section M.

The surveyor conducted an interview with the Administrator and DON on 1/18/23 at 4:43 pm, they both stated that when coding MDS, the RN and RMDSC have to check the residents medical record for accuracy. They further added that it is important to code correctly because the MDS reflects the resident status.

The "MDS COORDINATOR Job Description" indicated "Duties and Responsibilities Conduct and coordinate the development and completion of the resident assessment (MDS) in accordance with current rules, regulations and guidelines that govern the resident assessment.."

NJAC 8:39-11.2(e)(1)

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)
315083	A. Building B. Wing	2/24/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCLAIM REHABILITATION AND NURSING CENTER	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 F0641 Reg. # 483.20(g) LSC	Correction Completed 02/23/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 1/18/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			