STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 000	INITIAL COMMENTS Complaint# NJ 00164594 Census: 143 Sample Size: 5 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 755 SS=E	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 pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755		4/30/24

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

Electronically Signed | 04/20/2024

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
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755	Continued From page 1 §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: Complaint #: NJ00164594 Based on observations, interviews, and record review, as well as a review of pertinent facility documents on 03/21/24, it was determined that the facility failed to administer the medications in accordance with the acceptable standard of nursing practice and follow the facility policy on Medication Administration and Physician Services in 1 of 6 floors for 5 of 5 sampled residents, (Residents#1, #2, #3, #4, and #5). This deficient practice was evidenced by the following: On 03/21/24 at 10:12 am, the surveyor conducted a medication pass observation on the Nursing Unit with the Registered Nurse (RN #1). The surveyor observed a red color on the Electronic Medication Administration Record (EMAR) screen for Resident #2, #3, #4, and #5. RN#1 stated that the red color on the screen meant that the Residents' medications were due to be given at 9:00 am but were not given yet. The surveyor further observed that RN #1 prepared and administered medications to Resident #2, #3, #4, and #5. 1. According to the "ADMISSION RECORD" (AR), Resident #1 was admitted with diagnoses including but not limited to NJ Exec Order 26.4b1	F 755	What corrective action will be accomplished for those residents affected by the deficient practice? 1. The Physician was notified by the Director of Nursing regarding the failure of some nurses administering medications late for Residents #1, #2, #3, #4, and #5. 2. The Director of Nursing/Designee counseled the nurses who failed to follow the physician's order for Residents #1, #2, #3, #4, and #5. The nurses were in-serviced on the importance of following Physicians Orders for time of administration and notifying the Physician when a medication is administered outside the indicated time. 3. Residents NJ Exec Order 26.4b1 by the deficient practice. How will you identify other residents having the potential to be affected by the deficient practice and what corrective action will be taken?	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755	Continued From page 2 NJ Exec Order 26.4b1 [redacted] A review of the Minimum Data Set (MDS), an assessment tool dated [redacted], showed that Resident #1 had a Brief Interview of Mental Status (BIMS) score of [redacted] indicating that Resident #1 had [redacted] and required assistance with Activity of Daily Living (ADLs). A review of Resident #1's care plan (CP), dated [redacted] indicated that Resident #1 had NJ Exec Order 26.4b1 [redacted]. The CP had an intervention which included but was not limited to give medication as ordered. A review of Resident #1's "Order Summary Report" (OSR) revealed an order for the following: On [redacted], NJ Exec Order 26.4b1 [redacted] give 1 tablet orally two times a day related to [redacted] 30 minutes before breakfast and dinner. On [redacted] NJ Exec Order 26.4b1 [redacted] give 2 tablets by mouth two times a day for NJ Exec Order 26.4b1 to be given with food. On [redacted], NJ Exec Order 26.4b1 [redacted]), give 1 tablet orally two times a day for NJ Exec Order 26.4b1 give with meals. On [redacted], NJ Exec Order 26.4b1 instill	F 755	All residents have the potential to be affected by the deficient practice to administer the medications in accordance with the acceptable standard of nursing practice and follow the facility policy on Medication Administration and Physician Services. Unit Managers and Nursing Supervisors reviewed the current Medication Administration Records (MARs) of active residents to ensure that no other residents were affected by the same deficient practice. What measures will be put into place or what systemic changes have you made to ensure the deficient practice will not reoccur? All nurses were in-serviced on the need to maintain professional standards of clinical practice when following physicians orders with timing, and on following professional standards of nursing practices and facility policy when a medication is administered late. Emphasis was made on the following: (a) Administration of Medications according to the Physician's Order, (b) Adhering to the acceptable standards of nursing practice related to following the physician's order in the administration of medications 1 hour before or after. (c) Following facility s Policy when a	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755	Continued From page 3 NJ Exec Orde in NJ Exec Order 26.4b1 two times a day for NJ Exec Order 26.4b1 . A review of Resident #1's "Medication Administration Report" (MAR) for NJ Exec Order 26. confirmed the abovementioned medications were scheduled and to be administered as follows: NJ Exec Order 26.4b1 at 7:30 a.m. and 5:30 p.m. NJ Exec Order 26.4b1 at 8:00 a.m. and 5:00 p.m. NJ Exec Order 26.4b1 at 9:00 a.m. and 5:00 p.m. NJ Exec Order 26.4b1 at 9:00 a.m. and 5:00 p.m. A review of Resident #1's "Medication Admin Audit Report" (MAAR) indicated that the abovementioned medications were not administered according to the scheduled time. The medications were administered as follows: NJ Exec Order 26.4b1 was scheduled to be administered at 7:30 a.m. and 5:30 p.m., however, on the following days the medication was given late. NJ Exec Orde was administered at 10:59 a.m. NJ Exec Order was administered at 10:42 a.m. NJ Exec Orde was administered at 10:31 a.m. NJ Exec Orde was administered at 11:29 a.m. and at 8:07 p.m. NJ Exec Order was administered at 11:07 a.m. NJ Exec Order was administered at 11:28 a.m. and at 7:37 p.m. NJ Exec Orde was administered at 12:43 p.m. NJ Exec Order 2 was administered at 11:32 a.m. NJ Exec Order was administered at 11:18 a.m. NJ Exec Order 26 was administered at 11:43 a.m.	F 755	medication is administered late during Medication Pass. (d) Notifying the Physician when medications are not administered as ordered. How will the corrective actions be monitored to ensure the deficient practice will not reoccur? (QA Programs). 1. DON or Designee will audit 5 residents EMAR for 4 weeks and then 10 residents EMAR Monthly x2 to ensure medications are administered in accordance with the acceptable standard of nursing practice and follow the facility policy on Medication Administration and Physician Services. 2. The results of the audits will be reviewed during the QAPI Committee. 3. The QAPI Committee will make recommendations based upon the results of the audits. 4. Upon attaining consistent compliance, the QAPI committee will determine the continuation of the audits.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755	Continued From page 4	F 755		

NJ Exec Order 26 was administered at 1:11 p.m.
NJ Exec Order 26 was administered at 11:45 a.m.
NJ Exec Order 26 was administered at 2:01 p.m. and at 9:09 p.m.
NJ Exec Order 26 was administered at 10:42 a.m. and at 8:25 p.m.
NJ Exec Order 26 was administered at 8:02 p.m.
NJ Exec Order 26 was administered at 11:12 a.m.
NJ Exec Order 26 was administered at 1:57 p.m.
NJ Exec Order 26 was administered at 11:35 a.m.
NJ Exec Order 26 was administered at 8:19 p.m.
NJ Exec Order 26 was administered at 12:42 p.m.

NJ Exec Order 26.4b1 was scheduled to be administered at 8:00 a.m. and 5:00 p.m., however, on the following days the medication was given late.

NJ Exec Order was administered at 10:59 a.m.
NJ Exec Order was administered at 10:43 a.m.
NJ Exec Order was administered at 8:02 p.m.
NJ Exec Order was administered at 7:10 p.m.
NJ Exec Order was administered at 11:29 a.m. and at 8:07 p.m.
NJ Exec Order was administered at 11:07 a.m.
NJ Exec Order was administered at 11:28 a.m. and at 7:36 p.m.
NJ Exec Order was administered at 12:43 p.m.
NJ Exec Order 26 was administered at 11:32 a.m.
NJ Exec Order 2 was administered at 11:19 a.m. and at 7:20 p.m.
NJ Exec Order 26 was administered at 11:43 a.m.
NJ Exec Order 26 was administered at 1:11 p.m.
NJ Exec Order 26 was administered at 11:45 a.m.
NJ Exec O NJ Ex was administered at 2:01 p.m. and at 9:09 p.m.
NJ Exec O NJ Ex was administered at 10:42 a.m. and at 8:25 p.m.
NJ Exec Order 26 was administered at 7:14 p.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	**65 NORTH SUSSEX STREET DOVER, NJ 07801**

(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 755	Continued From page 5	F 755		

NJ Exec Order 26.4b1 was administered at 11:13 a.m.
NJ Exec Order 26.4b1 was administered at 1:57 p.m.
NJ Exec Order 26.4b1 was administered at 10:44 a.m.
NJ Exec Order 26.4b1 was administered at 10:56 a.m.
NJ Exec Order 26.4b1 was administered at 10:54 a.m.
NJ Exec Order 26.4b1 was administered at 11:42 a.m.
NJ Exec Order 26.4b1 was administered at 11:35 a.m. and at 7:04 p.m.
NJ Exec Order 26.4b1 was administered at 8:18 p.m.
NJ Exec Order 26.4b1 was administered at 1:56 p.m.

NJ Exec Order 26.4b1 was scheduled to be administered at 9:00 a.m. and 5:00 p.m., however, on the following days the medication was given late.

NJ Exec Order 26.4b1 was administered at 11:01 a.m.
NJ Exec Order 26.4b1 was administered at 8:02 p.m.
NJ Exec Order 26.4b1 was administered at 7:10 p.m.
NJ Exec Order 26.4b1 was administered at 11:31 a.m. and at 8:07 p.m.
NJ Exec Order 26.4b1 was administered at 11:08 a.m.
NJ Exec Order 26.4b1 was administered at 11:29 a.m. and at 7:37 p.m.
NJ Exec Order 26.4b1 was administered at 1:06 p.m.
NJ Exec Order 26.4b1 was administered at 11:34 a.m.
NJ Exec Order 26.4b1 was administered at 11:28 a.m. and at 7:20 p.m.
NJ Exec Order 26.4b1 was administered at 11:45 a.m.
NJ Exec Order 26.4b1 was administered at 1:11 p.m.
NJ Exec Order 26.4b1 was administered at 11:45 a.m.
NJ Exec Order 26.4b1 was administered at 2:01 p.m. and at 9:09 p.m.
NJ Exec Order 26.4b1 was administered at 8:25 p.m.
NJ Exec Order 26.4b1 was administered at 7:14 p.m.
NJ Exec Order 26.4b1 was administered at 12:55 p.m.
NJ Exec Order 26.4b1 was administered at 2:02 p.m.
NJ Exec Order 26.4b1 was administered at 11:43 a.m.
NJ Exec Order 26.4b1 was administered at 11:36 a.m. and at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755		F 755		

Continued From page 6

7:04 p.m.
NJ Exec Order 26.4b1 was administered at 8:18 p.m.
NJ Exec Order 26.4b1 was administered at 3:59 p.m.

NJ Exec Order 26.4b1 was scheduled to be administered at 9:00 a.m. and 5:00 p.m., however, on the following days the medication was given late.

NJ Exec Orde was administered at 11:03 a.m.
NJ Exec Orde was administered at 8:02 p.m.
NJ Exec Orde was administered at 7:10 p.m.
NJ Exec Orde was administered at 11:32 a.m. and at 8:07 p.m.
NJ Exec Orde was administered at 11:09 a.m. and at 7:51 p.m.
NJ Exec Order 2 was administered at 11:30 a.m. and at 7:37 p.m.
NJ Exec Orde was administered at 1:06 p.m.
NJ Exec Order 2 was administered at 11:34 a.m.
NJ Exec Order 2 was administered at 11:29 a.m. and at 7:21 p.m.
NJ Exec Order 26 was administered at 11:46 a.m.
NJ Exec Order 26 was administered at 1:11 p.m.
NJ Exec Order 26 was administered at 11:46 a.m.
NJ Exec Order 26 was administered at 2:01 p.m. and at 9:09 p.m.
NJ Exec Order 26 was administered at 8:25 p.m.
NJ Exec Order 26 was administered at 7:14 p.m.
NJ Exec Order 26 was administered at 12:55 p.m.
NJ Exec Order 26 was administered at 2:05 p.m.
NJ Exec Order 26. was administered at 11:45 a.m.
NJ Exec Order 26 was administered at 11:37 a.m. and at 7:04 p.m.
NJ Exec Order 26. was administered at 8:18 p.m.

A review of Resident #1's progress notes (PN) from NJ Exec Orde to NJ Exec Order 26, there was no indication in the PN that the Resident's U.S. FOIA (b) (6)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755	Continued From page 7 U.S. FOIA (b) (6)) was notified that the aforementioned medications were not administered according to the scheduled time.Also, there was no documented evidence of harm to the resident from the late administration of medications. 2. According to the AR, Resident #2 was admitted with diagnoses including but not limited to NJ Exec Order 26.4b1 . A review of the MDS dated NJ Exec Order 26.4b, Resident #2 NJ Exec Order 26.4b was NJ Exec Order 26.4 and required extensive assistance with ADLs. A review of Resident #2's CP, initiated on NJ Exec Order 26.4b1 indicated Resident #2 has NJ Exec Order 26.4b1 medications as ordered. Resident #2's CP further indicated the following: Resident #2 has NJ Exec Order 26.4b1. Interventions included but were not limited to give NJ Exec Order 26.4b medication as ordered by doctor; Resident #2 has NJ Exec Order 26.4b1 related to NJ Exec O . Interventions included but were not limited to administer NJ Exec Order 26.4b1] as per orders. A review of Resident #2's OSR on NJ Exec Order 2 revealed an order for the following: On NJ Exec Order 2, NJ Exec Order 26.4b1, give 1 tablet orally three times a day related to NJ Exec O in NJ Exec Ord On NJ Exec Order 26 NJ Exec Order 26.4b1 tab, give 1 tablet orally in the morning for NJ Exec Order 26.4b1	F 755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	**65 NORTH SUSSEX STREET DOVER, NJ 07801**

(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 755	Continued From page 8	F 755		

On [redacted], NJ Exec Order 26.4b1, give 1 tablet orally two times a day related to [redacted]

On [redacted], NJ Exec Order 26.4b1, give 1 tablet orally in the morning related to [redacted]

On [redacted], NJ Exec Order 26.4b1, give 1 tablet orally one time a day for [redacted]

A review of Resident #2's MAR for [redacted] confirmed the abovementioned medications were scheduled and to be administered as follows:

NJ Exec Order 26.4b1 at 9:00 a.m., 1:00 p.m., and 5:00 p.m.
NJ Exec Order 26.4b1 at 9:00 a.m.
NJ Exec Order 26.4b1 at 9:00 a.m. and 5:00 p.m.
NJ Exec Order 26.4b1 at 9:00 a.m.
NJ Exec Order 26.4b1 at 9:00 a.m.

A review of Resident #2's MAAR indicated that the abovementioned medications were not administered according to the scheduled time. The medications were administered as follows:

NJ Exec Order 26.4b1 tab was scheduled to be administered at 9:00 a.m.,1:00 p.m., and 5:00 p.m., however, on the following days medication was given late.

[redacted] was administered at 6:08 p.m.
[redacted] was administered at 6:50 p.m.
[redacted] was administered at 10:54 a.m.
[redacted] was administered at 2:14 p.m.
[redacted] was administered at 11:24 a.m. and at 6:09 p.m.
[redacted] was administered at 7:33 p.m.
[redacted] was administered at 7:21 p.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	**65 NORTH SUSSEX STREET DOVER, NJ 07801**

(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 755	Continued From page 9	F 755		

NJ Exec Order 26 was administered at 11:16 a.m.
NJ Exec Order 26 was administered at 2:03 p.m.
NJ Exec Order 26 was administered at 3:04 p.m. and at 6:27 p.m.
NJ Exec Order 26 was administered at 10:05 a.m. and at 6:04 p.m.
NJ Exec Order 26 was administered at 6:28 p.m.
NJ Exec Order 4 was administered at 11:01 a.m.

NJ Exec Order 26.4b1 tab was scheduled to be administered at 9:00 a.m., however, on the following days the morning medication was given late.

NJ Exec Order was administered at 10:54 a.m.
NJ Exec Order 26 was administered at 11:24 a.m.
NJ Exec Order 26 was administered at 11:16 a.m.
NJ Exec Order 26 was administered at 10:05 a.m.
NJ Exec Order 26 was administered at 11:01 a.m.

NJ Exec Order 26.4b1 was scheduled to be given at 9:00 a.m. and 5:00 p.m., however, on the following days the medication was given late.

NJ Exec Order was administered at 6:50 p.m.
NJ Exec Order 2 was administered at 10:54 a.m.
NJ Exec Order 26 was administered at 11:24 a.m.
NJ Exec Order 26 was administered at 7:33 p.m.
NJ Exec Order 26 was administered at 7:21 p.m.
NJ Exec Order 26 was administered at 11:16 a.m.
NJ Exec Order 26 was administered at 6:27 p.m.
NJ Exec Order 26 was administered at 6:28 p.m.
NJ Exec Order 26 was administered at 11:02 a.m.

NJ Exec Order 26.4b1 was scheduled to be given at 9:00 a.m., however, on the following days the morning dose was given late.

NJ Exec Order 2 was administered at 10:54 a.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755	Continued From page 10	F 755		

NJ Exec Order 26. was administered at 11:24 a.m.
NJ Exec Order 2 was administered at 11:16 a.m.
NJ Exec Order 2 was administered at 11:02 a.m.

NJ Exec Order 26.4b1 was scheduled to be given at 9:00 a.m., however, on the following days the morning dose was given late.

NJ Exec Orde was administered at 10:54 a.m.
NJ Exec Order 2 was administered at 11:24 a.m.
NJ Exec Order 2 was administered at 11:16 a.m.
NJ Exec Order 2 was administered at 11:02 a.m.

A review of Resident #2's PN from NJ Exec Order 2 to NJ Exec Order 2, there was no indication in the PN that the Resident's U.S. FOIA was notified that the medications were not administered according to the scheduled time. Also, there was no documented evidence of harm to the resident from the late administration of medications.

3. According to the AR, Resident #3 was admitted with diagnoses including but not limited to NJ Exec Order 26.4b1 .

A review of the MDS, an assessment tool dated NJ Exec Orde, indicated that Resident #3's NJ Exec Order 26.4b was NJ Exec Order 26.4b1 and needed help from staff with ADLs.

A review of Resident #3's CP, NJ Exec Order 2, indicated that Resident #3 had NJ Exec Order 26.4b1 and at risk for NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1. The intervention which included but was not limited to give medications as ordered.

A review of Resident #3's OSR on NJ Exec Order 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	**65 NORTH SUSSEX STREET DOVER, NJ 07801**

(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 755	Continued From page 11	F 755		

revealed an order for the following:

On NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 give 100 mg by mouth every 12 hours for NJ Exec Order 26.4b1

On NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, give NJ Exec Order 26.4b1 by mouth one time a day for NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1.

On NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, give 1 tablet by mouth every 12 hours for NJ Exec Order 26.4b1

A review of Resident #3's MAR for NJ Exec Order 26.4b1 confirmed the abovementioned medications were scheduled and to be administered as follows:

NJ Exec Order 26.4b1 at 9:00 a.m. and 9:00 p.m.
NJ Exec Order 26.4b1 at 9:00 a.m.
NJ Exec Order 26.4b1 at 9:00 a.m. and 9:00 p.m.

A review of Resident #3's MAAR indicated that the abovementioned medications were not administered according to the scheduled time. The medications were administered as follows:

NJ Exec Order 26.4b1 was scheduled to be given at 9:00 a.m. and 9:00 p.m., however, on the following days the morning dose was given late.

NJ Exec Order 26.4b1 was administered at 10:27 a.m.
NJ Exec Order 26.4b1 was administered at 10:22 a.m.
NJ Exec Order 26.4b1 was administered at 11:34 a.m.
NJ Exec Order 26.4b1 was administered at 11:12 a.m.
NJ Exec Order 26.4b1 was administered at 11:04 a.m.
NJ Exec Order 26.4b1 was administered at 10:27 a.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755	Continued From page 12	F 755		

NJ Exec Order 26 was administered at 10:35 a.m.

NJ Exec Order 26.4b1 was scheduled to be given at 9:00 a.m., however, on the following days the morning dose was given late.

NJ Exec Orde was administered at 10:27 a.m.
NJ Exec Orde was administered at 10:22 a.m.
NJ Exec Order 26 was administered at 11:12 a.m.
NJ Exec Order 26 was administered at 11:04 a.m.
NJ Exec Order 26 was administered at 10:27 a.m.
NJ Exec Order 26 was administered at 10:58 a.m.

NJ Exec Order 26.4b1 was scheduled to be given at 9:00 a.m. and 9:00 p.m., however, on the following days the morning dose was given late.

NJ Exec Orde was administered at 10:27 a.m.
NJ Exec Orde was administered at 10:22 a.m.
NJ Exec Order 26 was administered at 11:12 a.m.
NJ Exec Order 26 was administered at 11:05 a.m.
NJ Exec Order 26 was administered at 10:28 a.m.
NJ Exec Order 26. was administered at 10:36 a.m.

A review of Resident #3's PN from NJ Exec Orde to NJ Exec Order 26, there was no indication in the PN that the Resident's U.S. FOIA was notified that the medications were not administered according to the scheduled time. Also, there was no documented evidence of harm to the resident from the late administration of medications.

4. According to the AR, Resident #4 was admitted with diagnoses including but not limited to NJ Exec Order 26.4b1 .

A review of Resident #4's MDS dated NJ Exec Order 26,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755	Continued From page 13	F 755		

indicated that Resident #4 had a BIMS score of [redacted] indicating that Resident #4's [redacted] was [redacted] and required total assistance with ADLs.

A review of Resident #4's CP, initiated on [redacted], indicated that Resident #4 has [redacted] related to [redacted]. The CP included goal intervention but not limited to the importance of Resident's compliance with treatment. Furthermore, Resident #4's CP indicated Resident has [redacted] related to [redacted] The CP interventions included but not limited to administer medications as ordered.

A review of Resident #4's OSR on [redacted] revealed an order for the following:

On [redacted], give 1 tablet by mouth one time a day.
On [redacted], [redacted] by mouth one time a day.

A review of Resident #4's MAR for [redacted], confirmed the above-mentioned medications were scheduled and administered as follows:

[redacted] at 9:00 a.m.
[redacted] at 9:00 a.m.

A review of Resident #4's MAAR indicated that the above-mentioned medications were not administered according to the scheduled time. The medications were administered as follows:

[redacted] was scheduled to be administered at 9:00 a.m., however, on the following days the medication was given late.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755		F 755		

Continued From page 14

NJ Exec Orde was administered at10:56 a.m.
NJ Exec Orde was administered at 11:16 a.m.
NJ Exec Order 2 was administered at 10:28 a.m.
NJ Exec Orde was administered at 10:21 a.m.
NJ Exec Order 2 was administered at 11:20 a.m.
NJ Exec Order 2 was administered at 10:20 a.m.
NJ Exec Order 2 was administered at 11:10 a.m.
NJ Exec Order 2 was administered at 1:05 p.m.
NJ Exec Order 2 was administered at 10:53 a.m.
NJ Exec Order 2 was administered at 10:51 a.m.

NJ Exec Order 26.4b1 was scheduled to be administered at 9:00 a.m., however, on the following days the morning dose given late.

NJ Exec Orde was administered at 10:56 a.m.
NJ Exec Order 2 was administered at 11:16 a.m.
NJ Exec Orde was administered at 10:28 a.m.
NJ Exec Orde was administered at 10:21 a.m.
NJ Exec Order 2 was administered at 11:20 a.m.
NJ Exec Order 2 was administered at 10:20 a.m.
NJ Exec Order 2 was administered at 11:10 a.m.
NJ Exec Order 2 was administered at 1:05 p.m.
NJ Exec Order 2 was administered at 10:53 a.m.
NJ Exec Order 2 was administered at 10:48 a.m.

A review of Resident #4's PN from NJ Exec Orde to NJ Exec Order 2, there was no indication in the PN that the Resident's U.S. FOIA was notified that the aforementioned medications were not administered according to the scheduled time. Also, there was no documented evidence of harm to the resident from the late administration of the medications.

5. According to the AR, Resident #5 was admitted with diagnoses including but not limited to NJ Exec Order 26.4b1 ,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755	Continued From page 15	F 755		

NJ Exec Order 26.4b1 .

A review of Resident #5's MDS dated NJ Exec Order 26, indicated that Resident #5's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 and required assistance with ADLs.

A review of Resident #5's CP, initiated on NJ Exec Order 26.4b1, indicated that Resident #5 had NJ Exec Order 2 in NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1 . The CP included interventions but were not limited to administering medications as ordered.

A review of Resident #5's OSR on NJ Exec Order 26 revealed an order for the following:

On NJ Exec Order NJ Exec Order 26.4b1 in NJ Exec Order 26.4b1 two times a day for NJ Exec Order 26.4 .
On 1 NJ Exec Order 26.4 NJ Exec Order 26.4b1 give 1 tablet orally in the morning for NJ Exec Order 26.4b1
On NJ Exec Order 26 NJ Exec Order 26.4b1 , give 1 tablet orally every 12 hours for NJ Exec Order 26.4b1
On NJ Exec O NJ Exec Order 26.4b1 , give 1 tablet by mouth one time a day for NJ Exec Order 26
On NJ Exec Order 26 , NJ Exec Order 26.4b1 , give 1 tablet orally every 12 hours for NJ Exec Order 26.4b1
On NJ Exec Order 26 NJ Exec Order 26.4b1 , give 2 tablets orally one time a day as NJ Exec Order 26.4b1

A review of Resident #5's MAR for NJ Exec Order 26 confirmed the medications were scheduled and to be administered as follows:

NJ Exec Order 26.4b1 at 9:00 a.m. and 5:00 p.m.
NJ Exec Order 26.4b1 at 9:00 a.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	**65 NORTH SUSSEX STREET DOVER, NJ 07801**

(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 755	Continued From page 16	F 755		

NJ Exec Order 26.4b1 at 9:00 a.m. and 9:00 p.m.
NJ Exec Order 26.4b1 at 9:00 a.m.
NJ Exec Order 26.4b1 at 9:00 a.m. and 9:00 p.m.
NJ Exec Order 26.4b1 at 9:00 a.m.

A review of Resident #5's MAAR indicated that the abovementioned medications were not administered according to the scheduled time. The medications were administered as follows:

NJ Exec Order 26.4b1 was scheduled to be administered at 9:00 a.m. and 5:00 p.m., however, on the following days, the medications were given late.

NJ Exec Orde was administered at 10:37 a.m.
NJ Exec Order was administered at 6:30 p.m.
NJ Exec Orde was administered at 10:35 a.m.
NJ Exec Order 26. was administered at 11:26 a.m.
NJ Exec Order 2 was administered at 6:55 p.m.
NJ Exec Order 26 was administered at 7:14 p.m.
NJ Exec Order 26 was administered at 11:21 a.m.
NJ Exec Order 26. was administered at 10:28 a.m.

NJ Exec Order 26.4b1 was scheduled to be administered at 9:00 a.m., however, on the following days the morning medication was given late.

NJ Exec Orde was administered at 10:37 a.m.
NJ Exec Orde was administered at 10:35 a.m.
NJ Exec Order 26 was administered at 11:26 a.m.
NJ Exec Order 26 was administered at 11:21 a.m.
NJ Exec Order 26. was administered at 10:27 a.m.

NJ Exec Order 26.4b1 was scheduled to be administered at 9:00 a.m. and 9:00 p.m., however, on the following days the morning dose was given late.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755	Continued From page 17	F 755		

NJ Exec Orde was administered at 10:54 a.m.
NJ Exec Orde was administered at 10:35 a.m.
NJ Exec Order 26 was administered at 11:26 a.m.
NJ Exec Order 26 was administered at 11:21 a.m.
NJ Exec Order 26 was administered at 10:28 a.m.

NJ Exec Order 26.4b1 was scheduled to be administered at 9:00 a.m., however, on the following days the morning dose was given late.

NJ Exec Orde was administered at 10:54 a.m.
NJ Exec Orde was administered at 10:35 a.m.
NJ Exec Order 26 was administered at 11:27 a.m.
NJ Exec Order 26 was administered at 11:22 a.m.
NJ Exec Order 26 was administered at 10:28 a.m.

NJ Exec Order 26.4b1 was scheduled to be administered at 9:00 a.m. and 9:00 p.m., however, on the following days the morning dose was given late.

NJ Exec Orde was administered at 10:54 a.m.
NJ Exec Orde was administered at 10:35 a.m.
NJ Exec Order 26 was administered at 11:27 a.m.
NJ Exec Order 26 was administered at 11:04 a.m.
NJ Exec Order 26 was administered at 11:22 a.m.
NJ Exec Order 26 was administered at 10:28 a.m.

NJ Exec Order 26.4b1 was scheduled to be administered at 9:00 a.m., however, on the following days morning dose was given late.

NJ Exec Order 2 was administered at 10:55 a.m.
NJ Exec Orde was administered at 10:36 a.m.
NJ Exec Order 26 was administered at 11:28 a.m.
NJ Exec Order 26 was administered at 11:22 a.m.
NJ Exec Order 26 was administered at 10:28 a.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755	Continued From page 18	F 755		

A review of Resident #5's PN from [NJ Exec Orde] to [NJ Exec Order 2], there was no indication in the PN that the Resident's [U.S. FOIA] was notified that the medications were not administered according to the scheduled time on the aforementioned dates. Also, there was no documented evidence of harm to the resident from the late administration of medications.

During an interview with Registered Nurse (RN #1) on 3/21/24 at 1:52 p.m., RN #1 stated that red bars in the EMAR means late medications not given within the hour before and after the medications' scheduled administration time. The RN also stated that if the medications were not administered according to the scheduled time "or running late with medications," RN would document that the medications were given late and would call the doctor to notify that the medications were not administered according to the scheduled time.

During an interview with the [U.S. FOIA (b) (6)]) on 3/21/24 at 4:35 p.m., the [U.S. FOIA] stated that the nurses were to administer the medications according to the schedule. [U.S. FOIA] further stated that if the medications were not administered on scheduled time, the nurse was to notify the doctor and document in the residents' PN.

A review of the facility provided document titled, "Color indication on EMAR: Red - Documentation overdue, administration window to document has passed ..."

A review of the facility's policy titled "Medication Administration," dated on 3/2024, under "Procedure...4. Verify the Five rights and check

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 755	Continued From page 19 labeling for expiration date prior to administration. e) Right Time..." A review of the facility's policy titled "Physician Services," dated on 2/2024, under "Procedure...8. All physician orders will be followed as prescribed and if not followed, the reason shall be recorded on the resident's medical record during that shift."	F 755		
F 761 SS=E	NJAC 8:39-29.2 (d) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §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	F 761		4/30/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 761	Continued From page 20 be readily detected. This REQUIREMENT is not met as evidenced by: Complaint# NJ 00164594 Based on observations, interviews, and record review, it was determined that the facility failed to a.) ensure that expired medications were removed from the medication cart, b.) ensure that each medication cabinets and refrigerator (Unit 2B) were locked. This deficient practice was identified for 2 of 2 units and was evidenced by the following: During the medication administration observation with the surveyors on 3/21/24 at 9:46 am, the surveyor observed Registered Nurse (RN #1) went to Unit 2B nurses' station (observed there was no one at the nurse's station) to look for a medication for an unsampled resident. RN #1 was able to open the cabinets without using a key and started looking for the medication. RN #1 then closed the cabinet without locking and stated, "I will go to Pyxis [the facility's back up medications storage] to get the unsampled resident's medication," the RN left the unit and the cabinets remained unlocked. The RN went to the medication room and was able to find the unsampled medication and continued to administer medication. At 10:12 a.m., RN #1 pulled a bottle of Aspirin 325 milligram (mg) from Unit 2B's medication cart, the bottle had an expiration date of 2/2024 and a written date of 3/13/24 to indicate when the bottle was opened. Then RN #1 pulled the bottle of Aspirin and went back to Unit 2B's nurse station, for the second time around, RN #1 opened the cabinets without using a key and took	F 761	What corrective action will be accomplished for those residents affected by the deficient practice? 1. No residents were adversely affected by the deficient practice. 2. All medications were checked for expiration date and discarded appropriately. 3. All medications were removed from all units and placed in a centralized locked medication room. How will you identify other residents having the potential to be affected by the deficient practice and what corrective action will be taken? All residents have the potential to be affected by the deficient practice. All medications storage were checked for expiration date and to ensure all storage remain locked. What measures will be put into place or what systemic changes have you made to ensure the deficient practice will not reoccur? All nurses were in-service on the need to check all med carts for expired medications at the beginning of their shift and to ensure	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 761	Continued From page 21 a bottle of Aspirin, however she did not find one. The RN then went to Unit 2A nurse station's medication cabinet, opened the "unlocked" cabinet without using a key. RN took a bottle of unexpired Aspirin and continued to give medication on Unit 2B. From 9:46 am to 10:42 am, Surveyor #2 did not observe any residents wandering around the unit, the surveyor observed Unit 2B medication cabinets were unattended and unlocked. The US FOIA (b)(6)) was notified. The US FOIA (b) and the Surveyor observed current and discontinued medications were inside the cabinets. Furthermore, the US FOIA (b) and the Surveyor observed that the fridge at the nurse's station's padlock was unlock. The US FOIA (b)(6) pointed out a signage indicated "Don't leave this Fridge unlocked." According to the US FOIA (b)(6), the cabinets and the fridge must always be locked and only the nurse can open the cabinets. During the interview with the surveyor on 3/21/24 at 1:52 pm, RN #1 stated that the cabinet must be locked at all times. RN #1 further stated that the cabinets were locked in the morning, however, she was unable to explain the reason why the cabinets were unlocked during the medication administration. She stated that the cabinets had to be locked at all times because "if anyone takes the medication, they can ingest it and a lot of things can happen, like nausea, vomiting, or worse." The surveyors asked the RN regarding the expired Aspirin. The RN stated that the nurses were to check and remove all expired medications in the cart. The RN stated, "I guess I did not check my cart today, otherwise I would've have seen the expired medication."	F 761	locking all medication storage. Medication storage was minimized to med carts and one centralized medication room on the first floor away from all the long-term care units. How will the corrective actions be monitored to ensure the deficient practice will not reoccur? (QA Programs). 1. DON or Designee will audit 5 medication storage 4 weeks and then 10 Medication storage Monthly x2 to ensure proper medication storage in accordance with the acceptable standard of nursing practice and follow the facility policy for medication storage. 2. Pharmacy consultant will check medication storage monthly. Findings will be reviewed during QAPI committe. 3. The results of the audits will be reviewed during the QAPI Committee. 4. The QAPI Committee will make recommendations based upon the results of the audits. 5. Upon attaining consistent compliance, the QAPI committee will determine the continuation of the audits.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315355	A. BUILDING _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(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 761	Continued From page 22 During the interview with the surveyors on 3/21/24 at 4:35 pm, in the presence of U.S. FOIA (b) (6), U.S. FOIA (b) (6), U.S. FOIA (b) (6), U.S. FOIA (b) (6), the U.S. FOIA stated that the nurses had to remove all expired medications from the cart and "will do a med error and audit to make sure there was no expired medications in the medication carts." Review of the facility policy titled "Medication Storage," dated 2/2024, reflected "INTENT: The facility stores all drugs and biologicals in a safe, secure, and orderly manner. PROCEDURE: 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. 2. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner...4. Compartments (Including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use..." NJAC 8:39-29.4 (g)(h)	F 761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061423	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint #: NJ 00164594 Census: 143 Sample Size: 5 The facility was 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 00164594 Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 11 of 28 day shifts. The deficient practice was evidenced by the following: Reference: New Jersey Department of Health	S 560	I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: The facility actively seeks to hire CNAs, that all shifts are scheduled to comply with ratios, that any callouts or no-shows result in calls being made by the shift supervisor to fill the shift.	4/30/24

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

Electronically Signed | 04/20/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061423	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 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 as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every ten residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties, and one direct care staff member to every fourteen residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. The surveyor requested staffing for the weeks of 03/03/2024 to 03/16/2024 and 05/14/2023 to 05/27/2023. The facility was deficient in CNA staffing for residents on 11 of 28 day shifts as follows: -05/14/23 had 15 CNAs for 132 residents on the day shift, required at least 16 CNAs. -05/20/23 had 15 CNAs for 127 residents on the day shift, required at least 16 CNAs. -05/21/23 had 15 CNAs for 127 residents on the day shift, required at least 16 CNAs. -05/22/23 had 15 CNAs for 127 residents on the day shift, required at least 16 CNAs. -03/05/24 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs. -03/07/24 had 17 CNAs for 142 residents on the	S 560	Recruitment efforts by the facility to hire CNA□s, direct nursing staff include the following: Aggressively running ads through various social media platforms; Utilization of employment application websites; and fostering partnerships with recruitment and employment agencies. No residents have been adversely affected by the deficient practice. II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE All residents have the potential to be affected by this situation. III. SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR Facility□s Recruitment and Retention Strategies and Efforts have been in progress, which include but are not limited to the following: Offer Sign on bonuses to attract staff Recruitment bonus to encourage referrals from current staff Offer daily and weekend bonuses to attract overtime or PRN staff shifts Regularly meet with Staff to boost morale Conduct Staff Appreciation programs and activities to promote Staff Retention Aggressively run ads in various social media platforms and employment application websites	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061423	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 2 day shift, required at least 18 CNAs. -03/09/24 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs. -03/13/24 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs. -03/14/24 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs. -03/15/24 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs. -03/16/24 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs.	S 560	Flexible shifts and schedules Increased wages to be well above state minimum Working with C.N.A. schools to recruit new grads Contract with staffing agencies IV. MONITORING OF CORRECTIVE ACTIONS The Director of Nursing or designee will provide weekly reports to the Administrator regarding all efforts made to try to comply with the State□s Staffing Ratios. Reports will be submitted to the Corporate Director of Human Resources/Payroll and QAPI committe for revire .	

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
315355 Y1	A. Building B. Wing Y2	4/30/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

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 F0755	Correction	ID Prefix F0761	Correction	ID Prefix	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. #	Completed
LSC	04/30/2024	LSC	04/30/2024	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
3/21/2024	☐ 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	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061423 Y1	A. Building B. Wing Y2	4/30/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT DOVER	65 NORTH SUSSEX STREET DOVER, NJ 07801

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	04/30/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	
3/21/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO