

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315229	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Phoenix Center for Rehabilitation and Pediatrics			STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE , HASKELL, New Jersey, 07420	
(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
F0000	INITIAL COMMENTS COMPLAINT #: NJ-188230, NJ-187176, NJ-186369 CENSUS: 117 SAMPLE SIZE: 9 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.	F0000		09/05/2025
F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Complaint #: NJ00186369 Based on interviews, record review, and review of pertinent facility documents on 07/23/25, it was determined that the facility failed to ensure a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 were changed as deemed necessary and consistent with the professional standards of practice for Resident #7. This deficient practice was identified in 1 of 9 residents reviewed for NJ Exec Order 26.4b1 care and services and was evidenced as follows: A review of Resident #7's Admission Record (AR) revealed the resident was admitted to the facility with the following diagnoses which included but were not limited to: NJ Exec Order 26.4b1	F0695	PLAN OF CORRECTION F-695 Respiratory/Tracheostomy Care and Suctioning IMMEDIATE ACTION For Resident#7, identified in the CMS-2567 Statement of Deficiencies, no corrective actions were taken as the resident is no longer at the facility. IDENTIFY OTHERS: On 9/3/2025, All residents with tracheostomy and ventilators records were reviewed to verify and ensure the accuracy of the logs by Respiratory Director/designee. INSERVICES: The facility's Interdisciplinary Team reviewed Policy on Vent Circuit Change and Trach Change On 9/3/2025, in-service on both policies to all respiratory therapists was initiated by Respiratory Director to emphasize the accuracy of the documentation. QAPI: Respiratory Director/designee will perform monthly audits on documentation accuracy on ventilator and circuit changes every month for the first 3 months,	09/04/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further 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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F0695 SS = D	<p>Continued from page 1 NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>A review of the resident's Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, under Section NJ Exec Order 26.4b1 revealed that the resident's NJ Exec Order 26.4b1 skills for daily NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1. The resident's MDS further showed that the resident was NJ Exec Order 26.4b1 on staff for the completion of their Activities of Daily Living (ADLs).</p> <p>A review of the resident's individual comprehensive care plan (ICCP) dated initiated NJ Exec Order 26.4b1, included a focus area that the resident had a NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 management and at risk for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The ICCP further revealed that the resident was being maintained on NJ Exec Order 26.4b1 settings appropriate for the resident's needs.</p> <p>A review of the resident's NJ Exec Order 26.4b1 Record for the month of NJ Exec Order 26.4b1 reflected an order: Change NJ Exec Order 26.4b1 every NJ Exec Order 26.4b1 and further reflected that the NJ Exec Order 26.4b1 was changed on NJ Exec Order 26.4b1.</p> <p>A review of the resident's progress notes (PN) dated NJ Exec Order 26.4b1 at 12:36 AM indicated that the resident was sent out to hospital due to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 around 11:35 PM. The PN dated NJ Exec Order 26.4b1 at 5:56 AM, revealed that the resident was admitted in NJ Exec Order 26.4b1 hospital [name redacted] with diagnosis of NJ Exec Order 26.4b1. A PN dated NJ Exec Order 26.4b1 at 2:31 PM, indicated the resident was received back to facility at around 12:35 PM from the hospital.</p> <p>A review of a document submitted by facility titled, "Monthly NJ Exec Order 26.4b1 List", Month of NJ Exec Order 26.4b1, revealed that Resident #7's NJ Exec Order 26.4b1 was changed for the NJ Exec Order 26.4b1, a day after the resident was readmitted to the facility. The above document had not reflected that the resident's NJ Exec Order 26.4b1 was changed as scheduled on NJ Exec Order 26.4b1.</p>	F0695	<p>Continued from page 1 then quarterly thereafter. Any negative findings will have immediate corrective actions taken by Director of Respiratory and reported to the Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly.</p> <p>Completion Date: 09/04/2025</p>	

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F0695 SS = D	<p>Continued from page 2 prior to resident's transferred out to hospital on [redacted].</p> <p>A review of documents submitted by the facility titled, "NJ Exec Order 26.4b1 [redacted]" with dates range with scheduled weekend changes as follows:</p> <ul style="list-style-type: none"> -The weekend of [redacted]. -The weekend of [redacted]. -The weekend of [redacted]. <p>The [redacted] did not include Resident #7's name.</p> <p>A review of Resident #7's ED [emergency department] to hospital admission notes in [redacted] dated [redacted], revealed the following present on admission: [redacted]</p> <p>[redacted]</p> <p>On 7/23/25 at 11:31 AM, during a tour of the [redacted] unit with the [redacted] the surveyor interviewed the [redacted]. The [redacted] stated every resident on [redacted] had schedules for [redacted] the [redacted] every eight weeks by the [redacted]. The [redacted] further stated the changing of the [redacted] for the [redacted] residents were once a month on the first week of the month by the [redacted] and that the [redacted] had a schedule.</p> <p>On 7/23/25 at 12:15 PM, during a continued tour of the [redacted] unit with the [redacted] the [redacted] stated that the [redacted] that was connected to the residents and attached to the [redacted] were called the [redacted]. The [redacted] further said the [redacted] and the [redacted] were changed by the [redacted].</p> <p>On 7/23/25 at 12:30 PM, the surveyor requested from the [redacted] and [redacted] the [redacted] [redacted] changing schedules or log.</p> <p>On 7/23/25 at 2:22 PM, the surveyor interviewed the [redacted] and the [redacted] together with the [redacted]. The [redacted] and [redacted]</p>	F0695		

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F0695 SS = D	<p>Continued from page 3</p> <p>stated the [US FOIA (b)(7)(C)] were changed by the [US FOIA (b)(7)(C)] once a month and as needed. They further stated that the [US FOIA (b)(7)(C)] or [US FOIA (b)(7)(C)] which consisted of the [US FOIA (b)(7)(C)] were changed by the [US FOIA (b)(7)(C)] according to the schedule. At that time, the surveyor showed the [US FOIA (b)(7)(C)] schedules log submitted by the [US FOIA (b)(7)(C)] for the scheduled months which revealed that Resident #7 was not included in the schedule. The [US FOIA (b)(7)(C)] stated she would check again.</p> <p>On 7/23/25 at 4:23 PM, during exit conference with the facility, the [US FOIA (b)(7)(C)] provided the surveyor with an additional [US FOIA (b)(7)(C)] which included Resident #7. According to that [US FOIA (b)(7)(C)] Resident #7's [US FOIA (b)(7)(C)] was changed during the weekend of [US FOIA (b)(7)(C)], and during the weekend of [US FOIA (b)(7)(C)]. Both changes were initiated and signed by RT #1 and RT #2.</p> <p>Resident #7 was transferred out to hospital on [US FOIA (b)(7)(C)] and returned to the facility on [US FOIA (b)(7)(C)]. The surveyor questioned the accuracy of that [US FOIA (b)(7)(C)] specifically for Resident #7's [US FOIA (b)(7)(C)] or [US FOIA (b)(7)(C)] because the resident was not in the facility at that time. The facility had no response.</p> <p>A review of facility policy titled, "Vent Circuit Changes" dated 2/10/22, under Policy: The following outlines the procedure used to change ventilator circuit; Indication: Circuit changes shall be done on an 8 week cycle or may be changed sooner if damaged or for any other reason that would require it; Documentation: Document circuit change in circuit change book and make a progress note; Change Frequency: every 8 weeks or PRN.</p> <p>A review of facility policy titled, "Trach Change" dated 1/31/22, under Policy: The following policy outlines the procedure used to institute the changing of trach tubes; Scope: Tracheostomy tubes shall be changed once per month on or about the 1st.</p> <p>N.J.A.C. 8:39-25.2 (c)4,6</p>	F0695		

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S0560	<p>Continued from page 1 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:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer 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 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the 2 weeks of staffing prior to complaint survey from 07/06/2025 to 07/19/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>On 07/06/25 the facility had 8 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>On 07/07/25 the facility had 8 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>On 07/08/25 the facility had 8 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>On 07/09/25 the facility had 11 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>On 07/10/25 the facility had 8 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>On 07/11/25 the facility had 9 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>On 07/12/25 the facility had 11 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p>	S0560	<p>Continued from page 1 pass written exam. On the days when staffing is not met, nursing managers assist with care. Director of Nursing/designee also reviewing staff attendance records to ensure that excessive absences are addressed accordingly.</p> <p>INSERVICES:</p> <p>On 9/3/2025, Administrator in-serviced the Director of Nursing/Nursing Management and Staffing Coordinator regarding the requirement for S-1680 to ensure nurse staffing needs are reviewed daily and addressed as needed to meet the staffing requirement.</p> <p>QAPI:</p> <p>Director of Nursing/designee will review staffing reports daily and perform weekly audits on nurse staffing levels for the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by Director of Nursing/designee and reported to the Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly by the Director of Nursing and will be ongoing until 100 percent compliant attained.</p> <p>Completion date: 9/4/2025</p>	

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S0560	Continued from page 2 On 07/13/25 the facility had 10 CNAs for 118 residents on the day shift, required at least 15 CNAs. On 07/14/25 the facility had 9 CNAs for 118 residents on the day shift, required at least 15 CNAs. On 07/15/25 the facility had 8 CNAs for 120 residents on the day shift, required at least 15 CNAs. On 07/16/25 the facility had 9 CNAs for 119 residents on the day shift, required at least 15 CNAs. On 07/17/25 the facility had 12 CNAs for 119 residents on the day shift, required at least 15 CNAs. On 07/18/25 the facility had 10 CNAs for 118 residents on the day shift, required at least 15 CNAs. On 07/19/25 the facility had 8 CNAs for 118 residents on the day shift, required at least 15 CNAs.	S0560		
S1680	Mandatory Nurse Staffing CFR(s): 8:39-25.2(b)(1)&(2) (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day	S1680	PLAN OF CORRECTION POC- S-1680 Mandatory Nurse Staffing IMMEDIATE ACTION There was no significant care issues reported on the week of 7/6/2025 to 7/12/2025 and week of 7/13/25025 to 7/19/2025 reviewed on 9/4/2025. IDENTIFY OTHERS: Director of Nursing/designee reviewed the last 30 days of nurse staffing. Staffing needs were partially met by the facility. Recruitment efforts are in place to assist the facility in recruiting. Nurses receive sign on bonus, referral bonus, transportation service from certain locations. Facility also has contracts with Agencies to recruit nurses. Facility offers clinical rotation for nursing schools to recruit nurses after passing exam. On the days when staffing is not met, nursing managers assist with care. Director of Nursing/designee also reviewing	09/04/2025

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S1680	<p>Continued from page 3</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on facility document review on 7/23/25, it was determined that the facility was deficient in staffing for resident services as follows:</p> <p>The surveyors requested for staffing for weeks of 07/06/25 to 07/12/25 and 07/13/25 to 07/19/25.</p> <p>For the 2 weeks of AAS-12 staffing for LTC, the facility was deficient in staffing for required resident services on 2 of 14 days:</p> <p>For the week of 07/06/25:</p> <p>-Required Staffing Hours: 333</p> <p>-07/07/25 had 328 actual staffing hours, for a difference of -5 hours.</p> <p>For the week of 07/13/25:</p> <p>Required Staffing Hours: 335.25</p> <p>-07/19/25 had 320 actual staffing hours, for a difference of -15.25 hours.</p> <p>For the 2 weeks of AAS-12 staffing for Pediatrics, the facility was deficient in staffing for required resident services on 2 of 14 days:</p>	S1680	<p>Continued from page 3</p> <p>staff attendance records to ensure that excessive absences are addressed accordingly.</p> <p>INSERVICES:</p> <p>On 9/3/2025, Administrator in-serviced the Director of Nursing/Nursing Management and Staffing Coordinator regarding the requirement for S-1680 to ensure nurse staffing needs are reviewed daily and addressed as needed to meet the staffing requirement.</p> <p>QAPI:</p> <p>Director of Nursing/designee will review staffing reports daily and perform weekly audits on nurse staffing levels for the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by Director of Nursing/designee and reported to the Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly by the Director of Nursing and will be ongoing until 100 percent compliant attained.</p> <p>Completion date: 9/4/2025</p>	

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S1680	Continued from page 4 For the week of 07/06/25: Required Staffing Hours: 446.75 -07/06/25 had 432 actual staffing hours, for a difference of -14.75 hours. For the week of 07/13/25: Required Staffing Hours: 444.25 -07/13/25 had 432 actual staffing hours, for a difference of -12.25 hours.	S1680		

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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 9/10/25 in relation to the 8/6/25 Compliant survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		

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 reverse for further 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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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 9/10/25 in relation to the 8/6/25 State of New Jersey Complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long-Term Care Facilities	S0000		

Office of Primary Care and Health Systems Management

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