STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315229	A. BUILDING ______ B. WING ______	C 12/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	**1433 RINGWOOD AVE HASKELL, NJ 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
F 000	INITIAL COMMENTS Census: 183 Sample Size: 9 Survey: Focused Infection Control A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey: Complaint # : NJ00169635 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 survey.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in	F 609		2/12/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed — TITLE — (X6) DATE: 01/19/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 609	Continued From page 1 serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: C#: NJ00169635 Based on interviews and record review, as well as a review of pertinent facility documents on 12/14/23 and 12/15/23, it was determined that the facility staff failed to immediately report an allegation of abuse to New Jersey Department of Health (NJDOH) and follow the facility policy titled Abuse Prevention for 1 of 3 residents (Resident #1) reviewed for reporting. This deficient practice is evidenced by the following: According to the Admission Record (AR), Resident #1 was admitted to the facility with diagnoses which included but were not limited to: NJ EX Order. 264b1 . A Minimum Data Set (MDS), an assessment tool,	F 609	IMMEDIATE ACTION On 1/10/2024, Administrator reported allegation of abuse to NJ Department of Health on concerns reported to social worker on NJ EX Order. 264b1 from resident #1's representative. IDENTIFY OTHERS: On 12/18/2023, All residents that has the potential to be affected by the same deficient practice were reviewed by social worker/designee with no additional findings. INSERVICES: The facility's Interdisciplinary Team reviewed Abuse Prevention Policy with revisions to include immediate notification to Director of Nursing and or Administrator of all allegations of abuse, mistreatment,	

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F 609	Continued From page 2 dated NJ EX Order. 264b1, revealed that Brief Interview for Mental Status (BIMS) for Resident #1 was NJ EX Order. 264b1 and the resident required assistance with activities of daily living (ADLs). A review of the facility's Grievance Form (GF) dated NJ EX Order. 264b1 at 4:55 p.m. and signed on NJ EX Order. 264b1 by the Social Worker (SW), the GF reflected, "Resident's [family member] (FM) called SW [Social Worker] stating [Resident #1] was in a NJ EX Order. 264b1 and NJ EX Order. 264b1 to not NJ EX Order. 264b1. [FM] further stated it was 'abuse' that [he/she] is in [his/her] current condition and that [he/she] NJ EX Order. 264b1." The GF further reflected that the GF had to be redirected to "Nursing," and the facility had scheduled to call the FM to discuss care. Furthermore, the GF revealed that "Based on the above investigative summary, the facility is able to conclude that no abuse, neglect, mistreatment or misappropriation of Resident property has been identified. A review of the form "Summary," dated NJ EX Order. 264b1 documented by the Licensed Nursing Home Administrator (LNHA), reflected "On 1 NJ EX Order. 264b1 social worker spoke to [Resident's family member] and informed [SW] how upset [family member] was on the NJ EX Order. 264b1 for [Resident] and that it was abuse and neglect...[SW] informed the Administrator of the phone conversation she had with [family member]. [SW] informed the Administrator that there was no specification on allegation of physical, mental, or verbal abuse but that she was very upset about the overall care for [Resident #1]. The Administrator told DON [Director of Nursing] and started to interview staff to confirm there were no signs of abuse. After interviewing staff on	F 609	and neglect on 1/10/2024. On 1/10/2024, in-service on Abuse Prevention to all staff including agencies was initiated and will be on-going until 100 percent compliant. QAPI: Director of Nursing/designee will perform monthly audits on Abuse Prevention & Reporting for the first 3 months then quarterly thereafter until end of year. Any negative findings will have immediate corrective actions taken by Director of Nursing and reported to the Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly by the Director of Nursing /designee and will be ongoing until 100 percent compliant attained.	

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F 609	Continued From page 3 [NJ EX Order: 26.4b1], there were no signs of abuse substantiated." The Summary, "After reviewing the interviews with the staff that cared for the [Resident]...there was no evidence of abuse substantiated." Attached to the "Summary" was a statement from the SW signed on [NJ EX Order: 26], indicated that Resident #1's FM called and was crying. The FM reported that "[NJ EX Order] was going to die because [of] our abuse and neglect to [her/him] medically. [FM] did not mention any allegation of physical, mental or psychological abuse but overall was upset on [her/his] care. [SW] assured [FM] we did not abuse or neglect [him/her]...[RFM] was crying during call. During an interview with the surveyors on 12/14/23 at 1:52 p.m., the SW stated that she received the allegation of abuse and neglect from the FM when Resident #1 was admitted to the hospital on [NJ EX Order: 26.4b1] The SW further stated that she reported the allegation of abuse and neglect to the DON and LNHA on [NJ EX Order: 26] after speaking to the FM. During an interview with the surveyor on 12/14/23 at 2:56 p.m. with the DON and the SW, the DON stated that she was not aware of any abuse allegation until today [NJ EX Order: 26.4b1] and that she did not investigate and reported to the NJDOH. The surveyors conducted an interview with on 12/15/23 at 1:01 p.m., the LNHA revealed that any allegation of abuse would need to report to NJDOH. The LNHA confirmed that she was made aware of the allegation of abuse and neglect from the SW on [NJ EX Order: 26.4b1] (unable to recall exact time). The LNHA explained that on [NJ EX Order: 26.4b1], she	F 609		

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F 609	Continued From page 4 investigated the allegation of abuse and neglect by collecting "verbal statements" from staff. The LNHA revealed that she did not report to NJDOH and stated "If I felt like there's abuse, I would report it or any suspicion of abuse, but there was no abuse." A review of the facility's policy titled "Abuse Prevention," dated 10/4/2023 indicated "... IDENTIFICATION: The facility will investigate all incidents involving actual or alleged abuse, complaints/grievances...INVESTIGATION: The facility will investigate all incidents involving actual or alleged abuse, complaints/grievances...PROTECTION: the facility will protect all residents during any abuse investigation by removing staff from direct care and/or removing from schedule pending conclusion. REPORTING: In response to allegations of abuse...the facility must ensure that: all allegations of abuse must be immediately reported to the Director of Nursing and or Administrator and no later than 2 hours to other officials (including to the State Survey Agency) after the allegation is made, if the event that caused the allegation involve abuse or result in a serious bodily injury..." NJAC 8:39-9.4(e)	F 609		

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)
315229	A. Building B. Wing	2/16/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	1433 RINGWOOD AVE HASKELL, NJ 07420

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 F0609 Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4) LSC	Correction Completed 02/12/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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 12/15/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315229	A. Building B. Wing	2/16/2024

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