

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

PRINTED: 03/20/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/25/2023
NAME OF PROVIDER OR SUPPLIER PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS			STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420		
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F 000	INITIAL COMMENTS Complaint #s NJ00163541, NJ00163913, NJ00164435, NJ00161271, NJ00167743 STANDARD SURVEY: 10/25/23 CENSUS: 199 SAMPLE SIZE: 38 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. Complaint investigations were also completed during this survey. Deficiencies were cited for this survey.	F 000			
F 640 SS=D	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident	F 640		12/8/23	

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

TITLE

(X6) DATE

Electronically Signed

11/08/2023

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

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F 640	<p>Continued From page 1</p> <p>contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.</p> <p>§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. <p>§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on the interview and record review, it was determined that the facility failed to electronically transmit the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care of all residents, within 14 days of completing the resident's assessment for 1 of 38 residents, (Resident #149) reviewed for resident assessment.</p>	F 640	<p>IMMEDIATE ACTION</p> <p>On 10/25/2023, MDS Coordinator was in serviced by Administrator to ensure that all Transmission of Assessment/MDS are submitted timely. MDS Coordinator/designee in-serviced the Interdisciplinary team on timely completion for assessment and submission of MDS on 10/25/2023.</p>		

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F 640	<p>Continued From page 2</p> <p>The deficient practice was evidenced by the following:</p> <ol style="list-style-type: none"> Resident #149 was observed to have a Quarterly MDS of [REDACTED] and was due to be retransmitted no later than [REDACTED]. The Quarterly MDS was not transmitted until [REDACTED]. Resident #149 was observed to have a Quarterly MDS of [REDACTED] and was due to be transmitted no later than [REDACTED]. The Quarterly MDS was not transmitted until [REDACTED]. Resident #149 was observed to have an Admission MDS of [REDACTED] and was due to be transmitted no later than [REDACTED]. The Admission MDS was not transmitted until [REDACTED]. Resident #81 was observed to have an Annual MDS of [REDACTED] and was due to be transmitted no later than [REDACTED]. The Annual MDS was not transmitted until [REDACTED]. <p>On 10/19/23 at 09:10 AM, the surveyor interviewed the facility's Registered Nurse (RN)/MDS Coordinator (MDSC), who was responsible for completing and transmitting the MDS assessments and agreed that the above MDS assessment was transmitted late due to the transition of their system in [REDACTED].</p> <p>On 10/24/23 at 10:19 AM, the RN/MDSC provided the surveyor a copy of the form titled "MDS 3.0 Final Validation Report," which revealed the above resident's name and confirmed the late</p>	F 640	<p>Facility designated an alternate person to submit/transmit MDS to iQUIES for processing.</p> <p>IDENTIFY OTHERS: On 10/26/2023, MDS Coordinator/designee reviewed all MDS/assessment to ensure for timely submission. Any negative findings found were corrected.</p> <p>INSERVICES: The facility's Interdisciplinary Team reviewed MDS Submission Policy on 10/25/2023 and found it to be compliant. On 10/25/2023, in-service on Completion of the RAI (MDS) Process to all MDS Coordinators and IDT team was initiated by Administrator/designee and will be on-going until 100% completed.</p> <p>QAPI: MDS Coordinator/designee will perform monthly audits on MDS Submission for the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by MDS Coordinator and reported to the Director of Nursing and Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly by the Staff Development/designee and will be ongoing until 100 percent compliant attained.</p>		

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F 640	Continued From page 3 MDS assessment submission.	F 640			
F 641 SS=D	<p>NJAC 8:39 - 11.1 Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to accurately code the Minimum Data Set (MDS), an assessment tool utilized to facilitate the management of care, in accordance with federal guidelines. This deficient practice was identified for 2 of the 38 residents reviewed for resident assessment (Resident#81 and Resident#171).</p> <p>The deficient practice was evidenced by the following:</p> <p>1. On 10/17/23 at 10:50 AM, the surveyor observed the resident sleeping in bed, covered with a blanket, with an aide sitting in the chair beside the resident's bed. The aide stated the resident was on NJ EX Order. 264b1.</p> <p>The surveyor reviewed the hybrid medical record for Resident #81.</p> <p>The Admission Record reflected that the resident was admitted to the facility with diagnoses that included but were not limited to NJ EX Order. 264b1.</p>	F 641	<p>IMMEDIATE ACTION On 10/23/2023, MDS Coordinator modified the answer PASRR level two on resident #81 to indicate yes. MDS Coordinator also modified the reentry date to correct date of REENTRY DATE for resident #171 on NJ EX Order. 264b1. MDS Coordinator was in-serviced by Administrator on 10/23/2023 to ensure accurate data are being captured during MDS Assessments.</p> <p>IDENTIFY OTHERS: On 10/26/2023, MDS Coordinator reviewed all MDS assessments for PASSR level two residents to ensure it was captured accurately. MDS Coordinator also reviewed MDS assessments for all re-admission to ensure reentry date was accurately submitted. Any negative findings were corrected.</p> <p>INSERVICES: On 10/26/2023, Completion of the RAI</p>	12/8/23	

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F 641	<p>Continued From page 4</p> <p>A review of the quarterly MDS dated [REDACTED] reflected that the resident had a brief interview for mental status (BIMS) score of [REDACTED] indicating that the resident had [REDACTED] NJ EX Order: 264b1.</p> <p>A review of the annual MDS dated [REDACTED] did not reflect the resident's Preadmission Screening and Resident Review (PASSR) - Is the resident currently considered by state level II PASSR process to have [REDACTED] NJ EX Order: 264b1 or a related condition? Enter code [REDACTED] NJ EX Order: 264b1.</p> <p>On 10/20/23 at 11:54 AM, the surveyor interviewed the MDS Coordinator and stated that the resident is PASSR Level [REDACTED] and should be captured in the annual MDS assessment on [REDACTED].</p> <p>The form PASSR Level [REDACTED] determination notification dated [REDACTED] NJ EX Order: 264b1 revealed that "The Level [REDACTED] for [REDACTED] NJ EX Order: 264b1 Evaluation was completed."</p> <p>According to the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual updated October 2023. All individuals who are admitted to a Medicaid certified nursing facility, regardless of the individual's payment source, must have a Level [REDACTED] PASRR completed to screen for possible [REDACTED] NJ EX Order: 264b1.</p>	F 641	<p>(MDS) Process Policy was reviewed by the Interdisciplinary Team and was found to be compliant. In-service on policy was initiated on 1 [REDACTED] to all MDS Coordinators by Administrator and will be ongoing until 100% attained.</p> <p>QAPI: MDS Coordinator/designee will perform monthly audits on accuracy on PSSR [REDACTED] and Reentry dates on MDS assessments for the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by MDS Coordinator and reported to the Director of Nursing and Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly by the MDS Coordinator and will be ongoing until 100 percent compliant attained.</p>	

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F 641	<p>Continued From page 5</p> <p>2. On 10/17/23 at 12:22 PM, the surveyor observed Resident #171 in bed with a cover over his/her head. The resident had not responded to surveyor's attempts to interview.</p> <p>The surveyor reviewed the medical record for Resident #171.</p> <p>The Admission Record (admission summary) reflected that the resident was admitted to the facility with diagnoses that included but were not limited to [REDACTED].</p> <p>A review of the electronic MDS entries reflected that the resident had a reentry date of [REDACTED].</p> <p>A review of the quarterly Minimum Data Set (QMDS) with an Assessment Review Date (ARD) [REDACTED], reflected a BIMS score of [REDACTED] out of [REDACTED] indicating that the resident had [REDACTED]. In addition, in Section [REDACTED] Most Recent Admission/Entry or Reentry into this Facility reflected that the resident had a reentry date of [REDACTED].</p> <p>A review of a nursing progress note dated [REDACTED] at 19:45 (7:45 PM) reflected that the resident had returned to the facility at 7:45 PM via [REDACTED].</p> <p>On 10/23/23 at 10:17 AM, the surveyor interviewed the MDS Coordinator who stated that he based the admission or readmission dates of a resident from the notice that he received.</p> <p>At that time, the surveyor with the MDS Coordinator reviewed the MDS entries and the progress note dated [REDACTED] for Resident #171.</p>	F 641			

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F 641	Continued From page 6 The MDS Coordinator acknowledged that Resident #171 was readmitted to the facility on [REDACTED] The MDS Coordinator acknowledged that the MDS reentry date of [REDACTED] was incorrect. The MDS Coordinator then stated that he would have to complete a modification to correct the error. On 10/25/23 at 9:57 AM, the survey team met with the Licensed Nursing Home Administrator (LNHA). The LNHA acknowledged Resident #171 had an incorrect readmission date entered on the MDS. The LNHA stated that the MDS Coordinator had corrected the date. The LNHA stated that the facility followed the Resident Assessment Instrument manual for instructions completing the MDS.	F 641			
F 698 SS=D	NJAC 8:39-11.1, 11.2(e)(1), 33.2(d) Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, it was determined that the facility failed to ensure a resident's medication times were adjusted to accommodate their [REDACTED] [REDACTED] schedule for 1 of 2 residents	F 698	IMMEDIATE ACTION On 10/23/2023, Unit Manager adjusted medication time on resident # 39's MAR for all 4 medication that are for 9 AM to accommodate the days resident goes out to dialysis center on [REDACTED]	12/8/23	

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F 698	<p>Continued From page 7 (Resident #39) reviewed for [REDACTED]</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/17/23 at 11:09 AM, the surveyor observed the resident was not in their room. The assigned LPN for Resident #39 stated the resident was currently [REDACTED] and was scheduled for [REDACTED] every [REDACTED] NJ EX Order. 264b1 and [REDACTED].</p> <p>A review of Resident #39's electronic health record (EHR) revealed the following:</p> <p>According to the Admission Record (an admission summary), Resident #39 was admitted with diagnoses that included but were not limited to, [REDACTED] NJ EX Order. 264b1 [REDACTED].</p> <p>An Annual Minimum Data Set (MDS) assessment, a tool used to facilitate management of care, dated [REDACTED] NJ EX Order. 264b1, indicated the facility assessed the resident's [REDACTED] NJ EX Order. 264b1 using a Brief Interview Mental Status (BIMS) test. Resident #39 scored a [REDACTED] NJ EX Order. 264b1, which indicated the resident was [REDACTED] NJ EX Order. 264b1.</p> <p>A physician's order dated [REDACTED] NJ EX Order. 264b1 read: [REDACTED] NJ EX Order. 264b1 Binder to accompany Resident [REDACTED] NJ EX Order. 264b1 each visit one time a day every [REDACTED] NJ EX Order. 264b1</p> <p>A physician's order, dated [REDACTED] NJ EX Order. 264b1 read: [REDACTED] NJ EX Order. 264b1 center's name, address and phone number] Pick-up by [transport company name] at [REDACTED] NJ EX Order. 264b1 : [REDACTED] NJ EX Order. 264b1 m"</p> <p>A physician's order, dated [REDACTED] NJ EX Order. 264b1 read: [REDACTED] NJ EX Order. 264b1 Capsule [REDACTED] NJ EX Order. 264b1 MG [REDACTED] NJ EX Order. 264b1)</p>	F 698	<p>and [REDACTED]</p> <p>IDENTIFY OTHERS: On 10/26/2023, Unit Manager/designee reviewed all residents on [REDACTED] NJ EX Order. 264b1 to ensure all medication time are all adjusted to accommodate the days the residents go out to [REDACTED] NJ EX Order. 264b1 center. Any negative findings were corrected.</p> <p>INSERVICES: On 10/26/2023, [REDACTED] NJ EX Order. 264b1 MAR Policy was reviewed by the Interdisciplinary Team and was found to be compliant. In-service on policy was initiated on 10/25/23 to all nurses and will be ongoing until 100% attained.</p> <p>QAPI: Director of Nursing/designee will perform monthly audits on MAR time for all dialysis patients 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>	

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F 698	<p>Continued From page 8</p> <p>Give [redacted] capsule by mouth [redacted] times a day for [redacted]"</p> <p>A physician's order, dated [redacted] read: NJ EX Order. 264b1 Apply to [redacted] topically one time a day for [redacted] remove per schedule"</p> <p>A physician's order, dated [redacted] read: NJ EX Order. 264b1 Oral Tablet ([redacted]) Give [redacted] mg by mouth every [redacted] hours for [redacted] NJ EX Order. 264b1"</p> <p>A physician's order, dated [redacted] 3 read: [redacted] Tablet [redacted] MG ([redacted] NJ EX Order. 264b1 Give [redacted] tablet by mouth [redacted] time a day for [redacted]"</p> <p>A review of the [redacted] NJ EX Order. 264b1 MAR revealed the resident was scheduled to receive the following medications at 9am every day:</p> <p>"NJ EX Order. 264b1 [redacted]) Apply to [redacted] topically [redacted] time a day for [redacted] and remove per schedule" which was scheduled to be administered at 0900 [9AM].</p> <p>NJ EX Order. 264b1 Tablet [redacted] MG (Cetirizine HCl) Give [redacted] tablet by mouth [redacted] time a day for [redacted] which was scheduled to be administered at 0900.</p> <p>NJ EX Order. 264b1 Capsule [redacted] MG [redacted] NJ EX Order. 264b1 Give [redacted] capsule by mouth [redacted] times a day for [redacted] which was scheduled to be administered at 0900 and 1700 [5PM].</p> <p>NJ EX Order. 264b1 Tablet [redacted] NJ EX Order. 264b1 Give [redacted] mg by mouth every [redacted] hours for [redacted] NJ EX Order. 264b1 which was</p>	F 698			

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F 698	<p>Continued From page 9</p> <p>scheduled to be administered at 0900 and 2100 [9pm].</p> <p>A review of nursing progress notes from [REDACTED] to [REDACTED] indicated that Resident #39 was out of the facility and returned from [REDACTED] during the scheduled medication times as follows:</p> <ul style="list-style-type: none"> -A progress note dated [REDACTED] 3 documented the resident returned from [REDACTED] at 11:25 AM. -A progress note dated [REDACTED], documented the resident returned from [REDACTED] at 11:22 AM. -A progress note dated [REDACTED] documented the resident returned from [REDACTED] at 11:25 AM. <p>On 10/23/23 at 11:25 AM, the surveyor interviewed a Licensed Practical Nurse (LPN) who had cared for Resident #39. The LPN stated medications would be scheduled to accommodate for when residents went to [REDACTED]. The surveyor reviewed with the LPN the MAR of Resident #39. The LPN confirmed her signatures on the medications that were scheduled for 9am and documented as administered. The LPN stated that most of the time Resident #39 returned from dialysis at 10 am. The LPN acknowledged the medications should have been scheduled as the resident's other medications, to accommodate for when the resident had [REDACTED].</p> <p>On 10/23/23 at 11:31 AM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM), who stated the resident usually returned from [REDACTED] at about 11AM to 12PM. The RN/UM further stated it was expected for medications to be timed to account for the resident's [REDACTED] schedule. The surveyor informed the RN/UM about the interview with the LPN and reviewed the resident's MAR. The RN/UM acknowledged the [REDACTED] NJ EX Order: 25451,</p>	F 698			

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F 698	<p>Continued From page 10</p> <p>NJ EX Order: 264b1 and NJ EX Order: 264b1 medications scheduled at 9am should have been plotted at a time to accommodate the resident's NJ EX Order: 264b1 schedule. The RN/UM further acknowledged that it could not be guaranteed that the resident would return to the facility from dialysis by 10 AM to administer the medications as scheduled.</p> <p>On 10/23/23 at 1:06 PM, the surveyor informed the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), and the Assistant DON of the concerns for the timing of the resident's medication. There was no verbal response at this time. The surveyor requested any policy related to scheduling of medications for dialysis residents.</p> <p>On 10/24/23 at 9:54 AM, the LNHA provided the policy titled "Medication Administration Time for NJ EX Order: 264b1", dated 11/2017 with a revised date of 10/23/23. Under Procedure, the policy read: "3. Resident's medication administration time will be accommodated to reflect the days the resident is out of the facility during NJ EX Order: 264b1 days."</p> <p>On 10/24/23 at 10:39 AM, the surveyor interviewed the DON who acknowledged the medications should have been timed to accommodate the resident's NJ EX Order: 264b1 schedule and for when the resident was out of the facility.</p> <p>On 10/24/23 at 12:40 PM, the surveyor interviewed Resident #39 who was NJ EX Order: 264b1, and NJ EX Order: 264b1. The resident stated the time they returned from NJ EX Order: 264b1 varied, "could be NJ EX Order: 264b1 ...it depends". Resident stated they had no concerns with their care.</p> <p>NJAC 8:39-27.1(a)</p>	F 698			

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F 711 SS=E	<p>Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3)</p> <p>§483.30(b) Physician Visits The physician must-</p> <p>§483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;</p> <p>§483.30(b)(2) Write, sign, and date progress notes at each visit; and</p> <p>§483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that the facility failed to ensure that the physician responsible for supervising the care of residents signed and dated monthly physician's orders. This deficient practice continued over several months for 13 of 35 residents (#110, 182, 87, 129, 58, 101, 141, 37, 158, 113, 32, 24, and #51) reviewed and was evidenced by the following:</p> <p>1. Resident #110's hybrid medical record revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [REDACTED], and [REDACTED] NJ EX Order, 264b1.</p> <p>2. Resident #182's hybrid medical record revealed the resident's physician had not hand signed or electronically signed the</p>	F 711	<p>IMMEDIATE ACTION On 10/24/2023, Physician for resident #110, 182, 87, 129, 58,101,141,37,158,113,32,24, and 51 monthly physician orders were reviewed and signed off.</p> <p>IDENTIFY OTHERS: On 10/26/2023, Unit Manager/designee reviewed all resident's monthly orders to ensure their physician orders were reviewed and signed off. Any negative findings were corrected.</p> <p>INSERVICES: On 10/26/2023, Physician Order Policy was reviewed by the Interdisciplinary Team and was found to be compliant. In-service on policy was initiated on</p>	12/8/23	

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F 711	<p>Continued From page 12</p> <p>monthly physician's orders for [REDACTED] and [REDACTED] NJ EX Order. 264b1</p> <p>3. Resident #87's hybrid medical record revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [REDACTED] and [REDACTED] NJ EX Order. 264b1</p> <p>4. Resident #129's hybrid medical record revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [REDACTED], and [REDACTED] NJ EX Order. 264b1</p> <p>5. Resident #58's hybrid medical record revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [REDACTED] and [REDACTED] NJ EX Order. 264b1</p> <p>6. Resident #101's hybrid medical record revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [REDACTED] and [REDACTED] NJ EX Order. 264b1</p> <p>7. Resident #141's hybrid medical record revealed that resident's physician had not hand signed or electronically signed the monthly physician's orders for [REDACTED] and [REDACTED] NJ EX Order. 264b1</p> <p>8. Resident #37's hybrid medical record revealed that resident's physician had not hand signed or electronically signed the</p>	F 711	<p>10/26/23 to all physicians and NPs and will be ongoing until 100% attained.</p> <p>QAPI: Director of Nursing/designee will perform monthly audits on Physician Orders 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>		

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F 711	<p>Continued From page 13</p> <p>monthly physician's orders for [REDACTED] ^{NJ EX Order: 264b1} and [REDACTED] ^{NJ EX Order: 264b1}.</p> <p>9. Resident #158's hybrid medical record revealed that the resident's physician had not hand signed or electronically signed the monthly physician's orders for [REDACTED] ^{NJ EX Order: 264b1} and [REDACTED] ^{NJ EX Order: 264b1}.</p> <p>10. Resident #113's hybrid medical records revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [REDACTED] ^{NJ EX Order: 264b1}, and [REDACTED] ^{NJ EX Order: 264b1}.</p> <p>11. Resident #32's hybrid medical records revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [REDACTED] ^{NJ EX Order: 264b1}, and [REDACTED] ^{NJ EX Order: 264b1}.</p> <p>12. Resident #24's hybrid medical records revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [REDACTED] ^{NJ EX Order: 264b1}, and [REDACTED] ^{NJ EX Order: 264b1}.</p> <p>13. Resident #51's hybrid medical records revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [REDACTED] ^{NJ EX Order: 264b1} and [REDACTED] ^{NJ EX Order: 264b1}.</p>	F 711			

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F 711	<p>Continued From page 14</p> <p>On 10/23/23 at 11:23 AM, the surveyor in the presence of another surveyor interviewed the Assistant Director of Nursing (ADON) regarding the process of signing the resident's monthly physician's order. The ADON stated that the physicians are expected to review the physician orders monthly and sign on the "order" tab to acknowledge that the medications were reviewed. The ADON further stated that the last medication review date could be found in the "history" section.</p> <p>On 10/24/23 at 01:28 PM, the survey team discussed the above concerns to the facility's ADON, Licensed Nursing Home Administrator (LNHA), and Director of Nursing (DON). The LNHA, DON and ADON could not provide further information as to why physician order review was not signed.</p> <p>On 10/25/23 at 10:40 AM, the surveyor in the presence of another surveyor interviewed the Physician via telephone related to the process of signing the resident's monthly physician's order. The physician stated that the medication review as well as the signing is done electronically in each resident's medical record. The physician acknowledged that the monthly medication review signature was not done.</p> <p>A review of the facility's document titled "Physician Order" revised on 1/5/23 under procedure states, "...13. All monthly physician orders must be reviewed, updated as needed, and signed off."</p>	F 711			

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F 711	Continued From page 15	F 711			
F 712 SS=E	<p>NJAC 8:39-11.2(a);23.2(b)</p> <p>Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4)</p> <p>§483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter.</p> <p>§483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.</p> <p>§483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.</p> <p>§483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that the physician responsible for supervising the care of residents conducted face to face visits and wrote progress notes at least every 60 days. This deficient practice continued over several months for 9 of 35 residents (Resident #58, 101, 141, 37, 158, 32, 24, 51, and #113) reviewed and was evidenced by the following:</p>	F 712	<p>IMMEDIATE ACTION On 10/23/2023, Physician visit for resident #58, 101, 141, 37, 158, 32,24,51, and 113 was performed by their physician and documented.</p> <p>IDENTIFY OTHERS: On 10/26/2023, Unit Manager/designee reviewed all resident's progress notes to ensure their physician had recent monthly visit documented. Any negative findings</p>	12/8/23	

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F 712	Continued From page 16 1. On 10/17/23 at 11:06 AM, the surveyor observed Resident # 58 in bed. The surveyor interviewed the resident who NJ EX Order. 264b1 answers while nodding head. The surveyor reviewed Resident #58's hybrid medical records. The resident was admitted to the facility with diagnoses which included but not limited to NJ EX Order. 264b1 A review of the Physician Progress Notes revealed that from NJ EX Order. 264b1 through NJ EX Order. 264b1 the Nurse Practitioner (NP) documented that she had seen and examined the resident. There was no documentation that Resident #22's primary physician had conducted alternating face to face visits with the resident while working in collaboration with the NP visits. 2. On 10/17/23 at 11:00 AM, the surveyor observed Resident #101 in bed with eyes closed. The resident had a tracheostomy in place NJ EX Order. 264b1 The resident was NJ EX Order. 264b1 . The surveyor reviewed Resident #101's hybrid medical records. The resident was admitted to the facility with diagnoses which included but not limited to NJ EX Order. 264b1 A review of the interdisciplinary progress notes revealed that from NJ EX Order. 264b1 through NJ EX Order. 264b1 the NP documented that she had seen and examined the resident. There was no documentation that Resident #101's primary physician had conducted alternating face to face	F 712	were corrected. INSERVICES: On 10/26/2023, Physician Visit Policy was reviewed by the Interdisciplinary Team and was found to be compliant. In-service on policy was initiated on 10/26/23 to all physicians and NPs by Administrator and will be ongoing until 100% attained. QAPI: Director of Nursing/designee will perform monthly audits on Physician Visit Progress notes 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.		

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F 712	<p>Continued From page 17</p> <p>visits with the resident while working in collaboration with the NP visits.</p> <p>3. On 10/18/23 at 11:39 AM, the surveyor observed Resident #141 in bed with eyes open. The resident was NJ EX Order. 264b1 to the surveyor. The surveyor further observed a NJ EX Order. 264b1 that was NJ EX Order. 264b1 collar.</p> <p>The surveyor reviewed Resident #141's hybrid medical records. The resident was admitted to the facility with diagnoses which included but not limited to NJ EX Order. 264b1.</p> <p>A review of the interdisciplinary progress notes revealed that there were no documented progress notes from Resident #141's primary physician nor NP since NJ EX Order. 264b1.</p> <p>4. On 10/17/23 at 11:20 AM, the surveyor observed Resident #37 in bed with closed. The surveyor further observed that the resident had NJ EX Order. 264b1 Resident #37 was NJ EX Order. 264b1</p> <p>The surveyor reviewed Resident #37's hybrid medical records. The resident was admitted to the facility with diagnosis which included but not limited to NJ EX Order. 264b1.</p> <p>A review of the interdisciplinary progress notes revealed that there were no documented progress notes from Resident #37's primary physician nor NP since NJ EX Order. 264b1.</p>	F 712			

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F 712	<p>Continued From page 18</p> <p>5. On 10/17/23 at 10:51 AM, the surveyor observed Resident #158 in bed with eyes closed. The surveyor further observed that the resident had a NJ EX Order, 264b1 [REDACTED] Resident #158 was NJ EX Order, 264b1 [REDACTED].</p> <p>The surveyor reviewed Resident #158's hybrid medical records. The resident was admitted to the facility with diagnosis which included but not limited to NJ EX Order, 264b1 [REDACTED].</p> <p>A review of the interdisciplinary progress notes revealed that from NJ EX Order, 264b1 [REDACTED] through NJ EX Order, 264b1 [REDACTED] the NP documented that she had seen and examined the resident. There was no documentation that Resident #101's primary physician had conducted alternating face to face visits with the resident while working in collaboration with the NP visits.</p> <p>6. On 10/17/23 at 10:48 AM, surveyor observed Resident #32 in bed with eyes open, NJ EX Order, 264b1 [REDACTED]. The resident had a NJ EX Order, 264b1 [REDACTED]. Observed on NJ EX Order, 264b1 [REDACTED] administered by NJ EX Order, 264b1 [REDACTED]. The resident was NJ EX Order, 264b1 [REDACTED].</p> <p>A review of the Resident #32's Admission Record</p>	F 712			

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F 712	<p>Continued From page 19</p> <p>(a one-page summary of important information about the patient) that documented the resident's diagnosis which included but was not limited to NJ EX Order. 264b1</p> <p>A review of the Progress Notes revealed that from NJ EX Order. 264b1 through NJ EX Order. 264b1, the Nurse Practitioner (NP) documented that she had seen and examined the resident. There was no documentation that Resident #32's primary physician had conducted alternating face to face visits with the resident while working in collaboration with the NP visits.</p> <p>7. On 10/17/23 at 11:13 AM, surveyor observed Resident #24 in bed with eyes open, NJ EX Order. 264b1. The resident had a NJ EX Order. 264b1. Observed on NJ EX Order. 264b1 administered NJ EX Order. 264b1. The resident was NJ EX Order. 264b1.</p> <p>A review of the Resident #24's Admission Record (a one-page summary of important information about the patient) that documented the resident's diagnosis which included but was not limited to NJ EX Order. 264b1</p> <p>A review of the Progress Notes revealed that from NJ EX Order. 264b1 through NJ EX Order. 264b1 the Nurse Practitioner (NP) documented that she had seen and examined the resident. There was no documentation that Resident #24's primary physician had conducted alternating face to face</p>	F 712			

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F 712	<p>Continued From page 20</p> <p>visits with the resident while working in collaboration with the NP visits.</p> <p>8. On 10/17/23 at 10:53 AM, surveyor observed Resident #51 on NJ EX Order. 264b1 with eyes open and NJ EX Order. 264b1. The resident had a NJ EX Order. 264b1. Observed on NJ EX Order. 264b1 administered at NJ EX Order. 264b1. The resident was NJ EX Order. 264b1 to surveyor.</p> <p>A review of the Resident #51's Admission Record (a one-page summary of important information about the patient) that documented the resident's diagnosis which included but was not limited to NJ EX Order. 264b1.</p> <p>A review of the Progress Notes revealed that from NJ EX Order. 264b1 through NJ EX Order. 264b1, the Nurse Practitioner (NP) documented that she had seen and examined the resident. There was no documentation that Resident #51's primary physician had conducted alternating face to face visits with the resident while working in collaboration with the NP visits.</p> <p>9. On 10/17/23 at 11:15 AM, surveyor observed Resident #113 in room with eyes closed on a NJ EX Order. 264b1. Observed resident with NJ EX Order. 264b1 in place. The resident had a NJ EX Order. 264b1.</p> <p>A review of the Resident #113's Admission Record (a one-page summary of important information about the patient) that documented</p>	F 712			

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F 712	<p>Continued From page 21</p> <p>the resident's diagnosis which included but was not limited to NJ EX Order. 264b1</p> <p>[REDACTED]</p> <p>A review of the Progress Notes revealed that from NJ EX Order. 264b1 through NJ EX Order. 264b1, the Nurse Practitioner (NP) documented that she had seen and examined the resident. There was no documentation that Resident #113's primary physician had conducted alternating face to face visits with the resident while working in collaboration with the NP visits.</p> <p>On 10/20/23 at 11:49 AM, surveyor interviewed Nurse Practitioner (NP), who collaborates with Primary Physician related to the process of monthly documentation of visits. NP stated she alternates with the primary physician for completing monthly visit progress notes. NP further stated it is expected for the progress notes to be completed every other month for her and documented in the progress notes.</p> <p>On 10/23/23 at 11:23 AM, the surveyors interviewed Assistant Director of Nursing (ADON) related to the concerns above. ADON acknowledged primary physician visit documentation is not up to date. No further information was provided.</p> <p>On 10/24/23 at 01:28 PM, the surveyor discussed with ADON, Administrator, and DON, who couldn't provide information why primary physician visit documentation was not up to date.</p> <p>On 10/25/23 at 10:40 AM, surveyor interviewed Primary Physician related to the process of visitation and documentation frequency in visit.</p>	F 712			

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

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F 712	Continued From page 22 Physician acknowledged that physician visit documentation is not up to date. No further information provided. A review of the facility's policy titled "Physician Visits" states, "The resident should be seen by his/her attending physician, at least monthly for the first ninety days following the resident's admission, and, at least, once every 60 days there after." further review of the policy under Procedure..." 2. Once attending physician determines that a resident needs not to be seen by him/her monthly, an alternate schedule of visit maybe established but at least every 60 days." NJAC 8:39-27.1	F 712			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/25/2023
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NAME OF PROVIDER OR SUPPLIER PHOENIX CENTER FOR REHABILITATION AND PEDIA	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420
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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 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: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes	S 560	IMMEDIATE ACTION There were no care issues reported on the 14 shifts out of 14 shifts that were reviewed on 10/25/2023. IDENTIFY OTHERS: Director of Nursing/designee reviewed the last 30 days of CNA staffing report. Staffing needs were partially met by the facility. Recruitment efforts are in place to assist the facility in recruiting. CNAs receives sign on bonus, referral bonus, reimbursement for C.N.A. tuition, and transportation service from certain locations. Facility is also has increased the rates for C.N.As within the year. Facility is	12/8/23

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

TITLE

(X6) DATE

Electronically Signed

11/08/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/25/2023
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S 560	<p>Continued From page 1</p> <p>effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>(3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift</p>	S 560	<p>also working on getting a C.N.A. school approved. Facility also has contracts with Agencies to recruit C.N.As. Director of Nursing/designee also reviewing staff attendance records to ensure that excessive absences are addressed accordingly.</p> <p>INSERVICES: On 10/25/2023, Administrator initiated in-service to the Director of Nursing/Nursing Management and Staffing Coordinator regarding the requirement for S560 to ensure C.N.A. staffing needs are reviewed daily and addressed as needed to meet the staffing requirement and will be on-going until 100% completed.</p> <p>QAPI: Director of Nursing/designee will review staffing reports daily and perform weekly audits on C.N.A. 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>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/25/2023
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NAME OF PROVIDER OR SUPPLIER PHOENIX CENTER FOR REHABILITATION AND PEDIA	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420
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S 560	<p>Continued From page 2</p> <p>begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the weeks of 10/1/23 and 10/8/23 revealed the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -10/01/23 had 7 CNAs for 103 residents on the day shift, required at least 13 CNAs. -10/02/23 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs. -10/03/23 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -10/04/23 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs. -10/05/23 had 9 CNAs for 105 residents on the day shift, required at least 13 CNAs. -10/06/23 had 7 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/07/23 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/08/23 had 8 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/09/23 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/10/23 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/11/23 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs. 	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/25/2023
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NAME OF PROVIDER OR SUPPLIER PHOENIX CENTER FOR REHABILITATION AND PEDIA	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420
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S 560	Continued From page 3 -10/12/23 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -10/13/23 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -10/14/23 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs. On 10/25/23 at 10:27 AM, the surveyor informed the Licensed Nursing Home Administrator (LNHA) about the concerns for CNA to resident ratios. The LNHA stated she was aware of state regulations for CNA to resident ratios and that the facility was actively recruiting CNA staff.	S 560		
S1405	8:39-19.5(a) Mandatory Infection Control and Sanitation a) The facility shall require all new employees to complete a health history and to receive an examination performed by a physician or advanced practice nurse, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment by a registered professional nurse upon employment, the physician's or advanced practice nurse's examination may be deferred for up to 30 days from the first day of employment. The facility shall establish criteria for determining the completeness of physical examinations for employees.	S1405		12/8/23

New Jersey Department of Health

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S1405	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of 10 recently hired employee files, it was determined that the facility failed to ensure that three (3) of 10 recently hired employees completed a health history or received an examination by a Physician, an Advanced Practice Nurse, or a licensed Physician Assistant within two (2) weeks prior to employment or upon employment as evidenced by the following:</p> <p>On 10/23/23 at 11:42 AM, the surveyor reviewed the employee files for 10 employees hired within the timeframe from last survey. The files revealed the following:</p> <ol style="list-style-type: none"> 1. A Certified Nursing Assistant (CNA #1) had a date of hire of 1/25/23 and a Physical Exam form completed by a physician from a clinic outside of the facility dated 1/7/23 which reflected that the physical was performed more than two (2) weeks (18 days) prior to the hire date. 2. A CNA #2 had a date of hire of 9/14/23 and an Annual Physical Examination Form from an outside clinic completed by a physician on 3/30/23 which reflected that the physical was performed more than (2) weeks prior to the hire date. 3. A CNA #3 had a date of hire of 9/14/23 and an Employee Immunization Statement & Health Examination form from the facility that was not signed and indicated "physical provided." A review of the CNA's Annual Physical Examination Form from an outside clinic revealed that CNA #3 had a physical completed by a physician on 7/5/23 which reflected that the physical was 	S1405	<p>IMMEDIATE ACTION C.N.A. # 1's nursing assessment was completed on 10/26/2023 by Staff Development RN and will be signed off by MD within 30 days. C.N.A. # 3 no longer works for the facility as of 10/19, C.N.A # 2 is currently out on FMLA as of 10/26/23, when C.N.A. returns, her nursing assessment will be completed by Staff Development RN and will be signed off by MD within 30 days of the assessment.</p> <p>IDENTIFY OTHERS: On 10/26/2023, Staff development reviewed all health files of new hires within the last year to ensure all health physical was up to date. Any negative findings were corrected.</p> <p>INSERVICES: On 10/26/2023, Policy on New Hire was reviewed and revised to include the health physical must be completed two weeks prior to hire date or upon hire by RN and signed off by MD within 30 days. Administrator in-serviced Staff Development and Human Resources on policy on 10/26/2023.</p> <p>QAPI: Staff Development/designee will review new hire's health file monthly for the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by Staff Development/designee and reported to the Administrator. All findings of the audits will be presented during the QAPI</p>	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/25/2023
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NAME OF PROVIDER OR SUPPLIER PHOENIX CENTER FOR REHABILITATION AND PEDIA	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420
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S1405	<p>Continued From page 5</p> <p>performed more than two (2) weeks prior to the hire date.</p> <p>On 10/24/23 at 10:02 AM, the surveyor, interviewed the Staff Development and Employee Health Registered Nurse (SD/EH/RN) who stated that she was responsible for the employee health screening for new hire employees. The SD/EH/RN added that the facility physician could do new employee physicals which were usually performed upon hire, or the new employee could bring in documented proof of a physical that was completed within the past year. The SD/EH/RN added that if physicals were from an outside clinic she would be accept the physical as long as they were completed within the last year. The SD/EH/RN stated that she was unaware of the New Jersey state requirements that a new employee have a physical completed within two (2) weeks of the date of hire and would speak with the Licensed Nursing Home Administrator (LNHA).</p> <p>On 10/24/23 at 1:23 PM, the survey team met with the LNHA, the Director of Nursing and the Pediatric Assistant Director of Nursing. The LNHA acknowledged that the three (3) new employees had not had a physical completed within two (2) weeks of the hire date. The LNHA also stated that the policy reflected that a physical was acceptable if the physical was completed within the last year and that the policy would have to be changed.</p> <p>A review of the facility policy dated as revised 1/5/2023 for New Hires provided by the LNHA reflected that "HR (Human Resources) representative will notify Staff Development on new hires to obtain up to date medical files which includes: Physical within the year of hire or</p>	S1405	meetings held quarterly by the Staff Development and will be ongoing until 100 percent compliant attained.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061628	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/8/2023
NAME OF FACILITY PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420	

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 12/08/2023	ID Prefix S1405 Reg. # 8:39-19.5(a) LSC	Correction Completed 12/08/2023	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____

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

FOLLOWUP TO SURVEY COMPLETED ON 10/25/2023

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315229	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/8/2023	Y3
NAME OF FACILITY PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS			STREET ADDRESS, CITY, STATE, ZIP CODE 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 F0640	Correction	ID Prefix F0641	Correction	ID Prefix F0698	Correction
Reg. # 483.20(f)(1)-(4)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.25(l)	Completed
LSC	12/08/2023	LSC	12/08/2023	LSC	12/08/2023
ID Prefix F0711	Correction	ID Prefix F0712	Correction	ID Prefix	Correction
Reg. # 483.30(b)(1)-(3)	Completed	Reg. # 483.30(c)(1)-(4)	Completed	Reg. #	Completed
LSC	12/08/2023	LSC	12/08/2023	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON 10/25/2023

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