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 05/15/2024

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 Complaint# NJ00173746, NJ00171319, NJ00170994 Census: 202 Sample Size: 4 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 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 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	F 609		6/26/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 06/12/2024

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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PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	**1433 RINGWOOD AVE HASKELL, NJ 07420**

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F 609	Continued From page 1 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: Complaint# NJ00173746 Based on interview, document review, and review of facility policy, the facility failed to ensure it reported the results of their findings for NJ Ex Order 26.4b1 to the State Survey Agency that ruled out NJ Ex Order 26.4b1 for 1 (Resident #2) of 3 sampled residents. This deficient practice is evidenced by the following According to the Admission Record (AR), Resident #2 was admitted to the facility with diagnoses which included but were not limited to: NJ ex order 26.4b1 . A review of the Resident #2 Physician Progress Notes (PPN), dated NJ ex order 26.4b1 at 11:50, indicated Resident #2, was " ...NJ ex order 26.4b1 . The PPN further revealed, "Pt [resident] NJ ex order 26.4b1 " and "A/P [assessment/plan]: NJ ex order 26.4b1 A review of the document presented to the surveyor by facility staff revealed the following: Resident #2's Incident Report (IR) #NJ Ex Order NJ ex order at 12:01p.m., documented by Licensed Practical Nurse (LPN) #1, under	F 609	IMMEDIATE ACTION On NJ ex order 26.4b1 Director of Nursing NJ ex order 26.4b1 on resident # 2 from NJ ex order 26.4b1 to NJ Department of Health. IDENTIFY OTHERS: On 6/4/2024, All residents that have the potential to be affected by the same deficient practice were reviewed by Director of Nursing/designee with no additional findings. INSERVICES: The facility's Interdisciplinary Team reviewed Abuse Prevention Policy on 5/15/2024 and found it to be compliant. On 5/15/2024 in-service on Abuse Prevention & Reporting Unknown Injury to all staff including agencies was initiated emphasizing the criteria's on unknown injury and ensuring results of reportable investigations are submitted to DOH 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	

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	315229	A. BUILDING ____ B. WING ____	C 05/15/2024

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PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	**1433 RINGWOOD AVE HASKELL, NJ 07420**

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F 609	Continued From page 2 "Nursing Description: NJ ex order 26.4b1 and under "Resident Description: Resident Unable to give Description". The IR further revealed under "Notes" and signed by US FOIA (b)(6) showed under the "Summary of Incident: During AM [morning] care, [Resident #2] NJ ex order 26.4b1. Conclusion: [Resident #2] NJ ex order 26.4b1. NJ ex order 26.4b1. NJ ex The IR further revealed under "Witnesses" Statement on NJ ex order 26.4b1 indicated [CNA #1] went into [Resident #2] room [#] at 8:30 am to do AM [morning] care and to get him ready for NJ Ex Order 26 ...CNA#1 NJ ex order 26.4b1 [Resident #2] NJ ex order 26.4b1 ...went to look for his nurse ...and called the US FOIA (b)(6)] to look at ..." During the tour and interview with the surveyors on 05/15/24 at 9:40 a.m., the US FOIA (b)(6) stated on NJ Ex Order 26 at around 8:10 to 8:15 a.m., CNA #1 called her/him to look at Resident #2. US FOIA (b)(6) further stated NJ ex order 26.4b1 US FOIA (b)(6) stated she investigated immediately. US FOIA (b)(6) affirmed the incident was not witnessed and stated that Resident # NJ ex order 26.4b1 which were not new. According to US FOIA (b)(6), CNA#1 did not witness the incident and that [Resident #2] was NJ Ex Order 26.4b1 hat happened". During an interview with the surveyors on	F 609	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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PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	**1433 RINGWOOD AVE HASKELL, NJ 07420**

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F 609	Continued From page 3 05/15/24 at 3:34 p.m. with the US FOIA (b)(6) stated US FOIA (b) and her/him were responsible for reporting all allegations of abuse, neglect, or misappropriation to the New Jersey (NJ) DOH. US FOIA (b)(6) stated that she/he was aware of Resident #2's incident in the morning meeting. Both US FOIA (b)(6) asserted that incident was caused by Resident #2 NJ ex order 26.4b1 [Resident #2] NJ ex order 26.4b1 . US FOIA (b) stated she/he was aware of the NJ Ex Order [Resident #2] behavior. US FOIA (b)(6) affirmed that Resident #2's incident was not witnessed, Resident #2 was NJ Ex Order 26.4b1, no staff could explain what happened, and there NJ Ex Order 26.4b1 to the Resident. The facility was unable to provide further explanation. A review of the facility's policy titled "Abuse Prevention," revised 01/2024 indicated under 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. The alleged violations must be reported no later than 24 hours to the State Survey Agency if the events that caused the allegation do not involve abuse and do not result in serious bodily injury. NJAC 8:39-9.4(f)	F 609		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061628	A. BUILDING: ______ B. WING ______	C 05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX CENTER FOR REHABILITATION AND PEDIA	1433 RINGWOOD AVE HASKELL, NJ 07420

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S 000	Initial Comments Complaint# NJ00173746, NJ00171319, NJ00170994 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# NJ00173746, NJ00171319, NJ00170994 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 14 of 14 day shifts and deficient in total staff for residents for 1 of 14 evening shifts. The deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance	S 560	IMMEDIATE ACTION There were no care issues reported on the 14 shifts out of 14 shifts that were reviewed on 6/4/2024. 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	6/26/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 06/12/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 1 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 04/28/2024 to 05/04/2024 and 05/05/2024 to 05/11/2024.The facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 1 of 14 evening shifts The facility was deficient in CNA staffing for residents as follows: -04/28/24 had 7 CNAs for 125 residents on the day shift, required at least 16 CNAs. -04/28/24 had 11 total staff for 125 residents on the evening shift, required at least 12 total staff. -04/29/24 had 9 CNAs for 124 residents on the day shift, required at least 15 CNAs. -04/30/24 had 14 CNAs for 124 residents on the day shift, required at least 15 CNAs. -05/01/24 had 11 CNAs for 124 residents on the day shift, required at least 15 CNAs. -05/02/24 had 12 CNAs for 124 residents on the	S 560	transportation service from certain locations. Facility also has increased the rates for C.N.As within the last year. Facility is now an approved NATCEP and started classes on 6/3/2024. 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. INSERVICES: On 6/4/2024, Administrator in-serviced 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. 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.	

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PHOENIX CENTER FOR REHABILITATION AND PEDIA	**1433 RINGWOOD AVE HASKELL, NJ 07420**

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S 560	Continued From page 2 day shift, required at least 15 CNAs. -05/03/24 had 10 CNAs for 124 residents on the day shift, required at least 15 CNAs. -05/04/24 had 10 CNAs for 120 residents on the day shift, required at least 15 CNAs. -05/05/24 had 8 CNAs for 120 residents on the day shift, required at least 15 CNAs. -05/06/24 had 13 CNAs for 120 residents on the day shift, required at least 15 CNAs. -05/07/24 had 12 CNAs for 120 residents on the day shift, required at least 15 CNAs. -05/08/24 had 13 CNAs for 120 residents on the day shift, required at least 15 CNAs. -05/09/24 had 11 CNAs for 119 residents on the day shift, required at least 15 CNAs. -05/10/24 had 12 CNAs for 119 residents on the day shift, required at least 15 CNAs. 05/11/24 had 6 CNAs for 118 residents on the day shift, required at least 15 CNAs.	S 560		

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	6/19/2024

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 06/19/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
5/15/2024	☐ 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
061628 (Y1)	A. Building B. Wing (Y2)	6/19/2024 (Y3)

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 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 06/19/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
5/15/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO