

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

PRINTED: 07/07/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315517</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOTAL REHAB MOORESTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE</b> <b>MOORESTOWN, NJ 08057</b>		
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>Complaint #s: NJ 170566, NJ 170732, NJ 175978, NJ 177289, NJ 178091, NJ 178739, NJ 182695, NJ 183695</p> <p>Survey Date: 4/10/25 through 4/17/25</p> <p>Census: 122</p> <p>Sample: 27 + 3 Closed Records</p> <p>A Recertification/LSC survey was conducted at Total Rehab Moorestown from 4/10/25 through 4/17/25, to determine compliance with 43 CFR Part 483 requirements for Long Term Care Facilities.</p> <p>During the survey, a finding which constituted an Immediate Jeopardy (IJ) was identified under 42 CFR Part 483.60(e) F 808 as the facility failed to ensure dietary orders and special instructions for "no straws" were adhered to ensure residents who were at risk for choking and aspiration (inhaling food and liquid into the lungs).</p> <p>1. During the initial tour on 4/10/25 at 8:40 AM, Surveyor #1 observed the Certified Nurse Aide (CNA #1) provide a ceramic mug containing [redacted] to Resident #222. An observation of the resident's meal ticket revealed that the resident was prescribed [redacted] NJ Exec Order 26.4b1. An observation of the resident's [redacted] NJ Exec Order 26.4b1, and an interview with Resident #222, confirmed that the resident drank the coffee. An interview with the Registered Nurse (RN #1) confirmed that the resident received [redacted] NJ Exec Order 26.4b1; there was a packet of unopened [redacted] NJ Exec Order 26.4b1 drink</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

05/09/2025

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 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 000	<p>Continued From page 1</p> <p>mix on the resident's meal tray; and the resident could [redacted] from drinking [redacted].</p> <p>2. On 4/10/25 at 12:18 PM, Surveyor #2 observed during the lunch meal, that Resident #171 had a cup of water with a straw. A review of the resident's meal ticket indicated [redacted] which was highlighted in yellow, and a white board in the resident's room had instructions dated 4/10/25, for [redacted]. An interview with CNA #2 confirmed that she provided the [redacted] to Resident #171; she had not read the meal ticket; and she was unaware that the resident could not have [redacted]. An interview with the [redacted] (U.S. FOIA (b)(6)) confirmed that the resident had a straw; the resident could not have a [redacted]; and the [redacted] removed the cup with the [redacted]. An interview with the Speech Therapist (ST #1) confirmed that Resident #171 could not have [redacted] because their [redacted] NJ Exec Order 26.4b1 indicated that the resident could [redacted] NJ Exec Order 26.4b1 [redacted] when using a [redacted] to [redacted] NJ Exec Order 26.4b1.</p> <p>The facility's Administration were notified of the F 808 IJ and were provided the IJ template on 4/10/25 at 3:45 PM.</p> <p>The acceptable Removal Plan on 4/11/25 at 2:27 PM, indicated the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice which included; the facility immediately checked the charts of all the residents and created a list by unit of any resident with orders for thickened liquids and those who have restrictions regarding use of straws, and reviewed the lists with the</p>	F 000			

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F 000	Continued From page 2 CNAs and nursing staff on 4/10/25. Any staff not re-educated will be re-educated prior to the start of their next shift, the rooms of all residents with restrictions on the use of straws and/or those who require liquid thickeners were immediately checked to be sure no straws were at the bedside and liquids were properly thickened, a list of residents with thickened liquids and/or restriction from the use of straws was placed at each nursing station by the CNA assignment and provided to Activity Staff, signage indicating special dietary restrictions/instructions will be placed in rooms as applicable, the charts of residents with thickened liquids and/or straw restrictions were reviewed and updated as needed in the EMR system to include the restrictions on the system used by the CNAs, and the Nurse Educator initiated staff reeducation regarding the procedure for thickening liquids and any staff not re-educated will be educated prior to the start of their next shift.	F 000			
F 583 SS=F	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)  §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.  §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a	F 583		5/13/25	

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F 583	<p>Continued From page 3 private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review it was determined that the facility failed to ensure personal privacy was maintained when implementing a video monitoring device and ensured written consent was obtained prior to implementing video monitoring devices inside resident rooms for 2 of 2 units and for 2 of 2 residents reviewed for Resident Rights (Resident #25 and 40). The deficient practice was evidenced by the following:  On 04/10/25 at 8:22 AM, the surveyor observed a camera device across from Resident #25 who was awake and in bed. Resident #25 appeared</p>	F 583	<p>Element #1 Patient # 25 and # 40 consents were obtained by the nurse unit manager for the use of <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order</b> and the patients care plan was updated regarding the use of the <b>NJ Exec Order</b></p> <p>Element # 2 All patients who utilize Virtual monitoring devices as an intervention for fall prevention have the potential to be affected by the cited practice.</p> <p>Element # 3 • Policy on Virtual Monitoring devices</p>		

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F 583	<p>Continued From page 4</p> <p><b>[NJ Ex Order 26.4b1]</b> and <b>[NJ Ex Order 26.4b1]</b> with the surveyor at that time.</p> <p>On 04/11/25 at 11:49 AM, the surveyor conducted a telephone interview with the Responsible Party (RP) for Resident #25. The surveyor asked the RP if they had placed a camera device in the room and the RP stated, "no", the facility placed the camera.</p> <p>On 4/11/25 at 12:30 PM, the surveyor reviewed the electronic medical record for Resident #25 and did not locate a consent or documentation related to using a camera device in the resident's room.</p> <p>On 04/14/25 at 11:34 AM, the surveyor interviewed the <b>[U.S. FOIA (b)(6)]</b> regarding the camera and asked the <b>[U.S. FOIA (b)(6)]</b> if the facility allowed families to place cameras in resident rooms. The <b>[U.S. FOIA (b)(6)]</b> stated, "no", the only monitoring was for <b>[NJ Ex Order 26.4]</b> and they were "baby monitors" and did not record. The surveyor asked where a signed consent would be located and the <b>[U.S. FOIA (b)(6)]</b> stated, "we usually get verbal consent over the phone." The <b>[U.S. FOIA (b)(6)]</b> stated that they do not have written consent, it was verbal. The surveyor then asked the <b>[U.S. FOIA (b)(6)]</b> how many cameras were in use and the <b>[U.S. FOIA (b)(6)]</b> stated, "I don't know off the top of my head". The surveyor asked how long the cameras have been in use, and the <b>[U.S. FOIA (b)(6)]</b> stated, that she and the Interdisciplinary Team were responsible for them and she did not know how long they had been in use. The surveyor asked if there was a policy, and the <b>[U.S. FOIA (b)(6)]</b> stated "yes", and the surveyor requested a copy.</p> <p>On 04/14/25 at 12:11 PM, the surveyor conducted an interview with the <b>[U.S. FOIA (b)(6)]</b></p>	F 583	<p>was updated to include obtaining consent for use of Virtual Monitoring device and the written consent form was developed on 4/17/25, Inservice regarding the updated policy on obtaining consent for the use of Virtual monitoring device was initiated on 4/18/25 to license nurses and CNA's this was given by the RN staff educator and ongoing. This in-service education will be provided during orientation for newly hired license nurses and CNA's annually and as deemed necessary.</p> <ul style="list-style-type: none"> <li>Inservice to license nurses, CNAs regarding the proper use of the virtual monitoring device with emphasis on proper placement of the monitor being visually and auditory appropriate with considerations for residents' personal privacy. This in-service education was given by the RN staff educator on 4/18/25 and ongoing. Same in-service education will be provided during orientation of newly hired license nurses and CNA, annually and as deemed necessary.</li> </ul> <p>Element # 4 The DON or designee will perform a weekly audit x 4 and then monthly x 4 for patients utilizing Virtual Monitoring to ensure that written consent is obtained for the use of the device. Any negative findings will be corrected immediately by obtaining the written consent and a one on one re- education of license nurses involved including progressive disciplinary actions as appropriate by the nurse unit manager.</p>		

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F 583	<p>Continued From page 5</p> <p>U.S. FOIA (b)(6) regarding Resident #40's NJ Exec Order 26.4b1 and the surveyor observed a NJ Exec Order 26.4b1 device on the table in front of both the surveyor and U.S. FOIA (b)(6) and asked the U.S. FOIA (b)(6) what it was used for. The U.S. FOIA (b)(6) stated we used the NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 and it was usually with the certified nurse aide or nurse and they would walk around with the NJ Exec Order 26.4b1 and confirmed it was NJ Exec Order 26.4b1. The surveyor asked how many NJ Exec Order 26.4b1 were being used and he stated, NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b1 floor and NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b1 floor. When asked for a list of residents with cameras the U.S. FOIA (b)(6) stated there was no list. The U.S. FOIA (b)(6) stated Resident #40 had a NJ Exec Order 26.4b1 and the surveyor asked the U.S. FOIA (b)(6) if it would be documented on the Care Plan (CP) and he looked at the CP and stated, "I don't see it." The surveyor asked if there was a signed consent for the use of the NJ Exec Order 26.4b1, and he stated, "we usually just get verbal consent."</p> <p>On 04/14/25 at 12:22 PM, the surveyor interviewed the U.S. FOIA (b)(6) assigned to Resident #40 regarding the camera and asked if she could show it to the surveyor. The U.S. FOIA (b)(6) went to the assigned U.S. FOIA (b)(6) who then pulled a monitor out of her pocket and provided it to the U.S. FOIA (b)(6) who showed the surveyor the NJ Exec Order 26.4b1. The U.S. FOIA (b)(6) explained the NJ Exec Order 26.4b1 would usually sit on top of the nurse's cart or the U.S. FOIA (b)(6) would keep it with them. The U.S. FOIA (b)(6) also confirmed it was NJ Exec Order 26.4b1.</p> <p>On 04/14/25 at 12:27 PM, the surveyor entered Resident #40's room and observed the NJ Exec Order 26.4b1. The surveyor asked the resident if they were aware that the white object was a NJ Exec Order 26.4b1 and the resident put both hands up and waived. The resident informed the surveyor that they were very NJ Exec Order 26.4b1, and stated</p>	F 583		

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F 583	Continued From page 6 they just came back from the doctor and ' [REDACTED] ."  On 04/17/25 at 12:25 PM, during an exit conference held between the survey team and the facility administration, including the [REDACTED] U.S. FOIA (b)(6) [REDACTED] [REDACTED] When asked about the video camera and obtaining documented consent for use, the [REDACTED] U.S. FOIA (b)(6) stated, "NJ Exec Order 26.4b1 [REDACTED] ." The surveyor asked the [REDACTED] U.S. FOIA (b)(6) how long the cameras have been in place and he stated he "doesn't recall."  The Virtual Monitoring Device, Policy, created 3/2024 revealed the protocol, 2. Facility staff will discuss with the patient and/or representative the utilization of the virtual device ... [There was no mention of a documented consent in the policy.]  The Comprehensive Care Plans Policy, Last Revised 1/2025 revealed: 3. The comprehensive care plan will describe, at a minimum, the following: a. The services that have to be furnished to attain or maintain the resident's highest practicable physical, and psychosocial well- being.	F 583			
F 677 SS=F	NJAC 8:39- 4.1(12) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;	F 677		5/13/25	

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F 677	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 170732</p> <p>Based on observation, interview, review of records, and review of pertinent documents, it was determined that the facility failed to provide appropriate <b>NJ Exec Order 26.4b1</b> and personal hygiene care for 7 of 13 residents (Resident #15, #66, #73, #76, #81, #169 and #322) reviewed for Activity of Daily Living Care, and for 2 of 2 resident units (<b>NJ Ex Order 26.4b1</b> Floor). The deficient practice was evidenced by the following:</p> <p>On 4/10/25 at 8:16 AM Surveyor #1 entered the <b>NJ Exec Order 26.4b1</b> wing and observed a <b>NJ Exec Order 26.4b1</b> throughout the hallway by the <b>NJ Exec Order 26.4b1</b> rooms.</p> <p>Surveyor #2:</p> <p>1. On 4/10/25 at 8:18 AM, Surveyor #2 observed Resident #15 sitting in a wheelchair in the room and was calling for help. Surveyor #2 entered the room and the resident stated that they needed to <b>NJ Exec Order 26.4b1</b>. The resident was wearing a tee shirt and an <b>NJ Exec Order 26.4b1</b> that was <b>NJ Exec Order 26.4b1</b> while the resident was seated in the wheelchair. The surveyor went to the hallway and informed the Licensed Practical Nurse (LPN #1) that the resident <b>NJ Exec Order 26.4b1</b>. LPN #1 wheeled the resident to the bathroom, and in the presence of Surveyor #2 removed the <b>NJ Exec Order 26.4b1</b> and placed it on the floor. The <b>NJ Exec Order 26.4b1</b>. Upon inquiry, Resident #15 stated that they had not received care yet.</p> <p>2. At the same time, Surveyor #1 summoned</p>	F 677	<p>Element # 1 – Corrective Actions</p> <p>Resident #15 <b>NJ Exec Order 26.4b1</b> was addressed and provided immediately by the <b>U.S. FOIA (b)(6)</b> on <b>NJ Exec Order 26.4b1</b> during the <b>NJ Exec Order 26.4b1</b> with the surveyor. The <b>US FOIA (b)(6)</b> involved was given a one-on-one re-education by the nurse educator on 4/10/25 regarding timely provision of <b>NJ Ex Order 26.4b1</b>.</p> <p>Resident # 66's assigned staff were re-educated on <b>NJ Exec Order 26.4b1</b> by the nurse educator regarding timely provision of <b>NJ Exec Order 26.4b1</b> and answering call bells. Resident #66 had care provided by certified nursing assistant.</p> <p>Resident # 73 <b>NJ Exec Order 26.4b1</b> as needed was provided on <b>NJ Exec Order 26.4b1</b> by the <b>U.S. FOIA (b)(6)</b>. One on one re-education was given by the nurse educator to nursing staff who were assigned to care for Resident #73 regarding provision of resident <b>NJ Exec Order 26.4b1</b>. This was completed on <b>NJ Exec Order 26.4b1</b>.</p> <p>Resident # 76 <b>NJ Exec Order 26.4b1</b> was immediately addressed, and <b>NJ Exec Order 26.4b1</b> was provided by the <b>U.S. FOIA (b)(6)</b>. The nursing staff involved were provided with re-education regarding provision of resident personal hygiene by nurse educator on 4/16/25.</p> <p>Resident # 81 <b>NJ Exec Order 26.4b1</b> was provided by the license nurse immediately during the <b>NJ Exec Order 26.4b1</b> with the surveyor on <b>NJ Exec Order 26.4b1</b>. The <b>U.S. FOIA (b)(6)</b> involved was provided</p>		

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F 677	<p>Continued From page 8</p> <p>Surveyor #2 to the next hallway (NJ Exec Order 26.4b) rooms) where a NJ Exec Order 26.4b1 . Surveyor #2 observed a random US FOIA (b)(6) perform an NJ Exec Order 26.4b1 on Resident #169, in their room while the NJ Exec Order 26.4b1 . Surveyor #2 observed Resident #169's NJ Exec Order 26.4b1 . The resident could not comment on the last time NJ Exec Order 26.4b1 was provided.</p> <p>On 4/10/25 at 11:00 AM, Surveyor #2 reviewed the following medical records:</p> <p>The Admission Summary for Resident #15 revealed the resident was admitted to the facility with diagnoses which included but were not limited to; NJ Exec Order 26.4b1 . The Admission Minimum Data Set (MDS) an assessment tool used to facilitate care, dated NJ Exec Order 26.4b1 reflected that Resident #15 had a BIMS Score (Brief Interview for Mental Status) of NJ Exec Order 26.4b1 which indicted NJ Exec Order 26.4b1 . Section GG of the MDS which addressed Functional Abilities revealed Resident #15 was NJ Exec Order 26.4b1 . The Comprehensive Care Plan initiated NJ Exec Order 26.4b1 had a "Focus" area for NJ Ex Order 26.4b1 ADL (Activity of Daily Living) functions. The goal was for Resident #15 to maintain current level of functioning. The interventions were to assist with NJ Exec Order 26.4b1</p> <p>The Admission Summary for Resident #169 revealed the resident was admitted to the facility with diagnoses which included, but were not limited to; NJ Exec Order 26.4b1</p> <p>The Admission MDS Assessment dated</p>	F 677	<p>with one-on-one re-education regarding timely provision of NJ Exec Order 26.4b1 .</p> <p>Resident # 169 NJ Exec Order 26.4b1 was provided immediately during the NJ Exec Order 26.4b1 with the surveyor on NJ Exec Order 26.4b1 by the U.S. FOIA (b)(6) . One-on-one re-education of the U.S. FOIA (b)(6) involved regarding NJ Exec Order 26.4b1 was provided by the facility educator or NJ Exec Order 26.4b1 Resident # 322 resident NJ Exec Order 26.4b1 was provided by the U.S. FOIA (b)(6) or NJ Exec Order 26.4b1 Nursing staff were re-educated regarding NJ Exec Order 26.4b1 during the provision of care on NJ Exec Order 26.4b1 by the U.S. FOIA (b)(6) .</p> <p>Root Cause: The root cause of the cited deficiency is a lack of adequate oversight and monitoring of the certified nursing assistant (CNA) by nursing management during scheduled incontinent care rounds, leading to inconsistent adherence to incontinence rounds</p> <p>Element # 2 – Identification of at-Risk Residents All residents who require assistance with incontinence care and nail care have the potential to be affected by these practices. Element # 3 – Systemic Change Re-education was provided to certified nursing assistant (CNAs) and licensed nurses about the Importance of providing timely incontinence care, personal hygiene, timely response to call bells, and</p>		

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F 677	<p>Continued From page 9</p> <p><sup>NJ Ex Order 26.4b1</sup>, reflected that Resident #169 had <b>NJ Exec Order 26.4b1</b>. Resident #169 scored <sup>NJ Exec Order 26.4b1</sup> on the BIMS. A review of Section GG which addressed Functional Abilities, Resident #169 was coded as being <sup>NJ Exec Order 26.4b1</sup>. Resident #169 received <sup>NJ Exec Order 26.4b1</sup> for coding. The Comprehensive Care Plan for ADL initiated <sup>NJ Exec Order 26.4b1</sup> revealed the following: Resident #169 depended <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b>.</p> <p>3. On 4/10/25 at 9:06 AM, Surveyor #2 observed Resident #73 in bed, after morning care had been provided with <b>NJ Exec Order 26.4b1</b>, and Resident #73 was <sup>NJ Exec Order 26.4b1</sup>.</p> <p>On 4/11/25 at 11:18 AM, Surveyor #2 observed Resident #73 in the elevator going out for an appointment. Their <b>NJ Exec Order 26.4b1</b>.</p> <p>On 4/14/25 at 9:26 AM, the surveyor observed the resident sitting in a wheelchair by the bed. Their <b>NJ Exec Order 26.4b1</b>. Upon inquiry, Resident #73 stated that they would like <b>NJ Exec Order 26.4b1</b>.</p> <p>On 4/14/25 at 9:50 AM, Surveyor #2 interviewed the Licensed Practical Nurse (LPN #1) regarding <sup>NJ Exec Order 26.4b1</sup>. LPN #1 stated the nurses were responsible to <b>NJ Exec Order 26.4b1</b> residents. The surveyor accompanied the LPN to the room where we both observed the resident with <b>NJ Exec Order 26.4b1</b> LPN #1 stated, "oh,</p>	F 677	<p>nail care during provision the of care. This in-service was initiated on 4/10/25 by the registered nurse staff educator and ongoing. The same in-service education is provided during orientation for newly hired certified nursing assistant (CNA's) and nurses, annually and as deemed necessary.</p> <p>An audit tool for personal hygiene was revised on 5/5/25 to be utilized during personal hygiene audits by the Director of Nursing or designee or nurse designee.</p> <p>Element #4 - QAPI</p> <p>The license nurse and/or staff designee will perform weekly personal hygiene audits for 20 patients x 4 and then monthly x 3 months covering off shifts to ensure incontinence care, personal hygiene, and nail care are appropriately provided. Any negative findings will be corrected immediately by providing one-on-one re-education of involved nursing staff including progressive disciplinary actions as appropriate.</p> <p>Results of all audits will be submitted to the Quality Assessment and Assurance committee who meets quarterly for review and will determine the necessity of future audits and recommendations.</p> <p>The license nurse and/or staff designee will perform weekly call bell audits x 4 and then monthly x 3 months for 10 call bells covering off shifts to ensure call bells are responded to with resident care needs met timely. Any negative findings will be corrected immediately by providing one-on-one re-education of involved nursing staff including progressive disciplinary actions as appropriate by the</p>		

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F 677	<p>Continued From page 10</p> <p>they <sup>NJ Ex Order 26.4b1</sup>," and exited the room.</p> <p>On 4/15/25 at 9:48 AM, Surveyor #2 observed Resident #73 in bed, the <sup>NJ Exec Order 26.4b1</sup></p> <p><sup>NJ Exec Order 26.4b1</sup>. The surveyor accompanied the <sup>U.S. FOIA (b)(6)</sup> to the room and we both observed the <sup>NJ Exec Order 26.4b1</sup></p> <p><sup>NJ Exec Order 26.4b1</sup>. The <sup>U.S. FOIA (b)(6)</sup> stated, "I saw them," <sup>NJ Exec Order 26.4b1</sup>.</p> <p>A subsequent review of the medical record revealed the Admission Sheet revealed Resident #73 was admitted to the facility with diagnoses which included but were not limited to: <sup>NJ Exec Order 26.4b1</sup></p> <p><sup>NJ Exec Order 26.4b1</sup></p> <p>The Admission MDS Assessment dated <sup>NJ Exec Order 26.4b1</sup>, indicated that Resident #73 scored <sup>NJ Exec Order 26.4b1</sup> BIMS indicative of <sup>NJ Exec Order 26.4b1</sup></p> <p>The Comprehensive Care Plan initiated <sup>NJ Exec Order 26.4b1</sup>, reflected that Resident #73 <sup>NJ Exec Order 26.4b1</sup>. One of the interventions was for someone to assist the resident with <sup>NJ Exec Order 26.4b1</sup></p> <p>4. On 4/10/25 at 9:12 AM, Surveyor #2 observed Resident #76 in bed. The resident informed the surveyor that they received <sup>NJ Exec Order 26.4b1</sup> and <sup>NJ Exec Order 26.4b1</sup></p> <p>A random <sup>US FOIA (b)</sup> assisted the surveyor with an observation and Surveyor #2 observed Resident #76's <sup>NJ Exec Order 26.4b1</sup></p> <p><sup>NJ Exec Order 26.4b1</sup> Resident #73's <sup>NJ Exec Order 26.4b1</sup>. Surveyor #2 then asked asked about <sup>U.S. FOIA (b)(6)</sup> the <sup>US FOIA (b)</sup> stated that she observed the <sup>NJ Exec Order 26.4b1</sup> and she would <sup>NJ Exec Order 26.4b1</sup></p>	F 677	<p>nurse unit manager. Results of all audits will be submitted to the Quality Assessment and Assurance committee who meets quarterly for review and will determine the necessity of future audits and recommendations</p>	

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F 677	<p>Continued From page 11</p> <p>On 4/15/25 at 9:49 AM, Surveyor # 2 interviewed the [redacted] U.S. FOIA (b)(6) regarding nail care. The [redacted] U.S. FOIA (b)(6) stated that the CNAs were to [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec O. The [redacted] U.S. FOIA (b)(6) added, "if the resident was [redacted] NJ Exec O the nurse would [redacted] NJ Exec Order 26.4b1 the [redacted] NJ Exec O if the resident was on a [redacted] U.S. FOIA (b)(6) the nails would be filed only."</p> <p>On 4/15/25 at 12:34 PM, Surveyor #2 went to the room and observed the resident's [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec O. The resident stated that they would like their [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec O.</p> <p>A subsequent review of the the medical record by Surveyor #2 revealed:</p> <p>Resident #76 had diagnoses which included but were not limited to; [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec O. The Admission Minimum Data Set dated [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec O revealed that the resident was [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec O. Resident had a BIMS score of [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec O. The care plan for [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec O, had a focus area for assistance with [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec O. The interventions indicated that Resident #76 was independent for [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec O. However, the resident was dependent on [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec O. Section GG which addressed Functional Abilities, revealed Resident #76 was coded as [redacted] NJ Exec O which indicated that Resident #76 was [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec O.</p> <p>5. On 4/10/25 at 11:14 AM, Surveyor #2 observed Resident #66 in bed, and interviewed the resident who answered questions appropriately. Resident #66 informed the surveyor that their call bell was not being answered in a timely manner. Resident</p>	F 677			

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F 677	<p>Continued From page 12</p> <p>#66 stated that they activated the call bell because they needed to [redacted NJ Exec Order 26.4b1] and they were told by staff not to attempt to use the bathroom unassisted unless they had the walker or the wheelchair at their side. The resident stated that they were assisted by staff to the recliner chair in the room (could not recall the date), and they did not have the walker or the wheelchair accessible to them in the room that day. The resident informed the surveyor that they activated the call light for 30 minutes and no staff entered the room to assist. They could not wait further and they [redacted NJ Exec Order 26.4b1] they were sitting on in the room.</p> <p>On 4/10/25 at 11:35 AM, Surveyor #2 interviewed Resident #66 in the presence of the [redacted U.S. FOIA (b)(6)], and the resident relayed that calls bell were not being answered in a timely manner, staff would ask why they activated the call bell, they asked for ice and staff told them they could get out of the bed and get ice themselves. At that time, Surveyor #2 asked the resident how they felt regarding the incident. The resident stated, [redacted NJ Exec Order 26.4b1]</p> <p>[redacted] he surveyor then observed that the recliner chair in the room was missing the seat cushion. The surveyor asked the facility [redacted U.S. FOIA (b)(6)] for any investigation, or documentation regarding the above incident and none was provided.</p> <p>Surveyor #2 then reviewed the electronic medical record which reflected that Resident #66 was admitted to the facility with diagnoses which included but were not limited to; [redacted NJ Exec Order 26.4b1]</p>	F 677			

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F 677	<p>Continued From page 13</p> <p><b>NJ Exec Order 26.4b1</b>. The Admission MDS, dated <b>NJ Exec Order 26.4b1</b>, revealed that Resident #66 was <b>NJ Exec Order 26.4b1</b>. Resident #66 scored <b>NJ Exec Order 26.4b1</b> on the BIMS. Resident #66 was <b>NJ Ex Order 26.4b1</b> their needs known.</p> <p>Resident #66's Comprehensive Care Plan initiated <b>NJ Exec Order 26.4b1</b> reflected a "Focus" for assistance for ADLs. The goal was for Resident #66 to <b>NJ Exec Order 26.4b1</b>, initiated <b>NJ Exec Order 26.4b1</b>. The interventions included: Bathing and showering required <b>NJ Ex Order 26.4b1</b>.</p> <p>Bed mobility: <b>NJ Ex Order 26.4b1</b>; Toileting: require <b>NJ Ex Order 26.4b1</b> for toilet use; Transfers: <b>NJ Ex Order 26.4b1</b> with transfer; Another care plan for <b>NJ Exec Order 26.4b1</b> initiated <b>NJ Exec Order 26.4b1</b> indicated that Resident #66 was at <b>NJ Exec Order 26.4b1</b> related to history of <b>NJ Exec Order 26.4b1</b>. One of the interventions initiated on <b>NJ Exec Order 26.4b1</b> was to encourage Resident #66 to use the call light and wait for assistance. another intervention initiated on <b>NJ Exec Order 26.4b1</b> was to encourage the resident to ask for assistance when <b>NJ Ex Order 26.4b1</b>.</p> <p>On 4/14/25 at 9:20 AM, Surveyor #2 interviewed Resident #66 and they again reported a delay in answering call lights of 30 minutes or more.</p> <p>Surveyor #3:</p> <p>6. On 4/10/25 at 8:41 AM, during an initial tour, Surveyor #3 observed Resident #322 in their bed. The surveyor observed Resident #322's both <b>NJ Exec Order 26.4b1</b> substance underneath them.</p>	F 677		

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F 677	<p>Continued From page 14</p> <p>On 4/11/25 at 8:28 AM, the surveyor observed Resident #322 sitting up in their bed. The resident had <b>NJ Exec Order 26.4b1</b> [REDACTED].</p> <p>On 4/14/25 at 9:32 AM, Surveyor #3 observed CNA #1 assisting the resident with a <b>NJ Exec Order 26.4b1</b> [REDACTED]. Later at 10:10 AM, after the shower, CNA #1 brought Resident #322 to the nursing station in their wheelchair. Surveyor #3 observed the resident's <b>NJ Exec Order 26.4b1</b> [REDACTED].</p> <p>On 4/14/25 at 10:20 AM, the surveyor reviewed the electronic medical records for Resident #322.</p> <p>A review of Resident 322's Admission Record reflected that the resident was admitted to the facility with diagnoses which included but were not limited to; <b>NJ Exec Order 26.4b1</b> [REDACTED].</p> <p>A review of Resident #322's Admission MDS, an assessment tool dated 4/13/25, revealed Resident #322's brief Interview for mental status (BIMS) <b>NJ Ex Order 26.4b1</b> [REDACTED] due to resident <b>NJ Exec Order 26.4b1</b> [REDACTED]. The MDS further revealed the resident required <b>NJ Exec Order 26.4b1</b> [REDACTED].</p> <p>A review of Resident #322's Individualized Care Plan (CP) initiated on <b>NJ Ex Order 26</b> [REDACTED], reflected that the Resident <b>NJ Ex Order 26.4b1</b> [REDACTED] with ADL (Activities of Daily Living) functions.</p>	F 677		

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F 677	<p>Continued From page 15</p> <p>On 4/14/25 at 10:24 AM, during an interview with Surveyor #3, CNA #1 stated she checked all her resident's [redacted] daily when she worked. CNA #1 pointed towards Resident #322's room and stated, "like this resident is [redacted] so I check their [redacted] when I am here." CNA #1 further stated it was important to check and [redacted] daily because the residents would sometimes eat with their hands and food gets [redacted]. CNA #1 stated that [redacted] because the residents could [redacted]. Surveyor #3 inquired about Resident #322's [redacted] and CNA #1 stated she would have to go check resident's [redacted]. Surveyor #3 accompanied CNA #1 to Resident #322 to [redacted] and the CNA #1 confirmed that [redacted] were [redacted] and she should have provided [redacted]</p> <p>On 4/14/25 at 10:42 AM, during an interview with Surveyor #3, LPN #2 stated she would check resident's [redacted] administration. LPN #2 further stated [redacted] was important because the [redacted] and we don't want anything under the [redacted]. LPN #2 further stated the [redacted] should be [redacted] and [redacted] because sometimes the resident can [redacted] themselves. In the presence of Surveyor #3, LPN #1 observed Resident #322's [redacted] and acknowledged that the resident's [redacted]</p> <p>On 4/14/25 at 11:02 AM, Surveyor #3 presented the above-mentioned concerns to the [redacted]. The [redacted].</p>	F 677			

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F 677	<p>Continued From page 16</p> <p>she was not sure of the facility policy regarding the staff being able to <sup>NJ Ex Order 26.4b1</sup> resident <sup>NJ Ex Order 26.4b1</sup> at the facility. The <sup>U.S. FOIA (b)(6)</sup> asked the desk <sup>U.S. FOIA (b)(6)</sup> about facility policy and procedures regarding <sup>NJ Exec Order 26.4b1</sup>. The <sup>U.S. FOIA (b)(6)</sup> stated if the residents were <sup>NJ Exec Order 26.4b1</sup> then the staff could not <sup>NJ Exec Order 26.4b1</sup>. The <sup>U.S. FOIA (b)(6)</sup> observed Resident #322's <sup>NJ Ex Order 26.4b1</sup> in the presence of Surveyor #3 and the <sup>NJ Exec Order 26.4b1</sup> and stated, "they are <sup>NJ Exec Order 26.4b1</sup></p> <p>7. On 4/10/25 AM at 9:14 AM, during an initial tour, Surveyor #3 observed Resident #81 sitting up in their bed. At 9:25 AM, Surveyor #3 returned to Resident #81's room accompanied by the <sup>U.S. FOIA (b)(6)</sup> for <sup>NJ Exec Order 26.4b1</sup>. The <sup>U.S. FOIA (b)(6)</sup> exposed Resident #81's <sup>NJ Exec Order 26.4b1</sup>. The <sup>U.S. FOIA (b)(6)</sup> and Surveyor #3 observed the <sup>NJ Exec Order 26.4b1</sup> was <sup>NJ Exec Order 26.4b1</sup>. The <sup>U.S. FOIA (b)(6)</sup> stated that "usually" the night shift <sup>NJ Exec Order 26.4b1</sup> (<sup>U.S. FOIA (b)(6)</sup>) changed residents before they left. The <sup>U.S. FOIA (b)(6)</sup> was not able to identify when the last time was Resident #81 had received <sup>NJ Exec Order 26.4b1</sup>.</p> <p>On 4/15/25 at 10:00 AM, the surveyor reviewed the electronic medical records (EMR) for Resident #81.</p> <p>On 4/15/25 at 1:17 PM, the survey team met with the <sup>U.S. FOIA (b)(6)</sup> and presented the above-mentioned concerns.</p> <p>On 4/16/25 at 10:49 AM, during an interview with Surveyor #3, the <sup>U.S. FOIA (b)(6)</sup> stated the night shift CNAs completed <sup>NJ Exec Order 26.4b1</sup> rounds between 5:00 AM and 6:30 AM daily. The <sup>U.S. FOIA (b)(6)</sup> stated the <sup>NJ Exec Order 26.4b1</sup> care rounds were completed</p>	F 677			



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F 677	Continued From page 18 Daily Living" (ADLs) created 1/2024 revealed the following: Policy: The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: Bathing, dressing, grooming and oral hygiene. Policy Explanation: A resident who is unable to carry out activities of daily will receive the necessary services to maintain good nutrition, grooming, and personal hygiene.  On 4/17/25 at 12:42 PM the facility provided staff in-service education regarding <b>NJ Exec Order 26.4b1</b> and no additional information was provided.	F 677			
F 689 SS=E	NJAC 8:39-27.1(a) Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and documents review it was determined the facility failed to identify the causal factor for <b>NJ Ex Order 26.4b1</b> and implement interventions, which	F 689	Element # 1 Resident # 40 <b>NJ Exec Order 26.4b1</b> The IDC team members were	5/13/25	

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F 689	<p>Continued From page 19</p> <p>included adequate supervision, to prevent further [redacted] for a resident who was [redacted] on NJ Exec Order 26.4b1 [redacted]. The deficient practice occurred for 1 of 4 residents reviewed for accidents (Resident #40) and was evidenced by the following:</p> <p>On 4/10/25 at 9:36 AM, the surveyor observed the resident resting in bed and was holding the television (TV) remote. The resident communicated they were [redacted] NJ Exec Order 26.4b1 [redacted]. There appeared to be a [redacted] NJ Exec Order 26.4b1 in the resident's room opposite of the bed.</p> <p>On 4/11/25 at 9:40 AM, the surveyor observed the resident in bed and was calling for help. The resident did not activate the call bell.</p> <p>On 4/14/25 at 1:00 PM, the surveyor reviewed the electronic and paper medical records for Resident #40 and at 1:54 PM, the [redacted] U.S. FOIA (b)(6) [redacted] provided NJ Exec Order 26.4b1 [redacted] for the NJ Exec Order 26.4b1 [redacted], and the [redacted] U.S. FOIA (b)(6) confirmed the investigations were complete.</p> <p>At that time, the surveyor asked the [redacted] U.S. FOIA (b)(6) [redacted] what was the causal factor for the [redacted] NJ Exec Order 26.4b1 and the intervention added to prevent recurrence. The [redacted] U.S. FOIA (b)(6) reviewed the investigation in the presence of the surveyor and stated, it was about Resident #40 not asking for assistance, the [redacted] U.S. FOIA (b)(6) stated, "NJ Exec Order 26.4b1 [redacted]." The [redacted] U.S. FOIA (b)(6) stated the intervention was to encourage the resident to call for assistance. The surveyor asked if the [redacted] NJ Exec Order 26.4b1 was reported to the Department of Health, and the</p>	F 689	<p>re-educated on 4/18/25 regarding a thorough review of Fall investigation report in identification of causal factors following a fall incident and appropriate interventions by RN nurse educator.</p> <p>Element # 2 All residents that are at risk of falls have the potential to be affected by the cited practice.</p> <p>Element # 3 " Re-in-service education was initiated on 4/18/25 to license nurses and the IDCTeam members and ongoing by the RN nurse educator of the proper procedures of conducting a thorough Fall investigation with emphasis in identifying causal factors of falls, including appropriate interventions and adequate monitoring to prevent further falls. The same in-service education will be provided to a newly hired license nurse, IDCTeam members, annually and as deemed necessary.</p> <p>" Fall incidents will be reviewed during the clinical meeting with the IDCT team members, headed by the DON to discuss and identify causal factors and review appropriate interventions, to include adequate monitoring to prevent further incidence of falls and will be documented in the resident medical record and the care plan will be updated to reflect the appropriate interventions.</p> <p>Element #4 " The DON or nurse designee will conduct a weekly audit for 5 residents with documented incidents of falls x 4 and then monthly x 6 months to ensure that the causal factor was identified for a resident</p>	

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F 689	<p>Continued From page 20</p> <p><sup>U.S. FOIA (b)</sup> stated, there was no reason to report the <sup>NJ Exec</sup> and "the resident was <b>NJ Exec Order 26.4b1</b></p> <p>On 4/14/25 at 2:07 PM, the surveyor continued to review the medical record and the <sup>NJ Exec</sup> investigations which revealed:</p> <p>An Admission Record which revealed, but was not limited to, the following diagnoses: <sup>NJ Exec Order 26.4b1</sup></p> <p>The Admission Minimum Data Set (MDS), an assessment tool dated <sup>NJ Exec Order 26.4b1</sup> revealed the resident scored <sup>NJ Exec Order 26.4b1</sup> on the Brief Interview for Mental Status (BIMS) which indicated the resident was <b>NJ Exec Order 26.4b1</b>.</p> <p>A Resident admission <sup>NJ Exec</sup> risk assessment dated <sup>NJ Exec Order 26.4b1</sup> which indicated the resident scored <sup>NJ Exec</sup> which was identified as <sup>NJ Exec Order 26.4b1</sup></p> <p>The Care Plan Focus initiated on <sup>NJ Ex Order 26.4b</sup> for Resident #40 was at <sup>NJ Exec Order 26.4b1</sup> due to <sup>NJ Exec Order 26.4b1</sup>, included the following interventions initiated on <sup>NJ Exec Order 26.4b1</sup>: Provide a well-lit environment; Anticipate and meet the needs of the resident to <sup>NJ Exec Order 26.4b1</sup> Maintain bed <sup>NJ Exec Order 26.4b1</sup> position; <sup>NJ Exec Order 26.4b1</sup> to be used for safety; Place personal items within reach; Provide a clutter free environment; Provide a well-lit environment. A Care Plan initiated on <sup>NJ Ex Order 26.4b</sup>, for needing <sup>NJ Ex Order 26.4b1</sup> with Activities of Daily living revealed interventions dated <sup>NJ Ex Order 26.4b</sup>, that included, Resident #40 was <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> from staff for bed mobility.</p> <p><sup>NJ Ex Order 26.4b1</sup> at 2:32 AM, Note Text: ...Note Text:</p>	F 689	<p>having an incident of fall and appropriate interventions to include adequate monitoring are implemented. Negative findings will be addressed immediately by the DON through one on one re-education of the involved license nurse to include progressive disciplinary actions as appropriate.</p> <p>" Results of the audits will be submitted to the QAA committee during the quarterly meeting for review and determination of the necessity for further audits and recommendations.</p>	

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F 689	<p>Continued From page 21</p> <p>"AAOX 2 (NJ Exec Order 26.4b1 [REDACTED])" ... (NJ Exec Order 26.4b1 [REDACTED]) ... call bell and personal belongings within reach ..."</p> <p>(NJ Ex Order 26.4b1 [REDACTED]) at 8:00 AM, SBAR-Change in Condition, Situation: (NJ Exec Order 26.4b1 [REDACTED]) ... (NJ Ex Order 26.4b1 [REDACTED]) noted at the time of incident. Active ROM (Range of Motion) to (NJ Exec Order 26.4b1 [REDACTED]). Vital signs (NJ Ex Order 26.4b1 [REDACTED]). Appearance (Licensed Practical Nurse): in their baseline ... (NJ Exec Order 26.4b1 [REDACTED]). No signs of (NJ Exec Order 26.4b1 [REDACTED]). Response: Supervisor, provider, and family notified. Recommendations: (NJ Exec Order 26.4b1 [REDACTED]) initiated. Bed (NJ Ex Order 26.4b1 [REDACTED]). Patient education provided on (NJ Ex Order 26.4b1 [REDACTED]) without (NJ Ex Order 26.4b1 [REDACTED]).</p> <p>(NJ Ex Order 26.4b1 [REDACTED]) at 10:46 AM, Nursing/Clinical Note , This nurse heard patient calling for help, so walked in to the direction voice was coming from. Upon entering the resident's room, was observed on the (NJ Exec Order 26.4b1 [REDACTED]). Had (NJ Exec Order 26.4b1 [REDACTED]) bed was (NJ Ex Order 26.4b1 [REDACTED]); call light was in reach on the bed. Assessed by this nurse and other two nurses, and the supervisor on duty for any types of injury, (NJ Ex Order 26.4b1 [REDACTED]) at the time of incident (NJ Ex Order 26.4b1 [REDACTED]) to all extremities, pupils were (NJ Ex Order 26.4b1 [REDACTED]). Supervisor notified, provider notified, (NJ Ex Order 26.4b1 [REDACTED]) initiated, vital signs (NJ Ex Order 26.4b1 [REDACTED]) o signs of (NJ Ex Order 26.4b1 [REDACTED]) body parts.</p> <p>The (NJ Exec Order 26.4b1 [REDACTED]) dated (NJ Ex Order 26.4b1 [REDACTED]) indicated: Nursing Description: nurse heard patient calling for help ...resident was observed (NJ Ex Order 26.4b1 [REDACTED])</p>	F 689			

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F 689	<p>Continued From page 22</p> <p><b>NJ Exec Order 26.4b1</b> _____, bed was <b>NJ Ex Order 26.4b1</b>, call light within reach but not activated ... Resident description: resident stated wanted to walk to get a ride; Immediate Action Taken: plan of care updated. The Care Plan intervention added on <b>NJ Exec Order 26.4b1</b> Encouraged resident to ask for assistance when attempting to transfer. The At Risk for <b>NJ Exec Ord</b> Care Plan, revealed: a Focus dated <b>NJ Exec Order 26.4b1</b>, for <b>NJ Exec Order 26.4b1</b> Intervention added <b>NJ Exec Order 26.4b1</b> revealed: "Encouraged resident to ask for assistance when attempting to transfer." <b>A U.S. FOIA (b)(6)</b> Statement dated <b>NJ Exec Order 26.4b1</b>, revealed after the <b>NJ Exec</b> resident was <b>NJ Exec Order 26.4b1</b> _____ to the recliner chair. [There was no causal factor identified for the <b>NJ Exec O</b>, and specific intervention, including supervision, to prevent further <b>U.S. FOIA</b> for Resident #40 who was <b>NJ Exec Order 26.4b1</b> _____, found with call light in reach and did not activate, was <b>NJ Exec Order 26.4b1</b> _____ and required <b>NJ Ex Order 26.4b1</b> from staff for bed mobility.]</p> <p><b>NJ Ex Order 26.4b1</b> at 12:34 AM, Nursing/Clinical, "Late Entry" by <b>U.S. FOIA (b)(6)</b> _____, revealed, upon entering the room resident was observed <b>NJ Exec Order 26.4b1</b> _____ next to the right side of the bed. <b>A U.S. FOIA (b)(6)</b> assessment completed, <b>NJ Exec Order 26.4b1</b> _____ provided. Resident was kept by the nurses' station for observation ...</p> <p><b>NJ Ex Order 26.4b1</b> at 3:37 AM, SBAR (Situation, Background, Assessment, Recommendation), Situation: Resident <b>NJ Exec Order 26.4b1</b> Appearance (Licensed Practical Nurse- LPN): Resident <b>NJ Exec Order 26.4b1</b> _____</p>	F 689		

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F 689	<p>Continued From page 23</p> <p>NJ Ex Order 26.4b1, Recommendations: frequently rounding frequently NJ Ex Order 26.4b1 .</p> <p>NJ Ex Order 26.4b1 5:12 AM, SBAR, Situation: Resident NJ Ex O while being transferred from bed to wheelchair, Recommendations: frequent rounding NJ Ex Order 26.4b1 .</p> <p>NJ Ex Order 26.4b1 at 9:44 AM the IDCT (Interdisciplinary Care Team Note), Late Entry: Note Text: The IDCT meet with resident, to discuss resident's NJ Exec Order 26.4b1 . Resident was NJ Exec Order 26.4b1 . Resident had NJ Exec Order 26.4b1 . Bed was NJ Ex Order 26.4b1 position; "call light was in reach but not activated." U.S. FOIA (b)(6) ) assessment completed. NJ Exec Order 26.4b1 provided. Resident was kept by the nurses' station for observation. NJ Ex Order 26.4b1 initiated, family and provider notified ... The resident is "currently receiving NJ Ex Order 26.4b1 to increase NJ Ex Order 26.4b1 " ... Resident had a NJ Ex O plan in place with included interventions of anticipate and meet the needs of the resident to NJ Exec Order 26.4b1 keep call light within easy reach, maintain bed NJ Ex Order 26.4b1, "Encourage resident to ask for assistance when attempting to transfer. However, despite the interventions attempted to NJ Ex Order 26.4b1 ."</p> <p>The care plan was reviewed and revised to include to encourage resident to be in supervised areas as tolerated for close monitoring and every 1- hour safety checks x 48 hours.</p> <p>NJ Ex Order 26.4b1 at 10:52 AM Late Entry note revealed the IDCT met with Resident #40 to discuss</p>	F 689			

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F 689	<p>Continued From page 24</p> <p><b>NJ Exec Order 26.4b1</b> . Resident was noted <b>NJ Exec Order 26.4b1</b> Upon entering the room. Resident was <b>NJ Exec Order 26.4b1</b> bed was <b>NJ Ex Order 26.4b1</b>, "call light was in reach but not activated" ... Resident had a <b>NJ Exec O</b> care plan in place with included interventions of anticipate and meet the needs of the resident to avoid <b>NJ Exec O</b>, keep call light within reach and maintain bed <b>NJ Ex Order 26.4b1</b>. However, despite the interventions the resident <b>NJ Ex Order 26.4b1</b>. The care plan was revived and revised to include to encourage resident to ask for assistance when attempting to transfer. [There was no causal factor identified by the IDCT and no interventions specific to prevent <b>NJ Exec Order 26.4b1</b>].</p> <p>The <b>NJ Ex Ord</b> Investigation dated <b>NJ Ex Order 26.4b</b> revealed: Nursing Description: Upon entering the room ...resident <b>NJ Exec Order 26.4b1</b> ... Resident Description: "I was going to the kitchen". Mental Status, Notes: Resident had <b>NJ Exec Order 26.4b1</b>. A staff statement dated <b>NJ Exec Order 26</b> revealed: "I heard someone <b>NJ Ex Order 26.4b1</b>" and found <b>NJ Exec Order 26.4b1</b>. The At Risk for <b>NJ Exec Ord</b> Care Plan, revealed: a Focus dated <b>NJ Exec Order 26.4</b>, for <b>NJ Exec Order 26.4b1</b>. Intervention added <b>NJ Exec Order 26.1</b> revealed: "Encourage resident to be in supervised areas as tolerated for close monitoring", and 1 hour safety checks X 24 hours. [There was no causal factor identified for the <b>NJ Exec Order 26</b> per the IDT team, and specific interventions, including supervision to prevent further <b>NJ Exec O</b> for Resident #40, who was</p>	F 689		

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F 689	<p>Continued From page 25</p> <p>assessed [NJ Ex Order 26.4b1], and did not activate the call light.]</p> <p>An Investigation dated [NJ Ex Order 26.4b1] revealed: Nursing Description: Resident was observed becoming [NJ Ex Order 26.4b1] by nurse. The [U.S. FOIA (b)(6)] provided and then [U.S. FOIA (b)(6)] were transferring Resident from bed to wheelchair when the resident's [NJ Exec Order 26.4b1], and [U.S. FOIA (b)(6)] and [NJ Exec Order 26.4b1]. The at [NJ Ex Order 26.4b1] Care Plan, revealed: a Focus dated [U.S. FOIA (b)(6)], [NJ Exec Order 26.4b1]. Intervention added [U.S. FOIA (b)(6)] revealed [NJ Ex Order 26.4b1] as needed and [NJ Ex Order 26.4b1] due to increased [NJ Ex Order 26.4b1] [There was no causal factor identified for the [NJ Exec Order 26.4b1] appropriate transfer method for the resident and who required [NJ Ex Order 26.4b1] from staff for bed mobility and per a [U.S. FOIA (b)(6)] Statement dated [NJ Exec Order 26.4b1] the [NJ Exec Order 26.4b1] was utilized for transfer on [NJ Ex Order 26.4b1] resident was [NJ Exec Order 26.4b1] to the recliner chair.</p> <p>On 04/14/25 at 12:11 PM, the surveyor interviewed the [U.S. FOIA (b)(6)] regarding Resident #40's [U.S. FOIA (b)(6)] and asked the [U.S. FOIA (b)(6)] if the interdisciplinary team discussed [NJ Ex Order 26.4b1] after they had occurred. The [U.S. FOIA (b)(6)] stated we meet every morning. The surveyor asked the [U.S. FOIA (b)(6)] to show the surveyor what interventions were implemented after the [NJ Exec Order 26.4b1] for Resident #40. The [U.S. FOIA (b)(6)] reviewed the Care Plan and stated, "encourage to call to ask for assistance." The surveyor asked if Resident #40 was [NJ Exec Order 26.4b1] and the [U.S. FOIA (b)(6)], stated, "no", the resident was [NJ Exec Order 26.4b1]. The surveyor asked if there were any other interventions and the [U.S. FOIA (b)(6)] stated, "no, not that I see was documented." The [U.S. FOIA (b)(6)] stated the Resident #40 [NJ Exec Order 26.4b1]</p>	F 689		

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F 689	<p>Continued From page 26</p> <p><b>NJ Exec Order 26.4b1</b>. The surveyor asked the <b>U.S. FOIA (b)(6)</b> if the Care Plan was used, and he stated, "yes, for care". The surveyor asked about the <b>U.S. FOIA (b)(6)</b> and the <b>U.S. FOIA (b)(6)</b> stated the resident was <b>NJ Exec Order 26.4b1</b> and a <b>NJ Exec Order</b> was completed.</p> <p>On 04/14/25 at 2:34 PM, asked <b>U.S. FOIA (b)(6)</b> about interventions related to <b>NJ Exec Order 26.4b1</b> and requested timeline and interventions with <b>NJ Exec Order</b> from the <b>U.S. FOIA (b)(6)</b> including what should be completed per the facility <b>NJ Exec</b> policy.</p> <p>On 4/15/25 at 11:43 AM, the <b>U.S. FOIA (b)(6)</b> provided a <b>NJ Exec Order</b> Timeline for Resident #40 which revealed: Resident <b>NJ Exec Order 26.4b1</b> are outlined as follows:</p> <p><b>NJ Ex Order 26.4b1</b>, at 8:00 AM, the <b>NJ Exec Order 26.4b1</b> ...The resident was provided with encouragement to call for assistance when attempting to transfer.</p> <p><b>NJ Ex Order 26.4b1</b> at 12:00 AM, the <b>NJ Exec Order 26.4b1</b> noted, one hour wellness checks X 24 hours and encouraged to be in supervised areas when out of bed.</p> <p><b>NJ Ex Order 26.4b1</b>, at 12:00 AM, the <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b>.</p> <p>On <b>NJ Ex Order 26.4b1</b> at 12:51 PM, during an exit conference held with the facility administration, including the <b>U.S. FOIA (b)(6)</b> and <b>U.S. FOIA (b)(6)</b>, the <b>U.S. FOIA (b)(6)</b> confirmed that Resident #40 was a <b>NJ Exec Order 26.4b1</b> and the prevent further <b>NJ Exec Order 26.4b1</b> the resident was encouraged to call for assistance.</p>	F 689			

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F 689	Continued From page 27 A review of the Clinical, Fall Policy, created 1/30/25, revealed: Policy: To provide a system whereby resident's falls are reported, their causes identified when possible and timely interventions are established to reduce the probability of repeated incidents. Procedure: The IDCT will review the incident report during the clinical meeting to review by the team appropriate interventions.	F 689			
F 690 SS=D	NJAC 8:39-27.1(a) Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)  §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.  §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to	F 690		5/13/25	

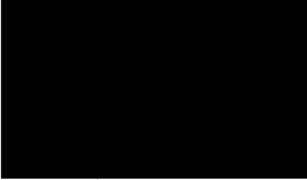
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F 690	<p>Continued From page 28</p> <p>prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review it was determined that the facility failed to ensure that an <b>NJ Exec Order 26.4b1</b> was stored in a manner to prevent potential <b>NJ Exec Order 26.4b1</b>. This deficient practice was identified for 1 of 1 resident reviewed with an <b>NJ Exec Order 26.4b1</b> (Resident #20), and was evidenced by the following:</p> <p>On 4/10/25 at 8:55 AM, the surveyor entered the room and observed Resident #20 in bed. The resident had a <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b>)</p> <p>On 4/10/25 at 9:00 AM, the surveyor exited the room and asked a <b>U.S. FOIA (b)(6)</b> in the hallway to assist with an observation of Resident #20. The surveyor along with the <b>U.S. FOIA (b)(6)</b> put on personal protective equipment (PPE) and entered the room. The surveyor observed the <b>U.S. FOIA (b)(6)</b> then checked the resident's <b>NJ Exec Order 26.4b1</b>, and the resident had a <b>NJ Exec Order 26.4b1</b> that was <b>NJ Exec Order 26.4b1</b></p>	F 690	<p>F690</p> <p>Element 1: Corrective Actions</p> <p>Resident #20s <b>NJ Exec Order 26.4b1</b></p> <p><b>NJ Exec Order 26.4b1</b>, <b>NJ Exec Order 26.4b1</b>. The <b>U.S. FOIA (b)(6)</b> involved was provided with 1:1 re-education by the facility <b>U.S. FOIA (b)(6)</b> on <b>NJ Exec Order 26.4b1</b> on the importance of <b>NJ Exec Order 26.4b1</b> bags being maintained below the bladder, off of the floor, and inside a privacy bag.</p> <p>Element 2: Identification of at risk residents</p> <p>All residents who have an indwelling urinary catheter have the potential to be affected by this practice.</p> <p>Element 3: Systemic Changes.</p> <p>Nursing staff were provided with re-education by the facility educator and infection preventionist regarding the importance of indwelling urinary catheter drainage bags being maintained below the bladder, off of the floor and inside a privacy bag on 4/10/2025 and ongoing. This in-service education will be given</p>		

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F 690	<p>Continued From page 29</p> <p><b>NJ Exec Order 26.4b1</b> The surveyor exited the room, and returned to the room around 12:30 PM, and observed the <b>NJ Exec Order</b>. At that time, the surveyor then re-entered the room with the <b>U.S. FOIA (b)(6)</b> who raised the bed of Resident #20 and provided a <b>NJ Exec Order 26.4b1</b> to the <b>U.S. FOIA</b> so the <b>NJ Exec Order 26.4b1</b> could be protected.</p> <p>On 4/11/25 at 10:30 AM, the surveyor reviewed Resident #20's medical record. The admission Face Sheet reflected that Resident #20 had diagnoses which included but were not limited to; <b>NJ Exec Order 26.4b1</b></p> <p>Resident #20 had a <b>NJ Exec Order 26.4b1</b> in place for <b>NJ Exec Order 26.4b1</b> and was <b>NJ Exec Order 26.4b1</b></p> <p>The Admission Minimum Data Set (MDS) an assessment tool used by the facility to prioritize care, reflected that Resident #20 had <b>NJ Exec Order 26.4b1</b>. Resident #20 scored <b>NJ Exec Order 26.4b1</b> on the Brief Interview for Mental Status (BIMS). Resident #20 had a care plan in place which addressed the <b>NJ Exec Order 26.4b1</b>. The goal was for Resident #20 will not <b>NJ Exec Order 26.4b1</b>. The interventions were to position the <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> and away from entrance room door and <b>NJ Ex Order 26.4b1</b>. Secure <b>NJ Exec Order 26.4b1</b> per facility protocol.</p> <p>The facility policy dated .... last revised, reflected that the Foley Catheter Drainage bag should be</p>	F 690	<p>during orientation for all newly hired nursing staff, annually and as deemed necessary.</p> <p>An audit form has been developed that will be utilized in auditing indwelling catheter drainage bag placement and use of privacy bag.</p> <p>Element 4: QAPI</p> <p>The Infection Preventionist/nurse designee will perform a weekly audit for 5 residents with urinary indwelling catheters for four weeks and then monthly for three months to assure compliance with the indwelling catheter drainage bag placement and use of privacy bag. Negative findings will be corrected through one on one re- education by the DON to include progressive disciplinary measures as appropriate. Results of all audits will be submitted to the QAA committee who meets quarterly for review and determines the necessity of future audits and recommendations.</p>		

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F 690	Continued From page 30 stored in a dignity bag not on the floor to prevent infection.  A review of the facility titled, Infection Control, Urinary Catheter, dated 1/2023 last revised 1/2025 which revealed the following: Policy: To provide guidance in the preventive measures for controlling common infections for residents with a urinary catheter as part of the overall infection control program. The facility is committed to providing a safe and healthy environment for residents and to minimize or prevent the spread of infections. Procedure #6, Do not allow the catheter tubing, bag, or spigot to touch the floor. Procedure #15, Keep the collection bag below the level of the bladder and place in a privacy bag.	F 690			
F 732 SS=D	NJAC 8:39-19.4(5) Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)  §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.	F 732		5/13/25	

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F 732	<p>Continued From page 31</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents it was determined that the facility failed to ensure the daily posting of licensed nurses, certified nursing aide staffing, and the resident census for 2 of 6 observations</p> <p>This deficient practice was evidenced by the following:  On 4/15/25 at 12:00 PM, the surveyor observed a Nursing Home Resident Care Staffing Report (NHRCSR) which was posted on the wall, in the reception area of the lobby. The NHRCSR posted for day shift from 7:00 AM through 7:00 PM and night shift 7:00 PM through 7:00 AM were dated 4/13/25. There was no NHRSCR posted for</p>	F 732	 <p>Element #1 – Corrective Actions Facility Immediately posted Staffing Data in a Readily accessible area on 4/16/25 Staff responsible for posting staffing data receives re-education on 4/16/25 by the facility administrator to ensure that staffing data is posted in a public area accessible to all. Element # 2 _ Identification of at Risk Residents All residents have the potential to be affected by the staffing data not being accessible in a public area. Element # 3 – Systemic Changes Facility administrator re-educated the Staffing coordinator regarding the</p>		

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F 732	<p>Continued From page 32 4/15/25 day shift 7:00 AM through 7:00 PM.</p> <p>On 4/15/25 at 12:01 PM, during an interview with the surveyor, the <b>U.S. FOIA (b)(6)</b> stated the <b>U.S. FOIA (b)(6)</b> was responsible for posting NHRCSR daily. The receptionist was not able to tell at what time the <b>U.S. FOIA (b)(6)</b> would post the NHRCSR.</p> <p>On 4/16/25 at 8:00 AM, the surveyor observed the NHRCSR posted in the lobby. The NHRCSR posted for day shift was dated 4/15/25 from 7:00 AM through 7:00 PM. There was no NHRCSR posted for either 4/15/25 night shift or 4/16/25 day shift.</p> <p>On 4/16/25 at 9:51 AM, during an interview with the surveyor, the <b>U.S. FOIA (b)(6)</b> stated she was responsible for posting NHRCSR and it would be posted twice a day. The <b>U.S. FOIA (b)(6)</b> further stated she would email the NHRCSR to an evening receptionist to post it and "when I come in the morning, I see it posted there." The <b>U.S. FOIA (b)(6)</b> stated NHRCSR was important to post every day so that visitors and residents were aware of the staffing ratios. The surveyor informed the <b>U.S. FOIA (b)(6)</b> of above-mentioned concerns for 4/15/25 and 4/16/25. The <b>U.S. FOIA (b)(6)</b> stated, "I would say that was my error and I am the one responsible to change it."</p> <p>On 4/16/25 at 1:13 PM, in the presence of the survey team, the surveyor informed the <b>U.S. FOIA (b)(6)</b> and the <b>U.S. FOIA (b)(6)</b> about the concern that the NHRCSR was not posted daily.</p> <p>A review of the facility provided policy "Nurse Staffing Posting Information" dated 1/2025, included but was not limited to; Policy: It is the policy of this facility to make nurse staffing</p>	F 732	<p>importance of Posting staffing Data in a public area accessible to all on 4/16/25. This in-service education will be given during orientation for a newly hired staffing coordinator, annually and as deemed necessary. Element # 4</p> <p>Administrator or staff designee will perform a daily audit x 4 and then monthly x 3 to ensure that the staffing data is posted in a public area accessible to all residents and visitors. Negative findings will be addressed immediately by the administrator through one on one re-education of the staffing coordinator. Results of these audits will be submitted to the QAA committee Quarterly for review and determinations of necessity for further audits and recommendations.</p>		

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F 732	Continued From page 33 information readily available in a readable format to residents, staff, and visitors at any given time. In Section under Policy Explanation and Compliance Guidelines: 2. The facility will post the Nurse Staffing Sheet at the beginning of each shift.	F 732			
F 755 SS=D	NJAC 8:39-41.2 Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-  §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.  §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755		5/13/25	

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F 755	<p>Continued From page 34</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that a medication was administered according to physician orders and acceptable standards of practice in accordance with the New Jersey Board of Nursing. This deficient practice was identified in one (1) of three (3) residents (Resident #40) observed during the medication observation pass.</p> <p>The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case</p>	F 755	<p>Element # 1 – Corrective Actions The involved <b>US FOIA (b)(6)</b> was provided with a one on one re- education by the RN staff educator and a medication skill competency was completed on 4/15/25 with emphasis on the proper procedures of medication administration to assure that medications are administered in accordance with the physician's order and acceptable standard of nursing practice.</p> <p>Element # 2 – Identification of at Risk Residents All residents with a physician order for <b>NJ Exec Order 28.4b1</b> have the potential to be affected by the cited practice.</p> <p>Element # 3 – Systemic Changes Skill competency for Medication administration for <b>US FOIA (b)(6)</b> was initiated on 4/18/25 and ongoing by the RN nurse educator and facility licensed pharmacist consultant with emphasis on the proper procedures of medication administration to assure that medications are administered in accordance with the physician's order and acceptable standard of nursing practice. Same in-service will be given during orientation for newly hired license nurses, annually and as deemed necessary.</p> <p>Element # 4 - QAPI The RN nurse educator, pharmacy consultant and/or licensed nurse designee will conduct a medication observation skill</p>		

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F 755	<p>Continued From page 35</p> <p>finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 4/10/25 at 10:13 AM, during the medication administration observation, the surveyor observed the U.S. FOIA (b)(6) prepare (NJ Exec Order 26.4b1) medications to administer to Resident #40. The U.S. FOIA prepared (NJ Exec Order 26.4b1) medication for Resident #40 which included NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>On 4/10/25 at 10:43 AM, in the presence of the surveyor, the U.S. FOIA reviewed the Medication Administration Record (MAR) for Resident #40. The U.S. FOIA checked the Physician Order (PO) for (NJ Exec Order 26.4b1) and stated that the resident was supposed to receive NJ Exec Order 26.4b1</p>	F 755	<p>competency for 3 nurses weekly x 4 and then monthly x 3 months covering nurses in all shifts. Negative findings will be addressed immediately though one on one re-education by the nurse educator and or the pharmacy consultant and progressive disciplinary measures as appropriate.</p> <p>Results of the audits will be submitted to the QAA committee who meets quarterly, and will review findings, determine future necessity of audits and make recommendations.</p>		

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F 755	<p>Continued From page 36</p> <p><sup>NJ Exec Order</sup> [REDACTED]. The <sup>U.S. FOIA</sup> [REDACTED] confirmed that the resident received <sup>NJ Exec Order 26.4b1</sup> [REDACTED]. The <sup>U.S. FOIA</sup> [REDACTED] further stated that she should have checked the PO prior to removing medication to make sure the resident was getting the right medication and right dosage. The <sup>U.S. FOIA</sup> [REDACTED] acknowledged that she should have removed <sup>NJ Exec Order 26.4b1</sup> [REDACTED] administer.</p> <p>On 4/11/25 at 9:03 AM, during an interview with the surveyor, the <sup>U.S. FOIA (b)(6)</sup> [REDACTED] and the <sup>U.S. FOIA (b)(6)</sup> [REDACTED] stated it was important to check the 5 rights during the medication administration process: right patient, right medication, right time, right route and right dose. The surveyor notified the <sup>U.S. FOIA (b)(6)</sup> [REDACTED] and the <sup>U.S. FOIA (b)(6)</sup> [REDACTED] about the above-mentioned concerns. The <sup>U.S. FOIA (b)(6)</sup> [REDACTED] stated the <sup>U.S. FOIA (b)(6)</sup> [REDACTED] should have made sure it was the correct dose of the medication before administration.</p> <p>On 4/14/25 at 10:50 AM, the surveyor reviewed the medical record of Resident #40.</p> <p>A review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but were not limited to; <sup>NJ Exec Order 26.4b1</sup> [REDACTED]</p> <p>A review of Admission Minimum Data Set (MDS), an assessment tool dated <sup>NJ Exec Order</sup> [REDACTED] reflected that the resident had a Brief Interview for Mental Status (BIMS) score of <sup>NJ Exec Order 26.4b1</sup> [REDACTED], which indicated that Resident #40 had <sup>NJ Exec Order 26.4b1</sup> [REDACTED]</p>	F 755			

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F 755	<p>Continued From page 37</p> <p>A review of the [redacted] order summary report (OSR) revealed a PO dated [redacted] for [redacted] NJ Exec Order 26.4b1 [redacted] Hold for SBP &lt; 100.</p> <p>A review of the [redacted] electronic Medication Administration Record (eMAR) revealed an order dated [redacted] NJ Exec Order 26.4b1 [redacted] was signed off as given at 11:00 AM.</p> <p>A review of the Medication pass observation with consultant pharmacy dated [redacted] for [redacted] U.S. FOIA did not reflect any concerns for medication administration.</p> <p>On 4/15/25 at 1:17 PM, the survey team met with the [redacted] U.S. FOIA (b)(6) and the [redacted] U.S. FOIA (b)(6). The surveyor presented above mentioned concerns.</p> <p>On 4/16/25 at 9:02 AM, during an interview with the surveyor, the [redacted] stated if a resident was ordered [redacted] NJ Exec Order 26.4b1 the nurse had [redacted] NJ Exec Order 26.4b1 then they should be administering [redacted] together. The [redacted] U.S. FOIA further acknowledged that the [redacted] U.S. FOIA went back on [redacted] NJ Exec Order 26.4b1 and administered the other [redacted] NJ Exec Order 26.4b1 to Resident #40 after the surveyor inquiry.</p> <p>A review of the facility's policy for "Medication Administration" dated 1/2025 included Medication are administrated by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or</p>	F 755		

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F 755	Continued From page 38 infection. In the section under Policy Explanation and Compliance Guidelines included 11. Compare medication source (bubble pack, vial, etc.) with EMAR to verify resident name, medication name, form, dose, route, and time.	F 755			
F 761 SS=D	NJAC 8:39-11.2 (b), 27.1 (a), 29.2 (d) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	F 761	Element # 1- Corrective Actions	5/13/25	

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F 761	<p>Continued From page 39</p> <p>review, it was determined that the facility failed to properly label, store, and dispose of medications in three (3) of eight (8) medication carts inspected.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 04/15/25 at 11:00 AM, the surveyor inspected the 3 D high-side medication cart in the presence of a Licensed Practical Nurse (LPN#1). The surveyor observed an opened [U.S. FOIA (b)(6)] multi-dose vial that had no opened date and an unopened vial of [NJ Exec Order 26.4b1] that was not dated and was stored in the medication cart.</p> <p>At that time, the surveyor interviewed LPN#1 who acknowledge that an opened vial of multi-dose [NJ Exec Order 26.4b1] should have been dated after opening and an unopened vial of [NJ Exec Order 26.4b1] should have been stored in the refrigerator.</p> <p>On 4/15/25 at 11:15 AM, the surveyor inspected the [NJ Exec Order 26.4b1] medication cart in the presence of LPN#2. The surveyor observed an unopened [NJ Exec Order 26.4b1] that was stored in the medication cart, a [NJ Exec Order 26.4b1] with an opened date of [NJ Exec Order 26.4b1] that was expired, and an opened bottle of [NJ Exec Order 26.4b1] that was not dated.</p> <p>At that time, the surveyor interviewed LPN#2 who acknowledge that [NJ Exec Order 26.4b1] should have been stored in the refrigerator and that [NJ Exec Order 26.4b1] was expired and should have been removed from the medication cart. She also stated that once [NJ Exec Order 26.4b1] was opened it should be dated.</p>	F 761	<p>The [NJ Exec Order 26.4b1] medication was immediately removed from the medication cart and was appropriately disposed by the license nurse and the unopen [NJ Exec Order 26.4b1] medication that was just delivered from the pharmacy was dated upon opening by the license nurse. The [NJ Exec Order 26.4b1], [NJ Exec Order 26.4b1] removed from the medication cart and disposed immediately. The involved license nurses were provided a re-education by the RN nurse educator on 4/15/25 regarding proper medication storage with emphasis on unopen insulin to be stored in the medication refrigerator, dating and labeling of medications, removing expired medications from medication carts and proper disposals of medications.</p> <p>Element #2 – Identification of at Risk Residents Residents who receive [NJ Exec Order 26.4b1] [redacted] have the potential to be affected by these practices.</p> <p>Element # 3 – Systemic Changes Licensed nurses were re-educated regarding proper storage and labeling of medications including nutritional supplements with short expiration dates and with emphasis on storing unopen insulin medications receives from the pharmacy on delivery and checking medications who have short expiration dates to assure that medications are properly dated, and expired medications are removed and disposed. This re-education was given by the RN staff</p>	

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F 761	<p>Continued From page 40</p> <p>On 4/15/25 at 11:30 AM, the surveyor inspected the 3 C low-side medication cart in the presence of LPN #3. The surveyor observed an unopened <b>NJ Exec Order 26.4b1</b> that were stored in the medication cart. The surveyor also observed a bottle of <b>NJ Exec Order 26.4b1</b> liquid that was opened and not dated.</p> <p>At that time, the surveyor interviewed LPN #3 who stated that both a <b>NJ Exec Order 26.4b1</b> and an unopened <b>NJ Exec Order 26.4b1</b> should have been stored in the refrigerator. LPN #3 also stated that once a bottle of <b>NJ Exec Order 26.4b1</b> is opened it should be dated.</p> <p>A review of the Manufacturer's Specifications for the following medications revealed the following:</p> <ol style="list-style-type: none"> <li><b>NJ Exec Order 26.4b1</b> bottle once opened has an expiration date of 90-days.</li> <li><b>NJ Exec Order 26.4b1</b> once opened has an expiration date of 28-days.</li> <li><b>NJ Exec Order 26.4b1</b> once opened has an expiration date of 31-days</li> <li>Unopened <b>NJ Exec Order 26.4b1</b> should be stored in the refrigerator</li> <li>Unopened <b>NJ Exec Order 26.4b1</b> should be stored in the refrigerator</li> <li><b>NJ Exec Order 26.4b1</b> should be stored in the refrigerator.</li> </ol> <p>On 4/15/25 at 1:00 PM, the surveyor presented the above concerns to the <b>U.S. FOIA (b)(6)</b></p> <p>There was no additional information provided.</p> <p>A review of the facility's policy titled "Medications</p>	F 761	<p>educator and the license pharmacy consultant on 4/18/25 and ongoing. Labeling, storage, and dating medications education is given during orientation for newly hired license nurses, annually, and as deemed necessary. A copy of the list of medications with short expiration dates was placed on each medication cart by the ADON and licensed nurses were educated to utilize the list as a reference. This was completed on 4/18/25. This in-service is included during orientation for newly hired nurses and as deemed necessary.</p> <p>Element # 4- QAPI The nurse unit manager/, nurse designee, and/, or the pharmacy consultant will perform 4 medication cart audits weekly x 4 weeks and then monthly x 3months to assure that medications with short expiration dates are properly labeled and medications are properly stored and expired medications are properly disposed. Negative findings will be addressed immediately through one on one re- education of involved nurses including progressive disciplinary actions as appropriate by the DON. Results of the audits will be provided to the DON and Administrator for review and provided to the QAA committee during the quarterly meeting for further review and necessity for further audits and recommendations.</p>	

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F 761	Continued From page 41 Storage" dated 1/31/25 and provided by the <span style="background-color: black; color: black;">US FOIA (b)</span> included the following:  "4. Refrigerated Products: a). All medications requiring refrigeration are stored in refrigerators located in each medication room."  "5. Unused Medications: All medication rooms are routinely inspected by consultant pharmacist for discontinued, outdated, defective or deteriorated with worn, illegible, or missing labels."	F 761			
F 808 SS=K	NJAC: 8:39-29.4 (a) (h) (d) Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2)  §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.  §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and review of pertinent documentation, it was determined that the facility failed to a.) ensure a <span style="background-color: black; color: black;">NJ Exec Order 26.4b1</span> (Resident #222) with a history of <span style="background-color: black; color: black;">NJ Exec Order 26.4b1</span> <span style="background-color: black; color: black;">NJ Ex Order 26.4b1</span> without a <span style="background-color: black; color: black;">NJ Ex Order 26.4b1</span> and who was at <span style="background-color: black; color: black;">NJ Ex Order 26.4b1</span> , received the appropriate physician ordered <span style="background-color: black; color: black;">NJ Exec Order 26.4b1</span> (liquid	F 808	Element 1 – Corrective Actions Resident # 222 was immediately evaluated by the <span style="background-color: black; color: black;">U.S. FOIA (b)(6)</span> and the primary care provider on 4/10/25. The <span style="background-color: black; color: black;">NJ Exec Order 26.4b1</span> was completed on <span style="background-color: black; color: black;">NJ Exec Order 26.4b1</span> for Resident # 222 and the result revealed with <span style="background-color: black; color: black;">NJ Exec Order 26.4b1</span>	5/13/25	

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F 808	<p>Continued From page 42</p> <p>NJ Ex Order 26.4b1 [REDACTED] ) and b.) ensure NJ Ex Order 26.4b1 instructions of NJ Ex Order 26.4b1 were followed according to Resident # 171's treatment plan. This deficient practice was identified for 2 of 2 residents reviewed NJ Ex Order 26.4b1 (Resident #171 and Resident #222).</p> <p>1. During the initial tour on 4/10/25 at 8:40 AM, Surveyor #1 observed the Certified Nurse Aide (CNA #1) provide a ceramic mug containing NJ Ex Order 26.4b1 to Resident #222. An observation of the resident's meal ticket revealed that the resident was prescribed NJ Exec Order 26.4b1 [REDACTED]. An observation of the resident's half filled NJ Exec Order 26.4b1, and an interview with Resident #222, confirmed that the resident NJ Exec Order 26.4b1. An interview with the Registered Nurse (RN #1) confirmed that the resident received NJ Exec Order 26.4b1; there was a packet of unopened NJ Exec Order 26.4b1 on the resident's meal tray; and the resident could NJ Exec Order 26.4b1.</p> <p>2. On 4/10/25 at 12:18 PM, Surveyor #2 observed during the lunch meal, that Resident #171 had a cup of water with NJ Ex Order 26.4b1. A review of the resident's meal ticket indicated NJ Ex Order 26.4b1" which was highlighted in yellow, and a white board in the resident's room had instructions dated NJ Ex Order 26.4b1." An interview with CNA #2 confirmed that she provided NJ Ex Order 26.4b1 to Resident #171; she had not read the meal ticket; and she was unaware that the resident could not have straws. An interview with the U.S. FOIA (b)(6) confirmed that the resident had a NJ Ex Order 26.4b1; the resident could not have NJ Ex Order 26.4b1 and the NJ Ex Order 26.4b1 removed the cup with the NJ Ex Order 26.4b1. An interview with the Speech Therapist (ST #1)</p>	F 808	<p>NJ Exec Order 26.4b1 [REDACTED] and Resident #222 was cleared for a NJ Ex Order 26.4b1. The U.S. FOIA (b)(6) changed the NJ Exec Order 26.4b1. Staff that care for Resident #222 were re-educated about the changes and the care plan and NJ Exec Order 26.4b1 updated to reflect the changes. Resident #171's room was immediately evaluated by the NJ Exec Order 26.4b1 and the room was immediately inspected by the nurse NJ Exec Order 26.4b1 to ensure no straws were in the resident room. A NJ Exec Order 26.4b1 study completed on NJ Exec Order 26.4b1 and Resident #NJ Ex Order 26.4b1 resulting in the NJ Exec Order 26.4b1 order being discontinued, with Resident #171 was cleared to use NJ Exec Order 26.4b1. Staff that care for Resident #171 were re-educated about the changes and the care plan and U.S. FOIA (b)(6) updated to reflect the changes. The Certified Nursing Assistant's that were involved with the cited practices were immediately provided with one-on-one re- education by the Registered Nurse educator regarding the facility's processes in carefully reading meal tickets that have special diet restrictions, and care signage in the resident rooms, and the process of providing residents who require fluids to be thickened. This re-education was completed on 4/10/25.</p>

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F 808	<p>Continued From page 43</p> <p>confirmed that Resident #171 could not have [REDACTED] because their <b>NJ Exec Order 26.4b1</b> indicated that the resident could <b>NJ Exec Order 26.4b1</b> [REDACTED] when using a <b>NJ Ex Order 26.4b1</b> liquids.</p> <p>The facility's failure to ensure <b>NJ Ex Order 26.4b1</b> residents received and consumed liquids in the appropriate form as prescribed by a physician and special dietary instructions of <b>NJ Ex Order 26.4b1</b> were followed, posed the likelihood of aspiration which results in serious harm, impairment, or death. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on 4/10/25 at 8:40 AM, when CNA #1 was observed providing Resident #222 with <b>NJ Ex Order 26.4b1</b>. The facility's Administration were provided the IJ template on 4/10/25 at 3:45 PM. The facility submitted an acceptable Removal Plan (RP) on 4/11/25 at 2:27 PM. The survey team verified the implementation of the RP on-site on 4/11/25 at 2:27 PM, during the continuation of the survey.</p> <p>The evidence was as follows:</p> <p>A review of the facility provided policy "Thickened Liquids" dated 1/30/25, included but was not limited to; Policy: All liquids requiring thickening including mealtime liquids, nutrition supplements, [medication] pass hydration and bedside hydration cups will be thickened by a nurse, excluding soup, prepared in the dietary department...A physician order, based on the Speech Therapist evaluation, is required for thickened liquids. The Purpose: To allow residents/patients with swallowing problems to</p>	F 808	<p>Resident # 222 and # 171 care plans were reviewed and updated to reflect <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> by the <b>U.S. FOIA (b)(5)</b> [REDACTED]</p> <p>Root Cause for both Resident #222 and #171:</p> <ol style="list-style-type: none"> <li>Lack of clear processes for identifying patients with special dietary restrictions.</li> </ol> <p>Element # 2 – Identification of at Risk Residents All residents who have special dietary restrictions and/or physician orders for no straws and/or thickened liquids have the potential to be affected by the practices. All residents who have special dietary restrictions for no straw and residents with a physician order of thickened liquids were checked by the licensed nurse and no negative findings were found.</p> <p>Element # 3 – Systemic Change Registered Nurses (RN), Licensed Practical Nurses (LPN), Certified Nurses Assistants (CNA), Activity staff, Dietitian, and Speech Language Pathologist (SLP) that provide food or drinks to residents received immediate re-education on April 10, 2025, regarding checking all meal tickets prior to giving a tray to a resident to ensure liquids are thickened by the registered nurses, licensed nurses or the speech therapist and no straws are on trays for those with special dietary restrictions. This education is ongoing and will be provided during orientation for newly hired registered nurses, license nurses, Certified Nursing Assistant's, licensed dietitians, Speech Language</p>		

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F 808	<p>Continued From page 44</p> <p>consume beverages with no adverse effects and prevent dehydration. Drinking thickened liquids for residents with identified swallowing problems may help prevent choking and aspiration...</p> <p>A. During the initial tour conducted on 4/10/25 at 8:40 AM, Surveyor #1 observed CNA #1 remove a tray from the meal cart and pour [redacted] coffee. CNA #1 then placed the mug on that meal tray, that also contained a container of [redacted], and entered Resident #222's room.</p> <p>On 4/10/25 at 8:56 AM, Surveyor #1 entered Resident #222's room, and observed the resident sitting on a chair next to the bed. Their meal tray had a fork in the pancakes as if the meal was eaten, and the nectar juice and nectar milk were both opened. The coffee mug was observed less than half full of [redacted] coffee with what appeared to be drips of coffee towards the inside rim of the mug. Surveyor #1 observed an unopened packet of [redacted] NJ Exec Order 26.4b1, [redacted] NJ Ex Order 26.4b1, next to the [redacted] NJ Ex Order 26.4b1 coffee. The meal ticket had [redacted] NJ Exec Order 26.4b1, [redacted] NJ Ex Order 26.4b1, and [redacted] NJ Exec Order 26.4b1 highlighted in yellow, and "Coffee" and "Nectar" packets listed on the meal ticket. Surveyor #1 interviewed Resident #222, who was wrapped in a blanket, and stated they were cold at that time. When asked if they drank the coffee, the resident stated, "yes."</p> <p>On 4/10/25 at 9:05 AM, Surveyor #1 opened the resident's room door and without exiting the room, requested RN #1 to enter Resident #222's room to observe the meal. RN #1 picked up the meal ticket, observed the tray, and picked up the packet of unopened [redacted] NJ Ex Order 26.4b1 coffee drink</p>	F 808	<p>Pathologists, and activity aides, annually, and as deemed necessary.</p> <p>A new policy was created for residents who require special dietary restrictions for no straws, that requires an order from a physician or licensed speech language pathologist. This was completed on 4/18/25. Registered nurses, License nurses and speech language pathologists were educated about the policy on 4/18/25 by the registered nurse educator and ongoing. This education is provided during orientation for newly hired registered nurses, license nurses and speech language pathologists.</p> <p>A running list of residents with prescribed orders for thickened liquids and/or NO STRAWs will be available at the nursing station for easy accessibility of staff. The list will be maintained by the nurse unit manager/supervisor and/or desk nurse and/or speech language pathologist whenever there is a new or changed prescribed order for no straws and/or thickened liquids.</p> <p>Residents who have a prescribed dietary restriction of no straws and/or thickened liquids on their meal trays will be sent in a separate cart for each unit by the dietary department. The licensed nurse will review the tray tickets against the items in the meal tray to assure that residents are served according to the appropriate special dietary orders for no straws and/or thickened liquids.</p> <p>The desk nurse, nurse manager/nurse supervisor will be responsible for whenever there is a new order and/or changes of orders for special dietary</p>		

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F 808	<p>Continued From page 45</p> <p>mix. Surveyor #1 asked if that was a concern, and RN #1 stated, "yes, if [they] drank [redacted] they could [redacted], I will tell [their] [assigned] nurse."</p> <p>On 4/10/25 at 11:22 AM, Surveyor #1 interviewed the [redacted] (US FOIA (b)(6)) regarding the process for nectar thickened coffee. The [redacted] stated the facility used the [redacted] NJ Exec Order 26.4b1, and showed Surveyor #1 the same packet that was observed on Resident #222's meal tray. Surveyor #1 asked if that packet would be added to the [redacted] [redacted] NJ Exec Order 26. The [redacted] stated, "No, this is the coffee that is used."</p> <p>On 4/10/25 at 11:30 AM, Surveyor #1 interviewed CNA #1 about the observations made during the breakfast meal regarding pouring the [redacted] [redacted] and providing it to Resident #222, and then asked if she had known that Resident #222 was on [redacted] NJ Ex Ord. CNA #1 stated she knew the resident was on [redacted] NJ Exec O because she saw the [redacted] NJ Exec Order 26.4b1 and juice on the meal tray. CNA #1 stated, "the nurse did not give her the [redacted] NJ Exec Order 26.4b1" for the coffee. The surveyor then showed CNA #1 the same packet of [redacted] that was unopened on Resident #222's meal tray. CNA #1 then stated, "I never saw that before," and confirmed that she left the [redacted] NJ Exec Order 26.4b1 coffee with the resident.</p> <p>On 4/10/25 at 11:49 AM, the surveyor interviewed ST #1 about Resident #222, and asked why the resident required a [redacted] NJ Ex Order 26.4b1. ST #1 stated Resident #222 had a [redacted] NJ Exec Order 26.4b1 [redacted] [redacted] NJ Ex Order 26.4b1) or [redacted] NJ Ex Order 26.4b1, and ST #2 (her colleague) assessed Resident #222 and</p>	F 808	<p>instructions.</p> <p>Element # 4 - QAPI</p> <p>The Director of Nursing (DON) or nurse designee will perform a weekly observation audit for 5 residents with dietary restrictions for no straws and/or thickened liquids x 4 and then x 6 months to assure that residents who have prescribed orders for thickened liquids and/or no straws receive the appropriate dietary restrictions. Audit will cover all meals. Negative findings will be corrected immediately with the staff involved through one-on-one re-education and progressive disciplinary measures as appropriate by the Director of Nursing (DON) or the nurse supervisor. Audit findings will be reported to the Quality Assessment and Assurance (QAA) committee who meets quarterly and will determine the necessity and frequency of future audits and recommendations.</p>		

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F 808	<p>Continued From page 46</p> <p>the MBS showed that the resident [redacted]. The surveyor asked if Resident #222 was a [redacted], and ST #1 confirmed Resident #222 was [redacted] as the resident had "[redacted]" when they drank the [redacted] during the test. ST #1 provided the surveyor with a copy of the hospital MBS and the [redacted] for Resident #222 at that time.</p> <p>A review of the [redacted] revealed: Resident #222 "was referred for a [redacted] [redacted] to assess the efficiency of their [redacted] function, rule out [redacted], and make recommendations regarding safe dietary consistencies, effective compensatory strategies, and safe eating environment. [redacted]</p> <p>[redacted] Phase Summary: [redacted] before/during the [redacted] ...The Aspiration/Penetration Scale: Score [redacted]</p> <p>[redacted] Recommendations and Strategies: Risk for [redacted] Reduced with Compensatory strategies. Liquids Recommendation: [redacted] ..Short Term Goals: Patient will [redacted]</p> <p>A review of the SLP Eval for Resident #222 for the Certification Period of [redacted], revealed: "Current Referral... [redacted] [redacted] Evaluation</p>	F 808		

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F 808	<p>Continued From page 47</p> <p>recommended due to concern for [redacted] NJ Exec Order 26.4b1 [redacted] was completed (See below for results). Resident referred for [redacted] NJ Exec Order 26.4b1 [redacted] evaluation secondary to [redacted] NJ Exec Order 26.4b1 [redacted] and recommendation for [redacted] NJ Exec Order 26.4b1 [redacted]. Per patient, was living alone and independent with activities of daily living. Prior Tests: MBS completed on [redacted] NJ Ex Order 26.4b1 NJ Exec Order 26.4b1 [redacted] Phase [redacted] NJ Exec Order 26.4b1 [redacted]."</p> <p>On 4/10/25 at 12:00 PM, Surveyor #1 reviewed the electronic medical record (EMR) for Resident #222 which revealed the following:</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that Resident #222 had diagnoses which included but were not limited to; [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated [redacted] NJ Exec Order 26.4b1 [redacted] revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] NJ Exec Order 26.4b1 [redacted], which indicated a [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>A review of the Physician Order dated [redacted] NJ Exec Order 26.4b1 [redacted] included a [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>A review of the individualized comprehensive care plan (ICCP) included a focus area for nutritional status with a [redacted] NJ Exec Order 26.4b1 [redacted] initiated [redacted] NJ Exec Order 26.4b1 [redacted]. Interventions included to [redacted] NJ Exec Order 26.4b1 [redacted].</p>	F 808		

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F 808	<p>Continued From page 48 to <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the hospital records included a Physician Progress Note with a date of service of <b>NJ Ex Order 26</b> at 12:40 PM, which indicated an Assessment and Plan: that Resident #222 had <b>NJ Exec Order 26.4b1</b> ... <b>NJ Exec Order 26.4b1</b></p> <p>B. On 4/10/25 at 12:18 PM, during the lunch observation, Surveyor #2 observed Resident #171 in their room with their lunch meal. A half filled cup of water was observed next to the resident on the bedside table with a <b>NJ Exec Ord</b> into the cup. A white board was observed in the room with the following instructions: Date: April 10, 2025, Precautions: <b>NJ Exec Order 26.4b1</b> Surveyor #2 observed the meal ticket on the resident's meal tray which had printed on it <b>NJ Exec Order 26.4b1</b> Surveyor #2 attempted to interview the resident, but the resident was <b>NJ Ex Order 26.4b1</b> with the interview. Surveyor #2 again checked the meal ticket and the order for <b>NJ Exec Order 26.4b1</b>" was highlighted in yellow.</p> <p>On 4/10/25 at 12:35 PM, Surveyor #2 exited the room and met with the <b>US FOIA (b)(6)</b> who confirmed that Resident#171 had an order for no <b>NJ Exec Order</b>, and it was not appropriate for the resident to have <b>NJ Exec Order</b>. The <b>US FOIA</b> stated that Resident #171 should not have a <b>US FOIA</b> because they were at a <b>NJ Exec Order 26.4b1</b>. Surveyor #2 accompanied the <b>US FOIA</b> into Resident #171's</p>	F 808		

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F 808	<p>Continued From page 49</p> <p>room, and they both observed the water cup at the bedside with [redacted]. The [redacted], at that time, removed the [redacted] and cup of water and informed the surveyor that the water was a fresh cup provided by the staff that day.</p> <p>On 4/10/25 at 12:50 PM, Surveyor #2 interviewed CNA #2, who cared for Resident #171. CNA #2 stated that she assisted Resident #171 with care and provided the water to the resident that day. CNA #2 stated that she had not read the instructions written on the white board in the room regarding [redacted]. CNA #2 stated she was not aware that Resident #171 could not have [redacted] and that she usually received a report from the nurse and reviewed the instructions on the board in the room. CNA #2 stated that she reported to work late that day, and did not receive a report from the nurse. CNA #2 further added that after providing care to the resident that morning, she cleaned the bedside table, and had removed old cups with [redacted] that were left on top of the bedside table.</p> <p>On 4/10/25 at 12:59 PM, Surveyor #2 interviewed the Licensed Practical Nurse (LPN #1) on the unit, and he revealed that he administered medication to the resident that morning, and did not notice the cup of water with the [redacted].</p> <p>On 4/10/25 at 1:15 PM, Surveyor #2 interviewed ST #1, who stated that Resident #171 was at [redacted] and should not have [redacted] with liquids because the resident's [redacted] would not be able to close in time and the [redacted] would go into their [redacted]. "When the surveyor inquired where that information was located, ST #1 stated that the information was forwarded from the hospital with</p>	F 808			

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F 808	<p>Continued From page 50</p> <p>the admission package and she would provide the surveyor a copy.</p> <p>On 4/10/25 at 1:20 PM, Surveyor #2 reviewed Resident # 171's EMR which revealed the following:</p> <p>A review of the Admission Record face sheet reflected that Resident #171 was admitted to the facility with diagnoses which included but were not limited to; <b>NJ Exec Order 26.4b1</b></p> <p>[REDACTED]</p> <p>A review of the comprehensive MDS dated <b>NJ Exec Order 26.4b1</b>, reflected that Resident #171 had a BIMS score of <b>NJ Exec Order 26.4b1</b>, indicating that the resident had <b>NJ Exec Order 26.4b1</b>. A review of Section K revealed the resident received a <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the Physician Order dated <b>NJ Exec Order 26.4b1</b> revealed a diet order for a <b>NJ Exec Order 26.4b1</b></p> <p>[REDACTED]</p> <p>A review of the ICCP included a focus area dated <b>U.S. FOIA (b)(6)</b>, that the resident was at risk for nutrition related to <b>NJ Exec Order 26.4b1</b>. An intervention included to provide a <b>NJ</b> as ordered.</p> <p>On 4/10/25 at 2:55 PM, Surveyor #2 interviewed the <b>U.S. FOIA (b)(6)</b>, who stated that the</p>	F 808		

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F 808	<p>Continued From page 51</p> <p>kitchen staff plated the resident's meal tray, and that the instructions were highlighted in yellow for the staff to follow. The [redacted] stated that Resident #171's meal card was highlighted in yellow, and the meal tray did not have a [redacted] prior to leaving the kitchen.</p> <p>On 4/10/25 at 3:15 PM, the surveyor continued to review the medical record.</p> <p>A review of the hospital records dated [redacted], revealed that the resident had a [redacted] study completed, and it was recommended to not use a [redacted].</p> <p>A review of the [redacted] provided by ST #1 revealed the test had been completed at the hospital on [redacted]. The [redacted] was completed to assess the efficiency of their [redacted], rule out [redacted], and make recommendations regarding safe [redacted], effective compensatory strategies, and [redacted] environment. The [redacted] reflected that Resident #171's [redacted].</p> <p>[redacted]. This was deep, but cleared from below the [redacted]. It did not occur with thin liquids via cup sips. (The resident did not [redacted] when drinking from a cup.) Recommendations and Strategies: Liquid [redacted] Swallowing Strategies: [redacted] Medication Administration: [redacted].</p>	F 808		

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

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F 808	<p>Continued From page 52</p> <p>A review of the facility's Physician Progress Notes included a note dated [redacted] at 8:45 AM, that revealed the resident was seen and examined. "Available hospital records reviewed in their entirety." Goals of care were discussed with the resident. The medications and orders were reviewed, and a discussion with nursing regarding diagnosis treatment and plan.</p> <p>A review of the [redacted] U.S. FOIA (b)(6) Narrative Skilled Note dated [redacted] NJ Exec Order 26.4b1 revealed the following: [redacted] NJ Exec Order 26.4b1 [redacted] ). All medications were administered as prescribed, and taken whole with water, [redacted] NJ Exec Order 26.4b1. (According to the recommendations from the [redacted] NJ Exec Order 26.4b1 [redacted] were to be [redacted] NJ Exec Order 26.4b1 [redacted]</p> <p>A review of a Physician Note dated [redacted] NJ Exec Order 26.4b1 [redacted] indicated to continue with [redacted] NJ Exec Order 26.4b1 [redacted]</p> <p>A review of the Physician Notes revealed that the [redacted] U.S. FOIA (b)(6) wrote on [redacted] NJ Exec Order 26.4b1, [redacted] NJ Exec Order 26.4b1 [redacted] y). Encourage nutritional support [redacted] NJ Exec Order 26.4b1 [redacted] ) for [redacted] NJ Exec Order 26.4b1 management."</p> <p>A review of the Narrative Skilled Note dated [redacted] NJ Exec Order 26.4b1 at 6:21 PM, revealed the following: [redacted] NJ Exec Order 26.4b1 [redacted]</p> <p>On 4/14/25 at 9:15 AM, Surveyor #2 observed</p>	F 808			

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F 808	<p>Continued From page 53</p> <p>Resident #171 in bed. The resident reported not [redacted], and they reported the concerns to the nurse.</p> <p>On [redacted] at 1:45 PM, the resident was evaluated by the Physician. Per the notes, the resident was [redacted].</p> <p>On 4/15/25 at 8:40 AM, the surveyor observed Resident #171's room door was closed, and the staff informed the surveyor that the resident was [redacted].</p> <p>On 4/15/25 at 9:38 AM, Surveyor #2 interviewed LPN #2 regarding the resident's [redacted]. LPN #2 revealed that she assessed the resident that morning and Resident #171 was [redacted]. LPN #2 stated that she listened to the resident's [redacted].</p> <p>[redacted] LPN #2 reported the resident had [redacted].</p> <p>On 4/17/25 at 12:05 PM, during the facility exit conference held with the survey team, [redacted], ST #2, and [redacted], the facility's Administration confirmed that [redacted] was a "special instruction," and the order was placed on the diet requisition to be carried out through the kitchen.</p> <p>The acceptable Removal Plan on 4/11/25 at 2:27</p>	F 808		

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F 808	Continued From page 54 PM, indicated the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice which included; the facility immediately checked the charts of all the residents and created a list by unit of any resident with orders for thickened liquids and those who have restrictions regarding use of straws, and reviewed the lists with the CNAs and nursing staff on 4/10/25. Any staff not re-educated will be re-educated prior to the start of their next shift, the rooms of all residents with restrictions on the use of straws and/or those who require liquid thickeners were immediately checked to be sure no straws were at the bedside and liquids were properly thickened, a list of residents with thickened liquids and/or restriction from the use of straws was placed at each nursing station by the CNA assignment and provided to Activity Staff, signage indicating special dietary restrictions/instructions will be placed in rooms as applicable, the charts of residents with thickened liquids and/or straw restrictions were reviewed and updated as needed in the EMR system to include the restrictions on the system used by the CNAs, and the Nurse Educator initiated staff reeducation regarding the procedure for thickening liquids and any staff not re-educated will be educated prior to the start of their next shift.  The Removal Plan was verified by the survey team on-site on 4/11/25 at 2:27 PM, during the continuation of the on-site survey.	F 808			
F 836 SS=F	NJAC 8:39-17.4(a)1; 27.1(a) License/Comply w/ Fed/State/Locl Law/Prof Std	F 836		5/13/25	

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F 836	<p>Continued From page 55 CFR(s): 483.70(a)-(c)</p> <p>§483.70(a) Licensure. A facility must be licensed under applicable State and local law.</p> <p>§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.</p> <p>§483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph. This REQUIREMENT is not met as evidenced by: Based on interview and review of documents it was determined that the facility failed to ensure who required Medicaid were admitted to the</p>	F 836	<p>Element 1 Corrective Actions The Regional Vice President reviewed the admission agreement with the Admissions</p>		

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F 836	<p>Continued From page 56</p> <p>facility per their SNF/NF (Skilled Nursing Facility/Nursing Facility) designation with the Centers for Medicare/Medicaid (CMS) and per the New Jersey Department of Health (DOH). The deficient practice affected all residents admitted to the facility and was evidenced by the following:</p> <p>Reference:</p> <p>Certificate of Need approval dated July 24, 2012 and signed by the Acting Deputy Commissioner of the DOH, Health Systems revealed: ...Approval of this application is conditioned upon the applicant's compliance with the following: Approval of the relocation of the 120 LTC (Long Term Care) bed ...is subject to [company name redacted] satisfying the Medicaid-eligible resident utilization requirement at N.J.A.C. 8:33H-1.15(a) or a higher standard that was imposed in a previous certificate of need approval for the LTC facility being relocated. Application for a Long-Term Care Facility License application signed and dated June 20, 2014, by the facility representative. The Primary Type of Facility: Long-Term Care T18/19 (Medicare/Medicaid).</p> <p>On 4/10/25 at 9:30 AM, the surveyor conducted an entrance conference with the [U.S. FOIA (b)(6)] and the Regional Licensed Nursing Home Administrator (RLNHA #1). The surveyor asked those present what the resident population was and the [U.S. FOIA (b)(6)] stated "all Rehab (short term admissions for therapy purposes)" when asked if the facility accepted Medicaid residents the [U.S. FOIA (b)(6)] stated, "this is a special facility, we only have Rehab in this facility" and do not have Medicaid residents. The surveyor asked</p>	F 836	<p>Director, Director of Nursing, Administrator, Social Worker, and management team to clarify that the facility does accept Medicaid as a form of payment as needed as per the current admission agreement. The NJDOH and CMS regulations pertaining to the facility (skilled nursing facility/nursing facility (SNF/NF) designation were reviewed on 5/7/25. Reident #40 <b>NJ Exec Order 26.4b1</b> [redacted].</p> <p>The <b>US FOIA (b)(6)</b> [redacted] were re-educated on 5/7/25 regarding the provision of care in compliance with the facility admission agreement and regulatory requirements by the Regional Vice President.</p> <p>Element 2 Identification of at Risk Residents All Residents who have Medicaid or who are Medicaid eligible have the potential to be affected by this practice.</p> <p>Element 3 Systemic Change The facility has a Medicaid Managed Care contract in place with a Medicaid Managed Care Organization (MCO) in the event a Resident with Medicaid coverage needs to use this benefit for payment of covered subacute or long-term care services.</p> <p>The <b>US FOIA (b)(6)</b> and interdisciplinary team was re-educated on 5/7/25 to ensure every resident admitted for subacute care, regardless of payment source, has a discharge plan initiated within 3-5 days of admission to ensure safe discharge to home or other setting of their choice as appropriate once subacute</p>		

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F 836	<p>Continued From page 57</p> <p>the [U.S. FOIA (b)(6)] for clarification regarding not accepting Medicaid residents and the [U.S. FOIA (b)(6)] stated, we do not have Medicaid, we are only "short term", and the average length of stay was 30 days or less. The surveyor requested a list of payer source for all residents at that time.</p> <p>On 4/10/25 at 10:38 AM, the [U.S. FOIA (b)(6)] provided a list of payer sources and stated the facility had two private pay residents and the rest were insurance or Medicare and stated, "there is no Medicaid". When asked what residents were supposed to do if they were unable to be discharged due to needing different placement. The [U.S. FOIA (b)(6)] stated, if people needed to stay until they decide where they are going, after their insurance is "cut" and they need to figure it out, they will pay privately. The list of payer sources indicated [NJ Exempt] resident names and none of the resident were listed as utilizing Medicaid as the payer source.</p> <p>A review of the Admission Agreement provided by the facility on 4/10/25 revealed a section 3. titled Medicaid. ...In the event that Resident or Responsible Party intends to seek Medicaid benefits for the Resident, Resident or Responsible Party shall give the Facility written notice when Resident's remaining personal funds reach approximately fifteen thousand dollars, so that the facility may request a Pre-Admission Screened and Annual Review (PASSAR, clinical approval for Medicaid ... A. ii. Resident and/or Responsible Party are obligated to apply for Medicaid benefits at such a time as Resident's resources will no longer be sufficient to pay all the Facility charges for Resident's care and stay or when directed to do so by the Facility ... In the event Resident applies for continue to pay and apply all of Resident's available resources toward</p>	F 836	<p>rehabilitation goals are met. The same in-service education will be provided during orientation for newly hired Social Workers.</p> <p>Residents in need of long-term care after their subacute goals are met, that are Medicaid or Medicaid-eligible will be provided with the option to continue their stay in the current setting in addition to other locations, if clinically appropriate.</p> <p>Element 4 QAPI</p> <p>Admissions and discharges will be reviewed weekly x four weeks then monthly x 3 months by the Admissions Director/designee to ensure any resident requiring subacute care covered by Medicaid was provided with the needed services and at discharge have been offered the option to remain at the facility for long-term care if continued long-term care services are needed. Negative findings will be addressed through one on one re-education by the administrator. Findings of the audits will be discussed with the regional vice president and Administrator and presented to the QA committee at the quarterly meeting for further direction.</p>		

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F 836	<p>Continued From page 58</p> <p>the fulfillment of Resident's financial obligations under this agreement while the Medicaid application is pending and eligibility ... iii. In the event that Resident receives Medicaid benefits at any time while receiving services from the facility, Resident and/or Responsible Party shall pay to the facility all available income, as determined by Medicaid ... the Facility will assist Resident and/or Responsible Party in establishing a direct deposit of available income to the Facility. The Appendix B part of the Admission Agreement, 4. In the case of a person eligible for Medicaid, a nursing facility must not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation, or other consideration as a precondition of admission, expedited admission or continues stay in the facility ... c Transfer and discharge (1) Facility requirements ...E. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at that facility ...For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid ... [The Admission Agreement or Appendix B does not indicate that the facility does not accept Medicaid and is only designated as a short stay facility and that the resident must be transferred to another facility if required Medicaid as the payer source].</p> <p>A review of the facility's application for Medicare and Medicaid received on 4/11/25 indicated that the facility had "0" Medicaid residents.</p> <p>On 4/14/25 at 9:56 AM, the surveyor interviewed the <b>U.S. FOIA (b)(6)</b> (redacted). The surveyor asked if the Admission Agreement (AA) was reviewed</p>	F 836			

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F 836	<p>Continued From page 59</p> <p>with residents prior to admission. The [U.S. FOIA (b)(6)] stated that AA was signed electronically upon admission and not before they were Admitted. The surveyor asked regarding the Medicaid portion of the AA and if Medicaid was accepted as a payer source. The [U.S. FOIA (b)(6)] stated that the Medicaid reference "did not apply for anyone in our facility because we don't have anyone up for Medicaid." The [U.S. FOIA (b)(6)] stated everyone that was admitted to the facility knew they were just coming for rehabilitation only. The surveyor asked the [U.S. FOIA (b)(6)] if the facility took any residents with Medicaid as a payer source and she stated, "we don't keep anyone for long term care", the [US FOIA (b)(6)] would help the resident transfer to another facility that accepted Medicaid.</p> <p>On 4/14/25 at 10:21 AM, the surveyor, in the presence of two other surveyors, interviewed the [U.S. FOIA (b)(6)] who was responsible for residents on the second floor and the [US FOIA (b)(6)] that was responsible for residents on the third floor. The surveyor asked the [U.S. FOIA (b)(6)] what her role was regarding the discharge process for residents. The [US FOIA (b)(6)] stated that care conferences were held within 7 days of admission to discuss plans with the resident. The surveyor asked what would happen if a resident needed a different level of care and could not return to their prior level. The [U.S. FOIA (b)(6)] stated that sometimes residents would have a change in lifestyle and required placement into a long-term care facility. The surveyor asked if the facility transferred residents to other nursing homes and asked for an example of the process. The [U.S. FOIA (b)(6)] stated, Resident #40 was someone that the facility was working on to have [NJ Exec Order 26.4b1] [redacted] the [NJ Exec Order 26.4b1] [redacted]. The</p>	F 836			

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F 836	Continued From page 60 <p>U.S. FOIA (b) stated the family was looking at long term care facilities, the resident still had Medicare days left and the family was working on processing the application for Medicaid. The surveyor asked if Resident #40 NJ Exec Order 26.4b1 U.S. FOIA (b) The U.S. FOIA (b) stated, "we are sub-acute only, always, we are 100% sub-acute (only for rehabilitation for a short term admission)." The surveyor asked what if the resident needed to have long term care and the reimbursement for rehabilitation care expired, what would the resident have to do? The U.S. FOIA (b) stated the facility worked with a company, then showed a business card to the surveyor that the resident/family would be provided by the facility. The U.S. FOIA (b) stated that [company name of redacted] would look into the funds that the resident had, and what type of facility the resident needed to be transferred to. The U.S. FOIA (b) stated the company did not charge the resident for their services, they were "free." The surveyor asked if the company was related to the facility and the U.S. FOIA (b) stated, "no", they were a private company that the facility would refer to when funds for payment would run out. The U.S. FOIA (b) stated the company had facilities that would take Medicaid pending residents and the facility would always make sure to "leave plenty of Med A (traditional Medicare as a payment source) so the resident could continue rehabilitation there (at a facility they would be transferred to)" The surveyor asked what if the resident wanted to continue to stay at the current facility? The U.S. FOIA (b) stated, "we don't accept any Medicaid, we tell them that we only take Medicare and private insurance." The U.S. FOIA (b) stated, "we are never able to keep anyone that was Medicaid pending". The surveyor asked about the AA and the mention of Medicaid. The U.S. FOIA (b) stated, "we questioned it too." The U.S. FOIA (b) (in position since February) and U.S. FOIA (b)</p>	F 836			

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F 836	<p>Continued From page 61</p> <p>since January 2025 stated she had asked the facility <b>U.S. FOIA (b)(6)</b> during her first week of employment regarding accepting Medicaid and "it was very firm that we did not accept Medicaid." The surveyor asked about the language in the AA and the <b>U.S. FOIA</b> stated the families did not review the agreement with them.</p> <p>On 4/14/25 at 10:53 AM, the surveyor reviewed Resident # 40's electronic medical record (EMR) which revealed: a Care Plan Focus, Date Initiated <b>NJ Exec Order 26.4b1</b>; <b>NJ Exec Order 26.4b1</b>; Goal, <b>NJ Exec Order 26.4b1</b> as per desired goal, Date Initiated: <b>NJ Exec Order 26.4b1</b>. Interventions included, assess any need for referral to local community/agency/home-care services, Date Initiated <b>NJ Exec Order 26.4b1</b>.</p> <p>On 4/17/25 at 10:00 AM, the surveyor again reviewed the EMR for Resident #40 which revealed a Social Services Note effective <b>NJ Exec Order 26.4b1</b>, completed by the <b>U.S. FOIA (b)(6)</b>. The Note revealed PLOF (prior level of function) resident was <b>NJ Ex Order 26.4b1</b> for self. "A discussion had previously been held regarding <b>NJ Exec Order 26.4b1</b>." Family was provided a second application for Medicaid to completed and the return address provided.</p> <p>On 4/17/25 at 12:05 PM, an exit conference was held with the facility administration, including the <b>U.S. FOIA (b)(6)</b>. The surveyor asked about the facility not accepting Medicaid. The <b>U.S. FOIA (b)(6)</b> stated "it is an in and out building, it is short stay." The <b>U.S. FOIA (b)(6)</b> stated, when the current company took over the facility it was</p>	F 836		

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NAME OF PROVIDER OR SUPPLIER  <b>TOTAL REHAB MOORESTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE</b> <b>MOORESTOWN, NJ 08057</b>		
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F 836	Continued From page 62 "understood that it was Medicare and Medicaid". The surveyor asked when the last Medicaid resident was at the facility, the [REDACTED] stated, "Long -term? not with me here, we don't have Medicaid". The [REDACTED] stated that it has been the same since he has been at the facility [REDACTED] NJ Exec Order 28.4b The surveyor asked was there a facility contract with the company that the facility provided for residents to use that were not allowed to stay long term. The [REDACTED] stated, "no, not with the facility", and that the company that was used to find placement was contracted with assisted living facilities and other facilities. The surveyor asked the [REDACTED] if he had ever reached out to the DOH Licensing Department regarding the facility requirements and he stated, "no."	F 836			
F 880 SS=F	NJAC 8:39-2.1(c) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		5/13/25	

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F 880	<p>Continued From page 63</p> <p>staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p>	F 880			

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F 880	<p>Continued From page 64</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to limit the potential spread of infection by failing to ensure a) appropriate transmission based precautions (TBP) were in place and consistently followed during a <b>NJ Exec Order 26.4b1</b>, b) staff consistently utilized Personal Protective Equipment (PPE) appropriately, and c) appropriate hand hygiene was performed and shared medical equipment was appropriately disinfected during the medication administration observation for Resident #40 and Resident #45 and for 2 of 2 residents reviewed for <b>NJ Exec Order 26.4b1</b> (Resident #8 and # 222). This deficient practice had the potential to affect all residents residing on 2 of 2 units and was evidenced by the following:</p> <p>a) On 4/10/25 at 7:40 AM, upon entrance to the facility, the <b>U.S. FOIA (b)(6)</b> informed the survey team that the facility was currently in an outbreak of COVID-19 and RSV (Respiratory Syncytial Virus-a virus dangerous to older adults and infants &lt; 6 months of age).</p> <p>During the initial tour on 4/10/25 at 8:40 AM, Surveyor #1 observed a Certified Nurse Aide (CNA #1), remove a tray from the meal cart. CNA #1 then, filled a ceramic mug with thin coffee and</p>	F 880	<p>Element 1: Corrective Actions The Certified Nursing Assistant #1 and the Registered Nurse #1 were re-educated about the proper personal protective equipment required and proper donning and doffing procedures when entering or exiting a patient room that is on <b>U.S. FOIA (b)(6)</b> isolation precautions. This in-service was provided and completed by the nurse educator on 4/10/2025. Resident number 222, Resident #8 was not affected by this cited practice.</p> <p>The <b>NJ Exec Order 26</b> droplet isolation signage was modified on 4/10/2025 to make it clearer that gloves, isolation gown, N95, and eye protection are required before entering. All other <b>NJ Exec Order 26</b> droplet signage was removed and replaced with updated signs.</p> <p>The Licensed Practical Nurse #1 and Licensed Practical Nurse #4 were re-educated on proper disinfection of medical equipment after patient use, or per manufacturer's instructions, and when visibly soiled before putting back on medication cart by the nurse educator on 4/11/2025 for Licensed Practical Nurse #1</p>		

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F 880	Continued From page 65 then placed it on a resident tray next to a container of <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> . CNA #1 was observed wearing a surgical mask, no goggles or shield, then donned (put on) an isolation gown, then entered Resident #222's room with the meal tray at 8:48 AM. The surveyor observed a Red Stop Sign affixed to the outside of Resident #222's door. The sign indicated <b>NJ Ex Order 26.4b1</b> " in addition to Standard Precautions, In yellow: "Only essential personnel should enter this room" (if you have questions ask nursing staff: Everyone Must: Including visitors, doctors, and staff: Clean hands when entering and leaving he room, "Wear Mask, Fit Tested N-95 or higher required when performing aerosol generating procedures", Wear Eye Protection (face shield or goggles), Gown and gloves at the door. During this observation, Surveyor #1 observed a Registered Nurse (RN #1) in the hallway who identified herself as the <b>U.S. FOIA (b)(6)</b> . Surveyor #1 asked RN #1 to clarify what Personal Protective Equipment (PPE) needed to be worn when entering Resident #222's room and asked if the resident had <b>NJ Exec Order 26.4b1</b> . RN #1 informed the surveyor to read the sign on the door, and RN #1 stated she did not know if Resident #222 had <b>NJ Exec Order 26.4b1</b> . During the interview, CNA #1 exited the room wearing the same surgical mask, no goggles or shield, doffed (removed the gown and gloves and used hand hygiene) and proceeded to provide a breakfast meal to Resident #8 who was across the hallway. Surveyor #1 asked if was important to wear the appropriate PPE when going into a <b>NJ Ex Order 26.4b1</b> room and to confirm if entering without wearing an N-95 mask and goggles, or face shield was acceptable. RN #1 stated it was important to wear the proper PPE, but it was okay to not wear an N-95 mask because it was only	F 880	and on 4/15/2025 for Licensed Practical Nurse #4. Resident # 172 was not affected by this cited practice.  The Licensed Practical Nurse #2 and the <b>US FOIA (b)(6)</b> were re-educated on the proper technique for wearing a surgical mask. This in-service was provided and completed by the nurse educator on 4/11/2025 and on 4/15/2025 for Licensed Practical Nurse #2 and for the Certified Nursing Aide on 4/11/2025 with a return demonstration competency completed.  The Licensed Practical Nurse #3 who was re-educated on proper donning and doffing of an isolation gown by the nurse educator on 4/11/2025 with a return demonstration competency completed.  The Licensed Practical Nurse #4 was re-educated on proper hand hygiene technique during medication administration on 4/15/2025 with a return demonstration competency completed. Resident #45 and resident #40 was not affected by <b>NJ Exec Order 26.4b1</b> .  Element 2: Identification of at risk residents. All residents have the potential to be affected by the cited practices. Element 3: Systemic Change " Staff who enter patient rooms were re-educated on the proper personal protective equipment required and proper donning and doffing procedures when		

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F 880	<p>Continued From page 66</p> <p>needed if aerosol generating procedures were performed. Surveyor #1 asked specifically about CNA #1 and her PPE when entering Resident #8's room with the same surgical mask, and was observed setting the resident up for the breakfast meal. RN #1 observed CNA #1 in Resident #8's room at that time, and removed CNA #1 from Resident #8's room and stated that CNA #1 should have worn eye protection but did not need an N-95 mask. RN #1 stated, "I think the regular mask was okay." RN #1 went to the PPE bin to look for a face shield and stated they were none in the bin.</p> <p>On 4/10/25 at 8:59 AM, when Surveyor # 1 opened the door to Resident #222's room and asked asked RN #1 (in the hallway at that time) to enter the room, RN #1 proceeded to put on an N-95 mask. Surveyor #1 asked RN #1 about the change from her previous directions and she stated, "I am only doing what my supervisor told me to do" and confirmed that an N-95 was required, and informed Surveyor #1 that Resident #222 <b>NJ Exec Order 26.4b1</b></p> <p>On 4/10/25 at 10:46 AM, Surveyor #1 interviewed the <b>U.S. FOIA (b)(6)</b> ) about the observations and the posted sign that was on Resident #222's door. The <b>U.S. FOIA (b)(6)</b> stated, you're supposed to wear an N-95 mask for a <b>NJ Exec Order 26.4b1</b> room, "the signs were not correct."</p> <p>On 4/10/25 at 11:05 AM, the <b>U.S. FOIA (b)(6)</b> was observed placing new <b>NJ Ex Order 26.4b1</b> signs on Resident #222's door. When asked why RN #1 did not know about the proper PPE, she stated that was standard of practice for a <b>NJ Ex Order 26.4b1</b> room and both CNA #1 and RN #1 should have known what to do even though the signs were incorrect.</p>	F 880	<p>entering or exiting a patient room that is on <b>NJ Exec Order 26.4b1</b> isolation precautions. This was initiated on 4/10/2025 and ongoing by the nurse Infection Preventionist and RN nurse educator</p> <p>" The proper use of personal protective equipment is completed during orientation for all newly hired staff, annually, and as deemed necessary.</p> <p>" An audit form has been developed that will be utilized in auditing proper personal protective equipment for donning and doffing practices.</p> <p>" License nurses were provided with re-education by the facility educator and infection preventionist on 4/11/2025 and ongoing regarding appropriate hand hygiene and disinfecting of shared medical equipment after use on a resident during medication administration. This in-service education will be given during orientation for all newly hired license nurses, annually and as deemed necessary.</p> <p>" Staff were provided with re-education on 4/11/2025 by the facility educator and infection preventionist on the proper technique for wearing a surgical mask. This in-service education will be given during orientation for all newly hired staff, annually and as deemed necessary.</p> <p>" A competency evaluation has been developed that will be utilized in auditing compliance with wearing surgical masks properly.</p> <p>" Staff who go into patient rooms were re-educated on the proper isolation gown donning and doffing procedure including tying the isolation gown so that strings</p>		

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F 880	<p>Continued From page 67</p> <p>The [U.S. FOIA (b)] provided a copy of the new Droplet/Contact Precaution sign to the surveyor which indicated to "Wear N-95 mask" and did not indicate only when performing aerosol generating procedures.</p> <p>On 4/10/25 at 11:37 AM, Surveyor #1 interviewed the [US FOIA (b)(6)]. The [U.S. FOIA (b)] stated, RN #1 "knew Resident #222 had [NJ Exec Order 26.4b1], and both the CNA #1 and RN #1 should have worn the proper PPE."</p> <p>b) On 4/11/25 at 9:25 AM, during the observation of the medication administration pass, Surveyor #2 observed Liscensed Practical Nurse (LPN #1) obtain Resident #172's vital signs before administering medications. LPN #1 retrieved a [redacted] from the medication cart and placed it in their pocket, then a [NJ Exec Order 26.4b1] and entered the room. LPN #1 placed the [redacted] on the resident's bed after entering the room. LPN #1 then informed the resident of the procedure, retrieved the [NJ Exec Order 26.4b1] from his pocket, check the [NJ Exec Order 26.4b1], then returned the [NJ Exec Order 26.4b1] in his pocket without being disinfected. LPN #1 checked the resident's [NJ Exec Order 26.4b1], placed the [redacted] on the bed, administered the medications, washed his hands prior to exit the room. LPN #1 retrieved the [NJ Exec Order 26.4b1] from the bed, placed it on top of the medication cart without a barrier underneath. LPN #1 administered medications to two other residents and left the [NJ Exec Order 26.4b1] on top of the medication cart.</p>	F 880	<p>dont touch the floor. This in-service education was initiated on 4/11/2025 and ongoing by the facility educator and nurse infection preventionist. Same Inservice education will be given during orientation for all newly hired staff who go into patient rooms, annually and as deemed necessary.</p> <p>" A competency evaluation form will be utilized in auditing proper isolation gown donning to make sure gown is tied and ties are not touching the ground.</p> <p>Element 4: QAPI The infection preventionist or unit manager, and/or nurse designee will perform a personal protective equipment donning and doffing compliance observation audit for 5 staff including proper tying of gowns weekly x 4 and then x 3 months to include all shifts. Negative findings will be corrected immediately through re-education and progressive disciplinary measures as necessary by the DON. Results of the audits will be submitted to the QAA committee who meets quarterly for review and determines the necessity of future audits and recommendations. The RN nurse educator, pharmacy consultant or nurse designee will conduct medication administration audits for 3 licensed nurses that include appropriate hand hygiene and proper disinfection of shared medical equipment during medication administration weekly x 4 and then monthly x 3 months covering all shifts. Negative findings will be addressed immediately through one on one re-education by the nurse educator and or</p>		

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F 880	<p>Continued From page 68</p> <p>On 4/11/25 at 10:22 AM, the surveyor interviewed LPN #1 regarding the medical equipment not being disinfected after use. Liscensed Practical Nurse (LPN #1) confirmed that he did not disinfect the U.S. FOIA (b)(6) nor the U.S. FOIA (b)(6). LPN #1 then stated, "I should have to prevent cross contamination."</p> <p>On 4/11/25 at approximately 10:15 AM, Surveyor #2 toured the NJ Ex Order 26.4b1 with another surveyor and observed the following: A staff member near the nurse's station with a surgical mask below her chin. Surveyor #2 approached the staff and inquired if the facility was in an outbreak, the staff replied, "yes" and adjusted the surgical mask at that time to cover their mouth and nose.</p> <p>On 4/11/25 at 10:30 AM, the surveyor toured the 300's Unit (high side) and observed LPN #2 in the hallway with their surgical mask not covering their nose. When questioned regarding why the mask was worn below their nose, LPN #2 stated, "I need some air."</p> <p>On 4/11/25 at 12:30 PM, Surveyor #2 observed staff who delivered lunch to Resident #222's room. Resident #222 was on NJ Ex Order 26.4b1 for NJ Exec Order 26.4b1. The surveyor observed LPN #3 in the room with an isolation gown that was not secured in the back. The strings were loose and touching the floor. The U.S. FOIA (b)(6) was in the hallway and also observed LPN #3 with the isolation gown not secured and the strings touching the floor. The surveyor approached the U.S. FOIA (b)(6) and inquired if the isolation gown should be secured and the string not touching the floor. The U.S. FOIA (b)(6) declined to comment and stated, "I have to consult with my U.S. FOIA (b)(6)."</p>	F 880	<p>the pharmacy consultant and progressive disciplinary measures as appropriate. Results of all audits will be submitted to the QAA committee who meets quarterly for review and determines the necessity of future audits and recommendations. The infection preventionist, and/or nurse educator/designee will perform a weekly observation of twenty staff members weekly for four weeks and then monthly for six months to ensure that surgical masks are being worn properly. Negative results will be corrected immediately through re-education and progressive disciplinary actions as appropriate by the DON. Results of all audits will be submitted to the QAA committee who meets quarterly for review and determines the necessity of future audits and recommendations.</p>		

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F 880	<p>Continued From page 69</p> <p>On 4/14/25 at 11:30 AM, Surveyor #2 observed a <b>U.S. FOIA (b)(6)</b> in the hallway with the surgical mask below the chin. When questioned regarding the surgical mask observed below her chin, the <b>U.S. FOIA (b)(6)</b> adjusted the mask and stated "I just finished care, I forgot to adjust the mask."</p> <p>On 4/14/25 at 11:37 AM, Surveyor #2 asked the <b>U.S. FOIA (b)(6)</b> if LPN #3 should ensure that the isolation gown was secured and tied prior to enter the room, the <b>U.S. FOIA (b)(6)</b> stated in the presence of the survey team, that the isolation gown should be tied and worn properly, and that the string should not be touching the floor for infection control purposes.</p> <p>On 4/14/25 at 1:15 PM, Surveyor #2 shared the above concerns regarding staff not wearing PPE correctly with the <b>U.S. FOIA (b)(6)</b>. The <b>U.S. FOIA (b)(6)</b> stated that the staff were very resistive and she continued to educate the staff. Regarding the gown with string touching the floor, the <b>U.S. FOIA (b)(6)</b> stated that she was not aware and stated, "what would be the purpose to wear PPE if it not secured correctly?"</p> <p>On 4/15/25 at 8:43 AM, Surveyor #2 again observed LPN #2 at the medication cart in the hallway with her mask below the chin. When questioned regarding not wearing the surgical mask correctly, she stated, "I was just catching my breath, I do not have nobody around me."</p> <p>On 4/15/25 at 9:38 AM, during an interview with LPN #2, regarding not wearing her mask correctly, she stated that mask should be worn in the building at all times, because the facility is in an outbreak for <b>NJ Ex Order 26.4b1</b> prevent widespread and protect the residents and other staff.</p>	F 880			

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F 880	<p>Continued From page 70</p> <p>c) On 4/10/25 at 9:49 AM, the Surveyor #3 observed LPN #4 for medication administration to three (3) residents. LPN #4 prepared four (4) medications to administer to Resident #45 and removed the following medications which included <b>NJ Exec Order 26.4b1</b> [REDACTED].</p> <p>[REDACTED]. Surveyor #3 then observed LPN #4 use scissors to cut open the <b>NJ Exec Order 26.4b1</b> [REDACTED]. LPN #4 then placed the scissors on top of the medication cart. Surveyor #3 did not observe LPN #4 disinfect the scissors prior to and after using the scissors. LPN #4 crushed the <b>NJ Exec Order 26.4b1</b> and mixed all the medications in [REDACTED] for administration. The LPN #4 donned a pair of gloves and went into Resident #45's room to administer medications. Surveyor #3 did not observe LPN #4 perform hand hygiene prior to donning gloves.</p> <p>On 4/10/25 at 10:03 AM, Surveyor #3 observed LPN #4 prepare medications for Resident #40. The LPN #4 removed <b>NJ Exec Order 26.4b1</b> [REDACTED].</p> <p>[REDACTED] Surveyor #3 observed LPN #4 use her scissors to cut the edge of the <b>NJ Exec Order 26.4b1</b> packet. Surveyor #3</p>	F 880			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315517</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOTAL REHAB MOORESTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE</b> <b>MOORESTOWN, NJ 08057</b>		
(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 880	<p>Continued From page 71</p> <p>did not observe LPN #4 disinfect her scissors prior to using it and placed it on top of the medication cart after use. Surveyor #3 observed LPN #4 donning gown and gloves before she entered in Resident #40's room with their medication. LPN #4 did not perform hand hygiene prior to putting on gloves for medication administration.</p> <p>On 4/10/25 at 10:26 AM, Surveyor #3 observed LPN #4 administer medications to unsampled resident. After medication administration, LPN #4 informed the resident that she was coming back to check their (NJ Exec Order 26.4b1). LPN #4 (NJ Exec Order 26.4b1) from the drawer of the medication cart and her stethoscope out of the case. LPN #4 brought medical equipment to resident's room and checked resident's (NJ Exec Order 26.4b1). After checking the (NJ Exec Order 26.4b1), LPN #4 came out of resident's room and placed the (NJ Exec Order 26.4b1) back in the drawer of the medication cart and wiped the diaphragm (top) of the stethoscope with alcohol swab and placed it back in her case with scissors. Surveyor #3 did not observe LPN #4 disinfect the manual BP cuff before or after use and the stethoscope before use.</p> <p>On 4/10/25 at 10:37 AM, during an interview with Surveyor #3, LPN #4 acknowledged that she did not perform hand hygiene each time before she donned gloves during medication administration, neither wiped off or disinfected her scissors and other medical equipment. LPN #4 stated she should have cleaned her scissors prior to use so that she would not contaminate the medications that the residents are taking and for infection control. LPN #4 further stated that hand hygiene should have been performed before and after contact with each resident and before donning</p>	F 880			

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

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F 880	<p>Continued From page 72</p> <p>gloves for infection control. LPN #4 stated she should have wiped off medical equipment before and after each use for infection control.</p> <p>On 4/11/25 at 9:03 AM, Surveyor #3 notified the U.S. FOIA (b)(6) and the U.S. FOIA (b)(6) above the above-mentioned concerns. During an interview with Surveyor #3, the U.S. FOIA (b)(6) stated hand hygiene is important for infection prevention and patient safety. U.S. FOIA (b)(6) further stated the staff should not be going room to room without performing hand hygiene. U.S. FOIA (b)(6) both stated the medical equipment should be disinfected between each use and it was important for infection control, and you don't want to use the NJ Exec Order 26 on resident to resident and "cause an outbreak."</p> <p>On 4/15/25 at 1:17 PM, the survey team met with the U.S. FOIA (b)(6) and the U.S. FOIA (b)(6). The surveyor presented above mentioned concerns.</p> <p>A review of the facility policy Transmission Based Precautions, Dated 4/1/24 revealed Policy Explanation and Compliance Guidelines: 1. Facility staff will apply Transmission-Based Precautions, in addition to standard precautions, to residents who are known or suspected to be infected or colonized with certain infectious agents requiring additional controls to prevent transmission. 3. The facility will use standard approaches, as defined by the CDC, for transmission based precautions, airborne, contact, and droplet precautions ... 8. Visitors coming to visit a resident who is on</p>	F 880			

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F 880	<p>Continued From page 73</p> <p>transmission-based precautions or quarantine, will be informed by the facility of the potential risk of visiting and precautions necessary when visiting the resident. 12. Droplet Precautions: a. Intended to prevent transmission of pathogens spread through close respiratory mucous membrane contact with respiratory secretions (i.e. respiratory droplets that are generated by a resident who is coughing, sneezing, or talking).</p> <p>A review of the facility provided policy, "Hand Hygiene", revised 8/1/24, included but was not limited to; all staff will perform proper hand hygiene to prevent the spread of infection. 1. Staff will perform hand hygiene when indicated ...</p> <p>A review of the Medicatin Administration Policy, Reviessed 1/2025 revealed Policy: Medicains are administered ....in accordance with professional standards of practice, in a manner to prevent contamination or infection. 4. Wash hands/sanitize prior to administering medication per facility protocol and product.</p> <p>NJAC 8:39-19.4(a)(1)(5)</p>	F 880			

New Jersey Department of Health

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H 000	<p>Initials Comments</p> <p>Date of survey: 4/10/2025-4/17/2025</p> <p>Census: 122</p> <p>Sample: 27 + 3 closed records</p> <p>THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:43E, STANDARDS FOR GENERAL LICENSURE PROCEDURES AND ENFORCEMENT OF LICENSURE REGULATIONS. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED.</p>	H 000		
H 130	<p>8:43E-2.1(a) SURVEY PRCDRS: SCOPE &amp; TYPES OF SURVEYS</p> <p>The Department, or another State agency to which the Department has delegated the authority for conduct of surveys either partially or fully, may conduct periodic or special inspections of licensed health care facilities to evaluate the fitness and adequacy of the premises, equipment, personnel, policies and procedures, and finances, and to ascertain whether the facility complies with all applicable State and Federal licensure regulations and statutes.</p>	H 130		5/13/25

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

TITLE

(X6) DATE

Electronically Signed

05/09/25

New Jersey Department of Health

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H 130	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to meet the 45 percent overall occupancy by Medicaid-eligible residents in its general long-term care (LTC) beds.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to State regulation 8:33H-1.2 Definitions include that "...General long-term care bed" means a long-term care bed for which there is no restriction imposed by statute (for example, subacute long-term care), certificate of need approval requirements (for example, pediatric long-term care, specialized long-term ventilator care, specialized long-term care of residents with severe behavior management problems) or stipulations and/or licensure standards that would limit the type of nursing home resident who may occupy the bed or the type of nursing home care which may be provided to the occupant of the bed."</p> <p>"Long-term care" means a wide range of personal care, psycho-social, nursing, and other supportive services for people with functional limitations due to chronic-and frequently degenerative-physical or cognitive disorders. Long-term care services range from in-home assistance provided by family members or a home care agency to nursing home care."</p> <p>"Medicaid-eligible patient" means, for the purpose of this chapter, a person who has received a determination of medical and financial</p>	H 130	<p>Element 1 Corrective Actions The Regional Vice President reviewed the admission agreement with the Admissions Director, Director of Nursing, Administrator, Social Worker, and management team to clarify that the facility does accept Medicaid as a form of payment as needed as per the current admission agreement. The NJDOH and CMS regulations pertaining to the facility (skilled nursing facility/nursing facility (SNF/NF) designation were reviewed on 5/7/25. The Administrator, Admissions Director, Director of Nursing and Social Services Director were re-educated on 5/7/25 regarding the provision of care in compliance with the facility admission agreement and regulatory requirements by the Regional Vice President. Resident #40 <b>NJ Exec Order 26.4b1</b></p> <p>Element 2 Identification of at Risk Residents All Residents who have Medicaid or Medicaid eligible have the potential to be affected by this practice.</p> <p>Element 3 Systemic Change The facility has a Medicaid Managed Care contract in place with a Medicaid Managed Care Organization (MCO) in the event a Resident with Medicaid coverage needs to use this benefit for payment of covered subacute or long-term care services. The Social Worker and interdisciplinary team was re-educated on 5/7/25 to ensure</p>	

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H 130	<p>Continued From page 2</p> <p>eligibility for Medicaid coverage, or a person who qualifies medically and financially for Medicaid but who does not apply for Medicaid coverage, or a person whose care is paid for through General Assistance funds."</p> <p>On 4/10/25 at 9:30 AM, the surveyor conducted an entrance conference with the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), and the Regional Administrator (RLNHA #1) for the parent company. The surveyor asked those present what the resident population was and the LNHA stated "all Rehab" (short term admissions for therapy purposes). The surveyor then asked if the facility accepted Medicaid residents and the RLNHA stated, "this is a special facility, we only have Rehab in this facility" and do not have Medicaid residents. The surveyor asked the LNHA for clarification regarding not accepting Medicaid residents and the LNHA stated, we do not have Medicaid, we are only "short term", and the average length of stay was 30 days or less. The surveyor requested a list of payer source for all residents at that time.</p> <p>A review of the facility completed "Longterm Care Facility Application for Medicare/Medicaid" Form CMS-671 completed the facility's Licensed Nursing Home Administrator (LNHA) on 4/11/25 at 10:29 AM Revealed; F8b: Medicaid: 0; F8c Other: 2; Further review revealed F9: 03: SNF/NF (skilled nursing facility/nursing facility)-Medicare/Medicaid.</p>	H 130	<p>every resident admitted for subacute care, regardless of payment source, has a discharge plan initiated within 3-5 days of admission to ensure safe discharge to home or other setting of their choice as appropriate once subacute rehabilitation goals are met. The same in-service education will be provided during orientation for newly hired Social Workers. Residents in need of long-term care after their subacute goals are met, that are Medicaid or Medicaid-eligible will be provided with the option to continue their stay in the current setting in addition to other locations, if clinically appropriate. Element 4 QAPI</p> <p>Admissions and discharges will be reviewed weekly x four weeks then monthly x 3 months by the Admissions Director/designee to ensure any resident requiring subacute care covered by Medicaid was provided with the needed services and at discharge have been offered the option to remain at the facility for long-term care if continued long-term care services are needed. Negative findings will be addressed through one on one re-education by the administrator. Findings of the audits will be discussed with the regional vice president and Administrator and presented to the QA committee at the quarterly meeting for further direction.</p>	
S 000	<p>Initial Comments</p> <p>Complaint #s: NJ 170566, NJ 170732, NJ 175978, NJ 177289, NJ 178091, NJ 178739, NJ 182695, NJ 183695</p>	S 000		

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S 000	Continued From page 3  Survey Date: 4/10/25 through 4/17/25  Census: 122  Sample: 27 + 3 Closed Records  The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	S 000		
S 009	8:39-2.1(c) Licensure Procedure  The facility shall implement all conditions imposed by the Commissioner as specified in the certificate of need approval letter. Failure to implement the conditions may result in the imposition of sanctions in accordance with the Health Care Facilities Planning Act, P.L. 1971, c.136 and c.138, N.J.S.A. 26:2H-1 et seq., and amendments thereto.  This REQUIREMENT is not met as evidenced by: Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to comply with the requirements of Certificate of Need approval letter dated July 24, 2012 from the New Jersey Department of Health (NJDOH) to ensure that 45 percent overall occupancy by Medicaid-eligible residents in its general long-term (LTC) beds.  This deficient practice was evidenced by the following:  Review of the July 24, 2012 letter included but not limited to: "Approval of this application is	S 009	Element 1 – Corrective Actions The Regional Vice President reviewed the admission agreement with the Admissions Director, Director of Nursing, Administrator, Social Worker, and management team to clarify that the facility does accept Medicaid as a form of payment as needed. The NJDOH and CMS regulations pertaining to the facility (skilled nursing facility/nursing facility (SNF/NF) designation were reviewed on 5/7/25. The Administrator, Admissions Director, Director of Nursing and Social Services	5/13/25

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S 009	<p>Continued From page 4</p> <p>conditioned upon the applicant's compliance with the following...satisfying the Medicaid-eligible resident utilization requirement at N.J.A.C. 8:33 H-1.15(a) or a higher standard that was imposed in a previous certificate of need approval for the LTC facility being relocated."</p> <p>On 4/10/25 at 9:30 AM, the surveyor conducted an entrance conference with the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), and the Regional Administrator (RLNHA #1) for the parent company. The surveyor asked those present what the resident population was and the LNHA stated "all Rehab (short term admissions for therapy purposes" when asked if the facility accepted Medicaid residents the RLNHA stated, "this is a special facility, we only have Rehab in this facility" and do not have Medicaid residents. The surveyor asked the LNHA for clarification regarding not accepting Medicaid residents and the LNHA stated, we do not have Medicaid, we are only "short term", and the average length of stay was 30 days or less. The surveyor requested a list of payer source for all residents at that time.</p> <p>A review of the facility completed "Longterm Care Facility Application for Medicare/Medicaid" Form CMS-671 completed the facility's Licensed Nursing Home Administrator (LNHA) on 4/11/25 at 10:29 AM Revealed; F8b: Medicaid: 0; F8c Other: 2; Further review revealed F9: 03: SNF/NF (skilled nursing facility/nursing facility)-Medicare/Medicaid.</p>	S 009	<p>Director were re-educated on 5/7/25 regarding the provision of care in compliance with the facility admission agreement and regulatory requirements by the Regional Vice President.</p> <p>Element 2 – Identification of at Risk Residents All Residents who have the potential to be affected by this practice.</p> <p>Element 3 – Systemic Change The facility has a Medicaid Managed Care contract in place with a Medicaid Managed Care Organization (MCO) in the event a Resident with Medicaid coverage needs to use this benefit for payment of covered subacute or long-term care services. The Social Worker and interdisciplinary team was re-educated on 5/7/25 to ensure every resident admitted for subacute care, regardless of payment source, has a discharge plan initiated within 3-5 days of admission to ensure safe discharge to home or other setting of their choice as appropriate once subacute rehabilitation goals are met. The same in-service education will be provided during orientation for newly hired Social Workers. Residents in need of long-term care after their subacute goals are met, that are Medicaid or Medicaid-eligible will be provided with the option to continue their stay in the current setting in addition to other locations, if clinically appropriate.</p> <p>Element 4 – QAPI Admissions and discharges will be reviewed weekly x four weeks then monthly x 3 months by the Admissions Director/designee to ensure any resident requiring subacute care covered by Medicaid was provided with the needed</p>	

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S 009	Continued From page 5	S 009	services and at discharge have been offered the option to remain at the facility for long-term care if continued long-term care services are needed. Negative findings will be addressed through one on one re-education by the administrator. Findings of the audits will be discussed with the regional vice president and Administrator and presented to the QA committee at the quarterly meeting for further direction.	
S 580	<p>8:39-5.1(e) Mandatory Access to Care</p> <p>The facility shall make available to indigent individuals at least five percent of its beds or, if the facility is licensed for 100 or more beds, at least 10 percent of its beds. For purposes of this section, an individual is "indigent" if he or she is an applicant for admission or a current resident of the facility, and if he or she would otherwise meet the eligibility requirements of Medicaid reimbursement or county or municipal financial assistance for nursing home care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to meet 10 percent overall occupancy by Medicaid-eligible residents in its general long-term care (LTC) beds over 100.</p> <p>This deficient practice was evidenced by the following:</p>	S 580	<p>Element 1 – Corrective Actions The Regional Vice President reviewed the admission agreement with the Admissions Director, Director of Nursing, Administrator, Social Worker, and management team to clarify that the facility does accept Medicaid as a form of payment as needed. The NJDOH and CMS regulations pertaining to the facility</p>	5/13/25

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S 580	<p>Continued From page 6</p> <p>On 4/10/25 at 9:30 AM, the surveyor conducted an entrance conference with the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), and the Regional Administrator (RLNHA #1) for the parent company. The surveyor asked those present what the resident population was and the LNHA stated "all Rehab (short term admissions for therapy purposes" when asked if the facility accepted Medicaid residents the RLNHA stated, "this is a special facility, we only have Rehab in this facility" and do not have Medicaid residents. The surveyor asked the LNHA for clarification regarding not accepting Medicaid residents and the LNHA stated, we do not have Medicaid, we are only "short term", and the average length of stay was 30 days or less. The surveyor requested a list of payer source for all residents at that time.</p> <p>A review of the facility completed "Longterm Care Facility Application for Medicare/Medicaid" Form CMS-671 completed the facility's Licensed Nursing Home Administrator (LNHA) on 4/11/25 at 10:29 AM Revealed; F8b: Medicaid: 0; F8c Other: 2; Further review revealed F9: 03: SNF/NF (skilled nursing facility/nursing facility)-Medicare/Medicaid.</p>	S 580	<p>(skilled nursing facility/nursing facility (SNF/NF) designation were reviewed on 5/7/25.</p> <p>The Administrator, Admissions Director, Director of Nursing and Social Services Director were re-educated on 5/7/25 regarding the provision of care in compliance with the facility admission agreement and regulatory requirements by the Regional Vice President.</p> <p>Element 2 – Identification of at Risk Residents All Residents who have the potential to be affected by this practice.</p> <p>Element 3 – Systemic Change The facility has a Medicaid Managed Care contract in place with a Medicaid Managed Care Organization (MCO) in the event a Resident with Medicaid coverage needs to use this benefit for payment of covered subacute or long-term care services. The Social Worker and interdisciplinary team was re-educated on 5/7/25 to ensure every resident admitted for subacute care, regardless of payment source, has a discharge plan initiated within 3-5 days of admission to ensure safe discharge to home or other setting of their choice as appropriate once subacute rehabilitation goals are met. The same in-service education will be provided during orientation for newly hired Social Workers. Residents in need of long-term care after their subacute goals are met, that are Medicaid or Medicaid-eligible will be provided with the option to continue their stay in the current setting in addition to other locations, if clinically appropriate.</p> <p>Element 4 – QAPI Admissions and discharges will be</p>	
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NAME OF PROVIDER OR SUPPLIER  <b>TOTAL REHAB MOORESTOWN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE MOORESTOWN, NJ 08057</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 580	Continued From page 7	S 580	<p>reviewed weekly x four weeks then monthly x 3 months by the Admissions Director/designee to ensure any resident requiring subacute care covered by Medicaid was provided with the needed services and at discharge have been offered the option to remain at the facility for long-term care if continued long-term care services are needed. Negative findings will be addressed through one on one re-education by the administrator. Findings of the audits will be discussed with the regional vice president and Administrator and presented to the QA committee at the quarterly meeting for further direction.</p>	

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315517	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/10/2025	Y3
NAME OF FACILITY TOTAL REHAB MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 212 MARTER AVENUE MOORESTOWN, NJ 08057		

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 F0677	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.24(a)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/13/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 4/17/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315517	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/10/2025	Y3
NAME OF FACILITY TOTAL REHAB MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 212 MARTER AVENUE MOORESTOWN, NJ 08057		

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 F0583	Correction	ID Prefix F0677	Correction	ID Prefix F0689	Correction
Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	05/13/2025	LSC	05/13/2025	LSC	05/13/2025
ID Prefix F0690	Correction	ID Prefix F0732	Correction	ID Prefix F0755	Correction
Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.35(g)(1)-(4)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed
LSC	05/13/2025	LSC	05/13/2025	LSC	05/13/2025
ID Prefix F0761	Correction	ID Prefix F0808	Correction	ID Prefix F0836	Correction
Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(e)(1)(2)	Completed	Reg. # 483.70(a)-(c)	Completed
LSC	05/13/2025	LSC	05/13/2025	LSC	05/13/2025
ID Prefix F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/13/2025	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 4/17/2025

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 03009 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/10/2025 <span style="float: right;">Y3</span>
NAME OF FACILITY TOTAL REHAB MOORESTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 212 MARTER AVENUE MOORESTOWN, NJ 08057	

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 H0130	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-2.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/10/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 4/17/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 03009	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/10/2025
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NAME OF FACILITY TOTAL REHAB MOORESTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 212 MARTER AVENUE MOORESTOWN, NJ 08057
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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0009	Correction	ID Prefix S0580	Correction	ID Prefix	Correction
Reg. # 8:39-2.1(c)	Completed	Reg. # 8:39-5.1(e)	Completed	Reg. #	Completed
LSC	05/13/2025	LSC	05/13/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
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REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
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FOLLOWUP TO SURVEY COMPLETED ON 4/17/2025	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315517</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOTAL REHAB MOORESTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE MOORESTOWN, NJ 08057</b>		
(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	
E 000	Initial Comments	E 000			
E 004 SS=F	<p>Develop EP Plan, Review and Update Annually CFR(s): 483.73(a)</p> <p>§403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a).</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the</p>	E 004		5/13/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
**Electronically Signed**

TITLE

(X6) DATE  
**05/08/2025**

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 instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315517</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOTAL REHAB MOORESTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE MOORESTOWN, NJ 08057</b>		
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E 004	<p>Continued From page 1 requirements of this section, utilizing an all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.</p> <p>* [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.</p> <p>. This REQUIREMENT is not met as evidenced by: Based on record review and interview on 04/15/2025 and 04/16/2025 in the presence of the Administrator (Admin #1) and the [U.S. FOIA (b)(6)], it was determined that the facility failed to ensure that the Emergency Preparedness Plan (EPP) was reviewed and updated at least annually. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>In an interview on 04/15/2025 during the survey entrance at approximately 8:46 AM, a request was made to the [U.S. FOIA (b)(6)], "How many Emergency Preparedness Plan (EPP) books are in the facility." The Admin #1 stated there were five (5) in the building. The Admin #1 has one book, the [U.S. FOIA (b)(6)] has one book, the [U.S. FOIA (b)(6)] has one book, the 3rd. floor Central Nursing station has one book and the 2nd. floor Central Nursing station has one book.</p>	E 004	<p>Facility Updated Emergency preparedness Binders on 4/22/25</p> <p>Conducted a facility wide Audit of Emergency preparedness Binders To ensure the emergency preparedness plan is reviewed at least annually and as needed.</p> <p>Administrator Re-educated Maintenance on the Importance of Keeping Emergency Preparedness Binders updated on a Annual basis on 4/16/25</p> <p>Maintenance /designee will audit 2 out of 5 Binders to ensure that the Emergency Preparedness Binders are up to date weekly for 4 weeks and then monthly for 2 months and Maintenance/ Designee will present findings at the Facility Quality Assurance and Performance</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315517</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
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(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	
E 004	Continued From page 2  A documentation review of the Admin #1 EPP book on 4/15/2025 read in part: Cover page: Date of Most Recent Update: 3/1/2023 Promulgation Statement by <b>U.S. FOIA (b)(6)</b> Administrator name: Administrator #2. Date: 3/1/2023.  A documentation review of the 3rd. floor Central Nursing station EPP book on 4/16/2025 at approximately 12:38 PM, read in part: Cover page: Date of Most Recent Update: 3/1/2023 Promulgation Statement by <b>U.S. FOIA (b)(6)</b> Administrator name: Administrator #2. Date: 3/1/2023.  A documentation review of the 2nd. floor Central Nursing station EPP book on 4/16/2025 at approximately 12:41 PM read in part: Cover page: Date of Most Recent Update: 3/1/2023 Promulgation Statement by <b>U.S. FOIA (b)(6)</b> Administrator name: Administrator #2. Date: 3/1/2023.  A documentation review of the <b>U.S. FOIA (b)(6)</b> Desk EPP book on 4/16/2025 at approximately 12:50 PM read in part: Cover page: Date of Most Recent Update: 3/1/2023 Promulgation Statement by <b>U.S. FOIA (b)(6)</b> Administrator name: Administrator #2. Date: 3/1/2023.  A review of 4 of the 5 EPP books identify the Admin #2 name and most recent update of 3/1/2023.	E 004	improvement meeting which meets Quarterly for any further recommendations.		

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NAME OF PROVIDER OR SUPPLIER  <b>TOTAL REHAB MOORESTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE MOORESTOWN, NJ 08057</b>		
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E 004	Continued From page 3	E 004			
K 000	<p>The <b>U.S. FOIA (b)(6)</b> were informed of the deficient practice during the Life Safety Code survey exit on 04/16/2025 at approximately 1:31 PM.</p> <p>N.J.A.C 8:39-31.2(e), 31.6 INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 04/15/2025 and 04/16/2025. Total Rehab. Moorsetown was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.</p> <p>Total Rehab. Moorsetown is a three story Type II Protected building that was built in October 2014. The facility is divided into 15 smoke zones. The exterior 600 KW diesel generator powers 100% of the building.</p> <p>The facility is certified for 124 beds and currently is at 118 occupied beds.</p>	K 000			
K 321 SS=E	<p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be</p>	K 321		5/13/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315517</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOTAL REHAB MOORESTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE MOORESTOWN, NJ 08057</b>		
(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	
K 321	<p>Continued From page 4</p> <p>separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of facility documentation and interview on 04/15/2025 and 04/16/2025 in the presence of the facility's <b>U.S. FOIA (b)(6)</b> it was determined that the facility failed to ensure that 1 of 12 fire-rated doors inspected to hazardous areas were separated by smoke resisting partitions in accordance with NFPA 101, 2012 Edition, Section 19.3.2.1, 19.3.2.1.3, 19.3.2.1.5, 19.3.6.3.5, 19.3.6.4, 8.3, 8.3.5.1, 8.4, 8.5.6.2 and 8.7. This deficient practice was evidenced by the following:</p> <p>An observation on 04/16/2025 at approximately 10:19 AM revealed when the corridor door</p>	K 321	<p>Facility Installed a Door closer to the Resident Salon to allow for self-close on 4/18/25.</p> <p>Facility was checked to ensure that all rooms with combustible materials are equipped with a self-closing device.</p> <p>Administrator Re-educated Maintenance, Housekeeping and Central supply staff on the importance of fire safety and proper protocol with rooms 50 SQF or larger to ensure that all rooms with combustible materials are equipped with a self-closing device on 4/16/25.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315517</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOTAL REHAB MOORESTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE MOORESTOWN, NJ 08057</b>		
(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	
K 321	<p>Continued From page 5</p> <p>leading into the Resident Salon room was tested and allowed to self-close, the door did had no means to self-close the door into its frame.</p> <p>The surveyor observed inside the room the following combustible products:</p> <ul style="list-style-type: none"> <li>- 14 large cardboard boxes filled with combustible surgical gowns.</li> <li>- 13 cases (cardboard boxes) filled with combustible 3M N-95 masks.</li> <li>- 10 cases of surgical gloves.</li> <li>- 24 large cardboard boxes filled with combustible surgical gowns.</li> </ul> <p>The surveyor also observed an evacuation diagram posted on the wall in the corridor which identifies to pass and exit through the Resident Salon room is the primary and/or secondary egress route to reach an exit.</p> <p>In an interview, the <span style="background-color: black; color: red;">U.S. FOIA (b)(6)</span> confirmed the observation.</p> <p>The <span style="background-color: black; color: red;">U.S. FOIA (b)(6)</span> were informed of the deficient practice during the Life Safety Code survey exit on 04/16/2025 at approximately 1:31 PM.</p>	K 321	<p>Maintenance /designee will audit the Resident Salon and 5 other areas to ensure that rooms meet fire safety standards and that no combustible materials are stored in areas without self-closing fire doors Weekly for 4 weeks and then monthly for 2 months and Maintenance/ Designee will present findings to the administrator at Facility Quality Assurance and Performance improvement meeting which meets Quarterly for any further recommendations.</p>		
K 355 SS=F	<p>NJAC 8:39-31.2 (e)</p> <p>Portable Fire Extinguishers CFR(s): NFPA 101</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10</p>	K 355		5/13/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315517</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOTAL REHAB MOORESTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE MOORESTOWN, NJ 08057</b>		
(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	
K 355	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of facility documentation and interview on 04/15/2025 and 04/16/2025 in the presence of facility <span style="background-color: black; color: red;">U.S. FOIA (b)(6)</span>, it was determined that the facility failed to 1) Perform a Six Year Maintenance and /or Hydro testing for 20 of 46 fire extinguishers observed and 2) replace 1 of 46 portable fire extinguishers observed with the pressure indicating needle in the RED discharge zone on the pressure gauge in accordance with NFPA 101, 2012 Edition, Section 19.3.5.12, 9.7.4.1 and NFPA 10, 2010 Edition, Sections 6.1, 6.1.3.8.1 and 6.1.3.8.3, 4- 3.3, 4- 4.3 and 7.3.1.1.1. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>Observations starting at approximately 9:26 AM on 04/15/2025 and continued on 04/16/2025 in the presence of the facility's <span style="background-color: black; color: red;">U.S. FOIA (b)(6)</span> revealed forty-six (46) portable fire extinguishers in various locations with the twenty (20) fire extinguishers identified having the last six (6) year maintenance /Hydro testing being performed January 2019 in the following areas:</p> <p>Observations on the 3rd. floor revealed: -Seven (7) fire extinguishers with collars and stickers identifying the last six year maintenance performed January 2019. -Inside the clean linen room, one (1) fire extinguisher's pressure indicating needle was in the RED discharge zone on the pressure gauge.</p> <p>Observations on the 2nd. floor revealed: -Nine (9) fire extinguishers with collars and stickers identifying the last six year maintenance</p>	K 355	<p>Facility replaced seven on 3rd floor, nine on 2nd floor three on main floor and replaced the fire extinguisher in the clean linen room on 4/17/25.</p> <p>Conducted a facility-wide assessment To ensure that no other fire extinguishers were past due for their 6-year inspection and have the correct pressure.</p> <p>Administrator Re-educated Maintenance, on the NFPA code requiring fire extinguishers to have a 6-year maintenance done and Ensuring Fire extinguishers have the correct pressure on 4/16/25</p> <p>Maintenance /designee will audit 5 fire extinguishers to ensure that fire extinguishers are up to date with the 6-year maintenance and correct pressure , Weekly for 4 weeks and then monthly for 2 months and Maintenance/ Designee will present findings at Facility Quality Assurance and Performance improvement meeting which meets Quarterly for any further recommendations.</p>		

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315517</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOTAL REHAB MOORESTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE MOORESTOWN, NJ 08057</b>		
(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	
K 355	<p>Continued From page 7 performed January 2019.</p> <p>Observations on the 1st. floor revealed: -Three (3) fire extinguishers with collars and stickers identifying the last six year maintenance performed January 2019.</p> <p>In an interview at the time, the [U.S. FOIA ID] confirmed the observations.</p> <p>The Administrator and the [U.S. FOIA ID] were informed of the deficient practice during the Life Safety Code survey exit on 04/16/2025 at approximately 1:31 PM.</p> <p>NJAC 8:39 -31.1 (c), 31.2 (e). NFPA 10</p>	K 355			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315517	Y1	MULTIPLE CONSTRUCTION A. Building 01 - POWERBACK - MOORESTOWN B. Wing	Y2	DATE OF REVISIT 6/10/2025	Y3
NAME OF FACILITY TOTAL REHAB MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 212 MARTER AVENUE MOORESTOWN, NJ 08057		

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 _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # _____	Completed
LSC K0321	05/13/2025	LSC K0355	05/13/2025	LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <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 4/17/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		