

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

PRINTED: 05/22/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315513</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/27/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE SUBACUTE AT AUTUMN LAKE HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>113 ROUTE 73</b> <b>VOORHEES, NJ 08043</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 000	INITIAL COMMENTS  Complaint #: NJ00180094  Census: 124  Sample size: 3  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8)  §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.  §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.  §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.  §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.	F 561		12/24/24	

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

TITLE

(X6) DATE

Electronically Signed

01/27/2025

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 561	<p>Continued From page 1</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00180094</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to appropriately respond to a resident family's request regarding resident <b>NJ Exec Order 26.4b1</b> and follow the facility policy related to resident <b>NJ Exec Order 26.4b1</b>. This deficient practice was identified for 1 of 1 resident reviewed for choices (Resident #3) and was evidenced by the following:</p> <p>A review of the Admission Record (AR) reflected that Resident #3 was admitted to the facility with diagnoses which included but were not limited to <b>NJ Ex Order 26.4B1</b>.</p> <p>According to the most recent Minimum Data Set (MDS), an assessment tool, Resident #3 had a Brief Interview of Mental Status (BIMS) score of out of 15, which indicated the resident's <b>NJ Ex Order 26.4B1</b>.</p> <p>During a unit tour on 11/26/2024 at 11:57 A.M., the surveyor observed a large sign with large writing that read "<b>NJ Ex Order 26.4B1</b>" on the room door of Resident #3. <b>NJ Ex Order 26.4B1</b> was also observed written on the whiteboard in Resident #3's room. The same signage remained in place during a meal</p>	F 561	<ol style="list-style-type: none"> <li>1. Resident #3 <b>NJ Exec Order 26.4b1</b> have been reviewed and documented by the <b>NJ Exec Order 26.4b1</b>. After review of resident # 3 the <b>NJ Exec Order 26.4b1</b> was not related to <b>NJ Exec O</b> as it was a <b>NJ Ex Order 26.4B1</b> the <b>NJ Exec Order 26.4b1</b> was made of <b>NJ Ex Order 26.4b1</b>.</li> <li>2. All residents in the facility have the potential to be affected by this practice. Dietitian has assessed and documented all current residents in-house for their likes/dislikes of food preferences.</li> <li>3. The <b>U.S. FOIA (b) (6)</b> had an education by the regional nurse regarding adherence to food preferences. The RD and or designee will assess and document likes/dislikes of food preferences within 48 hours of admission and at a minimum quarterly thereafter. The facility is working on integrating PCC and meal tracker to smooth communicate dietary changes timely.</li> <li>4. The Registered Dietitian and/or designee will interview residents for compliance with food preferences weekly x 4 weeks, then monthly x 3 months. This report will be presented to the QAPI committee monthly for review, evaluation, and further recommendations as</li> </ol>		

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F 561	<p>Continued From page 2 observation on 11/27/2024.</p> <p>During a lunchtime meal observation on the floor on 11/27/2024 at 12:44 P.M., the surveyor observed Resident #3's meal tray arrive. The tray contained a clear plastic cup filled with a . The confirmed that the <b>NJ Ex Order 26.4(b)(1)</b> was</p> <p>During an interview on 11/27/2024 at 1:01 P.M., the stated that Resident #3's family placed the <b>NJ Ex Order 26.4B1</b> on the resident's door. The stated that if was against the family's preferences, then it have been on the resident's tray. The further stated that Nurses or Dieticians were responsible to notify the kitchen of this type of preference.</p> <p>During an interview on 11/27/2024 at 1:15 P.M., Licensed Practical Nurse (LPN) #2 stated "everyone should follow resident preferences." LPN #2 went on to state that the person who was notified of a resident's preference should have made other staff aware. LPN #2 stated that everyone could have passed Resident #3's preference for along to dietary.</p> <p>The undated facility policy "Resident Self Determination and Participation (Schedules)" was reviewed. Under the section titled "Policy Explanation and Compliance Guidelines" the document revealed "According to federal regulations the resident has the right to [ . . . ] c. Make choices about aspects of his or her life in the facility that are significant to the resident."</p> <p>Review of the "Policy Explanation and Compliance Guidelines" section of the "Resident</p>	F 561	indicated.		

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F 561	Continued From page 3 Self Determination and Participation (Schedules)" policy document further revealed "If the resident is unable to communicate preferences, the resident's family members should be asked for input."	F 561			
F 808 SS=J	NJAC 8:39-17.4 (a)1 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: Complaint #: NJ00180094  Based on interviews, medical record review, and review of other pertinent facility documentation on 11/26/2024 and 11/27/2024, it was determined that: the facility failed to provide the correct NJ Ex Order 26. 4B1 resident (Resident #3) with a known diagnosis of NJ Ex Order 26. 4B1 It was determined that on NJ Ex Order 26.4(b)(1) a U.S. FOIA (b) (6) delivered a meal tray containing a NJ Ex Order 26. 4B1 meal to Resident #3, who had orders for a NJ Ex Order 26. 4B1. The NJ Ex Order 26. 4B1 meal was left with Resident #3. The U.S. FOIA (b) confirmed that Resident #3's meal tray included	F 808	Past noncompliance: no plan of correction required.		

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F 808	<p>Continued From page 4</p> <p><b>NJ Exec Order 26.4b1</b> that were not <b>NJ Ex Order 26. 4B1</b>. The resident's family arrived shortly after the tray was left with Resident #3 and observed the resident with [REDACTED]. The family reported to facility staff that Resident #3 was <b>NJ Ex Order 26. 4B1</b>. The facility also failed to follow its policies titled "Therapeutic Diet Orders" and "Comprehensive Care Plans." This deficient practice was identified for 1of 3 residents (Resident #3) reviewed for <b>NJ Ex Order 26. 4B1</b> orders and posed a hazard to residents with the need for <b>NJ Ex Order 26. 4B1</b>. This deficient practice had the potential to result in serious injury or death.</p> <p>The past noncompliance and Immediate Jeopardy began on <b>NJ Exec Order 26.4b1</b> and ended on <b>NJ Exec Order 26.4b1</b> after the facility implemented a systemic plan before this complaint survey began. The facility's plan included the following:</p> <p>On <b>NJ Exec Order 26.4b1</b> Resident #3 was assessed for <b>NJ Ex Order 26. 4B1</b>.</p> <p>On <b>NJ Exec Order 26.4b1</b> Resident #3's <b>U.S. FOIA (b) (6)</b> was notified of the incident.</p> <p>On <b>NJ Exec Order 26.4b1</b> the <b>U.S. FOIA (b) (6)</b> was notified of the incident.</p> <p>On 11/12/2024 at 2:00 P.M., the <b>U.S. FOIA (b) (6)</b> was in-serviced regarding verification of tray and ticket information.</p> <p>On 11/13/2024 resident care staff was in-serviced regarding meal tray accuracy.</p> <p>On 11/13/2024 kitchen staff were in-serviced regarding ensuring resident meals are of the</p>	F 808			

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F 808	<p>Continued From page 5 correct texture.</p> <p>On 11/13/2024 the <sup>U.S. FOIA (b)</sup> on shift at the time of the incident was given an "Employee Corrective Action" related to failure to follow the meal tracker ticket as read.</p> <p>On 11/13/2024, 11/14/2024, 11/15/2024, 11/16/2024, and 11/17/2024 tray accuracy audits were performed for Resident #3's breakfast, lunch, and dinner trays. 100% accuracy was documented.</p> <p>On 11/13/2024 the facility initiated weekly meal tray audits for texture meals and tray accuracy for all residents.</p> <p>On 11/13/2024 a system compliance plan was developed to submit texture meals and tray accuracy results to Quality Assurance and Performance Improvement (QAPI) on an ongoing basis.</p> <p>According to the Admission Record, Resident #3 was admitted to the facility with diagnoses which included but were not limited to <sup>NJ Ex Order 26. 4B1</sup> [REDACTED].</p> <p>According to the most recent Minimum Data Set (MDS), an assessment tool, Resident #3 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] out of 15, which indicated the Resident #3's <sup>NJ Ex Order 26. 4B1</sup> [REDACTED].</p> <p>Review of the facility's untitled document dated <sup>NJ Ex Order 26.4(b)(1)</sup> [REDACTED] and timed 21:55 (9:55 PM) under "Incident Description" revealed "Aid identified that</p>	F 808		



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F 808	<p>Continued From page 7</p> <p>LPN #1 stated that CNAs passed trays to each resident at mealtimes. LPN #1 stated that the expectation was that trays were checked at the residents' bedside and matched to the meal ticket. LPN #1 stated that the [U.S. FOIA (b) (6)] should have notified a nurse if a tray seemed wrong for any reason. The nurse should then address the issue with the kitchen. LPN #1 further stated that CNAs did the feedings and should have notified nurse with any feeding concerns.</p> <p>During a telephone interview on 11/26/2024 at 3:56 P.M., the [U.S. FOIA (b) (6)] informed the surveyor that on [NJ Ex Order 26.4(b)(1)] she delivered a [NJ Ex Order 26.4B1] tray to Resident #3. The [U.S. FOIA (b) (6)] stated that Resident #3 "[NJ Ex Order 26.4B1]". The [U.S. FOIA (b) (6)] stated that she set the tray up for Resident #3 and the resident started eating. The [U.S. FOIA (b) (6)] further stated that she was not aware that Resident #3 was on a [NJ Ex Order 26.4B1] or that the resident [NJ Ex Order 26.4B1]. The [U.S. FOIA (b) (6)] further stated that 10 minutes later Resident #3's family reported that the resident was [NJ Ex Order 26.4B1]. The [U.S. FOIA (b) (6)] stated, "The resident had [NJ Ex Order 26.4b1], I think (they) just [NJ Ex Order 26.4b1]."</p> <p>During an interview on 11/27/2024 at 11:00 AM, the [U.S. FOIA (b) (6)] stated that tray accuracy was important because getting the wrong food could have caused harm and possibly death to a resident because of choking or allergies. The [U.S. FOIA (b) (6)] stated that the current process was for nursing staff to complete [NJ Ex Order 26.4B1] slips for each resident. The [U.S. FOIA (b) (6)] slips included name, room number, allergies, [NJ Ex Order 26.4B1], and preferences. The [U.S. FOIA (b) (6)] further stated that the [U.S. FOIA (b) (6)] then entered the [U.S. FOIA (b) (6)] slip information into [NJ Ex Order 26.4(b)(1)] (a nutrition management software) and printed a ticket to ensure accuracy. The [U.S. FOIA (b) (6)]</p>	F 808			

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F 808	<p>Continued From page 8</p> <p>stated that as a tray was prepared it moved down a tray line where a <b>U.S. FOIA (b) (6)</b> placed liquids and condiments. The <b>U.S. FOIA (b) (6)</b> would have then looked at the ticket to determine what went on the resident's plate. The last person working on the tray line was usually a <b>U.S. FOIA (b) (6)</b> who was supposed to verify that the meal matched the ticket. The <b>U.S. FOIA (b) (6)</b> stated that the expectation was for the <b>U.S. FOIA (b) (6)</b> to make sure the correct <b>NU Ex Order 26.4</b> food went on the residents' meal tray. The <b>U.S. FOIA (b) (6)</b> stated that the facility did not follow its policy related to resident <b>NU Ex Ord</b> because a resident received the wrong meal. The <b>U.S. FOIA (b) (6)</b> went on to state that the <b>U.S. FOIA (b) (6)</b> on the P.M. shift on <b>NU Ex Order 26.4(b)(1)</b> was given a verbal warning due to the meal ticket not being followed.</p> <p>During an interview on 11/27/2024 at 1:15 PM, LPN #2 stated that it was important to follow doctors' orders to make sure that residents received the care that they needed. LPN #2 stated that it was the expectation that residents' care plans (CPs) were followed by all staff. LPN #2 stated that if care plans were not followed errors or neglect could have happened.</p> <p>During an interview on 11/27/2024 at 1:49 P.M., the <b>U.S. FOIA (b) (6)</b> stated that it was expected that meals received by residents were in accordance with physician orders. The <b>U.S. FOIA (b) (6)</b> further stated that the expectation was that staff verified the ordered <b>NU Ex Ord</b> to what came on the meal tray to ensure accuracy. The <b>U.S. FOIA (b) (6)</b> stated that if a resident received the wrong <b>NU Ex Ord</b> and consumed it the outcome would have to be evaluated on a case-by-case basis. The <b>U.S. FOIA (b) (6)</b> stated that resident CPs were individualized to every resident and tailored to their needs. The <b>U.S. FOIA (b) (6)</b> further stated that CPs should have been followed by all</p>	F 808			

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F 808	<p>Continued From page 9</p> <p>staff and that there could be a "hindrance" to the resident if their CPs were not followed.</p> <p>Review of the facility's Therapeutic Diets policy, revised 10/2022, revealed under the Policy Statement "All residents have a diet order [ . . . ] that is prescribed by the attending physician, physician extender, or credentialed practitioner." Under "Procedures" the policy revealed "Diets are prepared in accordance with guidelines in the approved Diet Manual and the individualized plan of care."</p> <p>Review of the facility policy titled "Comprehensive Care plans" revealed "Qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions, initially and when changes are made."</p> <p>Review of the facility document titled "Diet and Nutrition Care Manual IDDSI Level 5: Minced and Moist" with "ground" handwritten at the top of the pages was conducted on 11/27/2024. This section of the Diet and Nutrition Care Manual revealed "This diet may be appropriate for individuals with swallowing or dental problems and requires no chewing or biting." The list of food examples in this category included but were not limited to "Vegetables cooked, finely mashed or use a blender to finely chop it into 4mm [millimeter] lump size pieces" and "Breads are gelled or pureed following a recipe."</p> <p>NJAC 8:39-17.4(a)(2)</p>	F 808			

New Jersey Department of Health

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S 000	<p>Initial Comments</p> <p>Complaint #: NJ00180094</p> <p>Census: 124</p> <p>Sample size: 3</p> <p>The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00180094</p> <p>Based on interviews and review of facility documents on 11/27/2024, it was determined that the facility failed to ensure staffing ratios were met for 1 of 14 evening shifts reviewed. This deficient practice had the potential to affect all residents.</p>	S 560	<p>1. Efforts to hire more facility staff to allow us to have adequate staff to serve our residents have been ramped up. In the meantime the facility will utilize agencies to fill open slots in the schedule. Additional agencies have been contract to attain the appropriate staff ratios for the facility census. New tracking program up and running to</p>	12/24/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/27/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE SUBACUTE AT AUTUMN LAKE HEALTHC/</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>113 ROUTE 73 VOORHEES, NJ 08043</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 560	<p>Continued From page 1</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the 2 weeks of staffing prior to complaint survey from 11/10/2024 to 11/23/2024, the facility was deficient in CNAs to total staff on 1 of 14 evening shifts as follows:</p> <p>On 12/18/24 had 11 CNAs to 23.7 total staff on the evening shift, required at least 12 CNAs.</p>	S 560	<p>mainstream staffing efforts.</p> <p>2.All residents in the facility have the potential to be affected by this deficient practice.</p> <p>3. The Administrator and Director of Nursing shall continue to review the daily Certified Nursing Assistant (CNA) staffing schedules to ensure compliance with the state's minimum CNA staffing requirement. Furthermore the facility will review CNA's rates, the facility shall continue its recruitment program and hiring efforts to attract and hire CNA's as evidenced by placing advertisements on indeed, contacting recruitment agencies, and offering referral bonuses to current staff for securing additional staff. The center shall offer overtime, incentive pay, and bonuses to current staff when a staffing shortage is identified or occurs throughout the day and/or week. The facility staffing coordinator will work with sister facilities staffing coordinators for CNAs/license nurses for daily back up when call outs occur. Facility will offer overtime, bonuses or incentives to licensed nurses to work as nursing assistants when warranted. The facility also maintains an agreement with nursing staffing agencies in the event of any staffing shortage. Meeting conducted on Tuesday with staffing company, Staffing coordinator, HR, and DON to discuss current needs. Flyers posted in the breakroom regarding referral bonuses, overtime pay for staffing</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/27/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE SUBACUTE AT AUTUMN LAKE HEALTHC/</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>113 ROUTE 73 VOORHEES, NJ 08043</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 560	Continued From page 2	S 560	<p>call outs and staffing needs.</p> <p>4. The Administrator and Director of Nursing or designee shall review/audit the Certified Nursing Assistant (CNA) staffing schedule daily for 4 weeks then monthly x 3 months and then quarterly for 3 quarters to determine compliance with the state's minimum CNA staffing requirement. The Administrator shall continue to monitor the facility's recruitment and retention practices to identify potential areas of improvement.</p> <p>The results of daily audits will be submitted monthly to the Quality Assurance and Performance Improvement (QAPI) committee monthly for the next 6 months.</p> <p>This will be a part of the Quarterly Quality Assurance Program ongoing. Staffing coordinator and DON will check staffing sheets the next day and initiate progressive discipline for those who are calling out. Weekend call outs will mandatorily be made up the following weekend. This will be ongoing.</p>	

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315513	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/22/2025	Y3
NAME OF FACILITY THE SUBACUTE AT AUTUMN LAKE HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 113 ROUTE 73 VOORHEES, NJ 08043		

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 F0561	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/24/2024	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 11/27/2024		<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 04007	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/22/2025	Y3
NAME OF FACILITY THE SUBACUTE AT AUTUMN LAKE HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 113 ROUTE 73 VOORHEES, NJ 08043		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	12/24/2024	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 11/27/2024		<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		