

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

PRINTED: 04/11/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315019</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/27/2023</b>	
NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</b>			
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E 000	Initial Comments			E 000			
	Survey: 11/27/23						
	This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.						
F 000	INITIAL COMMENTS			F 000			
	Standard Survey: 11/27/23						
	Census: 23						
	Sample Size: 12 + 1 closed record						
	The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities. Deficiencies were cited for this survey.						
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)			F 658			12/15/23
	§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-						
	(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:						
	Based on observation, interview, and record review, it was determined that the facility failed to follow a physician's order (PO) for the application of a device for 1 of 4 residents reviewed for the use of devices, Resident #24.						
	This deficient practice was evidenced by the				1. How the corrective action will be accomplished for those residents found to be affected by the deficient practice? a. The consulting physician met with the DON and the Administrator and was educated on placing orders in the EMR system appropriately.		

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

TITLE

(X6) DATE

Electronically Signed

12/08/2023

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

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F 658	<p>Continued From page 1 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 licensed practical nurse is defined as performing tasks and responsibilities within the framework of case 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 11/15/23 at 10:07 AM, the surveyor interviewed Resident #24 in their room. The resident expressed themselves through nodding to yes/no questions and expressed that they had <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>A review of the resident's Face Sheet (FS) (A one-page summary of important information about a patient) reflected that Resident #24 was initially admitted to the facility on <b>EX Order 26.4B1</b> with diagnoses that included but were not limited to <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>A review of the Quarterly Minimum Data Set (QMDS), an assessment tool used to facilitate care management dated <b>EX Order 26.4B1</b>, indicated a Brief Interview for Mental Status (BIMS) score of 15 out of <b>EX One</b> which indicated that the resident's <b>EX Order 26.4B1</b>.</p> <p>A review of Resident #24's electronic medical</p>	F 658	<p>b. The consultant will communicate with the nursing staff at the time of his/her visit on all consults and plan of care needs for all residents seen, as well as any orders he places into the EMR system for clarification and appropriateness.</p> <p>c. The consultant was re-educated by the Director of Nursing (DON) on 11/17/2023 on how to place physician orders in the EMR system so that all orders trigger/ alert nursing for follow up and maintain treatment plan.</p> <p>2.How will the facility identify other residents having the potential to be affected by the same deficient practice? The facility recognizes that residents under the care of this consultant have the potential to be affected by the same deficient practice. Therefore, the findings and corrective actions were shared by Director of Nursing and Administrator on 11/17/2023 with all staff, nurses and consultants to ensure full compliance.</p> <p>3.What measures will be put in place or systematic changes made to ensure the deficient practice will not recur?</p> <p>a. All physicians/ consultants will be re-educated on the proper use of placing orders in the EMR system allowing all nursing staff and leadership to see the orders and treatments.</p> <p>b. Nursing leadership will attend the next Quarterly physician meeting to discuss and reintroduce the EMR system as well as the process for entering orders in the EMR system for up to the minute follow through.</p> <p>c. All orders will be reviewed in real time</p>		

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F 658	<p>Continued From page 2</p> <p>record (e-MAR) revealed a PO with an order and start date of <b>EX Order 26.4B1</b> for <b>EX Order 26.4B1</b> <b>EX Order 26.4B1</b></p> <p>On 11/17/23 at 10:45 AM, the surveyor interviewed the Certified Nursing Assistant (CNA #1). CNA #1 stated that she routinely cares for Resident #24. CNA #1 stated that she has never seen or applied a <b>EX Order 26.4B1</b> to Resident #24.</p> <p>On 11/20/23 at 11:44 AM, the surveyor conducted a phone interview with Resident #24's <b>EX Order 26.4B1</b> (MD #1). MD #1 stated that he ordered the <b>EX Order 26.4B1</b> in the e-MAR following an assessment of Resident #24 on <b>EX Order 26.4B1</b>. MD #1 informed the surveyor that on 11/17/23 he became aware that the <b>EX Order 26.4B1</b> had not been ordered by the facility staff. MD #1 further that at that point, he made sure to order the <b>EX Order 26.4B1</b> for Resident #24. MD #1 explained that the lapse in time for Resident #24 wearing the <b>EX Order 26.4B1</b> did not create any further issues for the resident.</p> <p>On 11/21/23 at 1:56 PM, the surveyor team met with the Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA). The DON explained that MD #1 entered the <b>EX Order 26.4B1</b> order incorrectly, so the order did not populate into the e-MAR, Treatment Administration Record (TAR) or the Medical Administration Record (MAR) and that is why the order was not carried out by the staff. No further information provided.</p> <p>NJAC 8:39-19.4 (a) (1)</p>	F 658	<p>and at the end of each shift for any gaps as well as clarification of orders. Follow ups will be completed with the physicians/consultant for further clarification of the orders/treatment of care.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes?</p> <p>a. The Director of Nursing or designee will conduct daily audits/ reviews 100% of the resident's charts seen by consultants to monitor any orders or treatment and the completion of the order. All nurses will note any new orders or treatment plans on the 24-hour report/shift to shift report for verification. Completion of the follow up will be noted from shift to shift and will be noted on the 24-hour report. This will be an ongoing daily process.</p> <p>b. Monthly reports will be presented to the Medical Director and Administrator by DON or designee reviewing any gaps of care or treatment. Any episodes of non-compliance or follow through will be reviewed by the DON with the non-compliant nursing staff, and re-education with a performance improvement plan will be put in place to ensure future adherence and compliance.</p> <p>c. DON or designee will report their monthly findings at the Quarterly Assurance Performance Improvement (QAPI) Committee.</p>		
F 693	Tube Feeding Mgmt/Restore Eating Skills	F 693		12/13/23	

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F 693 SS=E	<p>Continued From page 3 CFR(s): 483.25(g)(4)(5)</p> <p>§483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to monitor <b>EX Order 26.4B1</b> administration to assure the total volume administered was in accordance with physician's orders. This deficient practice was identified for 12 of 12 residents reviewed for <b>EX Order 26.4B1</b>, Resident #24, #2, #19, #5, #7, #13, #16, #1, #9, #12, #20 and #21.</p> <p>This deficient practice was evidenced by the following:</p>	F 693	<p>1. How will the corrective action be accomplished for those residents found to be affected by the deficient practice? The DON and Medical Director reviewed feeding orders on all residents. After a full review, appropriate individualized feeding tube and water flush orders were implemented. This will ensure that the Total Volume to be infused will be attained for each resident, as per orders. This action will be completed by 12/13/2023.</p>		

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F 693	<p>Continued From page 4</p> <p>1. On 11/15/23 at 10:07 AM, the surveyor observed Resident #24 in bed watching television. The surveyor noted Resident #24 had an ongoing EX Order 26.4B1 (EX Order 26.4B1 EX Order 26.4B1 in the process of receiving a EX Order 26.4B1 at EX Order 26.4B1 milliliter per hour (ml/hr.) set on the pump. The surveyor noted that there was a EX Order 26.4B1 of EX Order 26.4B1 hanging on the IV pole, next to the resident but not currently running.</p> <p>On 11/20/23 at 10:39 AM, the surveyor interviewed the facility Registered Dietician (RD) who explained that she checks the resident's EX Order 26.4B1 order frequently and checks that the pump is set at the correct rate. The RD explained that the total volume required for each resident is calculated by the hourly rate (ml/hr.) multiplied by the number of hours ordered for the feed. The RD further explained that if the physician's order is continuous, that would be calculated as a 24 hr. period.</p> <p>On 11/20/23 at 12:36 PM, the surveyor interviewed the Director of Nursing (DON) who stated that every nursing shift documents the total volume administered of EX Order 26.4B1 for that shift. The nurse will zero out the reading on the pump at the end of their shift. The DON explained that in order to calculate the total volume administered to a resident for the day, you would have to add up the totals for each shift on that day.</p> <p>The surveyor reviewed the electronic medical record (e-MAR) for Resident #24 and found the</p>	F 693	<p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>a. The facility recognizes that residents under the care of the facility have the potential to be affected by the same deficient practice. Therefore, the findings and corrective actions will be shared with all staff, nurses, and consultants to ensure full compliance Via staff meeting, staff education and email communication by 12/13/2023.</p> <p>3. What measures will be put in place or systematic changes made to ensure the deficient practice will not recur?</p> <p>a. Each resident will be reviewed by the IDCP team on a monthly basis including the dietician for the appropriate feeding regimen based on:</p> <ul style="list-style-type: none"> <li>¿ Caloric Needs/Intake</li> <li>¿ Medications</li> <li>¿ Disease Process</li> <li>¿ Total Volume to be infused will be programmed into feeding pump</li> </ul> <p>b. Monthly meetings will be held between nursing leadership and the dietician to review the list below and assess each resident on an individual basis:</p> <ul style="list-style-type: none"> <li>¿ Weights</li> <li>¿ Caloric Intake</li> <li>¿ Total Volume</li> <li>¿ Water Flushes</li> <li>¿ Other needs</li> </ul> <p>c. Any changes, adjustments, or updates to the dietary needs will be made during</p>		



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F 693	<p>Continued From page 5 following:</p> <p>A review of the resident's Admission Record (AR) (an admission summary, one-page summary of important information about a patient) reflected that Resident #24 was initially admitted to the facility on <b>EX Order 26.4B1</b> with diagnoses that included <b>EX Order 26.4B1</b></p> <p>A review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate care management dated <b>EX Order 26.4B1</b>, revealed under Section C-Cognitive Patterns, a Brief Interview for Mental Status (BIMS) scored a <b>EX Order</b> which indicated that the resident was <b>EX Order 26.4B1</b>.</p> <p>Review of Section K <b>EX Order 26.4B1</b>/Nutrition of the Admission MDS, dated <b>EX Order 26.4B1</b> documented the Resident #24 has a <b>EX Order 26.4B1</b>.</p> <p>Review of the November 2023 ePO, revealed an order with a start date of <b>EX Order 26.4B1</b> for <b>EX Order 26.4B1</b> <b>EX Order 26.4B1</b> time a day for monitoring <b>EX Order 26.4B1</b> x 16 hours; up at <b>EX Order 26.4B1</b> and down <b>EX Order 26.4B1</b> This would calculate to a total volume of <b>EX Order 26.4B1</b> for the day.</p> <p>Review of the documentation on the November electronic eMAR from <b>NJ Exec. Order 26:4.b.1</b>, revealed that 9 out of 17 days, Resident #24 did not receive the total volume of <b>EX Order 26.4B1</b> ordered by the physician. The total calculations of the shifts for each day presented that Resident #24 received less than the total volume ordered.</p> <p>Review of Resident #24's <b>EX Order 26.4B1</b> history did not</p>	F 693	<p>this time. These changes will be discussed with the physician for order changes and any further recommendations. Care plans will be reviewed and updated to reflect any changes that are made at that time.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes? Monitoring of corrective actions to ensure compliance will include the following:</p> <p>a. The Director of Nursing or Designee along with the dietician will conduct audits of 100% of the feeding tube orders, and I&amp;O to ensure that they are accurate and followed as per order. Audits will be conducted weekly for one month, then monthly for three months. The goal is 100% compliance. The Director of Nursing or designee will report findings to the Quarterly Quality Assurance Performance Improvement Committee (QAPI). Any episodes of non-compliance will require re-education and disciplinary measures as appropriate for further episodes.</p> <p>b. Any significant changes regarding weights or orders will be reviewed and discussed in real time, nurse to nurse, shift to shift and reported to Director of Nursing in real time to ensure all necessary needs are met.</p> <p>c. New admissions will have weekly audits for 3 months of the total volume infused orders and processes for</p>		

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F 693	<p>Continued From page 6</p> <p>present any <b>EX Order 26.4B1</b></p> <p>2. On 11/15/23 at 10:14 AM. the surveyor observed Resident #2 in bed with eyes closed. The surveyor noted Resident #2 was in the process of receiving their <b>EX Order 26.4B1</b> of <b>EX Order 26.4B1</b> running at <b>EX Order 26.4B1</b> ml/hr. (set on the pump). The surveyor reviewed the <b>EX Order 26.4B1</b> eMAR for Resident #2 and found the following:</p> <p>Review of the AR for Resident #2 was admitted to the facility on <b>EX Order 26.4B1</b> with diagnoses that included <b>EX Order 26.4B1</b></p> <p><b>EX Order 26.4B1</b></p> <p>Review of Resident #2's Quarterly MDS dated <b>EX Order 26.4B1</b> revealed that Section C-Cognitive Patterns <b>EX Order 26.4B1</b> be completed as Resident #2 <b>EX Order 26.4B1</b> respond to any of the questions. Resident #2 was documented as having a <b>EX Order 26.4B1</b>.</p> <p>Review of section K Swallowing/Nutrition of the Quarterly MDS, dated <b>EX Order 26.4B1</b> documented that Resident #2 has a <b>EX Order 26.4B1</b>.</p> <p>Review of the November 2023 ePO revealed an order for <b>EX Order 26.4B1</b>/hr. x <b>EX Order 26.4B1</b> hrs. or until Total Volume infused = <b>EX Order 26.4B1</b> with a start date of <b>EX Order 26.4B1</b> and a revision date of <b>EX Order 26.4B1</b>. Total volume to be administered of <b>EX Order 26.4B1</b> ml for the day.</p> <p>Review of the <b>EX Order 26.4B1</b> eMAR, documented from <b>EX Order 26.4B1</b> to <b>EX Order 26.4B1</b> revealed that <b>EX Order 26.4B1</b> of <b>EX Order 26.4B1</b> days, Resident #2 did not receive the total volume of <b>EX Order 26.4B1</b> ordered by the physician. The calculations of each day</p>	F 693	<p>accuracy and that nutritional needs are met.</p> <p>d. Mandatory in services for all nurses for all shifts as well as dieticians will be completed by 12/29/2023. Yearly competencies will be conducted to check;</p> <p>1. Skill Sets: Inputting total volume and water flushes accurately based on the MD order</p> <p>2. Physician orders for tube feedings as transcribed:</p> <ul style="list-style-type: none"> <li>* Start time</li> <li>* The Rate</li> <li>* Total Volume Infused</li> </ul>		

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F 693	<p>Continued From page 7</p> <p>presented that each day Resident #2 received less than the total volume ordered.</p> <p>Review of Resident #2's <sup>EX Order 26.4B1</sup> history did not present any <sup>EX Order 26.4B1</sup>.</p> <p>3. On 11/15/23 at 10:25 AM, the surveyor observed Resident #19 in bed with eyes closed. The surveyor noted that Resident #19 was in the process of receiving their feed of <sup>EX Order 26.4B1</sup> running at <sup>EX Order 26.4B1</sup>/hr. (<sup>EX Order 26.4B1</sup>).</p> <p>The surveyor reviewed the electronic medical record for Resident #19 and found the following:</p> <p>Review of the AR for Resident #19 was admitted to the facility on <sup>EX Order 26.4B1</sup> with diagnoses that included but were not limited to <sup>EX Order 26.4B1</sup> <sup>EX Order 26.4B1</sup> <sup>EX Order 26.4B1</sup>.</p> <p>Review of Resident #19's Quarterly MDS, dated <sup>EX Order 26.4B1</sup> revealed that Section C-Cognitive Patterns <sup>NJ Exec. Order 26:4.b.1</sup> completed as Resident #19 <sup>NJ Exec. Order 26:4.b.1</sup> to any of the questions. Resident #19 was documented as having a <sup>EX Order 26.4B1</sup>.</p> <p>Review of section K Swallowing/Nutrition of the Quarterly MDS, dated <sup>EX Order 26.4B1</sup> documented that Resident #19 has a <sup>EX Order 26.4B1</sup>.</p> <p>Review of the <sup>EX Order 26.4B1</sup> ePO revealed an order for <sup>EX Order 26.4B1</sup> infused at <sup>EX Order 26.4B1</sup> ml/hr. with a start date of <sup>EX Order 26.4B1</sup>. This would compute a total volume to be administered of <sup>EX Order 26.4B1</sup> ml for the day.</p> <p>Review of the <sup>EX Order 26.4B1</sup> eMAR,</p>	F 693			



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</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 693	<p>Continued From page 8</p> <p>documented from [REDACTED] to [REDACTED] revealed that [REDACTED] of [REDACTED] days, Resident #19 did not receive the total volume of [REDACTED] ordered by the physician. The calculations of each day presented that each day Resident #19 received less than the total volume ordered.</p> <p>Review of Resident #19's [REDACTED] history did not present any [REDACTED].</p> <p>4. On 11/16/23 at 1:16 PM, the surveyor observed Resident #5 in bed with eyes closed. The surveyor noted that Resident #5 was in the process of receiving their [REDACTED] of [REDACTED] at a rate of [REDACTED] via [REDACTED].</p> <p>On 11/20/23 at 10:22 AM, the surveyor observed Resident #5 in bed with eyes closed. The surveyor noted that Resident #5 was in the process of receiving their [REDACTED] of [REDACTED] running at [REDACTED] (set on the pump). The surveyor reviewed the electronic medical record for Resident #5 and found the following:</p> <p>Review of the AR, Resident #5 was admitted to the facility with diagnoses that included but were not limited to [REDACTED]</p> <p>[REDACTED]</p> <p>Review of Resident #5's Quarterly MDS, dated 11/5/23 revealed that Section C-Cognitive Patterns [REDACTED] be completed as Resident #5</p>	F 693			

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NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</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 693	<p>Continued From page 9</p> <p><small>(NJ Exec Order 26.4.b.1)</small> respond to any of the questions. Resident #5 was documented as having a <b>EX Order 26.4B1</b>.</p> <p>Review of section K Swallowing/Nutrition of the Quarterly MDS, dated <b>EX Order 26.4B1</b> documented that Resident #5 has a <b>EX Order 26.4B1</b>.</p> <p>Review of the <b>EX Order 26.4B1</b> ePO revealed an order for <b>EX Order 26.4B1</b> with a start date <b>EX Order 26.4B1</b> and a revision date of <b>EX Order 26.4B1</b>. This would compute a total volume to be administered of <b>EX Order 26.4B1</b> for the day.</p> <p>Review of the <b>EX Order 26.4B1</b> eMAR, documented from <b>EX Order 26.4B1</b> to <b>EX Order 26.4B1</b> revealed <b>EX Order 26.4B1</b> of <b>EX Order 26.4B1</b> days that Resident #5 did not receive the total volume of <b>EX Order 26.4B1</b> ordered by the physician. The calculations of each day presented that each day Resident #5 received less than the total volume ordered.</p> <p>Review of Resident #5's <b>EX Order 26.4B1</b> history did not present any <b>EX Order 26.4B1</b>.</p> <p>5. On 11/16/23 at 1:41 PM, the surveyor observed Resident #7 in bed trying to communicate. The surveyor was able to have a conversation with Resident #7, with Resident #7 mouthing words. Resident #7 was in the process of receiving their feed of <b>EX Order 26.4B1</b> a rate <b>EX Order 26.4B1</b> <b>EX Order 26.4B1</b> via <b>EX Order 26.4B1</b>.</p> <p>On 11/20/23 at 10:25 AM, the surveyor observed Resident #7 in bed with eyes closed. The surveyor noted that Resident #7 was in the process of receiving their <b>EX Order 26.4B1</b> running at <b>EX Order 26.4B1</b>).</p>	F 693			

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NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</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 693	<p>Continued From page 10</p> <p>The surveyor reviewed the electronic medical record for Resident #7 and found the following:</p> <p>Review of the AR for Resident #7 was admitted to the facility with diagnoses that included but were not limited to <b>EX Order 26.4B1</b></p> <p>Review of Resident #7's Quarterly MDS, dated 11/20/23 revealed that Section C-Cognitive Patterns BIMS was <b>EX Order 26.4B1</b> out of <b>EX Order 26.4B1</b> Resident #7 was documented as having <b>EX Order 26.4B1</b>.</p> <p>Review of section K Swallowing/Nutrition of the Quarterly MDS, dated <b>EX Order 26.4B1</b> documented that Resident #7 has a <b>EX Order 26.4B1</b>.</p> <p>Review of the November 2023 ePO revealed an order for <b>EX Order 26.4B1</b> with a start date of <b>EX Order 26.4B1</b>. This would compute a total volume to be administered of <b>EX Order 26.4B1</b> for the day.</p> <p>Review of the <b>EX Order 26.4B1</b> eMAR, documented from <b>EX Order 26.4B1</b> to <b>EX Order 26.4B1</b> revealed that <b>EX Order 26.4B1</b> of <b>EX Order 26.4B1</b> days Resident #7 did not receive the total volume of <b>EX Order 26.4B1</b> ordered by the physician. The calculations of the <b>EX Order 26.4B1</b> days presented that on each of those days Resident #7 received less than the total volume ordered.</p> <p>Review of Resident #7's <b>EX Order 26.4B1</b> history did not present any <b>EX Order 26.4B1</b>.</p> <p>6. On 11/16/23 at 1:45 PM, the surveyor observed Resident #13 in bed with eyes closed</p>	F 693			

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NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</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 693	<p>Continued From page 11</p> <p>and music playing in the room. The surveyor noted that Resident #13 was in the process of receiving their feed of <b>EX Order 26.4B1</b> at a rate of <b>EX Order 26.4B1</b> via <b>EX Order 26.4B1</b>.</p> <p>On 11/20/23 at 10:13 AM, the surveyor observed Resident #13 in bed with eyes closed. The surveyor noted that Resident #13 was in the process of receiving their <b>EX Order 26.4B1-4B1</b> running at <b>EX Order 26.4B1</b>.</p> <p>The surveyor reviewed the electronic medical record for Resident #5 and found the following:</p> <p>Review of the AR, Resident #13 was admitted to the facility with diagnoses that included but were not limited to <b>EX Order 26.4B1</b></p> <p><b>EX Order 26.4B1</b></p> <p>Review of Resident #5's Quarterly MDS, dated <b>EX Order 26.4B1</b> revealed that Section C-Cognitive Patterns <b>EX Order 26.4B1</b> be completed as Resident #13 <b>EX Order 26.4B1</b> to any of the questions. Resident #13 was documented as having a <b>EX Order 26.4B1</b>.</p> <p>Review of section K Swallowing/Nutrition of the Quarterly MDS, dated <b>EX Order 26.4B1</b> documented that Resident #13 has a <b>EX Order 26.4B1</b>.</p> <p>Review of the <b>EX Order 26.4B1</b> electronic physician orders revealed an order for <b>EX Order 26.4B1</b> <b>EX Order 26.4B1</b> for a total of <b>EX Order 26.4B1</b> hrs. with a start date of <b>EX Order 26.4B1</b>. This would compute a total volume to be administered of <b>EX Order 26.4B1</b> the day.</p>	F 693			



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NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</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 693	<p>Continued From page 12</p> <p>Review of the <b>EX Order 26.4B1</b> eMAR, documented from <b>EX Order 26.4B1</b> to <b>EX Order 26.4B1</b> revealed that <b>EX Order 26.4B1</b> of <b>EX Order 26.4B1</b> ordered by the physician. The calculations of each day presented that each day Resident #13 received less than the total volume ordered.</p> <p>Review of Resident #13's <b>EX Order 26.4B1</b> history did not present any <b>EX Order 26.4B1</b>.</p> <p>7. On 11/15/23 at 10:32 AM, the surveyor observed Resident #16 in bed with eyes open wearing <b>EX Order 26.4B1</b>. The surveyor further observed that the resident had a <b>EX Order 26.4B1</b>.</p> <p><b>EX Order 26.4B1</b>. The surveyor also observed that Resident #16 was in the process of receiving their <b>EX Order 26.4B1</b> at a rate of <b>EX Order 26.4B1</b> via <b>EX Order 26.4B1</b>.</p> <p>On 11/16/23 at 10:20 AM, the surveyor observed Resident #16 in bed with eyes closed. The surveyor further noted that Resident #16 was in the process of receiving <b>EX Order 26.4B1</b> of <b>EX Order 26.4B1</b> at a rate of <b>EX Order 26.4B1</b> via a <b>EX Order 26.4B1</b>.</p> <p>The surveyor reviewed the electronic medical record for Resident #16 which revealed the following:</p> <p>Review of the AR, Resident #16 was admitted to the facility with diagnoses that included but were not limited to <b>EX Order 26.4B1</b>.</p>	F 693			

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NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</b>		
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F 693	<p>Continued From page 13</p> <p>A review of the Quarterly Minimum Data Set (Q/MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] reflected that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15 indicating that the resident was [REDACTED].</p> <p>Further review of the Q/MDS under section K-Swallowing/Nutritional Status, dated [REDACTED], documented that Resident #16 has a [REDACTED].</p> <p>Review of the [REDACTED] electronic physician orders (ePO) revealed an order for [REDACTED] to be infused at [REDACTED] with a start date of [REDACTED]. This would compute a total volume to be administered of [REDACTED] ml for the day.</p> <p>Review of the November 2023 eMAR, documented from [REDACTED] revealed that 13 of 20 days Resident #16 did not receive the total volume of [REDACTED] ordered by the physician. The calculations of each day presented that each day Resident #16 received less than the total volume ordered.</p> <p>Review of Resident #16's [REDACTED] history did not present any [REDACTED].</p> <p>8. On 11/15/23 at 10:40 AM, the surveyor observed Resident #1 in bed with eyes closed. The surveyor further observed that the resident had a [REDACTED] in place. The surveyor also observed that Resident #1 was in the process of receiving [REDACTED] at a rate of [REDACTED] via [REDACTED]. The resident</p>	F 693			

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NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</b>		
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F 693	<p>Continued From page 14</p> <p>was <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On 11/16/23 at 10:45 AM, the surveyor observed Resident #1 in bed with eyes closed. The surveyor also observed that Resident #1 was in the process of receiving their feed of <b>EX Order 26.4B1</b> at a <b>EX Order 26.4B1</b> via <b>EX Order 26.4B1</b>.</p> <p>The surveyor reviewed the electronic medical record for Resident #1 and found the following:</p> <p>Review of the AR for Resident #1 was admitted to the facility with diagnoses that included but were not limited to <b>EX Order 26.4B1</b>.</p> <p>Review of Resident #1's Q/MDS, dated <b>EX Order 26.4B1</b> revealed that Section C-Cognitive Patterns BIMS <b>NJ Exec. Order 26:4.b.1</b> due to resident being in a <b>EX Order 26.4B1</b>.</p> <p>Review of section K Swallowing/Nutrition of the Q/MDS, dated <b>EX Order 26.4B1</b> documented that Resident #1 has <b>EX Order 26.4B1</b>.</p> <p>Review of the <b>EX Order 26.4B1</b> ePO revealed an order for <b>EX Order 26.4B1</b> to be infused at <b>EX Order 26.4B1</b> with a start date of <b>EX Order 26.4B1</b>. This would compute a total volume to be administered of <b>EX Order 26.4B1</b> for the day.</p> <p>Review of the <b>EX Order 26.4B1</b> eMAR, documented from <b>EX Order 26.4B1</b> to <b>EX Order 26.4B1</b> revealed that <b>EX Order 26.4B1</b> of <b>EX Order 26.4B1</b> days Resident #1 did not receive the total volume of <b>NJ Exec. Order 26:4.b.1</b> ordered by the physician. The calculations of the <b>EX Order 26.4B1</b> days presented that on each of those days Resident #1 received less than the total volume ordered.</p>	F 693			

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F 693	<p>Continued From page 15</p> <p>Review of Resident #1's <sup>EX Order 26.4B1</sup> history did not present any <sup>EX Order 26.4B1</sup></p> <p>9. On 11/15/23 at 10:45 AM, the surveyor observed Resident #9 in bed, awake and was watching TV. The surveyor further observed that the resident had a <sup>EX Order 26.4B1</sup> in place. The surveyor also observed that Resident #9 was in the process of receiving <sup>EX Order 26.4B1</sup> <sup>EX Order 26.4B1</sup>/hr. via <sup>EX Order 26.4B1</sup>. The resident was alert and communicated to the surveyor <sup>NY Exec. Order 26.4.b.1</sup>.</p> <p>On 11/16/23 at 10:35 AM, the surveyor observed Resident #9 in bed alert and awake. The surveyor also observed that Resident #9 was in the process of receiving their <sup>NY Exec. Order 26.4B1</sup> of <sup>EX Order 26.4B1</sup> <sup>EX Order 26.4B1</sup> via <sup>EX Order 26.4B1</sup>.</p> <p>The surveyor reviewed the electronic medical record for Resident #9 and found the following:</p> <p>Review of the AR for Resident #9 was admitted to the facility with diagnoses that included but were not limited to <sup>EX Order 26.4B1</sup></p> <p>A review of the Q/MDS, an assessment tool used to facilitate the management of care, dated <sup>EX Order 26.4B1</sup> reflected that the resident had a BIMS score of <sup>EX Order 26.4B1</sup> out of 15 indicating that the resident had <sup>EX Order 26.4B1</sup>.</p> <p>Review of section K Swallowing/Nutrition of the</p>	F 693			



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NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</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 693	<p>Continued From page 16</p> <p>Q/MDS, dated <b>EX Order 26.4B1</b> documented that Resident #9 had a <b>EX Order 26.4B1</b></p> <p>Review of the <b>EX Order 26.4B1</b> ePO revealed an order for <b>EX Order 26.4B1</b> to be infused at <b>EX Order 26.4B1</b> with a start date of <b>EX Order 26.4B1</b> and had a discontinued date of <b>EX Order 26.4B1</b>. This would compute a total volume to be administered of <b>EX Order 26.4B1</b> for the day. There was another ePO for <b>EX Order 26.4B1</b> to be infused at <b>EX Order 26.4B1</b> with a start date of <b>EX Order 26.4B1</b>. This would compute a total volume to be administered of <b>EX Order 26.4B1</b> for the day.</p> <p>Review of the <b>EX Order 26.4B1</b> eMAR, documented from <b>EX Order 26.4B1</b> to <b>EX Order 26.4B1</b> revealed that <b>EX Order 26.4B1</b> of <b>EX Order 26.4B1</b> days Resident #9 did not receive the total volume of <b>EX Order 26.4B1</b> ordered by the physician. The calculations of the <b>EX Order 26.4B1</b> days presented that on each of those days Resident #9 received less than the total volume ordered.</p> <p>Review of Resident #9's <b>EX Order 26.4B1</b> history did not present any <b>EX Order 26.4B1</b></p> <p>10. On 11/16/23 at 9:34 AM, the surveyor observed Resident #12 lying in bed with eyes closed and the head of bed elevated. The resident was receiving <b>EX Order 26.4B1</b> <b>EX Order 26.4B1</b> <b>EX Order 26.4B1</b> which was running at <b>EX Order 26.4B1</b> on the <b>EX Order 26.4B1</b>.</p> <p>A review of the electronic medical record of Resident #12 revealed the following:</p> <p>According to the AR, Resident #12 was admitted with diagnoses that included but were not limited</p>	F 693			

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

PRINTED: 04/11/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</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 693	<p>Continued From page 17 to, <b>EX Order 26.4B1</b></p> <p>[REDACTED]</p> <p>An Annual Minimum Data Set (MDS) assessment, a tool used to facilitate management of care, dated <b>EX Order 26.4B1</b>, indicated in Section B, Resident #12 was in a <b>EX Order 26.4B1</b> <b>EX Order 26.4B1</b> <b>EX Order 26.4B1</b> ". In Section K, Resident #12 was coded as receiving <b>EX Order 26.4B1</b> <b>EX Order 26.4B1</b> while a resident.</p> <p>A physician's order dated <b>EX Order 26.4B1</b> read: <b>EX Order 26.4B1</b> times a day for <b>EX Order 26.4B1</b> : On <b>EX Order 26.4B1</b> <b>EX Order 26.4B1</b> Record Intake q shift. Flush <b>EX Order 26.4B1</b> <b>EX Order 26.4B1</b> " <b>EX Order 26.4B1</b> .</p> <p>According to the order the resident was to receive a total volume of <b>EX Order 26.4B1</b> ml daily.</p> <p>A review of the <b>EX Order 26.4B1</b> eMAR from <b>EX Order 26.4B1</b> revealed for <b>EX Order 26.4B1</b> out of <b>EX Order 26.4B1</b> days Resident #12 did not receive the total volume of <b>EX Order 26.4B1</b> ordered by the physician. The calculations of each day presented that each day Resident #5 received less than the total volume ordered.</p> <p>A review of Resident #12's <b>EX Order 26.4B1</b> history did not present any significant <b>EX Order 26.4B1</b> <b>EX Order 26.4B1</b></p>	F 693			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</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 693	<p>Continued From page 18</p> <p>11. On 11/15/23 at 10:41 AM, the surveyor observed Resident #20 lying in bed with the head of bed elevated. Resident #20 was alert, <sup>NJ Exec. Order 26.4.b.3</sup> and able to communicate with <sup>NJ Exec. Order 26.4.b.3</sup>. The resident was receiving an <sup>EX Order 26.4B1</sup> on the <sup>EX Order 26.4B1</sup>.</p> <p>A review of the electronic medical record of Resident #20 revealed the following:</p> <p>According to the AR, Resident #20 was admitted with diagnoses that included but were not limited to, <sup>EX Order 26.4B1</sup>, <sup>EX Order 26.4B1</sup>, <sup>EX Order 26.4B1</sup>, <sup>EX Order 26.4B1</sup>, <sup>EX Order 26.4B1</sup>.</p> <p>A QMDS assessment, dated <sup>EX Order 26.4B1</sup>, indicated the facility assessed the resident's cognition using a Brief Interview Mental Status (BIMS) test. Resident #20 scored a <sup>EX Order 26.4B1</sup> out of 15, which indicated the resident was <sup>EX Order 26.4B1</sup>.</p> <p>In Section K, Resident #20 was documented as receiving <sup>NJ Exec. Order 26.4.b.3</sup> through a <sup>EX Order 26.4B1</sup> while a resident.</p> <p>A physician's order dated <sup>EX Order 26.4B1</sup> read: <sup>EX Order 26.4B1</sup> <sup>EX Order 26.4B1</sup> Increase rate of <sup>EX Order 26.4B1</sup> to new goal of <sup>EX Order 26.4B1</sup>. Water flush of <sup>EX Order 26.4B1</sup>.</p> <p>According to the order the resident was to receive a total volume of <sup>EX Order 26.4B1</sup> ml daily.</p> <p>A review of the <sup>EX Order 26.4B1</sup> eMAR from <sup>EX Order 26.4B1</sup> to <sup>EX Order 26.4B1</sup> revealed that <sup>EX Order 26.4B1</sup> out of <sup>EX Order 26.4B1</sup>.</p>	F 693			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</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 693	<p>Continued From page 19</p> <p>days Resident #20 did not receive the total volume of [REDACTED] ordered by the physician. The calculations of each day presented that each day Resident #20 received less than the total volume ordered.</p> <p>A review of Resident #20's [REDACTED] history did not present any significant [REDACTED].</p> <p>12. On 11/15/23 at 10:15 AM, the surveyor observed Resident #21 lying in bed with the head of bed elevated. Resident #21 was alert, [REDACTED], and able to communicate with [REDACTED]. The resident was receiving an [REDACTED] which was [REDACTED] at [REDACTED] on the [REDACTED].</p> <p>A review of the electronic medical record of Resident #21 revealed the following:</p> <p>According to the Admission Record (an admission summary), Resident #21 was admitted with diagnoses that included but were not limited to, [REDACTED].</p> <p>A QMDS assessment, dated 10/15/23, indicated the facility assessed the resident's cognition using a Brief Interview Mental Status (BIMS) test. Resident #21 scored a [REDACTED] out of 15, which indicated the resident was [REDACTED].</p> <p>In Section K of the QMS, Resident #21 was coded as receiving [REDACTED] through a [REDACTED] while a resident.</p>	F 693			



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NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</b>		
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F 693	<p>Continued From page 20</p> <p>Review of the resident's ePO dated EX Order 26.4B1 read: "EX Order 26.4B1 ... EX Order 26.4B1 a day EX Order 26.4B1 for a total of EX Order 26.4B1 down a EX Order 26.4B1 and up a EX Order 26.4B1 down at EX Order 26.4B1 and up at EX Order 26.4B1. Continue EX Order 26.4B1". The EX Order 26.4B1 rate was not indicated in the order. This physician order was discontinued on EX Order 26.4B1.</p> <p>A physician's order dated EX Order 26.4B1 read: EX Order 26.4B1 EX Order 26.4B1 EX Order 26.4B1 a day for Monitoring EX Order 26.4B1 per day for a total of EX Order 26.4B1 down at EX Order 26.4B1 and up at EX Order 26.4B1; down at EX Order 26.4B1 and up at EX Order 26.4B1. Continue EX Order 26.4B1 water EX Order 26.4B1". The EX Order 26.4B1 rate was not indicated in the order.</p> <p>According to the physician's orders the resident was to receive a total volume of EX Order 26.4B1 daily.</p> <p>A review of the EX Order 26.4B1 eMAR from EX Order 26.4B1 revealed that EX Order 26.4B1 out of EX Order 26.4B1 days, Resident #21 did not receive the total volume of EX Order 26.4B1 ordered by the physician. The calculations of each day presented that each day Resident #21 received less than the total volume ordered.</p> <p>A review of Resident #21's EX Order 26.4B1 history did not present any significant EX Order 26.4B1.</p> <p>On 11/20/23 at 11:07 AM, the surveyor interviewed Registered Nurse #2 (RN #2) about the documentation of a resident's EX Order 26.4B1 EX Order 26.4B1. RN#2 stated the physician's order would be reviewed for the EX Order 26.4B1 and the total</p>	F 693			

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NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</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 693	<p>Continued From page 21</p> <p>volume that would be administered to the resident. RN#2 further explained at the end of the shift the <b>NJ Exec. Order 26:4.b.1</b> was checked for the total volume the resident received during the shift and would be documented in the resident's MAR. The total volume the resident received would be cleared on the machine for the next shift. RN #2 acknowledged it would be expected for the total volume ordered by the physician to be administered to the resident.</p> <p>The surveyor reviewed the facility provided policy titled "Feeding Tube Protocol, Care of the Patient", with a revised date of 11/2023. Under Protocol, B. Assessment/Monitoring it read: "1. Assess/monitor and document the following at least every 8 hrs. [hours] ...b. Monitor intake and output, including flushes ..." Under Documentation, it read: "1. Documentation: Type, rate, and amount of feeding/medication ...I &amp; O [Intake and Output] ..."</p> <p>NJAC 8:39-25.2(c)2; 27.1 (a)</p>	F 693			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NJ11402L</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</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) COMPLETE DATE
S 000	Initial Comments  The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey. This deficient practice was evidenced by the following.  Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.	S 560	1. How the corrective action will be accomplished for those residents found to be affected?  The Director of Nursing and Administrator reviewed all schedules and all shifts to determine and calculate shifts as well as hours worked to determine the necessary coverage on 11/17/2023 by the Director of Nursing and the Administrator.  2. How will the facility identify other residents having the potential to be affected by the same deficient practice? The facility recognizes that residents have the potential to be affected by the same	12/15/23

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

TITLE

(X6) DATE

Electronically Signed

12/08/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NJ11402L</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST DOVER, NJ 07801</b>		
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S 560	Continued From page 1  1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift	S 560	deficient practice. Therefore, the findings and corrective actions were shared by Director of Nursing and Administrator on 11/28/2023 with all staff.  3. What measures will be put in place or systematic changes made to ensure the deficient practice will not recur? " The schedule will be posted for all shifts for all nursing staff 4 weeks in advance to proactively fill positions. " Work with the nursing staff to fill positions with 8 and 12 hours shifts. " Continue to work with Human Resources to increase the per diem pool for all positions, all shifts to maintain a consistent level of nursing staff and regulatory ratios. " Collaboration with various training schools and community colleges as a center for continued schooling and education in certified nursing assistants.  4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes? " Schedule will be reviewed daily, and each shift reviewed by Director of Nursing and Administrator. " Maintain open communication with the Human Resources to continue to actively hire staff, continue to work with all new nursing staff. " Continue mentorship program for new hire to promote staff retention. " A monthly audit of all open positions,	



New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NJ11402L</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/27/2023</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 2</p> <p>begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the 2-week period beginning 10/29/23 and ending 11/11/23 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements for 2 of 14 evening shifts. The facility was deficient in CNA staffing for residents on 2 of 14 evening shifts, as follows:</p> <ul style="list-style-type: none"> <li>-11/06/23 had 2.5 CNAs to 5.5 total staff on the evening shift, required at least 3 CNAs.</li> <li>-11/10/23 had 2.5 CNAs to 5.5 total staff on the evening shift, required at least 3 CNAs.</li> </ul> <p>On 11/22/23 at 2:00 PM , the surveyor discussed the lack of required staff with the Director of Nursing and Licensed Nursing Home Administrator who could not provide any further information.</p>	S 560	<p>prospects, and new ways of hiring staff will be completed by the Director of Nursing and the Administrator. A review of the monthly audits will be reviewed quarterly at Quality Assurance Performance Improvement (QAPI).</p>	

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315019	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/19/2023	Y3
NAME OF FACILITY DWELLING PLACE AT ST CLARES			STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST BLACKWELL ST DOVER, NJ 07801		

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 F0658	Correction	ID Prefix F0693	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(g)(4)(5)	Completed	Reg. #	Completed
LSC	12/15/2023	LSC	12/13/2023	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 11/27/2023		<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 NJ11402L	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/19/2023
NAME OF FACILITY DWELLING PLACE AT ST CLARES	STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST BLACKWELL ST DOVER, NJ 07801	

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	12/15/2023	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 11/27/2023		<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			

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

PRINTED: 04/12/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST</b> <b>DOVER, NJ 07801</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 000	INITIAL COMMENTS  A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 11/27/23, 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 Occupancy  Dwelling Place @ St. Claires is a 3-stpry building that was built in 1960's, It is composed of Type II protected construction. The facility is divided into 5- smoke zones and occupies floor 3 (east-wing). The exterior 760 KW diesel generator does 100% of floor 3 (east) called "the Dwelling".	K 000			
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101  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 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	K 321		11/30/23	

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

TITLE

(X6) DATE

Electronically Signed

12/08/2023

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

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NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST</b> <b>DOVER, NJ 07801</b>		
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K 321	<p>Continued From page 1 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 and interview on 11/27/23, in the presence of the Director of Facilities (DOF) and Regional Plant Operations Director (RPOD), it was determined that the facility failed to ensure that fire-rated doors to hazardous areas were self-closing, labeled and 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.</p> <p>This deficient practice was identified for one (1) of one (1) hazardous storage areas on floor #3 east (the Dwelling) and was evidenced by the following:</p> <p>At 11:43 AM, the surveyor, DOF and RPOD observed that an unoccupied resident room #384 was filled with combustible cardboard boxes. The room was greater than 50 square feet in size and required an auto-close device installed on the</p>	K 321	<p>1) How the corrective action will be accomplished for those residents found to be affected by the deficient practice? The Director of Facilities and RPOD reviewed the unoccupied room that did not have an auto-close device. The DOF completed what was needed and an auto-close device was immediately installed. The Managers of Facilities and Emergency Preparedness immediately recognized the importance of correcting the deficiency. An electronic work order was filed November 27, 2023, at 12:22pm. The automatic closer was installed on November 30, 2023, and the work order was marked complete at 12:53pm.</p> <p>2) How will the facility identify other residents having the potential to be affected by the same deficient practice?</p>		



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NAME OF PROVIDER OR SUPPLIER  <b>DWELLING PLACE AT ST CLARES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST BLACKWELL ST</b> <b>DOVER, NJ 07801</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	Continued From page 2 door.  The DOF and RPOD both confirmed the finding, during the observations.  The Administrator was informed of the findings at the Life Safety Code Exit Conference on 11/27/23.  NJAC 8:39-31.2(e)	K 321	<p>The facility recognizes that residents have the potential to be affected by the same deficient practice. Therefore, the findings and the corrective actions will be shared by the Administrator and Managers of Facilities and Emergency Preparedness to all staff to ensure full compliance.</p> <p>3) What measures will be put in place or systematic changes made to ensure the deficient practice will not recur?</p> <p>The Manger of Facilities shall designate a member of the Facilities Team to conduct additional safety rounds with the Emergency Preparedness Manager and the Administrator of The Dwelling Place to ensure that there have been no changes to spaces within the unit that need modification to door closures and contents do not exceed the rating for the space.</p> <p>4) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e, what program will be put into place to monitor the continued effectiveness of the systemic changes?</p> <p>An electronic work order can be generated to document the rounding. Audits will be conducted weekly for one month, then monthly for three months and then quarterly thereafter to the administrator. All audits will then be presented to the QAPI team on a quarterly basis. The goal is 100%</p>		

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K 321	Continued From page 3	K 321	compliance		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315019	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT 12/19/2023
NAME OF FACILITY DWELLING PLACE AT ST CLARES	STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST BLACKWELL ST DOVER, NJ 07801	

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. # _____	Completed _____	Reg. # _____	Completed _____
LSC K0321	11/30/2023	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 11/27/2023		<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			