STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315528	A. BUILDING _____ B. WING _____	C 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NURSING, THE	**1151 WEST MAIN STREET FREEHOLD, NJ 07728**

(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 # F658 D, NJ 00160939, NJ00163077, NJ 00156208, NJ 00160421, NJ 00157197 Standard Survey (5/2/23) Census (137) Sample Size (35) A Recertification Survey was Conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Complaint investigations were also completed during this survey. Deficiencies were cited for this survey.	F 000		
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information	F 585		5/10/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/18/2023

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 585	Continued From page 1 on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;	F 585		

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F 585	Continued From page 2 (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to resolve a resident's grievance recorded in the Resident Council Minutes in a timely manner for one (1) of	F 585	1. On 4/27/23 Resident #82 was interviewed and clarified that the that the caregiver mentioned was nice and just looked tired. Resident was advised that	

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F 585	Continued From page 3 six (6) residents (Resident #82) who attended the Resident Council meeting. The deficient practice was evidenced by the following: The surveyor reviewed the Resident Council Minutes dated 3/30/23 at 2:36 PM that was facilitated by the [redacted]. The minutes revealed under the category of "Nursing" that Resident #82 had expressed "buzzed during the 11-7 shift because he/she was having trouble breathing. No one responded to his/her call bell until 40 minutes and then the aid had an attitude with him/her. '[redacted]." The call should take precedence. There was only one nurse on. Need for more staff." On 4/20/23 at 11:05 AM, during the Resident Council meeting, the surveyor asked the group of six (6) residents in attendance, if the Grievance Official responded to concerns and six (6) of six (6) residents agreed that concerns were addressed and six (6) of six (6) knew how to file a grievance. During the Resident Council meeting, two (2) of six (6) residents, which included Resident #82, expressed that they did not feel the staff came when called in a timely manner. The two (2) residents provided no specific information regarding the statement. Resident #82 stated that the facility was aware of his/her issue but had not heard anything further about it. On 4/20/23 at 1:08 PM, the surveyor interviewed Resident #82 in their room. The resident stated that he/she does not feel that the staff responds in a timely manner during the 11 PM to 7 AM shift.	F 585	identified care giver was reassigned, guest service number (monitored 24/7) was provided and reviewed for any future care concerns/call bell response issues for immediate response. Resident was agreeable to resolution. 2.An audit was completed on the last 6 months of resident council minutes to determine if any unresolved grievances were recorded in the minutes. No variances were identified. 3. The Activity director and activity staff were re-educated by the Administrator on the policy for grievance management including providing resident council minutes to the Administrator within 24 hours of the resident council meeting, the implementation of the “Response Form” and grievance resolution. 4. The Administrator/designee will audit the resident council minutes and follow up, monthly x4 months. The results of the audits will be submitted to the facility Administrator and QAPI committee monthly for one quarter for further review and recommendations as needed. Further audit frequency will be determined based on audit findings.	

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The resident explained that a timely manner would be less than 40 minutes because he/she had a NJ Exec Order 26.4b1 and was concerned that if he/she had had a NJ Exec Order 26.4b1 then 40 minutes was too long to wait. The resident added that NJ Exec O had told staff about his/her concern. The resident then stated that he/she could not remember the specifics, such as which day this had occurred or exactly what he/she had said to the staff, but was still concerned because he/she had not heard anything back about it. The resident then stated that he/she had not felt the staff had an attitude and just felt that it took too long for someone to answer the call bell.

The surveyor reviewed the medical record for Resident #82.

A review of the Admission Record (or face sheet-an admission summary) reflected that the resident had diagnoses which included NJ Exec Order 26.4b [redacted].

A review of the annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 3 reflected that the resident had a brief interview for mental status (BIMS) score of NJ Exec Order 26.4b1 indicating the resident had an U.S. FOIA (b)(6)

On 4/27/23 at 9:20 AM, the surveyor interviewed the U.S. FOIA (b)(6) who stated that there were no grievance reports in the last NJ Exec Orde NJ Exec Order 26.4b1 for Resident #82.

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F 585	Continued From page 5 On 4/27/23 at 1:50 PM, the survey team met with the facility administrative team. The [U.S. FOIA (b)] stated that she was unaware of any issues with Resident #82. The [U.S. FOIA (b)(6)] stated that if there was a grievance voiced at a Resident Council meeting then he would look into the concern and bring back a resolution to the resident that had voiced the grievance. The [U.S. FOIA (b)(6)] could not speak to why Resident #82's grievance that was voiced at the [NJ Exec Order 26] Resident Council meeting and documented in the minutes was not acted upon. On 4/28/23 at 1:18 PM, the survey team met with the facility administrative team. The [U.S. FOIA (b)(6)] stated that a Grievance Report was completed [NJ Exec Order 26] for Resident #82. The [U.S. FOIA (b)(6)] added that usually a member of the Activities Department was at the Resident Council meeting to facilitate the meeting and a grievance was not initiated after the [NJ Exec Order 26] meeting for Resident #82. The [U.S. FOIA (b)(6)] added that the [U.S. FOIA (b)(6)] had not had Resident #82's statement in [NJ Exec] own written notes and could not remember if the [US FOIA (b)(6)] had completed the typed minutes. The [U.S. FOIA (b)(6)] stated that the facility was adjusting the process when concerns were voiced at the Resident Council meeting. A review of the undated facility policy for "Grievances/Complaints, Filing" provided by the DON reflected that "The [US FOIA (b)(6)] and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative." In addition, "All grievances, complaints or recommendations stemming from resident or family groups concerning issues of	F 585		

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F 585	Continued From page 6 resident care in the facility will be considered. Actions on such issues will be responded to in writing, including a rationale for the response." Also, "The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed (verbally and in writing) of the findings of the investigation and the actions that will be taken to correct any identified problems. NJAC 8:39-13.2 (c)	F 585		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §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: Complaint #NJ00160939 Based on observation, interview, and record review, it was determined that the facility failed to observe two residents take medication or assess them for NJ Exec Order 26.4b1 of medication. This was found with 2 of 25 residents reviewed, Resident # 16 and Resident # 17 . Reference: New Jersey Statues, Annotated Title 45, Chapter. Nursing Board The Nurse Practice Act for the State of New Jersey states; "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or	F 658	1. On 5/1/23 Resident #16 and Resident #17 were re-educated on the policy for medications administered by the nurse and the residents right to self-administer medications after assessment, both residents declined. The LPN administering the medications on 4/17/23 and 4/26/23 was re-educated on the medication administration and resident self-administration of medication policy. 2. An audit was completed on all residents receiving Lactaid and MOM. Residents identified were offered self-administration evals which were declined. No other	5/10/23

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F 658	Continued From page 7 restorative of life and well being, and executing a medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." 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 with in 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." The deficient practice was evidenced by the following: 1. On 4/17/23 at 11:33 AM, the surveyor observed Resident # 16 in their room sitting in a wheelchair with an over bed table in front of them, there was a white liquid medicine in a clear plastic medicine cup. It was a NJ Exec Order 26.4b1 that was full. The resident said "the nurse put it there when she gave me medicine this morning, it's to NJ Exec Order 26.4b1 I'll take it soon." The surveyor checked about an hour later and the cup was empty and sitting on the table. The resident said they had taken it. On 4/18/23 at 10:00 AM, the surveyor reviewed the residents record which revealed the following: An admission record with diagnoses which included NJ Exec Order 26.4b1	F 658	variances were noted. 3. Licensed nursing staff were re-educated by the Director of Nursing on the policy related to self-medication administration, assessment and physician's order. Additional re-education was completed on the general medication administration policy, inclusive of observing consumption of medications. 4. The Unit Manager/designee will audit 3 residents on Lactaid and/or MOM (or all if the number is less than 3) weekly x4 weeks, then monthly x2 months. The results of the audit will be submitted to the facility Administrator and QAPI Committee monthly for 3 months for further review and recommendations as needed. Further audit frequency will be determined based on audit findings.	

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F 658	Continued From page 8	F 658		

NJ Exec Order 26.4b1

A Physician's Order Sheet with an order that read NJ Exec Order 26.4b1) Give NJ Exec Order 26.4b1 The order date was NJ Exec Order 2.

A Medication Administration Record which included a physician's order that read 'NJ Exec Order 2 Give NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 Daily IF NO NJ Exec FOR NJ Exec Order 26.4b -Start date- NJ Exec Order 2." There was no initial under the U.S. FOIA (b)(6) date that would account for the resident being administered the NJ Exec Order 26.4b1

An Annual Minimum Data Set (MDS) Assessment dated NJ Exec Order 26. The resident scored a NJ Exec Order 26.4b1 when the Brief Interview for Mental Status was done. This indicated the resident was NJ Exec Order 26.4b1

There was no assessment seen in the chart that would have evaluated the resident to be able to NJ Exec Order 26.4b1 medication.

2. On 4/26/23 at 11:28 AM, the surveyor observed a U.S. FOIA (b)(6) take medication out of the medication cart, put three pills in a medicine cup and give the medicine cup to Resident # 17. The resident then put the medicine cup with the three pills in it on the seat of their NJ Exec Order 2 and go into their room with it.

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F 658	Continued From page 9 While walking away the resident stated "I'll take it when I eat." The U.S. FOIA walked in the opposite direction into another residents room. On 4/26/23 at 11:40 AM, the surveyor observed Resident # 17 in their bed in their room. The medication cup was on the overbed table with three pills in it. The surveyor asked the resident about the medication. The resident said it was NJ Exec Order 26 pills to take with lunch because they were having quiche with cheese and needed to take the NJ Exec Order 26.4b1. On 4/26/23 at 11:46 AM, the surveyor spoke with the U.S. FOIA who gave the pills to Resident # 17. The surveyor asked about the pills he gave to the resident. The U.S. FOIA stated U.S. FOIA (b)(6), [the resident] takes it when lunch comes." Asked if the resident was assessed to NJ Exec Order 26.4b1 medication. The U.S. FOIA said "It's ok, [the resident] takes it before [the resident] eats. It's a PRN (take as needed)". On 4/26/23 at 12:30 PM, the surveyor reviewed the resident's medical record which revealed the following: An Admission Record with diagnoses which included; NJ Exec Order 26.4b1 A Physician's Order with an order that read NJ Exec Order 26.4b1) Give 3 tablets by mouth as needed for NJ Exec Order 26.4b1 TAKE AS NEEDED WITH MEALS	F 658		

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CONTAINING [NJ Exec Order 26.4b] MAY USE MEDS SUPPLIED BY FAMILY" The order date was [NJ Exec Order 26.4]. Under "Scheduling Details" for the order it read; "Administer by Clinician."

A Medication Administration Record with an order that read 'NJ Exec Order 26.4b1) Give 3 tablets by mouth as needed for [NJ Exec Order 26.4b] TAKE AS NEEDED WITH MEALS CONTAINING [NJ Exec Order 26.4] *MAY USE MEDS SUPPLIED BY FAMILY-Start date-[NJ Exec Order 26.4b] There was no nurses initial for that day to account for the nurse giving the medication to the resident.

A Quarterly MDS Assessment dated [NJ Exec Order 2]. The resident scored a [NJ Exec Order 26.4b1] when the Brief Interview for Mental Status (BIMS) was done. This indicated that the resident was [NJ Exec Order 26.4b1]

There was no assessment seen in the chart that would have evaluated the resident to be able to [NJ Exec Order 26.4b1] medication.

On 5/01/23 at 12:37 PM, the surveyor interviewed the NJ Exec Order 26.4b1 and asked what was the process was for residents to self administer medication. The [U.S. FOIA (b)(6)] stated "We do an assessment, the nurses or I, and we assess them to see if they can do it independently, read the labeling to see if they know why they are taking it. They would hold the medication in their room in a lock box that they have access to. We usually go over it with the US FOIA (b)(6), we look at their BIMS score to see if they are [NJ Exec O] and [NJ Exec Order 26.4b] We discuss it with the U.S. FOIA (b)(6) as well." The surveyor asked the [U.S. FOIA (b)(6)] if Resident # 16 and Resident # 17 had been assessed to [NJ Exec]

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F 658	Continued From page 11 NJ Exec Order 26.4b1 medication. The U.S. FOIA (b)(6) stated "No, they are not on my NJ Exec Order 26.4b1 list." On 5/01/23 at 1:12 PM, the surveyor spoke with the U.S. FOIA (b)(6) and two U.S. FOIA (b)(6) The surveyor made them aware of the concerns with Resident # 16 and Resident # 17 being given medication and the nurses not observing them take the medication. On 5/2/23 at 12 PM, the surveyor reviewed the facility's undated policy and procedure titled "Self Administration of Medications." Under "Policy" it read; "Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so."	F 658		
F 695 SS=D	NJAC 8:39-27.1 (a) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to administer NJ Exec Order 26 in accordance with physician's orders. This was found with Resident # 32, who was 1 of 2 residents reviewed for U.S. FOIA (b)(6)	F 695	1. On 4/27/23 Resident #32 was immediately evaluated, the residents' vital signs were within normal limits. Nurse practitioner was notified and no new orders were received.	5/10/23

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JEWISH HOME FOR REHABILITATION AND NURSING, THE	1151 WEST MAIN STREET FREEHOLD, NJ 07728

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F 695	Continued From page 12 U.S. FOIA (b) The deficient practice was evidenced by the following: On 4/17/23 at 12:16 PM, the surveyor observed the resident sitting in a recliner in their room. The resident was receiving NJ Exec Order 26.4b1 [redacted] that was connected to an NJ Exec Order 26.4b1 that was set between U.S. FOIA (b)(6) [redacted]). The NJ Exec Order 26.4b1 was on the opposite side of the bed from where the resident was sitting. The resident said they received NJ Exec Order 2[redacted]. On 4/24/23 at 11:35 AM, the surveyor observed the resident sitting in a recliner in their room. The resident was receiving NJ Exec Order 26.4b1 [redacted] that was connected to an U.S. FOIA (b)(6) [redacted] that was set between NJ Exec Order 26.4[redacted]. On 4/26/23 at 11:05 AM, the surveyor observed the resident sitting in a recliner in their room asleep with the television on. The resident was receiving NJ Exec Order 26.4b1 [redacted] that was connected to an NJ Exec Order 26.4b1 that was set between NJ Exec Order 26.4b1[redacted]. On 4/26/23 at 1:03 PM, the surveyor reviewed the resident's medical record which revealed the following: An admission record with diagnoses which included; NJ Exec Order 26.4b1 [redacted]	F 695	2. An audit was completed on all residents receiving oxygen. No additional variances were noted. 3. All licensed nursing staff were re-educated by the Director of Nursing regarding the policy on oxygen administration. 4. The Unit Manager/designee will audit 5 residents with physicians' orders for oxygen weekly x4 weeks, then monthly x2 months. The results of the audit will be reported to the Administrator and facility QAPI Committee monthly for 3 months for further review and recommendations as needed. Further audit frequency will be determined based on audit findings.	

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F 695	Continued From page 13 NJ Exec Order 26.4b1 . A physician's order sheet with a physician's order that read 'NJ Exec Order 26.4b1 . The date of the order was NJ Exec Order 26.4 with a start date of NJ Exec Order 26.4 . A medication administration record with an order that read NJ Exec Order 26.4b1 " This order was initialed by a nurse every day as being carried out in accordance with the physician's order. A Quarterly Minimum Data Set (MDS) Assessment dated NJ Exec Order 26 The MDS indicated that the resident scored a NJ Exec when the Brief Interview for Mental Status was done. This indicated the resident was NJ Exec Order 26.4b1 The MDS also indicated the resident was receiving NJ Exec Order 26.4b1 On 4/27/23 at 10:40 AM, the surveyor entered the room to check the NJ Exec Order 26.4b1 . The setting on the NJ Exec Order 26.4b1 On 4/27/23 at 10:44 AM, the surveyor asked the U.S. FOIA (b)(6) who was assigned to the resident to check the resident's NJ Exec Order 26 setting on the U.S. FOIA (b)(6) . The U.S. FO looked at the U.S. FOIA (b)(6) and confirmed that it was set between U.S. FOIA (b)(6) . The surveyor asked the U.S. FO what the physician's order for the NJ Exec Order 26.4b1 was. The U.S. FO said U.S. FOIA (b)(6) , the resident interjected, stating "it's supposed to be NJ Exec Order 26 but last night the nurse said she would NJ Exec Order 26.4b it because I felt NJ Exec Order 26.4b1 The U.S. FO then said she would	F 695		

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F 695	Continued From page 14 check the physician's order. The surveyor and the [redacted] went together and checked the order. The order read [redacted] Continuous every shift for [redacted], the order date was [redacted]. The RN stated "I will go back and put it down to [redacted]". The surveyor observed the [redacted] decrease the [redacted] The surveyor asked the [redacted] if she checked the [redacted] setting at any point during her shift. The [redacted] said she takes vitals in the morning, she saw that it was set to [redacted] and she thought it was supposed to be set at [redacted]. The surveyor asked the [redacted] if the nurses were permitted to change [redacted] settings, she said they could but they would need a physician's order if it was 4 liters or above. At that time the [redacted] arrived. The surveyor asked the [redacted] if the nurses could administer [redacted] without a physician's order or if they could change the [redacted] without a physician's order, she said no, you need a physician's order. On 4/27/23 at 11:40 AM, the surveyor spoke with the resident's assigned [redacted] and asked her if the resident changed the [redacted] setting, she said the resident could. I asked if she ever saw the resident change the setting. The [redacted] stated "no but sometimes [the resident] asks me to change the setting but I tell [the resident] I can't." The [redacted] then stated "No, I don't think [the resident] changes the setting." On 4/27/23 at 1:54 PM, the surveyor spoke with the [redacted]), and 2 [redacted] and made them aware of the concerns with the resident's [redacted] setting being	F 695		

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F 695	Continued From page 15 set at a rate different than what was ordered by the physician. They did not dispute the concerns for the remainder of the survey. On 5/2/23 at 10:00 AM ,the surveyor reviewed the facility's undated policy and procedure titled "Oxygen Administration." The "Purpose" read; "The purpose of this procedure is to provide guidelines for safe oxygen administration." Under "Procedure" it read; "Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration."	F 695		
F 755 SS=E	NJAC 8:39-27.1 (a) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all	F 755		5/10/23

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F 755	Continued From page 16 aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards to ensure, a) disposition (destruction) of NJ Exec Order 26.4b1 [redacted]; medications, that due to their high potential for [redacted] are tracked with detail) were accurately documented with a date of disposition and signed by two witnesses for Resident #40, #114, #125 and #428 as per facility policy, b) accurate reconciliation, acquisition, and dispensing of a [redacted] medication for Resident #125 who was out on leave/pass, identified in one (1)of nine (9) medication carts inspected, c) a system to account and reconcile for prompt identification of loss or potential [redacted] drug diversion stored within one of one of the electronic emergency (back-up) machine observed, d) shift to shift reconciliation of controlled substance medication was completed and discrepancies were immediately investigated upon identification, for 1 of 9 medication carts inspected, e) medication was removed from active inventory after being discontinued on 3/31/23, for 1 of 9 medication carts inspected, f) accurate [redacted] drug accountability for two (2)	F 755	1. Resident's #11, #19, #25, #40, #114, #125 and #428 presented with no concerns. Resident #283 is no longer a resident of the facility. 2. An audit was completed on all narcotic/controlled medications as well as corresponding documentation. No additional variances were noted. An audit was completed on all current resident medications for variances in labeling from the original pharmacy label. No additional variances were noted. All current residents who had a new physicians' order in the last 30 days was audited with no variances noted. Pharmacy immediately disabled the Controlled and House Stock resident selections from the emergency medication directory. All user access was evaluated and adjusted for permissions and discrepancy	

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F 755	Continued From page 17 of nine (9) medication carts inspected, and g) accurate transcription and administration of two (2) medications NJ Exec Order 26.4b1) according to physician's orders for one (1) of six (6) residents reviewed for medication management. Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." 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." Reference: Title 21 Chapter 2 Part 1306 Sec. 1306.06 Persons entitled to fill prescriptions. A prescription for a controlled substance may only be filled by a pharmacist, acting in the usual course of his professional practice and either registered individually or employed in a registered	F 755	resolution. 3. All licensed nurses were re-educated on the policies regarding the following: • Shift to shift counts and documentation. • Medication administration and documentation. • Controlled substance declining inventory documentation. • Receiving controlled drugs • Destruction of Fentanyl patches by two nurses and Medication Administration Record documentation. • Use of automated medication dispenser for new admissions/new orders and drug reconciliation. • Use of bound controlled substance book process and updates with order changes. • Reconciliation, acquisition, and dispensing of narcotic/controlled medication for resident leave of absence. • Process and notifications when drug discrepancies are noted. • Use of resident medications for another resident or relabeling of medications is prohibited. • The US FOIA (b)(6) [redacted] were re-educated by regional nurse on the emergency medication reconciliation policy and the policy for investigation of medication discrepancies. • Nurses involved in medication discrepancies and documentation variances were provided with 1:1 re-education.	

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F 755	Continued From page 18 pharmacy, a registered central fill pharmacy, or registered institutional practitioner Reference: Title 21 Chapter 1 Subchapter C Part 203 Subpart D 203.32 Drug sample storage and handling requirements. (a) Storage and handling conditions. Manufacturers, authorized distributors of record, and their representatives shall store and handle all drug samples under conditions that will maintain their stability, integrity, and effectiveness and ensure that the drug samples are free of contamination, deterioration, and adulteration. This deficient practice was evidenced by the following: 1. On 4/18/23 at 10:34 AM, the surveyor, in the presence of the Licensed Practical Nurse (LPN #1) began, the [redacted] medication inspection, which was stored in a mounted, double locked portion of the medication cart (narcotic box), located in the low side of [redacted] At 10:36 AM, during an interview with the surveyor, LPN #1 stated she completed the shift-to-shift count [method used to account for [redacted] inventory that must be counted and signed by two nurses doing the counting] with the nurse going off duty on that day. She was unable to explain the reason why some of the signatures for the nurse going off duty was blank. The shift-to-shift count log reflected the following: -3/29/23 at 11:00 PM, the nurse going off duty signature was blank -3/31/23 at 3:00 PM, the nurse going off duty signature was blank	F 755	• The suspected diversion was reported to the Department of Health, Police, DEA, Nursing Board and NJ Clearinghouse coordinator. • The facility has terminated the employment with the nurse suspected of diversion. 4. The Director of Nursing/Assistant Director of Nursing /Unit Manager/designee and shift supervisor will audit Controlled Drug Books daily x1 month, then weekly x1 month and then monthly x1 month. The Pharmacy consultant will audit the automated medication dispenser and physician orders for discrepancies monthly x3 months. The Pharmacy consultant will audit daily cycle count and log book monthly x3 months. The Director of Nursing will audit 5 residents with new orders weekly x4 weeks and then monthly x2 months. The results of the audits will be reported to the facility Administrator and the QAPI Committee monthly for 3 months for further review and recommendations as needed. Further audit frequency will be determined based on audit findings.	

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F 755	Continued From page 19 -4/7/23 at 3:00 PM, the nurse going off duty signature was blank -4/16/23 at 7:00 AM, the nurse going off duty signature was blank At 10:37 AM, during an interview with the surveyor, in the presence of LPN #1, LPN/Unit Manager (LPN/ UM #1) stated the policy for narcotic wasting [narcotic destruction/disposition] should be completed by two nurses. At that time, the surveyor continued to inspect the patient specific controlled substance record (CSR) in the presence of LPN #1 and observed the following: -Page number 1 reflected Resident #40's CSR for [redacted] was received on [redacted]. The amount left on [redacted] was [redacted] tablet. The bottom right of the page under Medication Destroyed did not reflect date destroyed; the document reflected one signature. -Page number 2 reflected Resident 40's CSR for [redacted]. The amount left on [redacted] was [redacted] tablets. The bottom right of the page under Medication Destroyed did not reflect date destroyed; the document reflected one signature. -Page number 7 reflected Resident #125's CSR for [redacted] The amount left on [redacted] was [redacted] tablets. The bottom right of the page under Medication	F 755		

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F 755	Continued From page 20 Destroyed did not reflect date destroyed; the document reflected one signature. -Page number 10 reflected Resident #428's CSR for [redacted]. The amount left on [redacted] was [redacted] tablets. The bottom right of the page under Medication Destroyed did not reflect date destroyed; the document reflected one signature. -Page number 11 reflected Resident #428's CSR for [redacted]. The amount left on [redacted] was [redacted] tablets. The bottom right of the page under Medication Destroyed did not reflect date destroyed; the document reflected one signature. -Page number 13 reflected Resident #125's CSR for [redacted] The amount left on [redacted] was [redacted] tablets. The bottom right of the page under Medication Destroyed did not reflect date destroyed; the document reflected one signature. -Page number 17 reflected Resident #125's CSR for [redacted] The amount left on [redacted] was [redacted] tablets. The bottom right of the page under Medication Destroyed did not reflect date destroyed; the document reflected one signature.	F 755		

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F 755	Continued From page 21 -Page number 22 reflected Resident #40's CSR for NJ Exec Order 26.4b1 The amount left on NJ Exec Order 2 was NJ Exec Ord tablets. The bottom right of the page under Medication Destroyed did not reflect date destroyed; the document reflected one signature. On 4/18/23 at 12:59 PM, during an interview with the surveyor, the U.S. FOIA (b)(6) explained the process for narcotic destruction. The U.S. FOIA (b) stated that the NJ Exec Order 26.4b medications for residents that were discharged and/or had discontinued NJ Exec Order 26.4b medications were brought to her by the supervisors, and the destruction was conducted by two nurses. The U.S. FOIA (b) stated she missed signing the observed CSRs. The U.S. FOIA (b) provided a written statement detailing that she had forgotten to sign the NJ Exec Order 26.4b book [CSR] along with the supervisor. On 4/20/23 at 2:31 PM, during a follow up interview with the surveyor, the U.S. FOIA (b) stated we will audit the shift-to-shift count and audit the NJ Exec Order 26.4b books (NJ Exec Orde daily. The acknowledged that medication error could have resulted, and transcription errors did occur. 2) On 4/18/23 at 10:55 AM, in the presence of LPN #1, the surveyor observed a bottle of U.S. FOIA (b)(6) that had a pharmacy label for Resident #125. The bottle was wrapped in a clear plastic bag, with an unsanctioned paper. The paper was dated NJ Exec Order 26, reflected 2 signatures, and indicated "received NJ Exec tabs of NJ Exec Order 26.4b1) upon return". The paper further revealed the date of NJ Exec Order 26.4b1	F 755		

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F 755	Continued From page 22 NJ Exec O a greater than sign, the numbers 1, 2, and 3 and no signature was reflected. At that time, LPN #1 stated she had not counted the narcotic medication contained within the bottle because she had not thought she had to. She also could not explain what the unsanctioned paper was and confirmed it was not a facility form. At that time, in the presence of the surveyor, LPN #1 counted the contents of Resident #125's NJ Exec Order 26.4b1 which reflected a quantity of NJ Exec Order 26.4b1. At 11:02 AM, the surveyor reviewed page number 19 that reflected Resident #125's NJ Exec Or for NJ Exec Order 26.4b1 was received NJ Exec Order 26. The amount left on NJ Exec Order 26.4b1 . The NJ Exec Or did not reflect NJ Exec Order 26.4b1 were used for the resident. At that time the surveyor reviewed page number 20 that reflected Resident #125's NJ Exec Or for NJ Exec Order 26.4b1 was received on NJ Exec Order 26. The amount left on NJ Exec Order 26.4b1 . The NJ Exec Or did not reflec NJ Exec Order 26.4b1 were used for the resident. At that time, the surveyor and LPN #1 did not observe bingo cards (a multidose card containing individually packaged medications) within the narcotic box inventory for reconciliation against the quantities left as indicated on the Resident #125's NJ Exec Or page 19 and page 20. At that time, in the presence of two surveyors, the LPN/UM #1 stated she popped all the NJ Exec Order 26.4b1 medications from the bingo	F 755		

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F 755	Continued From page 23 cards that totaled 50, half tablets. LPN/UM #1 stated the provider pharmacy made an error and sent Resident #125's medication in a bingo card as opposed to a bottle. The LPN/UM #1 stated she contacted the pharmacy who sent a labeled empty bottle and that is where the popped NJ Exec Order 26.4b1 was placed, was dispensed, and sent home with Resident #125 while on leave/pass. The LPN/UM #1 provided a written statement dated NJ Exec Order 26.4, detailing the events. A review of the admission record reflected Resident #125 was admitted to the facility on NJ Exec Order 26.4 with diagnoses that included, NJ Exec Order 26.4b1 [redacted] According to the admission Minimum Data Set (MDS; an assessment tool), dated NJ Exec Order 26.4b reflected that the resident had a Brief Interview of Mental Status (BIMS) score of NJ Exec Order 26.4b1 which indicated that the resident was NJ Exec Order 26.4b1 [redacted] [redacted] of the eMAR reflected a physician order dated NJ Exec Order 26.4b1 [redacted], give NJ Exec Order 26.4b1 by NJ Exec Order 2 every NJ E hours as needed NJ Exec Order 26.4b give NJ Exec Order 26.4b1 to equal U.S. FOIA (b)(6)	F 755		

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A review of Resident #125's census list reflected that on NJ Exec Order 26.4b1, the resident was on NJ Exec Order 26.4b1].

On 4/18/23 at 11:14 AM, during an interview with the surveyors, the LPN/UM #1 explained her process for receiving resident's NJ Exec Order 26.4b medications. She stated the NJ Exec Order 26.4b medications arrived with a manifest, documented in the NJ Exec Ord book, and signed by a nurse attesting for the medication received. If a medication was destroyed, it was signed by 2 witnesses and when a resident was out on pass, the supply for the resident was obtained from the provider pharmacy.

On 4/18/23 at 12:59 PM, during an interview with the surveyor, the NJ Exec Order 26.4b1 stated the out on pass medications should not have been written in the declining inventory book [NJ Exec Order It should have been coordinated with the pharmacy provider. The remaining NJ Exec Order 26.4b1 should not have been used when Resident #125 came back to the facility.

On 4/19/23 at 1:28 PM, during a follow-up interview with the surveyors, the U.S. FOIA (b)(6) stated we normally do not take back medication sent home with residents on leave/pass and when we do, the medications were destroyed.

At that time, the U.S. FOIA (b)(6) clarified that the bottle from the family contained NJ Exec Order 26.4b1, and the night supervisor used NJ Exec Order 26.4b1 from the same bottle which was the reason why the contents in the bottle reflected NJ Exec Order 26.4b1. The U.S. FOIA (b)(6) stated the NJ Exec Order 26.4b1 was available

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F 755	Continued From page 25 in the back-up machine. At that time, the [U.S. FOIA (b)(6)] explained that during the shift-to-shift count the nurses are looking at the bingo card and not at the [NJ Exec Or] book and when the bingo card is not there, the nurses did not look at the [NJ Exec Or] book. At that time, the [U.S. FOIA (b)(6)] stated a mistake was made. She stated, in this case the nurses did not follow the process for resident on [NJ Exec Order 26.4b] and the process for the inventory of [NJ Exec Order 26.4b] medications in the [NJ Exec Order 26.4b] box was not followed. On 4/20/23 at 9:27 AM, during an interview with the surveyor, Resident #125 stated he/she does go home/out on pass and had no issues. The resident also stated he/she received all his/her medications and had NJ Exec Order 26.4b1. The surveyor reviewed a written statement from LPN #2, LPN/UM #1 and NJ Exec Order 26.4b1 dated [U.S. FOIA (b)(6)]. The statement reflected the nurse, and the supervisor received the Resident's U.S. FOIA (b)(6) from the family after returning to the facility [from his leave of absence]. They counted the NJ Exec Order 26.4b1 and documented on a [unsanctioned] paper. The nurse indicated NJ Exec Order 26.4b1 and did not know what to do with Resident #125's NJ Exec Order 26.4b1 and proceeded to lock the medication in the [NJ Exec Order 26.4b] box. The surveyor reviewed a written statement from LPN #3 dated [NJ Exec Order 26.4b]. The statement described Resident #125 was in U.S. FOIA (b)(6) and requested for NJ Exec Order 26.4b1). The nurses' statement reflected she was [NJ Exec Order 26.4b]	F 755		

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about not relieving the resident's [NJ Exec Orde The nurse was also unsure on how to handle the declining sheet ([NJ Exec Order 2 had forgotten to sign the [unsanctioned] paper, and signed the Medication Administration Record (MAR) to reflect administration of the medication. The statement reflected the nurse was not clear on what to do with the bottle, placed and locked it in the [NJ Exec Order 26.4b box.

On 4/20/23 at 2:31 PM, during a follow up interview with the survey team, the [U.S. FOIA (b)(6) stated the nurses were using the bingo card and the out on pass medication interchangeably which made reconciliation hard. She further stated that thankfully the resident returned with medication from NJ Exec Order 26.4b1 and the resident did not have to go without medications.

At that time, The [U.S. FOIA (b) stated we will audit the shift-to-shift count and audit the [NJ Exec Order 26.4b books ([NJ Exec Orde daily. The [U.S. FOIA (b) acknowledged that medication error could have resulted, and transcription errors did occur.

At that time, the [U.S. FOIA (b) stated the shift-to-shift count appears to have been completed but the NJ Exec Order 26.4b1) was not accounted for.

At that time, the [U.S. FOIA (b) stated she did not suspect diversion.

3. On 4/18/23 at 12:09 PM, the surveyor, with the U.S. FOIA (b)(6)) and the [NJ Exec Order 2 entered the second-floor medication room that contained the back-up machine (an automated medication dispensing system).

At that time, the surveyor received the inventory

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F 755	Continued From page 27 quantity report (IQR) for the back-up machine from the [U.S. FOIA (b)(6)].	F 755		

At 12:42 PM, the surveyor in the presence of the [U.S. FOIA (b)(6)] and the [U.S. FOIA (b)(6)] conducted the unit inspection for the narcotic portion of the back-up machine.

At that time, the surveyor reviewed the IQR which indicated the bin number (location of the medication in the back-up machine), item number, generic name of the medication, brand name of the medication,
maximum [quantity on-hand], minimum [quantity on hand], critical [quantity level that required replenishment], on-hand quantity, soonest expiration, site (pharmacy provider name and state location).

At 12:47 PM, in the presence of the [U.S. FOIA (b)(6)] and the [U.S. FOIA (b)(6)], the surveyor observed the compartment for the [NJ Exec Order 26.4b1] that contained [NJ Exe] tablets. The surveyor reviewed the quantity against the IQR which reflected an [NJ Exec Order 26.4b1].

At 12:51 PM, in the presence of the [U.S. FOIA (b)(6)] and the [U.S. FOIA (b)(6)], the surveyor observed the compartment for [U.S. FOIA (b)(6)]. The surveyor reviewed the quantity against the IQR which reflected an [NJ Exec Order 26.4b1] tablets

At that time the surveyor requested for the shift-to-shift report and for the inventory report for [NJ Exec Order 26.4b1]

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F 755	Continued From page 28 A review of the facility provided a detailed inventory report (DIR) for NJ Exec Order 26.4b1 indicated the date, time, name of the medication, username (staff that added or removed the medication from the bin, issue dose (quantity removed or added) and the patient's name. The DIR did not indicate the name of the second user when NJ Exec Order 26.4b1 were removed Further review of the DIR reflected the following: NJ Exec Order 26 at 10:46:09 PM, NJ Exec Order 26.4b1 , issue dose of 2, patient name: house stock, MQ-JHR HOME -NJ Exec Order 2 at 10:46:10 PM, NJ Exec Order 26.4b1 , issue dose of 1, patient name: house stock, Null NJ Exec Order 26.4 at 4:12:00 PM, NJ Exec Order 26.4b1 issue dose of 3, patient name: house stock, MQ-JHR NJ Exec Order 26.4b HOME -4/8/23 at 7:25:34 PM, NJ Exec Order 26.4b1 issue dose of 3, patient name: house stock, MQ-JHR NJ Exec Order 26.4b HOME NJ Exec Order 26.4b at 4:36:58 PM, NJ Exec Order 26.4b1 issue dose of 3, patient name: house stock, MQ-JHR J NJ Exec Order 26.4 HOME NJ Exec Order 26.4b at 1:58:35 PM, U.S. FOIA (b)(6) issue dose of 1, patient name: Null NJ Exec Order 26.4b at 11:16:26 AM, NJ Exec Order 26.4b1 , issue dose of 10, patient name: Null A review of the DIR report for the the following: The DIR did not indicate the name of the second user when NJ Exec Order 26.4b1 were removed, -4/18/23 at 02:04:48 AM, NJ Exec Order 26.4b1 issue dose of 2, patient name: Null	F 755		

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F 755	Continued From page 29 Further review of the DIR did not indicate the name of the second user when the medications were removed, Further review of the DIR reflected on [NJ Exec Order 26.4b1] [redacted], issue dose of reflected a positive adjustment of 2, patient name: Null On 4/24/23 at 1:06 PM, during an interview with survey team, the [U.S. FOIA (b)(6)] stated the name of the resident should be on the report, the negative number identified the quantity removed. The [U.S. FOIA (b)(6)] also stated that the name of the resident is used to access the medication to be removed. At that time, the [U.S. FOIA (b)] stated once there is a cycle count error, the resolution is required and inputted into the back-up machine. At 1:12 PM, the surveyor and the [U.S. FOIA (b)] reviewed the DIR together. At that time, the [U.S. FOIA (b)] stated she was unable to explain the removal of the [NJ Exec Order 26.4b1] [redacted] without the resident's name. On 4/25/23 at 9:39 AM, the [U.S. FOIA (b)] submitted an Incident/Report dated 4/24/23 to the surveyors. The [U.S. FOIA (b)] informed the surveyors that they had suspected a potential [NJ Exec Order 26.4b] drug diversion. At that time, the [U.S. FOIA (b)] submitted written staff statements in response to surveyor inquiry regarding the accounting and reconciliation for the [redacted] NJ Exec Order 26.4b1 A review of LPN #4's written statement dated [NJ Exec Order 26.4] reflected the nurse had no knowledge of	F 755		

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how to remove a [NJ Exec Order 26.4b] medication as house stock from the back-up machine. She used her signature for another nurse and walked away.

A review of LPN #5's written statement dated [NJ Exec Order 26.4] reflected the nurse did not know how to take medication from [as] house stock. She also documented that she did note take [remove] [NJ Exec Order 26.4b] from the back-up machine on 4/10/23.

A review of the [US FOIA (b)(6)] written statement on [NJ Exec Order 26.4] reflected the nurse signed as a witness under house stock due to not knowing the resident. The [US FOIA (b)(6)] wrote he was "not aware of each particular removal". He further admitted to being present and had personally used the option when a resident was not in the system.

A review of LPN #6's written statement dated [NJ Exec Order 26.4] reflected the nurse was unaware how the drug error or discrepancy occurred.
She was also unaware how to remove a medication under house stock
LPN #6 wrote that on many occasions, she used her finger [electronic back-machine form of signature] for co-workers and supervisor. She then added that she had to step out after giving verification.

A review of LPN #6's telephone statement dated [NJ Exec Order 26.4] at 10:12 AM,
indicated LPN #6 gave her finger and stood there while the nurse supervisor counted and removed the medication. LPN #6 stated she did not witness how much medication was being removed, or who the medication was for. The supervisor counted and removed the medication. LPN #6 admitted she did not count the

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F 755	Continued From page 31 medication. On 4/25/23 at 11:00 AM, in the presence of the survey team, the [NJ Exec Order 26.4b1] a report Controlled Substance Admin log (CSAL). The [NJ Exec Order 26.4b1] informed the surveyors that the electronic back-up machine was received sometime on 3/2022. At that time, the [redacted] stated the staff received training from the manufacturer and the provider pharmacy and assigned user access. The facility also had the ability to create user access and the extent of access. The user access identified who can load, remove, witness removal of medication from the back-up machine. At that time, the [U.S. FOIA (b)(6)] stated there was an option to remove narcotic medications called "house stock" which was used for residents who were not entered into the system. The [U.S. FOIA (b)(6)] stated she was not sure how narcotic medications removed under house stock would have been accounted for and she was not sure of the facility received an alert when a medication was removed under "house stock" At that time, the [U.S. FOIA (b)(6)] stated the provider pharmacy had no accountability for documentation of usage and only monitored quantities [for stock replenishment] because the medications were facility owned. On 4/25/23 at 11:12 AM, in the presence of the survey team, the [U.S. FOIA (b)] stated the staff were educated when the machine was brought in. New employees were issued a password and their fingerprint was used to access the machine. The	F 755		

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F 755	Continued From page 32 staff were taught a witness was required without which the back-up machine would not dispense the medication. At that time, the [U.S. FOIA (b)] stated there was not shift-to-shift cycle count. She stated she was not aware she needed one. We do a daily count. At 11:17 AM, in the presence of the survey team, the [U.S. FOIA (b)(6)] stated a daily count was usually done in the morning with the supervisor. The [U.S. FOIA (b)(6)] stated she was entered into the system by the previous [NJ Exec Order 2] and was shown the basic process for the back-up machine. At that time, the [U.S. FOIA (b)] stated she was not a participant of the daily count. At 11:19 AM, the [U.S. FOIA (b)(6)] explained that she and the LPN/UM #1 conducted the cycle counts and with each narcotic their fingerprints were recorded. The [U.S. FOIA (b)(6)] stated sometimes there were discrepancies that they resolved. She stated she did not recall an instance when the count was off except for 4/23/23. The [U.S. FOIA (b)(6)] admitted she checked the count based on what she was taught and was not aware of other reports. She stated, we opened the bin and counted its contents. She admitted she was focused on the quantity and not for whom the medication was removed for. The [U.S. FOIA (b)(6)] stated she thought resolving the discrepancy on the counts was the accountability. At that time, the [U.S. FOIA (b)] stated yesterday afternoon, [4/24/23, after surveyor inquiry] an investigation was started after reviewing removal of narcotic medication under house stock. Followed by interviews with staff.	F 755		

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At that time, the [redacted] stated she found the CSAL report which reflected the removal of narcotic medications under house stock had the nurse supervisor as the witness each time.

At that time, the [redacted] informed the surveyors that the nurses stated that the nurse supervisor counted everything.

At that time, the [redacted] informed the surveyors that the supervisor stated he did not recall and left the building. The [redacted] stated the nurse supervisor was suspended.

At 11:49 AM, during an interview with the survey team, the [redacted]) stated the process for accounting and reconciliation for the narcotic medications "could use improvement and that is what we recognize. The [redacted] stated it should have been detected prior to survey inquiry. The [redacted] provided a copy of the reportable event record/report.

At that time, the [redacted] stated if the issue came up previously it would have been presented in a Quality Assurance and Performance Improvement and moving forward it would be.

4. On 4/18/23 at 1:27 PM, the surveyor in the presence of LPN #7 began the narcotic medication inspection, which was stored in a mounted, double locked portion of the narcotic box, located in the [redacted] unit.

At that time the surveyor reviewed the shift-to-shift log which reflected the following:
-4/9/23 at 3:00 PM, the nurse going off duty signature was blank

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F 755	Continued From page 34 -4/10/23 at 7:00 AM, the nurse going off duty signature was blank -4/12/23 at 7:00 AM, the nurse going off duty signature was blank -4/18/23 at 3:00 PM, the nurse going off duty signature was blank At 1:34 PM, the surveyor reviewed page number 88 that reflected Resident #19's [redacted] The [redacted] reflected the following: -[redacted] at 8:00 PM, the amount left was 0 (zero) -[redacted] at 9:00 PM, the amount used was [redacted] amount left 0 -[redacted] at 10:00 PM, the amount used was [redacted] amount left 0 -[redacted] at 12:00 AM, the amount used was [redacted] amount left 0 [redacted] at 2:00 AM, the amount used was [redacted] amount left 0 -[redacted] at 3:00 AM, the amount used was [redacted] amount left 0 [redacted] at 5:00 AM, the amount used was [redacted] amount left 0 [redacted] at 7:00 AM, the amount used was [redacted] amount left 0 -[redacted] at 8:00 AM, the amount used was [redacted] amount left 0 [redacted] at 9:00 AM, the amount used was [redacted] amount left 0 [redacted] at 10:00 AM, the amount used was [redacted] amount left 0 [redacted] at 11:00 AM, the amount used was [redacted] amount left 0 [redacted] at 12:00 PM, the amount used was [redacted] amount left 0 [redacted] at 1:00 PM, the amount used was [redacted] amount left 0 [redacted] at 2:00 PM, the amount used was [redacted]	F 755		

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amount left 0
[redacted] at 3:00 PM, the amount used was [redacted]
amount left 0
[redacted] at 4:00 PM, the amount used was
(blank) [redacted] amount left 0
[redacted] at 5:00 PM, the amount used was
(blank) [redacted] amount left 0
[redacted] at 6:00 PM, the amount used was
(blank) [redacted] amount left 0
[redacted] at 7:00 PM, the amount used was
(blank) [redacted] amount left 0
[redacted] at 8:00 PM, the amount used was
(blank) [redacted] amount left 0

The [redacted] revealed that the NJ Exec Order 26.4b1 log continued to be signed out 15 times with an amount use of [redacted] each time, and five more times, which did not indicate the amount used.

A review of the Packing Slip Proof of Delivery from the pharmacy provider reflected Resident #19's NJ Exec Order 26.4b1 [redacted] quantity [redacted] was delivered on 4/12/23 at 3:30:12 AM and signed received by LPN #3.

A review of the IQR did not indicate [redacted] was stocked in the back-up machine.

A review of the admission record reflected Resident #19 was admitted to the facility on [redacted] with diagnoses that included [redacted] Further review of the admission record reflected Resident #19 was

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F 755	Continued From page 36 NJ Exec Order 26.4b1]. A review of NJ Exec Order 26.4b1 eMAR against the NJ Exec Or included the following: NJ Exec Order 26.4b1), Give NJ Exec Order 26.4b1 orally NJ Exec Order 26.4b1 Start date NJ Exec Order 26.4 at 0000, D/C date NJ Exec Order 26 at 0140. The eMAR revealed an administration on NJ Exec Order 26.4 at 12:00 AM and was not documented on the NJ Exec Or log as used -NJ Exec Order 26.4b1 , Give [1mg] by mouth every hour NJ Exec Order 26.4b1 Start date NJ Exec Order 26.4b1, D/C date NJ Exec Order 26.4b1 The eMAR revealed administrations on NJ Exec Order 26.4 at 12:00 PM, 1:00 PM, 2:00 PM, and 3:00 PM [4 times] and was not documented on the NJ Exec Or log as used. The eMAR further reflected administrations on NJ Exec Order 26.4 at 1:00 AM, 4:00 AM and 6:00 AM [3 times] and was not documented on the NJ Exec Or log as used. -NJ Exec Order 26.4b1 , Give NJ Exec Order 26.4b1 Start date NJ Exec Order 26.4b1, D/C date NJ Exec Order 26.4b1 The eMAR further reflected an administration on NJ Exec Order 26.4 at 21:00 and was not documented on the NJ Exec Or as used.	F 755		

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On 4/20/23 at 2:31 PM, during an interview with the surveyor, The U.S. FOIA (b)(6) stated that the internal investigation [after surveyor inquiry] was still on-going. The U.S. FOIA (b) stated the shift supervisor was informed about the excess of quantity of the NJ Exec Order 26.4b1 for Resident #19. The shift supervisor advised the nurses to continue to administer to the resident and failed to investigate the discrepancies on the narcotic count.

At that time, the U.S. FOIA (b) stated an investigation should have been done.
The U.S. FOIA (b)(6) stated we will audit the shift-to-shift count and audit the NJ Exec Order 26.4b books (NJ Exec Orde daily.
The U.S. FOIA (b)(6) stated that medication errors and transcription errors did occur.

At that time, the U.S. FOIA (b)(6) stated the shift-to-shift count appears to have been completed but the NJ Exec Order 26.4b1 was not accounted for.

A review of the facility provided Full QA (Quality Assurance) Report dated 4/15/23 at 12:00 PM, reflected a medication error occurred. The nurse administered the wrong dosage form to the resident (without a corresponding physician's order).

A review of the facility provided Full QA (Quality Assurance) Report dated 4/15/23 at 4:00 PM, reflected a written statement from LPN #2. The statement from LPN #2 revealed, the nurse informed the shift supervisor of the discrepancy at that time.

A review of the facility provided Full QA (Quality Assurance) Report dated NJ Exec Order 26.4 at 12:00 AM, included a medication error occurred. The nurse

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documented on the Medication Administration Record (MAR), administration of [NJ Exec Order 26.4b1] and documented removal of [redacted] from the [redacted] on [redacted] at 12AM, 1AM, 2AM, 3AM, 4AM, 5AM, 6AM and 7AM.

A review of the facility provided Full QA (Quality Assurance) Report dated [redacted] at 8:00 AM, included a medication error occurred. The nurse documented on the Medication Administration Record (MAR), administration of [redacted] and documented removal of [redacted] from the CSR on [redacted] at 8AM, 9AM, 10AM, 11AM, 12AM, 1PM, and 2PM.

A review of the facility provided Full QA (Quality Assurance) Report dated [redacted] at 3:00 PM, included a medication error occurred. The nurse failed to document amount administered, discrepancy on [redacted] at 3PM, 4PM, 5PM, 6PM, 7PM, and 8PM.

On 4/24/23 at 12:57 PM, during a follow up interview with the surveyors, the DON stated the shift supervisors failed to conduct investigations regarding reconciliation of the [redacted] counts for Resident #19's [NJ Exec Order 26.4b1] after being informed by the nurses.

5) On 4/19/23 at 10:35 AM, the surveyor, in the presence of the LPN/UM #2, began the non-controlled medication inspection of the medication cart located on the high side of [redacted]

On 4/19/23 at 10:39 AM, the surveyor and the LPN/UM #2 observed a bingo card of [NJ Exec Order 26.4b1] [redacted], with Resident #25's name crossed off with a pen and Resident 11's name had been written

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in. The bingo card was filled on 3/6/23. The bingo card was opened with 15 tablets remaining.

At that time, during an interview with the surveyor, the LPN/UM #2 stated the bingo card should not have been re-labeled for another resident because it could have caused a medication error. Re-labeling for another resident is not our facility policy.

At that time, the LPN/UM #2 stated she would remove the bingo card from the medication cart and check physician orders for both residents. She further stated that she would ensure Resident #11 would not receive the re-labeled bingo card. LPN/UM #2 stated she would inform the U.S. FOIA (b) and the U.S. FOIA (b)(6)

A review of the admission record reflected Resident #25 was admitted to the facility on NJ Exec Order 26. with diagnoses that included, NJ Exec Order 26.4b1 [redacted]

A review of Resident #25's U.S. FOIA (b)(6) Physician Orders for NJ Exec Order 26.4b1 indicated an end date (discontinued) of NJ Exec Order 26.4 .

A review of the admission record reflected Resident #11 was admitted to the facility on NJ Exec Order 26. with diagnoses that included NJ Exec Order 26.4b1 [redacted]

A review of Resident #11's U.S. FOIA (b)(6) Physician Orders for NJ Exec Order 26.4b1 indicated a start

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F 755	Continued From page 40 NJ Exec Order 26.4b1 On 4/19/23 at 1:18 PM, during an interview with the surveyor, the U.S. FOIA (b)(6) stated Resident #25's account has been credited for the unused NJ Exec Order 26.4b1 The U.S. FOIA (b)(6) acknowledge the bingo card should not have been re-labeled and used for Resident #11. The U.S. FOIA (b)(6) stated bingo cards dispensed by the provider pharmacy are resident specific and could have resulted in a medication error. The U.S. FOIA (b)(6) stated nurses cannot dispense medications. A review of the undated facility provided policy "Discarding and Destroying Medications" included under Policy heading, Medications will be disposed if in accordance with federal, state and local regulations governing management if non-hazardous pharmaceuticals, hazardous-waste and controlled substances. Policy Interpretation and Implementation included the following: 6. subsection c. Disposal of controlled substances must take place immediately (no longer than there days) after discontinuation of use by the resident. 11.The medication disposition record will contain the following information: subsection b date medication disposed; subsection h. signature of witnesses. A review of the undated facility policy provided "Controlled Substances" under Policy Statement: The facility complies with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medications. Policy Interpretation and Implementation under section 8. Controlled substances are reconciled upon receipt,	F 755		

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administration, disposition, and at the end of each shift.
Under Section 11. Upon Disposition, subsection b. Medications are opened and subsequently not given (refused or only partly administered) are destroyed. Waste and/or disposal of controlled medication are done in the presence if the nurse and a witness who also signs the disposition sheet. Under section 12. At the end of each shift a. Controlled medications are counted at the end of each shift. The nurse coming on duty and the nurse going off duty determine the count together. Subsection b. Any discrepancies in the controlled substance count are documented and reported to the director if nursing services immediately. Section14. Policies and procedures for monitoring-controlled medications to prevent loss, diversion or accidental exposure are periodically reviewed and updated by the director of nursing services and the consultant pharmacist.

A review of the undated facility policy provided "Dispensing Medications to Residents on Leave/Pass" included under Policy Interpretation and Implementation, section 4. If a resident is on leave or pass overnight or for more than three (3) consecutive days, the pharmacy shall prepare and dispense his/her medications.

6. On 4/17/23 at 10:59 AM, the surveyor observed Resident #114 in bed with eyes closed. The surveyor attempted to interview the resident, but the resident had not responded.

On 4/17/23 at 1:02 PM, the surveyor observed Resident #114 sitting in the hallway in front of the nursing station eating lunch. The surveyor attempted to interview the resident, but the

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F 755	Continued From page 42 resident refused. The surveyor reviewed the medical record for Resident #114. A review of the resident's Admission Record (or face sheet, an admission summary) revealed that the resident had diagnoses which included NJ Exec Order 26.4b1 [redacted] A review of the April 2023 electronic medication administration record (EMAR) revealed a PO with a start date of [redacted] for NJ Exec Order 26.4b1 [redacted] per hour, NJ Exec Order 26.4b1 [redacted]" The EMAR reflected that a NJ Exec Order 26.4b1 was removed at a time of 7:14 PM on NJ Exec Order 26.4b1 [redacted] and a new NJ Exec Order 26.4b1 was applied at a time of 7:15 PM on the same dates. Further review of the NJ Exec Order 26.4b1 electronic medication administration record (EMAR) revealed a PO with a start date of [redacted] and a time of 7 PM for "Destruction of the NJ Exec Order 26.4b1 [redacted])." The EMAR reflected nurse's initials indicating that the NJ Exec Order 26.4b1 was destroyed on [redacted] The EMAR also revealed that on NJ Exec Order 26.4b1 the nurse who initialed the 7 PM time for the destruction entered a code that designated "drug/treatment not administered." There were no second nurse's initials corresponding to the first nurse's removal of the previous NJ Exec Order 26.4b1 for the dates of [redacted]	F 755		

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F 755	Continued From page 43 NJ Exec Order 26.4b1 . On 4/27/23 at 11:15 AM, the surveyor interviewed a U.S. FOIA (b)(6) who stated that she was familiar with Resident #114. The U.S. FOIA also stated that she knew the resident had a NJ Exec Order 26.4b1 but that the patch was not applied during the day shift. The U.S. FOIA added that the NJ Exec Order 26.4b1 was applied during the evening shift and signed the EMAR for the removal of the old NJ Exec Order 26.4b1 and then signed for the application of the new NJ Exec Order 26.4b1 The U.S. FOIA added that when the old NJ Exec Order 26.4b1 was removed she had to get another nurse to sign for the destruction. The U.S. FOIA (b) stated that the second nurse had to also sign the EMAR for destruction of the NJ Exec Order 26.4b1 . The U.S. FOIA added that the EMAR would reflect that both nurses signing for the destruction of the NJ Exec Order 26.4b1 On 4/28/23 at 1:18 PM, the survey team met with the administrative team. The U.S. FOIA (b)(6) acknowledged that according to the EMAR for Resident #114, the destruction of the NJ Exec Order 26.4b1 signed by the second nurse was not correlating to the dates of the removal and destruction by the first nurse. The U.S. FOIA (b)(6) stated that when the PO for destruction of the NJ Exec Order 26.4b1 was entered electronically it had not correlated to the same dates as the first nurse's PO for application and removal which resulted in the second nurse signing for the destruction of the NJ Exec Order 26.4b1 the day before the first nurse's signature for the removal and application. The U.S. FOIA (b)(6) added that there was going to be a review with each nurse who signed the EMAR and education.	F 755		

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A review of the updated facility policy "Controlled Substances" provided by the Director of Nursing (DON) reflected that "The facility complies with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medications." In addition, the policy reflected "Waste and/or disposal of controlled medication are done in the presence of the nurse and a witness who also signs the disposition sheet."

7. On 4/25/23 at 11:42 AM, the surveyor observed the U.S. FOIA (b)(6)) perform an inventory of the refrigerated NJ Exec Order 26.4b1 drugs for the NJ Ex unit using the NJ Exec Order 26.4b1 drug book that contained each NJ Exec Order 26.4b1 drug declining inventory sheets for the NJ Ex unit. The surveyor with the U.S. FO, verified an actual count for NJ Exec Order 26.4b1 NJ Ex labeled for an unsampled resident to be capsules remaining. The surveyor, with the RN, then reviewed the correlating declining inventory sheet kept in the controlled drug book for the unsampled resident's NJ Exec Order 26.4b1 which revealed an inventory of NJ Exec capsules remaining. The U.S. FO explained that the declining inventory sheet was not signed for the removal of the morning dosage of U.S. FOIA (b)(6) for the unsampled resident when the nurse who was responsible for the medications for the unsampled resident removed the U.S. FOIA (b)(6) capsule that morning. The US FOIA further explained that the declining inventory sheet had the last entry for 4/24/23 at 6 PM with capsules remaining and she knew that the unsampled resident received the U.S. FOIA (b)(6) capsule twice a day as a routine physician order (PO). The U.S. FO acknowledged that the NJ Exec Order 26.4b1

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drug count was not accurate for the U.S. FOIA (b)(6) [redacted] for the unsampled resident. The RN added that the correct procedure was to sign the declining inventory sheet when the NJ Exec Order 26.4b1 drug was removed from inventory.

At that time, the U.S. FOIA (b)(6)) entered the medication room and the U.S. FO showed the U.S. FOIA the NJ Exec Order 26 actual count of NJ Exec was not corresponding with the declining inventory sheet count of NJ Exec The NJ Exec stated that the nurse who administered the U.S. FOIA (b)(6) that morning should have signed the declining inventory sheet when she removed the U.S. FOIA (b)(6). The U.S. FOIA then stated she would have to speak with that nurse.

A review of the unsampled resident's electronic medication administration record (EMAR) revealed a nurses's signature for the administration time of 9 AM for U.S. FOIA (b)(6) [redacted], give NJ Exec Order 26.4b1 [redacted]

On 4/25/23 at 1:37 PM, the survey team met with the administrative team. The U.S. FOIA (b) stated that the nurses were to sign the correlating NJ Exec Order 26.4b1 drug declining inventory sheet when the NJ Exec Order 26.4b1 drug was removed from inventory. The U.S. FOIA (b) acknowledged that the NJ Exec Order 26.4b1 drug declining inventory sheets should reflect an accurate count.

A review of the updated facility policy "Controlled Substances" provided by the DON reflected that "The facility complies with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medications." In addition, the policy reflected "Controlled substances are reconciled

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F 755	Continued From page 46 upon receipt, administration, disposition, and at the end of each shift. Complaint#NJ00160421 8. The surveyor reviewed the medical record for Resident #283. A review of the resident's Admission Record (or face sheet, an admission summary) revealed that the resident had diagnoses which included NJ Exec Order 26.4b1 [redacted] A review of the resident's NJ Exec Order 26.4b and NJ Exec Order 26.4b1 NJ Exec Ord electronic medication administration record (EMAR) revealed that there was a physician's order (PO) with a start date NJ Exec Order 26.4b1 [redacted] and nurse's initials indicating the administration of the NJ Exec Order 26.4b1 [redacted] On 5/1/23 at 10:41 AM, the survey team met with the administrative team. The U.S. FOIA (b)(6) [redacted] stated that a review of the EMAR for Resident #283 was completed. The U.S. FOIA (b)(6) explained that the original order on NJ Exec Order 26.4b1 [redacted] was to be administered for 5 days and then the dose of NJ Exec Order 26 was to be started. The U.S. FOIA (b) acknowledged that the EMAR indicated that the PO was entered for four (4) days because a specific stop date was entered. The U.S. FOIA (b) added that the nurse could have entered	F 755		

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four (4) days because the nurse could have administered a [NJ Exec Order 26.4b1]) dose which would have counted as the first day of administration. The [U.S. FOIA (b)] added that a specific date to discontinue a medication according to the PO time frame could be entered electronically but that the date had to correspond with the correct number of days of administration according to the PO. The [U.S. FOIA (b)] also stated that the [NJ Exec Order 26.4b1] which would have been one day after the completion of the [NJ Exec Order 26.4b1]

At that time, the surveyor requested further information regarding the start date of the [NJ Exec Orde] because the [NJ Exec Order 26.4b1] EMAR had a start date of [NJ Exec Order 2].

There was no documentation on the [NJ Exec Ord] EMAR of a [NJ Exec Orde] dose of [NJ Exec Order 26.4b1] being administered.

There was no further documentation provided that the [NJ Exec Order 26.4b1] dose was started on [U.S. FOIA (b)(6)]

A review of the undated facility policy for "Administering Medications" provided by the [US FOIA (b)] reflected that medications are administered as prescribed and in accordance with prescriber orders.

9. The surveyor reviewed the medical record for Resident #283.

A review of the resident's Admission Record (or face sheet, an admission summary) revealed that the resident had diagnoses which included [NJ Exec Order 26.4b1]

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JEWISH HOME FOR REHABILITATION AND NURSING, THE	1151 WEST MAIN STREET FREEHOLD, NJ 07728

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NJ Exec Order 26.4b1

A review of the resident's NJ Exec Order 26.4b1 electronic medication administration record (EMAR) revealed that there was a physician's order (PO) with a start date NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 and nurse's initials indicating that the resident was administered the NJ Exec Order 26.4b1 In addition, the EMAR revealed that there was a PO with a start date of NJ Exec Order 26.4b1 for 'NJ Exec Order 26.4b1 and nurse's initials indicating the resident was administered NJ Exec Order 26 .

On 5/1/23 at 10:41 AM, the survey team met with the administrative team. The U.S. FOIA (b)(6) stated that a review of the EMAR for Resident #283 was completed. The U.S. FOIA (b) explained that on NJ Exec Order 26.4 the primary medical doctor had seen the resident and gave a PO to the nursing supervisor for NJ Exec Order 26.4b1 The U.S. FOIA (b) acknowledged that according to the EMAR the resident received a total of NJ Exec Order 26.4b1 which was not the intended dose. The U.S. FOIA (b) added that because of the date being in NJ Exec Ord she could not review if the NJ Exec Order 26.4b1 were received from the pharmacy and actually administered and could not interview the nurse who administered the medication because they

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F 755	Continued From page 49 no longer worked for the facility. The manufacturer specifications for [NJ Exec Order 26.4b1] [redacted]) reflected that the prescribing limit for mild to moderate [NJ Exec Order 26.4b1] had a maximum dose of [NJ Exec Order 26.4b1]. 10. On 4/25/23 at 11:10 AM, the surveyor inspected the medication cart A High on the 3rd floor with the Registered Nurse #1 (RN #1) assigned to that cart. When the surveyor checked the [NJ Exec Order 26.4b1] Substances Register (a book that the nurses initial at the end of every shift to confirm that they counted all controlled substances on the medication cart and all [NJ Exec Order 26.4b1] [redacted] substances were accounted for. The incoming nurse and the outgoing nurse initial.) RN#1 had already initialed in the outgoing column. The surveyor asked RN # 1 why she initialed for the count that she had not done for the shift that wasn't over. She said she knew it was wrong but she didn't want to forget to sign. RN #1 had pre-initialed all three [NJ Exec Order 26.4b1] Substance Registers. 11. On 4/25/23 at 12:08 PM, the surveyor inspected the medication cart B high on the 3rd floor with RN # 2. There was a bottle of liquid [NJ Exec Order 26.4b1] [redacted] in the medication cart locked in the narcotics compartment. The declining inventory sheet for that medication recorded that the amount remaining in the bottle was [NJ Exec Order 26.4b1] but when the surveyor checked the bottle there was approximately [NJ Exec Order 2] [redacted] in the bottle. The surveyor questioned RN # 2 but she did not know why there was a discrepancy.	F 755		

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F 755	Continued From page 50 On 5/2/23 at 10 AM, the surveyor reviewed the facility's undated policy and procedure titled "Controlled Substances." Under "Policy Interpretation and Implementation" number 8 read "Controlled substances are reconciled upon receipt, administration, disposition, and at the end of each shift." NJAC 8:39- 11.2(b), 27.1(a), 29.2(d), 29.4 (a), (c), (f), (g),(i), 29.7(c)	F 755		
F 759 SS=E	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that all medications were administered without error of 5% or more. During the medication observation on 4/20/23, the surveyor observed two (2) nurses administer medications to two (2) residents. There were 25 opportunities, and five (5) errors were observed which calculated to a medication administration error rate of 20%. This deficient practice was identified for one (2) of two (2) residents, (Resident #38 and #80), that were administered medications by two (2) of two (2) nurses. The deficient practice was evidenced by the following: 1. On 4/20/23 at 8:15 AM, the surveyor observed	F 759	1. On 4/25/23 Resident #38 and Resident #80 were evaluated for NJ Exec Order 26.4b1 [redacted] The facility completed an internal review of the medication variance with the resident's physician and resident representative notification was completed. 2. A medication pass observation was completed on all current residents receiving Cyanocobalamin, Voltaren gel and polyethylene glycol powder and no additional variances were noted. All residents with orders for Voltaren gel were reviewed with the physicians and orders updated to include dose 2gm or 4gm depending on the site.	6/2/23

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F 759	Continued From page 51 the Licensed Practical Nurse (LPN #1) preparing to administer 11 medications to Resident #38 which included NJ Exec Order 26.4b1 [redacted]. The LPN#1 stated that the NJ Exec Order 26.4b1 were in a bottle which was considered a house stock over the counter (OTC) medication. On 4/20/23 at 8:37 AM, the surveyor observed the LPN#1 administer the 11 medications to Resident #38 which included the [redacted] J Exec Order 26.4b1 At that time, the resident stated that he/she was on his/her way to eat breakfast and took whatever medications the nurses gave him/her. Upon returning to the medication cart, the surveyor, with the LPN#1 reviewed the electronic medication administration record (EMAR) for the NJ Exec Order 26.4b1 physician's order (PO) which revealed that there was a PO with a start date NJ Exec Order 26.4b1, give one tablet by mouth one time a day for supplement." The LPN#1 stated that she had administered a NJ Exec Order 26.4b1 tablet to Resident #38 from the house stock OTC bottle. The LPN#1 then checked the medication cart and there was no house stock bottle for NJ Exec Order 26.4b1. The LPN#1 then removed the NJ Exec Order 26.4b1 which contained the pink NJ Exec Order 26.4b1 and stated that she thought it was NJ Exec Order 26.4b1.(ERROR#1) The LPN#1 then stated that she should have administered NJ Exec Order 26.4b1 for the NJ Exec Order 26.4b1. The LPN#1 added that usually the PO would indicate to administer two (2) of the NJ Exec Order 26.4b1 and thought there was a NJ Exec Order 26.4b1 bottle of	F 759	3.All licensed nurses were re-educated on the medication administration policy, including manufacturer specifications, the 3-check process for medication prep, and order clarification if no dose is noted. Licensed nurses were re-educated regarding the policy for Voltaren gel administration 4.The Director of Nursing / designee will complete a medication administration observation competency on licensed nurses. Then weekly the Director of Nursing / Designee will complete 5 random resident medication pass observations per week x4 weeks then monthly x2 months with a focus on Cyanocobalamin, Voltaren gel and Polyethylene glycol powder. The results of the audit will be submitted to the Administrator and the facility QAPI Committee monthly for 3 months for further review and recommendations as needed. Further audit frequency will be determined based on audit findings.	

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NJ Exec Order 26.4b1 but she since there was none on the cart she would have to check with central supply.

The surveyor reviewed the medical record for Resident #38.

A review of the resident's Admission Record reflected that the resident had diagnoses which included NJ Exec Order 26.4b1 [redacted]

According to the quarterly Minimum Data Set (MDS) (an assessment tool), dated [redacted] reflected that the resident had a brief interview for mental status (BIMS) score of NJ Exec Order 26.4b1 indicating that the resident had a NJ Exec Order 26.4b1 [redacted]

A review of the Order Summary Report reflected that there was a PO with a start date NJ Exec Order 26.4b1 [redacted]"

A review of the house stock OTC list provided by the U.S. FOIA (b)(6)) revealed that NJ Exec Order 26.4b1 were on the list of medications that the facility provided for the residents.

On 4/20/23 at 8:45 AM, during a medication observation with LPN#2, the surveyor observed LPN#2 administer a NJ Exec Order 26.4b1 [redacted] from a house stock OTC bottle.

On 4/25/23 at 11:43 AM, the surveyor interviewed the U.S. FOIA (b)(6) who stated that

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she was not the [U.S. FC] who had completed the reports but was able to speak to any questions. The [U.S. FC] stated that medication observations had been completed and that the facility would have the records. The [U.S. FOM] stated that the medication observations were provided once a month on random nurses or if the administration requested a specific nurse. The [U.S. FC] added that medication pass inservices were usually done at the medication cart with the nurse using a medpass audit tool. The [U.S. FC] was unable to speak to which medications were house stock. The [U.S. FC] added that the house stock OTC medication being administered must match the PO.

On 4/25/23 at 1:37 PM, the survey team met with the administrative team. The surveyor reviewed the medication observation results. The [U.S. FOIA (b)] stated that she would provide any med pass observations and inservices that have been completed for LPN #1. The [U.S. FOIA (b)] added that the [U.S. FC] completes med passes as well as the facility does med pass observations.

On 4/26/23 at 1:11 PM, the surveyor reviewed a "Medpass Audit Tool" forms dated 11/23/22 and 1/27/23, completed by a U.S. FOIA (b)(6) from the [U.S. FOIA] company for LPN#1 that was provided by the Assistant U.S. FOIA (b)(6)). The 11/23/22 Medpass Audit Tool revealed a score of 100% and the 1/27/23 score was 96%. There were no errors noted on either if the forms. In addition, the Medpass Audit Tool had a section which reflected "Observes the 5 rights of medication ...right dose ...." The [U.S. FOIA (b)(6)] stated that inservices dated [NJ Exec Order 26.] were provided regarding medication pass instructions. The [U.S. FOIA (b)(6)] was unsure if there were any inservices prior to [NJ Exec Order 26].

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F 759	Continued From page 54 A review of the undated facility policy for "Administering Medications" provided by the DON reflected that medications are administered as prescribed and in accordance with prescriber orders. In addition, "The individual administering the medications checks the label THREE (3) times to verify ....right dosage ...before giving the medication." 2. On 4/20/23 at 8:45 AM, the surveyor observed the LPN #2 preparing to administer 12 medications to Resident #80 which included [redacted]). LPN #2 stated that [redacted] was a house stock OTC medication provided by the facility and stored in the medication cart in the original container and that she needed to measure [redacted]). LPN #2 then measured the [redacted] by pouring the powder into a medication cup. The LPN#2 stated that she was measuring the [redacted]) line delineated on the medication cup. On 4/20/23 at 9:17 AM, upon returning to the medication cart, the surveyor interviewed the LPN #2 who stated that she thought [redacted] was measured in the medication cup to the [redacted]. The surveyor, with the LPN #2, reviewed the directions for use on the [redacted] manufacturer's bottle that revealed: "the bottle top is a measuring cap marked to contain [redacted] when filled to the indicated line (white section on cap)." The LPN#2 stated that she could see the bottle cap where the [redacted] was indicated. The LPN#2 then stated that she was unsure if the [redacted] would be the same dose.	F 759		

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F 759	Continued From page 55 The LPN#2 stated that she should have used the cap to measure the NJ Exec Order 26.4b1. (ERROR#2) On 4/25/23 at 9:04 AM, the surveyor interviewed Resident #80 who stated that he/she took the medications the nurses brought but had not always drank all the water with the [redacted] in it because he/she was not sure if it was needed. The surveyor reviewed the medical record for Resident #80. A review of the resident's Admission Record reflected that the resident had diagnoses which included NJ Exec Order 26.4b1 [redacted] According to the admission Minimum Data Set (MDS) (an assessment tool), dated [redacted], reflected that the resident had a brief interview for mental status (BIMS) score of [redacted], indicating that the resident had an [redacted]. A review of the Order Summary Report revealed a PO dated NJ Exec Order 26.4b1 [redacted]." A review of the EMAR revealed a PO dated NJ Exec Order 26.4b1 [redacted]" with administration times of 9 AM and 5 PM.	F 759		

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F 759	Continued From page 56 On 4/25/23 at 9:04 AM, the surveyor interviewed Resident #80 who stated that the [NJ Exec O] medication helped with [NJ Exec Order 26.4b1] The resident was [NJ Exec Order 26.4b1] to whether a [NJ Exec Order 26.4b1]. On 4/25/23 at 11:43 AM, the surveyor interviewed the [U.S. FOIA (b)(6)]) who stated that she was not the [U.S. FO] who had completed the reports but was able to speak to any questions. The [U.S. FO] stated that medication observations had been completed and that the facility would have the records. The [U.S. FO] stated that the medication observations were provided once a month on random nurses or if the administration requested a specific nurse. The [U.S. FOIA] added that medication pass inservices were usually done at the medication cart with the nurse using a medpass audit tool. The [U.S. FO] stated that [NJ Exec Order 26.4b1] must be measured in the cap provided on the bottle. The [U.S. FO] added that she has never seen [NJ Exec Order 26.4b1] measured in a medication cup and that the medication cup measures a liquid volume and would not [NJ Exec Order 26.4b1] On 4/25/23 at 1:37 PM, the survey team met with the administrative team. The surveyor reviewed the medication observation results. The [U.S. FOIA (b)] stated that she would provide any med pass observations and inservices that have been completed for LPN #2. The [U.S. FOIA (b)] added that the CP completes med passes as well as the facility does med pass observations. On 4/26/23 at 1:11 PM, the surveyor reviewed a facility form "Administering Medications Competency" dated [NJ Exec Order 26.4] provided by the [U.S. FOIA (b)(6)] that indicated LPN#2 demonstrated competency for	F 759		

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F 759	Continued From page 57 administering medications. The U.S. FOIA (b)(6) stated that the form was completed by another U.S. FOIA who was shadowing LPN#2. The U.S. FOIA (b)(6) stated that inservices dated NJ Exec Order 26 were provided regarding medication pass instructions. The U.S. FOIA (b)(6) was unsure if there were any inservices prior to NJ Exec Order 26.4. A review of the undated facility policy for "Administering Medications" provided by the US FOIA (b) reflected that medications are administered as prescribed and in accordance with prescriber orders. In addition, "The individual administering the medications checks the label THREE (3) times to verify ....right dosage ...before giving the medication. A review of the manufacturer specifications for NJ Exec Order 26.4b1 powder indicate to follow the directions for use on the label. In addition, "To use the powder form of this medicine, measure your dose with the medicine cap on the bottle. This cap should contain dose marks on the inside of it." 3. On 4/20/23 at 8:45 AM, the surveyor observed the LPN #2 preparing to administer 12 medications to Resident #80 which included NJ Exec Order 26.4b1 The LPN#2 stated that the resident had three different POs for the NJ Exec Order 26.4b1 because the NJ Exec was to be applied to the resident's NJ Exec Order 26.4b1 The LPN#2 removed a tube of NJ Exec Order 26.4b NJ Exec Order 26 from the medication cart and proceeded to squeeze an unmeasured amount of NJ Exec Order 26.4b into a medication cup. On 4/20/23 at 9:12 AM, the surveyor observed the LPN#2 put on gloves and using the medication cup with the U.S. FOIA (b)(6) removed an	F 759		

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unmeasured amount of [redacted] with her gloved fingers and applied the [redacted] to the resident's [redacted] (ERROR #3), then applied an unmeasured amount to the resident's [redacted] (ERROR#4) and then applied an unmeasured amount to the resident's [redacted] (ERROR#5).

On 4/20/23 at 9:17 AM, upon returning to the medication cart, the surveyor interviewed the LPN#2 who was unable to speak to the dosage of [redacted] that was applied to the [redacted]. The LPN#2 stated that she thought the dose of [redacted] was [redacted]. The surveyor, with the [redacted] reviewed the EMAR for the three (3) POs for [redacted]: The first PO had a start date of [redacted], Apply to [redacted] topically every day and evening shift for [redacted]." The second PO had a start date of [redacted] for '[redacted] Apply to right elbow topically two times a day for [redacted]." And the third PO had a start date of [redacted] '[redacted], Apply t [redacted]."

At that time, the LPN#2 showed the surveyor another resident's [redacted] box that contained the tube and a dosage measuring plastic card. The LPN#2 stated that she should have used the measuring card for each application but had forgot.(ERROR#3, ERROR#4 and ERROR#5) The LPN#2 then stated that she would have to clarify the [redacted] for a dosage.

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F 759	Continued From page 59 The surveyor reviewed the medical record for Resident #80. A review of the resident's Admission Record reflected that the resident had diagnoses which included NJ Exec Order 26.4b1 [redacted] According to the admission Minimum Data Set (MDS) (an assessment tool), dated [redacted] reflected that the resident had a brief interview for mental status (BIMS) score of NJ Exec Order 26.4b1 indicating that the resident had an [redacted] [redacted] reflected the same three (3) POs as the EMAR for [redacted] The first PO had a start date of [redacted] for "NJ Exec Order 26.4b1 [redacted] l), Apply to NJ Exec Order 26.4b1 every day and evening shift for NJ Exec Order 26.4b1." The second PO had a start date of [redacted] for NJ Exec Order 26.4b1 [redacted] Apply to NJ Exec Order 26.4b1 two times a day fo NJ Exec Order 26.4b1 [redacted])." And the third PO had a start date of [redacted] "NJ Exec Order 26.4b1 [redacted], Apply to [redacted] every day and evening shift [redacted]." On 4/25/23 at 11:43 AM, the surveyor interviewed the NJ Exec Order 26.4b1 [redacted] who stated that she was not the [redacted] who had completed the reports but was able to speak to any questions. The [redacted] stated that medication observations had been completed and that the facility would have	F 759		

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JEWISH HOME FOR REHABILITATION AND NURSING, THE	**1151 WEST MAIN STREET FREEHOLD, NJ 07728**

(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 759	Continued From page 60 the records. The U.S. FO stated that the medication observations were provided once a month on random nurses or if the administration requested a specific nurse. The U.S. FO added that medication pass inservices were usually done at the medication cart with the nurse using a medpass audit tool. The U.S. FO stated that NJ Exec Order 26.4b gel should be administered according to the package insert which requires the gel to be measured using the measuring guide that is provided in the package. The U.S. FO added that the PO should specify the dosage of the NJ Exec Order 26.4b1 according the specified body part which usually is NJ Exec Order 26.4b1 for the NJ Exec Order 26.4b1 parts but that would be specified in the PO. On 4/25/23 at 1:37 PM, the survey team met with the administrative team. The surveyor reviewed the medication observation results. The U.S. FOIA (b) stated that she would provide any med pass observations and inservices that have been completed for LPN #2. The U.S. FOIA (b) added that the U.S. FO completes med passes as well as the facility does med pass observations. On 4/26/23 at 1:11 PM, the surveyor reviewed a facility form "Administering Medications Competency" dated U.S. FOIA (b)(6) provided by the U.S. FOIA (b)(6)) that indicated LPN#2 demonstrated competency for administering medications. The NJ Exec Order 2 stated that the form was completed by another U.S. FOIA (b) who was shadowing LPN#2. The NJ Exec Order 26 stated that inservices dated NJ Exec Order 26 were provided regarding medication pass instructions and NJ Exec Order 26.4b1 instructions. The U.S. FOIA (b)(6) was unsure if there were any inservices prior to NJ Exec Order 26.4b A review of the undated facility policy for	F 759		

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F 759	Continued From page 61 "Administering Medications" provided by the [redacted] reflected that medications are administered as prescribed and in accordance with prescriber orders. In addition, "The individual administering the medications checks the label THREE (3) times to verify ....right dosage ...before giving the medication. A review of the [redacted] manufacturer specifications revealed "Use the enclosed dosing card to measure the correct dose. The [redacted] should be applied within the oblong area of the dosing card up to [redacted] line ([redacted] and [redacted], NJAC 8:39-11.2(b), 29.2(d)	F 759		

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H 000	Initials Comments Date of survey: 5/2/23 Census: 137 Sample: 35 THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:43E, STANDARDS FOR GENERAL LICENSURE PROCEDURES AND ENFORCEMENT OF LICENSURE REGULATIONS. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED.	H 000		
H 130	8:43E-2.1(a) SURVEY PRCDRS: SCOPE & TYPES OF SURVEYS The Department, or another State agency to which the Department has delegated the authority for conduct of surveys either partially or fully, may conduct periodic or special inspections of licensed health care facilities to evaluate the fitness and adequacy of the premises, equipment, personnel, policies and procedures, and finances, and to ascertain whether the facility complies with all applicable State and Federal licensure regulations and statutes.	H 130		12/17/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 05/18/23

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H 130	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to only admit residents of [NJ Exec Order 26] faith, based on their restricted license, for 19 of 35 residents reviewed, Residents # 57, 128, 279, 34, 7, 53, 84, 25, 38, 122, 112,228, 282, 378, 121, 80, 129, 94, and 16. The deficient practice is evidenced by the following: On 5/1/23 at 11:00 AM, the surveyor reviewed the current sample of residents to determine if the facility is in compliance with admitting residents of U.S. FOIA (b)(6) in the appropriate time frames and found that Residents # 57, 128, 279, 34, 7, 53, 84, 25, 38, 122, 112,228, 282, 378, 121, 80, 129, 94, and 16 were of NJ Exec Order 26.4b1. A review of a letter dated September 14, 2018, from the State of New Jersey Department of Health (State) to the facility's Administrator revealed the facility was approved to establish a 150 bed statewide restricted admission Long Term Care facility "to serve members of the NJ Exec Order 26.4b1 who desire a health setting that is NJ Exec Order 26.4b1 On 5/2/23 at 1:00 PM, the surveyor discussed the above concerns with the U.S. FOIA (b)(6) and U.S. FOIA (b) The facility did not provide any further documentation.	H 130	1. The Admissions Director and social worker have interviewed all identified residents from the 2023 survey and they have all confirmed by written attestation that all residents are either members of the [NJ Exec Order 26] faith or that they identify with the [NJ Exec Order 26] Faith to the extent that they desire to live in a health care facility which observes a culturally [NJ Exec Order 26] lifestyle including observing [NJ Exec Order 26.4b] the [NJ Exec Order 26] and other [NJ Exec Order 26] holidays. Residents #128, 112, 282, 34, 53, 122, 228, 378 and 129 no longer reside at the facility. Residents #57, 279, 7, 84, 25, 38, 121, 80, 94 and 16 are current residents of the facility that stated upon admission that they are of NJ Exec Order 26.4b1 [NJ Exec Order 26] ; and b) reconfirmed that they or an immediate family were either members of the [NJ Exec Order 26] faith or identify as someone of the [NJ Exec Order 26] a health care facility which observes a culturally [NJ Exec Order 26] lifestyle including observing [NJ Exec Order 26.4b], the U.S. FOIA (b)(6) and other [NJ Exec Order 26] holidays. No change in their care plan was determined to be needed. Copies of their attestation of their desire to remain at the facility are attached. 2. No residents have the potential to be negatively affected by being admitted to a facility that observes a [NJ Exec Order 26] lifestyle and [NJ Exec Order 26.4] menu.	

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H 130	Continued From page 2	H 130	3. The Administrator will be notified immediately if a resident or their Responsible person reports during their assessment and evaluation to either the Admissions or Social Work staff that they do not identify as a member of the [redacted] and do not wish to reside in a health care facility that is culturally [redacted] and [redacted]. These residents will not be accepted and referred and transferred to another facility. Residents who did not disclose their religious identity prior to their physical arrival after a transfer from an acute care hospital, who then later identified another religion on the admission interview by Admissions or Social Work staff, are advised that the [redacted] is not permitted to accept them unless they identify as a member of the [redacted], or the immediate family member of a member of the [redacted], who understands and accepts that the [redacted] observes a culturally [redacted] lifestyle including observing [redacted] and other [redacted] holidays. Such residents must sign an attestation of their compliance and desire to remain at the facility. Residents not identifying as [redacted] and not accepted will be retained only as long as a transfer to an area long term care facility acceptable to the resident can be arranged. Certain residents identified in the survey were admitted during the pendency of a waiver granted by the Department during the COVID-19 pandemic to admit [redacted] residents, who have remained in the facility.	

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H 130	Continued From page 3	H 130	The facility admissions policy has been reviewed to ensure it complies with the language contained in the Certificate of Need and licensure approvals, which confirmed that the facility□s Certificate of Need application stated that the facility will serve only members of the [redacted] or their immediate family members who desire a health care setting that is both culturally [redacted]. Admissions are being screened as described above to ensure ongoing compliance. Pursuant to these approval letters, the facility policy defines members of the [redacted] to include those individuals or their immediate family members (including partners) who a) are members of a [redacted] organization, are of [redacted] and accept the [redacted] faith, values, customs, and/or traditions, and b) who also confirm that they desire to reside in a health care facility which observes a culturally [redacted] lifestyle including observing [redacted] and [redacted] holidays. 4. The Administrator/designee will continue to audit all admissions for compliance with the admissions policy on a monthly basis. The results of the audit will be reported to the facility QAPI Committee for one quarter to determine if compliance has been maintained. Based on the results of the audit, the QAPI committee will determine if there is a continued need for the audit.	

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S 000	Continued From page 4	S 000		
S 000	Initial Comments Complaint # F658 D, NJ 00160939, NJ00163077, NJ 00156208, NJ 00160421, NJ 00157197 THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS. Complaints were also investigated during this survey.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint # F658 D, NJ 00160939, NJ00163077, NJ 00156208, NJ 00160421, NJ 00157197 Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the	S 560	1.No residents were identified as having been affected. 2. The Administrator and Director of Nursing completed an audit of direct care staffing ratios for the last 30 days. No	5/10/23

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S 560	Continued From page 5 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. 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 the 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	S 560	care or resident concerns were noted. 3. The Administrator was re-educated by the Regional Director on State minimum direct care staff to resident ratios and immediate measures to resolve staffing needs, such as employee incentives or agency utilization. The Administrator has re-educated the Director of Nursing on the policy and interventions for staff recruitment and retention programs to mentor new staff. The facility has implemented a Culture Committee focused on recruitment and retention of staff with enhancing the employee experience. 4. The Director of Nursing, Staffing Coordinator and Administrator will review 5 times per week for 2 months recruitment efforts, staffing for next day, and staffing for upcoming week. Administrator/designee will review the minutes from monthly resident council meetings for 3 months. Administrator/designee will review the minutes from the daily staffing meeting to determine whether all efforts are resulting in staffing levels meeting the requirements. Administrator/designee will interview five residents weekly for 4 weeks and then monthly for an additional 2 months. The results of the audit will be submitted to the facility Administrator and the QAPI Committee for 3 months for further review and recommendations as needed. Further audit frequency will be determined	

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S 560	Continued From page 6 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 on which the shift begins. 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 ... A review of the "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" 1. The weeks of 4/02/23 to 4/08/23 and 4/09/23 to 4/15/23 revealed the following: The facility was deficient in CNA staffing for residents on 14 of 14-day shifts as follows: -04/02/23 had 12 CNAs for 127 residents on the day shift, which required 16 CNAs. -04/03/23 had 13 CNAs for 125 residents on the day shift, which required 16 CNAs. -04/04/23 had 14 CNAs for 125 residents on the day shift, which required 16 CNAs. -04/05/23 had 14 CNAs for 125 residents on the day shift, which required 16 CNAs. -04/06/23 had 15 CNAs for 125 residents on	S 560	based on audit findings.	

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S 560	Continued From page 7	S 560		

the day shift, which required 16 CNAs.
-04/07/23 had 14 CNAs for 125 residents on the day shift, which required 16 CNAs.
-04/08/23 had 10 CNAs for 126 residents on the day shift, which required 16 CNAs.
-04/09/23 had 10 CNAs for 126 residents on the day shift, which required 16 CNAs.
-04/10/23 had 11 CNAs for 126 residents on the day shift, which required 16 CNAs.
-04/11/23 had 13 CNAs for 136 residents on the day shift, which required 17 CNAs.
-04/12/23 had 13 CNAs for 136 residents on the day shift, which required 17 CNAs.
-04/13/23 had 14 CNAs for 136 residents on the day shift, which required 17 CNAs.
-04/14/23 had 12 CNAs for 137 residents on the day shift, which required 17 CNAs.
-04/15/23 had 12 CNAs for 137 residents on the day shift, which required 17 CNAs.

2. During the week of 03/19/2023 to 03/25/2023, the facility was deficient in CNA staffing for residents on 7 of 7-day shifts as follows:

-03/19/23 had 9 CNAs for 133 residents on the day shift, which required 17 CNAs.
-03/20/23 had 12 CNAs for 131 residents on the day shift, which required 16 CNAs.
-03/21/23 had 13 CNAs for 131 residents on the day shift, which required 16 CNAs.
-03/22/23 had 15 CNAs for 131 residents on the day shift, which required 16 CNAs.
-03/23/23 had 15 CNAs for 131 residents on the day shift, which required 16 CNAs.
-03/24/23 had 11 CNAs for 134 residents on the day shift, which required 17 CNAs.
-03/25/23 had 11 CNAs for 132 residents on the day shift, which required 16 CNAs.

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S 560	Continued From page 8 3. For the 2 weeks from 01/22/2023 to 02/04/2023, the facility was deficient in CNA staffing for residents on 13 of 14-day shifts as follows: -01/22/23 had 12 CNAs for 135 residents on the day shift, which required 17 CNAs. -01/23/23 had 14 CNAs for 131 residents on the day shift, which required 16 CNAs. -01/25/23 had 14 CNAs for 129 residents on the day shift, which required 16 CNAs. -01/26/23 had 13 CNAs for 126 residents on the day shift, which required 16 CNAs. -01/27/23 had 13 CNAs for 126 residents on the day shift, which required 16 CNAs. -01/28/23 had 13 CNAs for 126 residents on the day shift, which required 16 CNAs. -01/29/23 had 11 CNAs for 126 residents on the day shift, which required 16 CNAs. -01/30/23 had 12 CNAs for 128 residents on the day shift, which required 16 CNAs. -01/31/23 had 14 CNAs for 128 residents on the day shift, which required 16 CNAs. -02/01/23 had 14 CNAs for 128 residents on the day shift, which required 16 CNAs. -02/02/23 had 15 CNAs for 128 residents on the day shift, which required 16 CNAs. -02/03/23 had 14 CNAs for 132 residents on the day shift, which required 16 CNAs. -02/04/23 had 10 CNAs for 132 residents on the day shift, which required 16 CNAs. 4. For the 7 weeks from 06/26/2022 to 08/13/2022, the facility was deficient in CNA staffing for residents on 49 of 49-day shifts and deficient in total staff for residents on 1 of 49 overnight shifts as follows:	S 560		

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S 560	Continued From page 9 -06/26/22 had 14 CNAs for 132 residents on the day shift, which required 16 CNAs. -06/27/22 had 14 CNAs for 132 residents on the day shift, which required 16 CNAs. -06/28/22 had 15 CNAs for 132 residents on the day shift, which required 16 CNAs. -06/29/22 had 15 CNAs for 132 residents on the day shift, which required 16 CNAs. -06/30/22 had 15 CNAs for 132 residents on the day shift, which required 16 CNAs -07/01/22 had 13 CNAs for 133 residents on the day shift, which required 17 CNAs. -07/02/22 had 15 CNAs for 133 residents on the day shift, which required 17 CNAs. -07/03/22 had 13 CNAs for 133 residents on the day shift, which required 17 CNAs. -07/04/22 had 14 CNAs for 133 residents on the day shift, which required 17 CNAs. -07/04/22 had 8 total staff for 133 residents on the overnight shift, which required 9 total staff. -07/05/22 had 14 CNAs for 133 residents on the day shift, which required 17 CNAs. -07/06/22 had 16 CNAs for 133 residents on the day shift, which required 17 CNAs. -07/07/22 had 15 CNAs for 133 residents on the day shift, which required 17 CNAs. -07/08/22 had 12 CNAs for 133 residents on the day shift, which required 17 CNAs. -07/09/22 had 13 CNAs for 138 residents on the day shift, which required 17 CNAs. -07/10/22 had 13 CNAs for 138 residents on the day shift, which required 17 CNAs. -07/11/22 had 11 CNAs for 138 residents on the day shift, which required 17 CNAs. -07/12/22 had 14 CNAs for 138 residents on the day shift, which required 17 CNAs. -07/13/22 had 15 CNAs for 138 residents on the day shift, which required 17 CNAs. -07/14/22 had 14 CNAs for 138 residents on the	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13011	A. BUILDING: _____ B. WING _____	C 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NU	1151 WEST MAIN STREET FREEHOLD, NJ 07728

(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 10	S 560		

day shift, which required 17 CNAs.
-07/15/22 had 15 CNAs for 138 residents on the day shift, which required 17 CNAs.
-07/16/22 had 14 CNAs for 138 residents on the day shift, which required 17 CNAs.
-07/17/22 had 14 CNAs for 138 residents on the day shift, which required 17 CNAs.
-07/18/22 had 13 CNAs for 138 residents on the day shift, which required 17 CNAs.
-07/19/22 had 13 CNAs for 138 residents on the day shift, which required 17 CNAs.
-07/20/22 had 15 CNAs for 136 residents on the day shift, which required 17 CNAs.
-07/21/22 had 14 CNAs for 133 residents on the day shift, which required 17 CNAs.
-07/22/22 had 14 CNAs for 133 residents on the day shift, which required 17 CNAs.
-07/23/22 had 12 CNAs for 132 residents on the day shift, which required 16 CNAs.
-07/24/22 had 9 CNAs for 132 residents on the day shift, which required 16 CNAs.
-07/25/22 had 9 CNAs for 132 residents on the day shift, which required 16 CNAs.
-07/26/22 had 14 CNAs for 129 residents on the day shift, which required 16 CNAs.
-07/27/22 had 15 CNAs for 129 residents on the day shift, which required 16 CNAs.
-07/28/22 had 12 CNAs for 129 residents on the day shift, which required 16 CNAs.
-07/29/22 had 11 CNAs for 129 residents on the day shift, which required 16 CNAs.
-07/30/22 had 8 CNAs for 131 residents on the day shift, which required 16 CNAs.
-07/31/22 had 11 CNAs for 131 residents on the day shift, which required 16 CNAs.
-08/01/22 had 15 CNAs for 131 residents on the day shift, which required 16 CNAs.
-08/02/22 had 11 CNAs for 131 residents on the day shift, which required 16 CNAs.
-08/03/22 had 12 CNAs for 131 residents on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13011	A. BUILDING: _____ B. WING _____	C 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NU	1151 WEST MAIN STREET FREEHOLD, NJ 07728

(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 11 day shift, which required 16 CNAs. -08/04/22 had 13 CNAs for 133 residents on the day shift, which required 17 CNAs. -08/05/22 had 14 CNAs for 133 residents on the day shift, which required 17 CNAs. -08/06/22 had 15 CNAs for 133 residents on the day shift, which required 17 CNAs. -08/07/22 had 14 CNAs for 135 residents on the day shift, which required 17 CNAs. -08/08/22 had 15 CNAs for 134 residents on the day shift, which required 17 CNAs. -08/09/22 had 15 CNAs for 133 residents on the day shift, which required 17 CNAs. -08/10/22 had 16 CNAs for 133 residents on the day shift, which required 17 CNAs. -08/11/22 had 16 CNAs for 133 residents on the day shift, which required 17 CNAs. -08/12/22 had 15 CNAs for 133 residents on the day shift, which required 17 CNAs. -08/13/22 had 14 CNAs for 140 residents on the day shift, which required 17 CNAs. 5. For the 2 weeks of staffing from 05/29/2022 to 06/11/2022, the facility was deficient in CNA staffing for residents on 14 of 14-day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in CNAs to total staff on 1 of 14 evening shifts as follows: -05/29/22 had 15 CNAs for 131 residents on the day shift, which required 16 CNAs. -05/30/22 had 14 CNAs for 130 residents on the day shift, which required 16 CNAs. -05/31/22 had 15 CNAs for 129 residents on the day shift, which required 16 CNAs. -06/01/22 had 12 CNAs for 126 residents on the day shift, which required 16 CNAs. -06/02/22 had 13 CNAs for 126 residents on the	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13011	A. BUILDING: _____ B. WING _____	C 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NU	1151 WEST MAIN STREET FREEHOLD, NJ 07728

(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 12 day shift, which required 16 CNAs. -06/03/22 had 13 CNAs for 126 residents on the day shift, which required 16 CNAs. -06/04/22 had 13 CNAs for 126 residents on the day shift, which required 16 CNAs. -06/05/22 had 13 CNAs for 133 residents on the day shift, which required 17 CNAs. -06/06/22 had 15 CNAs for 133 residents on the day shift, which required 17 CNAs. -06/07/22 had 15 CNAs for 133 residents on the day shift, which required 17 CNAs. -06/08/22 had 15 CNAs for 131 residents on the day shift, which required 16 CNAs. -06/09/22 had 15 CNAs for 130 residents on the day shift, which required 16 CNAs. -06/09/22 had 12 total staff for 130 residents on the evening shift, which required 13 total staff. -06/09/22 had 5 CNAs to 12 total staff on the evening shift, which required 6 CNAs. -06/11/22 had 12 CNAs for 130 residents on the day shift, which required 16 CNAs. 6. For the 7 weeks of staffing from 01/09/2022 to 02/26/2022, the facility was deficient in CNA staffing for residents on 48 of 49-day shifts and deficient in total staff for residents on 1 of 49 overnight shifts as follows: -01/09/22 had 14 CNAs for 131 residents on the day shift, which required 16 CNAs. -01/10/22 had 11 CNAs for 131 residents on the day shift, which required 16 CNAs. -01/11/22 had 14 CNAs for 131 residents on the day shift, which required 16 CNAs. -01/12/22 had 13 CNAs for 131 residents on the day shift, which required 16 CNAs. -01/13/22 had 11 CNAs for 138 residents on the day shift, which required 17 CNAs.	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13011	A. BUILDING: _____ B. WING _____	C 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NU	1151 WEST MAIN STREET FREEHOLD, NJ 07728

(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 13	S 560		

-01/14/22 had 13 CNAs for 137 residents on the day shift, which required 17 CNAs.
-01/15/22 had 13 CNAs for 137 residents on the day shift, which required 17 CNAs.
-01/16/22 had 16 CNAs for 137 residents on the day shift, which required 17 CNAs.
-01/17/22 had 15 CNAs for 137 residents on the day shift, which required 17 CNAs.
-01/18/22 had 13 CNAs for 137 residents on the day shift, which required 17 CNAs.
-01/19/22 had 16 CNAs for 137 residents on the day shift, which required 17 CNAs.
-01/20/22 had 15 CNAs for 137 residents on the day shift, which required 17 CNAs.
-01/21/22 had 13 CNAs for 138 residents on the day shift, which required 17 CNAs.
-01/22/22 had 15 CNAs for 138 residents on the day shift, which required 17 CNAs.
-01/23/22 had 13 CNAs for 135 residents on the day shift, which required 17 CNAs.
-01/24/22 had 12 CNAs for 135 residents on the day shift, which required 17 CNAs.
-01/25/22 had 16 CNAs for 135 residents on the day shift, which required 17 CNAs.
-01/26/22 had 16 CNAs for 135 residents on the day shift, which required 17 CNAs.
-01/27/22 had 16 CNAs for 136 residents on the day shift, which required 17 CNAs.
-01/28/22 had 13 CNAs for 136 residents on the day shift, which required 17 CNAs.
-01/29/22 had 13 CNAs for 136 residents on the day shift, which required 17 CNAs.
-01/30/22 had 12 CNAs for 133 residents on the day shift, which required 17 CNAs.
-02/01/22 had 12 CNAs for 131 residents on the day shift, which required 16 CNAs.
-02/02/22 had 13 CNAs for 128 residents on the day shift, which required 16 CNAs.
-02/03/22 had 15 CNAs for 126 residents on the day shift, which required 16 CNAs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13011	A. BUILDING: _____ B. WING _____	C 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NU	1151 WEST MAIN STREET FREEHOLD, NJ 07728

(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 14 -02/04/22 had 11 CNAs for 126 residents on the day shift, which required 16 CNAs. -02/05/22 had 13 CNAs for 125 residents on the day shift, which required 16 CNAs. -02/06/22 had 11 CNAs for 125 residents on the day shift, which required 16 CNAs. -02/07/22 had 13 CNAs for 125 residents on the day shift, which required 16 CNAs. -02/08/22 had 14 CNAs for 125 residents on the day shift, which required 16 CNAs. -02/09/22 had 13 CNAs for 126 residents on the day shift, which required 16 CNAs. -02/10/22 had 14 CNAs for 126 residents on the day shift, which required 16 CNAs. -02/11/22 had 14 CNAs for 125 residents on the day shift, which required 16 CNAs. -02/12/22 had 13 CNAs for 125 residents on the day shift, which required 16 CNAs. -02/13/22 had 14 CNAs for 125 residents on the day shift, which required 16 CNAs. -02/13/22 had 8 total staff for 125 residents on the overnight shift, which required 9 total staff. -02/14/22 had 13 CNAs for 125 residents on the day shift, which required 16 CNAs. -02/15/22 had 13 CNAs for 128 residents on the day shift, which required 16 CNAs. -02/16/22 had 12 CNAs for 128 residents on the day shift, which required 16 CNAs. -02/17/22 had 13 CNAs for 127 residents on the day shift, which required 16 CNAs. -02/18/22 had 12 CNAs for 127 residents on the day shift, which required 16 CNAs. -02/19/22 had 11 CNAs for 127 residents on the day shift, which required 16 CNAs. -02/20/22 had 13 CNAs for 127 residents on the day shift, which required 16 CNAs. -02/21/22 had 12 CNAs for 127 residents on the day shift, which required 16 CNAs. -02/22/22 had 13 CNAs for 127 residents on the day shift, which required 16 CNAs.	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13011	A. BUILDING: _____ B. WING _____	C 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NU	1151 WEST MAIN STREET FREEHOLD, NJ 07728

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S 560	Continued From page 15 -02/23/22 had 12 CNAs for 127 residents on the day shift, which required 16 CNAs. -02/24/22 had 14 CNAs for 127 residents on the day shift, which required 16 CNAs. -02/25/22 had 11 CNAs for 127 residents on the day shift, which required 16 CNAs. -02/26/22 had 11 CNAs for 129 residents on the day shift, which required 16 CNAs. On 5/02/23 at 1:20 PM, the surveyor discussed the staffing ratios concerns with the Administrator and Director of Nursing and did not comment further.	S 560		
S1410	8:39-19.5(b)(1) Mandatory Infection Control and Sanitation (b) Each new employee, including members of the medical staff employed by the facility, upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows: 1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.	S1410		5/10/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13011	A. BUILDING: _____ B. WING _____	C 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NU	1151 WEST MAIN STREET FREEHOLD, NJ 07728

(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
S1410	Continued From page 16 This REQUIREMENT is not met as evidenced by: Based on interviews, and a review of facility documents it was determined that the facility failed to ensure that employees had [NJ Exec Order 2] [redacted] completed upon hire. This was found with 1 of 5 employee files reviewed, employee #5. The deficient practice was evidenced by the following: On 04/25/23 at 10:38 AM the surveyor reviewed 5 employee files for completeness. Of the 5 files reviewed it was found that 1 of the employees did not receive NJ Exec Order 26.4b1 testing. Employee # 5 had a NJ Exec Order 26.4b1 test done on [NJ Exec Order 26.4] There was no [NJ Exec Order 26] step. On 5/01/21 at 12:30 PM, the surveyor asked the Human Resources Manager if she was aware of the requirement to have a "NJ Exec Order 26.4b1 [redacted] test done upon hire. She said "Yes but it was missed. I am so sorry." On 5/01/23 at 1:00 PM, the surveyor reviewed the facility's Policy and Procedure titled " Tuberculosis, Employee Screening - New Jersey." The revision date on the policy was 4/28/23. The heading was "Policy Interpretation and Implementation" under "Screening 2. Upon employment, each new employee, including members of the medical staff employed by the facility, will receive a two-step Mantoux tuberculin	S1410	1. No residents were identified as having been affected. Employee #5 has since received the [NJ Exec Ord] NJ Exec Order 26.4b1 and was [NJ Exec Order 26.4b1] 2. All residents were evaluated for signs and symptoms of respiratory illness, no additional variances were noted 3. The Infection Preventionist and Human Resources director have been re-educated on the policy for regarding the policy new employee Mantoux tuberculin skin tests and exceptions to that testing. 4. The Director of Nursing /Business Office Director/Designee will audit all new employees monthly x3 months. The results of the audit will be submitted to the facility Administrator and the QAPI Committee for 3 months for further review and recommendations as needed. Further Audit frequency will be determined based on audit findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13011	A. BUILDING: _____ B. WING _____	C 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NU	1151 WEST MAIN STREET FREEHOLD, NJ 07728

(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
S1410	Continued From page 17 skin test (TST) via intradermal injection consisting of 0.1 ml of purified protein derivative (PPD) tuberculin containing five tuberculin units into the inner surface of the forearm."	S1410		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315528 Y1	A. Building B. Wing Y2	7/25/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NURSING, THE	1151 WEST MAIN STREET FREEHOLD, NJ 07728

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 F0585	Correction	ID Prefix F0658	Correction	ID Prefix F0695	Correction
Reg. # 483.10(j)(1)-(4)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(i)	Completed
LSC	05/10/2023	LSC	05/10/2023	LSC	05/10/2023
ID Prefix F0755	Correction	ID Prefix F0759	Correction	ID Prefix	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(f)(1)	Completed	Reg. #	Completed
LSC	05/10/2023	LSC	06/02/2023	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/2/2023	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
13011 Y1	A. Building B. Wing Y2	7/25/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NURSING, THE	1151 WEST MAIN STREET FREEHOLD, NJ 07728

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix H0130	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-2.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/17/2024	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
5/2/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
13011 Y1	A. Building B. Wing Y2	7/25/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NURSING, THE	1151 WEST MAIN STREET FREEHOLD, NJ 07728

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	05/10/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
5/2/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
13011 Y1	A. Building B. Wing Y2	7/25/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NURSING, THE	1151 WEST MAIN STREET FREEHOLD, NJ 07728

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 S1410	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-19.5(b)(1)	Completed	Reg. #	Completed
LSC	05/10/2023	LSC	05/10/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
5/2/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315528	A. BUILDING **01** B. WING _____	**05/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWISH HOME FOR REHABILITATION AND NURSING, THE	**1151 WEST MAIN STREET** **FREEHOLD, NJ 07728**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 04/20/2023. The facility was found to be in compliance with 42 CFR 483.73	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 04/20/23 was found to be in 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 Jewish Home for Rehabilitation and Nursing is a three-story building that was built in 2018, It is composed of Type II (222) protected construction. The facility is divided into nine - smoke zones. The generator does approximately 50 % of the building as per the Maintenance Director. The current occupied beds are 133 of 150.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/19/2023

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.