STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315520	A. BUILDING _____ B. WING _____	C 01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET WOODS REHABILITATION & NURSING CENTER	**780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873**

(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	F 000		

Complaint #'s: NJ 168006, 168845, 169737, and 171801.

Survey Date: 1/23/25 to 1/31/25

Census: 106

Sample: 23 + 3 closed records

A Recertification/LSC survey was conducted at Somerset Woods Rehabilitation and Nursing Center from 1/23/25 to 1/31/25, to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities.

During the survey, a finding which constituted an Immediate Jeopardy (IJ) was identified under 42 CFR 483.12(a)(1) F 600, F 609, and F 610, as the facility failed to ensure that residents were free from NJ Ex Order 26.4(b)(1); all allegations of NJ Ex Order 26 including NJ Ex Order 26.4(b)(1) were reported to the New Jersey Department of Health (NJDOH); and all allegations of NJ Ex Order 26 including NJ Ex Order 26.4(b)(1) were thoroughly investigated.

Resident #155, who was NJ ex order 26.4b1, reported on NJ ex order 26.4b1, to the Registered Nurse (RN #1) in the presence of their Resident Representative (RR #1), NJ ex order 26.4b1. Resident #155 also, without RN #1 or RR #1's knowledge, NJ ex order 26.4b1 RN #1 notified the physician who ordered the resident NJ ex order 26.4b1. Interview with the US FOIA (B) (6) on 1/24/25, confirmed the US FOIA (B) (6) was aware of the NJ ex order 26.4b1, and the incident was not reported to the NJDOH or investigated by the

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

Electronically Signed | 02/24/2025

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

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F 000	Continued From page 1 facility. The Administration were informed of the NJ ex order 26.4b1 and the NJ ex order 26.4b1, and were provided with the IJ templates on 1/28/25 at 5:56 PM. Acceptable Removal Plans were received on 1/29/25 at 2:56 PM, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: investigation immediately started with conclusion completed; NJDOH and the Ombudsman's office were notified of the allegation; employee files of staff scheduled during the incident were reviewed to ensure appropriate background checks; the Quality Assurance committee reviewed the facility's abuse policy with no revisions; the US FOIA (B) (6 inserviced the US FOIA (B) on the facility's abuse policy, reporting allegations to the US FOIA (B) (6 and appropriate authorities; the US FOIA (B) or designee inserviced all staff in the building on the facility's abuse policy and all staff would be inserviced before their next shift; the US FOIA (B) interviewed cognitively intact residents for any concerns on abuse; and the US FOIA (B) interviewed designated staff to determine if any residents had made allegations of abuse. The survey team verified the implementation of the Removal Plan on-site during the continuation of the survey, and determined the NJ ex order 26.4b1 NJ ex orde and NJ ex order 26 were removed as of 1/29/25. The findings also constituted an IJ identified under NJ ex order 26.4b1 NJ ex ord as the facility Administrator failed to ensure policies and procedures were implemented for abuse; investigating allegations of abuse; and reporting	F 000		

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F 000	Continued From page 2 allegations of abuse to the NJDOH to protect all residents from abuse. The Administration were informed of the NJ ex order 26.4b1 and was provided the IJ template on 1/30/25 at 4:59 PM. An acceptable removal plan was received on 1/31/2025 at 10:32 AM, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: the Clinical Consultant and Governing Body educated the Administrator regarding administration, and the facility's abuse policy including; reporting abuse and conducting a thorough investigation to ensure resident's safety. The survey team verified the implementation of the Removal Plan on-site on 1/31/24, and determined the NJ ex order 26.4b1 was removed as of 1/31/25 at 10:45 AM.	F 000		
F 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-	F 600		3/4/25

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F 600	Continued From page 3 §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 168006 Based on observations, interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to a.) implement their [redacted] policy and ensure residents were protected from [redacted] after a [redacted] (Resident #155) [redacted] and [redacted]. This deficient practice was identified for 1 of 2 residents [redacted] (Resident #155). A review of a Nursing Note dated [redacted], revealed that Resident #155 was in bed with their Resident Representative (RR #1) at bedside, when the resident reported to the Registered Nurse (RN #1) [redacted] The note further indicated that the resident, without RR #1 or RN #1's knowledge, [redacted]. RN #1 documented that they spoke to the physician who ordered the resident [redacted] Interviews on [redacted], with the [redacted] and on [redacted], with RN #1 [redacted]. The DON acknowledged that [redacted] to the New Jersey Department of Health (NJDOH), and the [redacted] confirmed Resident #155's [redacted] to the NJDOH. The facility's failure to implement their [redacted] policy	F 600	1. Corrective Action " Resident #155 [redacted]. " Reportable, Investigation and Conclusion Completed Immediately for Resident #155 on 1/28/2025 by the Director of Nursing. " Employee files for staff on schedule during incident were reviewed to ensure appropriate background checks were completed [redacted] by the [redacted] " On 1/29/25 the Director of nursing interviewed designated staff that conducted interviews on 1/29/25 of the residents to determine if any residents have complaints regarding abuse- there were none reported. " Resident #73 [redacted] " Resident #73 incident report, investigation and reporting was completed on 1/24/2025 by the Director of Nursing. " LICENSED PRACTICAL NURSE #2, Certified Nurses Aide #1, LICENSED PRACTICAL NURSE /UNIT MANAGER #1 and U.S. FOIA (b) (6) were individually counseled regarding Abuse Policy and reporting the DON. " On 1/29/2025 Facility policy on Abuse, Neglect, Misappropriation prevention policy and procedure was	

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F 600	Continued From page 4 including investigating and reporting all allegations of [NJ Ex Order 26] including [NJ Ex Order 26.4(b)(1)] placed all residents at risk for [NJ Ex Order 26] which posed the likelihood of serious physical and emotional harm, or impairment resulted in an Immediate Jeopardy (IJ) situation. The IJ began on [NJ ex order 26.4b1] after Resident #155 [NJ ex order 26.4b1] to RN #1. The facility was notified of the IJ on 1/28/25 at 5:59 PM. The facility submitted an acceptable Removal Plan (RP) on 1/29/25 at 2:56 PM. The survey team verified the implementation of the RP during the continuation of the on-site survey on 1/29/25. The facility further failed to ensure b.) an allegation of [NJ Ex Order 26.4(] and [NJ Ex Order 26.4(b)(1)] was investigated and reported in a timely manner when a [NJ Ex Order 26.4(b)(1)] resident made an allegation of [NJ Ex Order 26.4(b)(1)] a [NJ Ex Order 26.4(b)(1)] as it was requested and was [NJ Ex Order 26.4(b)(1)] by staff in an [NJ Ex Order 26.4(b)(1)]. This deficient practice was identified for 1 of 2 residents reviewed for [NJ Ex Order 26] (Resident #73). The evidence was as follows: Part A A review of the facility's "Abuse, Neglect, Misappropriation Prevention Policy and Procedure" dated reviewed 6/2024, included: Policy: Every resident as the right to be free from verbal, sexual, physical, or mental abuse, corporal punishment, and involuntary isolation...Purpose: To ensure timely and thorough investigation of abuse, neglect and/or mistreatment of residents...Sexual abuse:	F 600	reviewed by Quality Assurance committee and remains appropriate with no revisions. " Training on Reporting Protocols: [U.S. FOIA (b) (6)] was re-educated by the Administrator regarding F600 □ Abuse and Neglect and to report any allegation of abuse or neglect immediately to the facility□s Administrator, authorities, and the relevant regulatory bodies " Director of Nursing or designee has in serviced all staff currently available in the building regarding F600 □ Abuse and Neglect and following facility policy on 1/29/2025, for staff that are not currently available in the building, the director of nursing or designee has verbally given the in service over the phone on 1/29/2025. Any staff member who has not received the inservice in person or over the phone on 1/29/2025, will not be allowed to work their next scheduled shift until receiving reeducation regarding F600. " On 2/17/2025 , Director of Nursing has inserviced nursing staff regarding addressing resident needs timely and administer physician orders as needed. " On 1/29/2025, [US FOIA (B) (6)] was inserviced by Administrator regarding Resident Council meeting minutes and how to properly address concerns. " After governing body education on 1/29/25, DIRECTOR OF NURSING and/or Administrator shall notify Clinical Consultant/Governing Body regarding any allegations of abuse. 2. Identifying other residents " Residents currently residing in the	

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F 600	Continued From page 5 Includes but is not limited to humiliation, harassment, sexual coercion, unwanted sexual touching, or sexual assault..Investigation & Protection: Procedure: 1. When an incident or suspected incident of abuse is reported, the Administrator will appoint a facility representative to initiate an investigation and follow through to completion. 2. The investigation will proceed as follows: a. Interview/obtain statement of person(s) reporting incident, b. Interview/obtain statement from involved resident, c. Interview/obtain statement of any witnesses to incident, d. As necessary interview/obtain statements from staff members having contact with the resident during the previous shift prior to the shift of the alleged incident, e. If relevant, interview/obtain statements from resident's roommate, family, and visitors, f. Review the medical record ...5. The Administrator or investigative designee will provide the resident or responsible party with timely progress reports in addition to all corrective actions taken. 6. All investigative information will be documented on the Resident Abuse Investigation form 7. In the event of allegation of abuse or neglect of any kind, the Administrator or designee will report the findings immediately to the Office of Ombudsman and the New Jersey Department of Health and Senior Services. Additional notification to the [name redacted] Police Department as circumstances warrant, 8. Inquiries concerning abuse reporting and investigation should be referred to the Administrator of designee...Abuse, Neglect, Exploitation Incident Investigation Checklist...Checklist to be initiated by Administrator, Assistant Administrator, Director of Nursing or Director of Social Services...Obtain Incident report. Be thorough. Obtain verbal or written statement form Resident, if possible. A	F 600	facility and have made an allegation of abuse have the potential to be affected by the deficient practice. " On 1/29/2025 the Director of Nursing or Designees have interviewed cognitively intact residents with a BRIEF INTERVIEW FOR MENTAL STATUS of 11 or higher regarding abuse, there were no concerns to address. " On 1/29/2025 Director of Nursing or Designees have performed a skin check on cognitively impaired residents with BRIEF INTERVIEW FOR MENTAL STATUS of 10 and below with no findings of abuse. 3. Systemic Changes " Beginning February 2025, Activities Director will discuss Resident Council meeting minutes with the Interdisciplinary team to identify resident concerns and submit copies to DIRECTOR OF NURSING and Administrator for review. February resident council meeting was held 2/11/2025 " DIRECTOR OF NURSING and/designee will audit incident reports and any abuse allegations to ensure the facility□s abuse policy was followed weekly x 3 weeks then monthly x 6 months or until sustained compliance is achieved. 4. Monitoring • DIRECTOR OF NURSING will audit incident reports and any abuse allegations to ensure the facility's abuse policy was followed weekly x 3 weeks then monthly x 3 months or until sustained compliance is	

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F 600	Continued From page 6 verbal statement may be transcribed and signed by the resident...Obtain written statements from all staff involved in Resident's care...Place information in investigative file that is available for survey process. The Director of Nursing/designee is designated as the individual who conducts the investigation. 3. The DON/Designee: a. Reviews the accident/incident report. b. Obtains written statements of staff assigned to the Resident for: i. the shift during the allegation is noted; ii. A minimum of 16 hours prior to the incident if indicated or appropriate, c. interviews witnesses, if any, d. Reviews the Resident's record. E. Reviews staff assignments and staff performance...h. Reports finding to the Administrator. The surveyor reviewed the electronic medical record (EMR) for Resident #155. A review of the Admission Record face sheet (an admission summary) revealed the resident was admitted to the facility with diagnoses which included but were not limited to; NJ ex order 26.4b1 [redacted] A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated [redacted], revealed the resident had a Brief Interview for Mental Status (BIMS) of [redacted] out of 15, indicating the resident NJ ex order 26.4b1 . Further review of the MDS, revealed the resident required	F 600	achieved. • Audit results shall be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly x 6 months for review and further recommendations. The next QAPI meeting is scheduled for 3/18/2025.	

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F 600	Continued From page 7 extensive assistance with activities of daily living and mobility. A review of the Progress Notes included a Nursing Note written by the RN #1 dated [NJ Ex Order 26.4(b)] at 9:58 PM, which revealed that the resident was received in their room with RR #1 by their bedside. The resident NJ ex order 26.4b1 [redacted]. The resident reported, NJ ex order 26.4b1 [redacted], NJ ex order 26.4b1 [redacted] RR #1 at the bedside reported that the resident's [NJ Ex Order 26.4(b)(1)] was never like that before the resident NJ ex order 26.4b1 [redacted]. The resident, without RR #1's and RN #1's knowledge, NJ ex order 26.4b1 [redacted] RN #1 assured RR #1 that the change would be communicated to the resident's physician. The physician was notified who then NJ ex order 26.4b1 [redacted] The resident was picked up at around 7:15 PM. A review of the individual comprehensive care plan (ICCP) included a focus of area for the use NJ ex order 26.4b1 [redacted]. The goals included; [NJ ex order 26.4b1] [redacted] through the review date, revised on [NJ ex order 26.4b1]. Interventions included to NJ ex order 26.4b1 [redacted]	F 600		

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F 600	Continued From page 8 On 1/24/25 at 9:28 AM, the surveyor requested any accidents, incidents, grievances, or reportable events for Resident #155. On 1/24/25 at 10:04 AM, the DON informed the surveyor that she did not have any reports for Resident #155. On 1/24/25 at 2:44 PM, the surveyor interviewed the [redacted] in the presence of the survey team, regarding an allegation of [redacted] At that time, the [redacted] stated the [redacted] had already left for the day. The [redacted] stated "if this is [name redacted-Resident #155], I had spoken with the [redacted] from the hospital who stated they (the hospital) would work [Resident #155] up" [redacted] The [redacted] stated she spoke with the facility's nursing staff who stated RR #1 [redacted]. The [redacted] stated the [redacted], and she notified the [redacted] the [redacted]. At that time, the [redacted] stated she [redacted] . The [redacted] stated the [redacted] I spoke to the [redacted] who said Resident #155 [redacted] " The [redacted] stated the HSW [redacted] at that time. The [redacted] stated the resident said the [redacted] The [redacted] stated the resident [redacted]	F 600		

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F 600	Continued From page 9 On 1/28/25 at 12:34 PM, the surveyor conducted a telephone interview with RN #1, who documented the resident's NJ ex order 26.4b1 [redacted]. RN #1 did not remember the incident at first, but when the surveyor read RN #1's note from [redacted], RN #1 stated, NJ ex order 26.4b1 [redacted] RN #1 further explained that the resident stated [redacted], only RR #1 [redacted]. RN #1 stated the [redacted] RN #1 confirmed the supervisor was aware and was on the floor. RN#1 [redacted] and she was unsure if she should have been. RN #1 NJ ex order 26.4b1 [redacted], but was not sure if Resident #155 NJ ex order 26.4b1 [redacted] On 1/28/25 at 1:16 PM, the surveyor conducted a telephone interview with the RN Nursing Supervisor (RNS #1), who verified they were the supervisor on [redacted]. RNS #1 stated he thought he NJ ex order 26.4b1 [redacted], but [redacted]. RNS #1 stated that the NJ ex order 26.4b1 [redacted] RR #1 NJ ex order 26.4b1 [redacted]; and "NJ ex order 26.4b1 [redacted] [RR #1] [redacted]." RNS #1 stated he and RN #1 called the physician, who NJ ex order 26.4b1 [redacted] He further stated that [redacted] (the facility) NJ ex order 26.4b1 [redacted] RNS #1 stated the NJ ex order 26.4b1 [redacted]. RNS #1 stated the [redacted] was notified. The surveyor asked RNS #1 what should be done if a resident made an [redacted] he stated, "let the doctor know, call the	F 600		

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F 600	Continued From page 10 NJ Ex Order 26 let the family know and notify the US FOIA (B)." On 1/28/25 at 2:19 PM, the surveyor interviewed the US FOIA (B) (6) who stated if a resident told you a concern, you told the US FOIA and informed the US FOIA (B) or US FOIA (B) (6) and an investigation would occur. The US FOIA stated a grievance should be made available to the resident. The US FOIA stated "it (the concern) would follow the chain of events, and then I would give a statement, and all parties involved would also need to give one, including the resident." The US FOIA added that he would go straight to the US FOIA (B) or US FOIA (B) (6), if the concern was NJ Ex Order 26.4(b)(1) he stated "that was a serious situation" because "I believe they would have to report it to the state and start an official investigation." On 1/28/25 at 2:39 PM, the survey team interviewed the US FOIA (B) (6) who stated examples of abuse were physical, sexual, financial, emotional, restraining, withholding things and should be reported to the US FOIA (B). On 1/28/25 at 5:55 PM, the survey team met with the US FOIA (B) and US FOIA (B) (6) The US FOIA (B) (6) stated the types of abuse were physical, sexual, and verbal. The US FOIA (B) (6) stated that an NJ ex order 26.4b1 was a reason to suspect something happened, and he should be notified as soon as possible. The US FOIA (B) (6) stated "it would be reported, then investigated." The US FOIA (B) (6) stated that typically an allegation of rape was reported to the NJDOH unless the staff was 100% certain it did not happen. The US FOIA (B) (6) further stated that if a resident was NJ Ex Order 26.4(b)(1), it was sometimes their behavior so determination to report was made on a case-by-case basis. The US FOIA (B) (6) stated that the US FOIA (B) had a "soft file" for Resident #155's	F 600		

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SOMERSET WOODS REHABILITATION & NURSING CENTER	**780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873**

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F 600	Continued From page 11	F 600		

allegation. The survey team informed him the "soft file" was not provided to the survey team on 1/24/25, when the accidents, incidents, grievances, or reportable events were requested for Resident #155. The survey team also stated that a "soft file" was not mentioned during the interview with the [redacted] on 1/24/25.

On 1/30/25 at 9:07 AM, the surveyor interviewed the [redacted] who stated any type of [redacted] should be discussed with the [redacted] and the [redacted] The [redacted] stated an investigation included: checking on the resident; interviewing the resident and staff; reaching out to the family; doing a [redacted] assessment; and calling [redacted] if warranted. The [redacted] stated that the facility reported any allegation of [redacted] to the NJDOH as soon as we found out an incident occurred. The [redacted] stated, "[redacted] ; the [redacted] should be called; and an investigation started." The [redacted] stated she could not recall Resident #155's [redacted]

On 1/30/25 at 9:37 AM, the surveyor interviewed the [redacted] who stated if staff called him regarding an allegation of [redacted] with a resident, he would have the resident sent to the hospital for evaluation and tell the staff to follow the facility's protocol for investigation.

On 1/30/25 at 9:58 AM, the surveyor interviewed the [redacted] and asked who was ultimately responsible for the building, and he stated, "I am as the administrator. I am expected to be notified everyday of anything going on in the building. My staff are instructed to make me aware of everything. I understand it to be my

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F 600	Continued From page 12	F 600		

responsibility." The [redacted] stated typically we would be notified right away but if he was unavailable, the [redacted] should "field that call." The [redacted] stated if staff left him a voicemail, it went to his email. The [redacted] stated ultimately the [redacted] knew what to do when he was not at the facility, and she knew what should be reported. The [redacted] stated, "Monday morning anything that happened over the weekend, I expect my staff to tell me and make me aware." The [redacted] stated he instructed his staff to keep "soft files" in case there was ever a question about an event, and he could not explain the purpose of keeping a "soft file."

On 1/30/25 at 10:15 AM, the surveyor interviewed the [redacted] regarding Resident #155's NJ ex order 26.4b1 [redacted]. The [redacted] stated, NJ ex order 26.4b1 [redacted]" The [redacted] stated she received a phone call from RNS #1, who stated that the NJ ex order 26.4b1 [redacted] and he notified the US FOIA (B) (6) The [redacted] stated she could not recall if she reported the event to the [redacted]. The [redacted] stated she kept a "soft file" on the event in case there was a question, and she added it was not part of the medical record. The surveyor asked was that not the purpose of an investigation, and the [redacted] stated "yes." The [redacted] could not explain why she did not offer the "soft file" to the survey team during the interview on 1/24/25. The [redacted] stated she normally discussed any significant events that happened over the weekend at the Monday morning meeting, which included all the department heads: the [redacted], the US FOIA (B) (6) [redacted] of US FOIA (B) (6) the [redacted] and the [redacted] When asked if an NJ ex order 26.4b1 or if the NJ ex order 26.4b1 [redacted] was a significant event, the [redacted] stated "yes." The [redacted] stated, [redacted]

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F 600	Continued From page 13 cannot remember if I discussed it NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) coming to the building) in morning meeting." An acceptable removal plan was received on NJ ex order 26.4b1 at 2:56 PM, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: investigation immediately started with conclusion completed; NJDOH and the U.S. FOIA (b) (6) office were notified of the allegation; employee files of staff scheduled during the incident were reviewed to ensure appropriate background checks; the Quality Assurance committee reviewed the facility's abuse policy with no revisions; the US FOIA (B) (6) inserviced the US FOIA (B) on the facility's abuse policy, reporting allegations to the US FOIA (B) (6) and appropriate authorities; the US FOIA (B) or designee inserviced all staff in the building on the facility's abuse policy and all staff would be inserviced before their next shift; the US FOIA (B) interviewed cognitively intact residents for any concerns on abuse; and the US FOIA (B) interviewed designated staff to determine if any residents had made allegations of abuse. The survey team verified the implementation of the removal plan during the continuation of the on-site survey on 1/29/25. Part B On 1/23/25 at 10:31 AM, the surveyor observed Resident #73 dressed and groomed seated in a wheelchair in the doorway of their room. The resident stated NJ ex order 26.4b1, which was observed by the surveyor. At that time,	F 600		

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F 600	Continued From page 14 the resident had not expressed any concerns related to [NJ Ex Order 26.4b1]. The surveyor observed an [NJ ex order 26.4b1 redacted] On 1/24/25 at 10:30 AM, the surveyor conducted a Resident Council Meeting where Resident #73 was in attendance. At that time, Resident #73 stated that [NJ ex order 26.4b1 redacted] to the Certified Nurse Aide (CNA #1). The resident stated they waited two hours until the nurse came in. At that time, the nurse stated she did not know anything about the resident's above mentioned request. The resident stated the nurse left the room, and it took another 45 minutes to receive the treatment. The resident further stated that they reported this to the [US FOIA (B) (6) redacted] however, they [US FOIA (B) (6)] did not acknowledge the issue, and no one came back to follow up. A review of the Resident Council Minutes which was conducted on 1/14/25 at 2:00 PM, reflected that Resident #73 and the [US FOIA redacted] were in attendance. The minutes included that Resident #73 stated they '[NJ ex order 26.4b1 redacted] and told CNA #1. The resident further stated that [NJ ex order 26.4b1 redacted] The resident also stated they spoke with the Licensed Practical Nurse/Unit Manager (LPN/UM #1) about the issue and the staff member (CNA#1). The resident further stated that CNA #1 [NJ ex order 26.4b1 redacted] because the resident	F 600		

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F 600	Continued From page 15	F 600		

NJ ex order 26.4b1

On 1/24/25 at 2:02 PM, the surveyor requested any accidents, incidents, grievances, or investigations for Resident #73, and the US FOIA (B) stated she did not have anything for that resident.

The surveyor reviewed the EMR for Resident #73.

A review of the Admission Record face sheet revealed the resident had diagnoses which included but were not limited to; NJ ex order 26.4b1

A review of the comprehensive MDS, dated NJ ex order 26.4(b)(1), reflected the resident had a BIMS score of NJ ex out of 15, which indicated an NJ ex order 26. It also reflected the above diagnoses and NJ ex order 26.4b1

A review of the ICCP reflected a focus dated 11/29/23, that the resident had 'NJ ex order 26.4b1 " In addition, there was a care plan dated NJ ex order 26.4b1, with a focus that the resident had NJ ex order 26.4b1 The goal was that the resident NJ ex order 26.4b1

NJ ex order 26.4b1

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A review of the Order Summary Report reflected

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 600	Continued From page 16 a physician's order (PO) dated NJ ex order 26.4b1, for NJ ex order 26.4b1, NJ ex order 26.4b1 A review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) for NJ ex order 26.4b1 and NJ ex order 26.4b1, revealed the resident's NJ ex order 26.4b1, NJ ex order 26, NJ ex order 26.4 for all three shifts. A further review revealed the resident NJ ex order 26.4b1 A review of the Progress Notes from NJ ex order 26.4b1, revealed no documented evidence that the resident had NJ ex order, was in NJ Ex Order 26.4(b)(1), or received NJ Ex Order 26.4(b)(1). In addition, there was no documented evidence of the resident's alleged incident prior to surveyor inquiry. On 1/24/25 at 2:04 PM, the surveyor interviewed the US FOIA (B), who stated that she was unaware of the resident's alleged incident on NJ ex order 26.4b1, until now. The US FOIA (B) stated Resident #73 had not approached her with this concern, which she was surprised since she felt they had a NJ Ex Order 26.4(b)(1) and saw the resident often. The US FOIA (B) stated that now that she was aware, she would initiate an immediate investigation. She acknowledged that she had no "formal" way to follow up Resident Council Minutes content. On 1/24/25 at 2:48 PM, the surveyor interviewed the US FOIA, who stated if there were nursing concerns brought up during Resident Council, he sent the	F 600		

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F 600	Continued From page 17 US FOIA (B) an email and waited for a response. The US FOIA stated that he could not remember concerns that were brought up at the last Resident Council Meeting, and at that time, he reviewed the minutes from the meeting on NJ Ex Order 26.4(b). The US FOIA stated that if a resident expressed a concern at council, he spoke to them on the side and encouraged the resident to speak to the department head and could not recall if he did that with Resident #73. The US FOIA stated the resident was NJ ex order 26.4b1 and NJ ex order 26 , but he still sent an email to the US FOIA (B). He acknowledged he did not send the email to the US FOIA (B) (6) as well. The US FOIA stated he was taught to communicate via email and could not speak to why he did not report the resident's NJ ex order 26.4b1 verbally as well. The US FOIA stated he did not recall a response from the US FOIA (B) (6) and stated he knew she was very busy. The US FOIA stated if he had not received a response, he would reapproach the email recipient and acknowledged he did not do that and that 10 days was too long to wait. The US FOIA stated, "I should have followed up." The US FOIA provided a copy of the email he sent to the survey team. On 1/24/25 at 3:56 PM, the surveyor interviewed the US FOIA (B), who acknowledged that the US FOIA sent an email but used the previous director's email account. The US FOIA (B) acknowledged the subject indicated "NJ Ex Ord Resident Council," and stated, "I just didn't get a chance to see that." The NJ ex order 2 also stated LPN/UM #1 denied awareness of the incident, and the US FOIA (B) was able to identify the US FOIA (B) and US FOIA (B) that were allegedly involved and relayed that information to the survey team. The US FOIA (B) could not speak to why Resident #73 had not reported this to her and that the resident stated the incident occurred a few weeks before	F 600		

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F 600	Continued From page 18	F 600		

that Resident Council Meeting on the overnight shift. The [US FOIA (B)] stated that the resident had no history of making accusatory or inaccurate statements. The [US FOIA (B)] stated the [US FOIA] should have brought this to her attention immediately, and further stated that the [US FOIA] attended morning meeting daily as well.

On 1/28/25 at 2:00 PM, the surveyor conducted a follow up interview with the resident in their room. The resident stated that they spoke to the [US FOIA] the morning of the Resident Council Meeting on 1/14/25, about their concerns. The resident stated the [US FOIA] stated to '[NJ ex order 26.4b1]' and to mention the incident without details during the Resident Council Meeting so he can include it in [NJ ex order 26.4b1] The resident further described the incident to the surveyor. The resident stated that morning, while [NJ Ex Order 26.4(b)(1)] they felt they needed NJ Ex Order 26.4(b)(1). The resident stated they rang the call bell around 4:00 AM, and CNA #1 responded, 'NJ ex order 26.4b1 [name redacted]," which the resident stated was a resident NJ ex order 26.4b1 . The resident acknowledged that NJ ex order 26.4b1 The resident stated at 6:30 AM, [US FOIA (B)] #2 came to the room to administer medications. At that time, the resident asked if CNA #1 told her about the request for a NJ ex order 26.4b1 . [US FOIA (B)] #2 stated '[NJ ex]' and the resident stated that [US FOIA (B)] #2 NJ ex order 26.4b1 at 7:15 AM.

During that same interview, the resident stated they [NJ ex order 26.4b1]" and that there was [NJ ex order 26.4b1] [NJ ex order 26.4b1]. The resident then stated that at approximately 9:30 AM, they went outside to the [NJ Ex Order 26.4(b)(1)] to speak with LPN/UM #1 (who they knew [NJ Ex Order 26.4(b)] after morning meeting) about

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F 600	Continued From page 19	F 600		

the incident. The resident further stated the [US FOIA] was also present. The resident also stated later that morning, CNA #1 approached the resident in an [NJ ex order 26.4b1]," and stated the resident [NJ ex order 26.4b1] and that the resident [NJ ex order 26.4b1] The resident stated that later that morning they reported the incident to the [US FOIA], who told the resident to hold off and bring it up at the Resident Council Meeting so he could put it in an official report. The resident stated they did speak of the incident at the 2:00 PM Resident Council Meeting that day. The resident stated that they were disappointed this was not addressed in a timely manner since they went through "the chain of command." The resident stated that on [NJ ex order 26.4b1] as soon as the [US FOIA (B)] was aware of the incident, she [NJ ex order 26.4b1]" right away. The resident further stated that if the [US FOIA (B)] had known sooner, she would have acted rapidly. The resident stated that [NJ ex order 26.4b1].

On 1/28/25 at 2:19 PM, the surveyor interviewed the [US FOIA], who stated if he was made aware a resident reported they did not receive a requested treatment or care, he went straight to the unit manager and then reported it to the [US FOIA (B)] and [US FOIA (B) (6)]. The [US FOIA] stated an investigation should have been done. The [US FOIA] stated that if he became aware that a resident reported that they were spoken to inappropriately by staff, he would go "straight" to the [US FOIA (B)] and [US FOIA (B) (6)], "that's a serious situation, and it's a dignity issue." The [US FOIA] further stated it would have to be reported to the state and an official investigation should then be started. He did not recall being in the presence of the resident and LPN/UM #1 outside in the [NJ Ex Order 26.4(b)(1)] during a conversation regarding the

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F 600	Continued From page 20 resident's allegation. The US FOIA also stated that the resident had not reported anything to him. On 1/28/25 at 2:39 PM, the surveyor interviewed the US FOIA, who stated he could not recall if the resident reported the allegation to him prior to the Resident Council Meeting. The US FOIA stated, " I think I would have remembered that." The US FOIA stated that he did not think the resident NJ ex order 26.4b1 [redacted] The US FOIA stated he reported what the resident stated via an email sent "rapidly." He did acknowledge and stated, "I should have acted sooner." The US FOIA stated, NJ ex [redacted] " He further stated, "I should have followed up sooner." He also stated "I don't" remember if the email or concern was discussed in morning meeting or if he checked with the US FOIA (B) to ensure she received the email and had followed up. He stated he assumed the US FOIA (B) read the email and followed up. The US FOIA stated he received NJ Ex Order 26 education and named ' NJ ex order 26.4b1 NJ ex order 26.4b The US FOIA stated if a resident reported any type of NJ Ex Order 26 to him, he would have reported this to the US FOIA (B). The US FOIA stated, "like I said, I should have possibly followed through a little more maybe I dropped the ball a little." On 1/28/25 at 3:32 PM, the surveyor interviewed LPN/UM #1, who stated that if a resident stated they NJ ex order 26.4b1 [redacted] that she would interview the staff identified and report this to the US FOIA (B) and US FOIA (B) (6. LPN/UM #1 stated that if staff denied the allegation, she reassured the resident and still reported it to the US FOIA (B) (6. LPN/UM #1 stated, she reported all incidents to the US FOIA (B), and the US FOIA (B) asked her for	F 600		

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F 600	Continued From page 21	F 600		

a statement related to an allegation by Resident #73. LPN/UM #1 stated she had no recollection of such incident, and had not been outside in the NJ Ex Order 26.4(b)(1) at the same time as the resident since the NJ Ex Order 26.4(b)(1) LPN/UM #1 had no recollection of Resident #73 alleging any complaints about staff. UM/LPN #1 stated that had she been aware, she would have reported it to the US FOIA (B). The LPN/UM #1 further stated the resident NJ ex order 26.4b1 NJ ex order 26 .

On 1/28/25 at 3:50 PM, the surveyor interviewed CNA #1, who stated that if a resident rang the call bell and needed treatment from a nurse, she reported this to the nurse immediately, especially if the resident was NJ Ex Order 26.4(b)(1) . CNA #1 stated she had not experienced any incidents with a resident on the 3rd floor since she has worked there full time since NJ Ex Order 26 CNA #1 stated that she answered call bells even if they were not on her assignment, and if a nurse did not do their job, she would have reported it to the U.S. FOI , especially if it had to do with NJ Ex Order 26.4(b) CNA #1 stated that Resident #73 NJ ex orde , but recalled that she answered her call bell one night or early morning. CNA #1 stated the resident stated NJ ex order 26.4b1 and that the resident was watching a NJ ex order 26.4b1 . CNA #1 stated that it was sometime after 3:00 AM, and she encouraged the resident to NJ Ex Order 26.4(b)(1) that it may help them NJ Ex Order 26 The US FOIA (B) stated that the resident NJ ex order 26.4b1 , NJ e CNA #1 stated she could not recall the exact date and stated it was sometime last year.

On 1/29/25 at 10:33 AM, the surveyor conducted

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F 600	Continued From page 22	F 600		

a phone interview with LPN #2, who stated that she was the resident's regular nurse and could not recall any incident with the resident. LPN #2 stated she could not recall the last time she provided the resident NJ ex order 26.4b1 ; NJ ex order 26.4b1 . LPN #2 stated that if she had, it would have been accounted for in the MAR/TAR. LPN #2 further stated the resident NJ ex order 26.4b1 .

On 1/30/25 at 12:22 PM, the surveyor interviewed the US FOIA (B) (6) who stated the was the abuse officer. The further stated that if she was aware of any type of allegation, she would have addressed it in morning meeting and that the and would follow up immediately.

On 1/30/25 at 3:49 PM, the surveyor interviewed the and , in the presence of the survey team. The stated he would have expected the to go directly (physically) to the with Resident #73's brought up at Resident Council and that email communication was not the typical procedure. The stated that he addressed this with the . The stated the NJ ex order 26.4b1 . The stated that in the past, the reported concerns to her verbally. In addition, she stated she was the only department the emailed, and not the as well. The stated that he was "NJ ex order 26.4b1 "

On 1/31/25 at 10:31 AM, the surveyor interviewed the , in the presence of the survey team. The acknowledged he was the abuse officer and was responsible to ensure allegations

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	315520	A. BUILDING _____ B. WING _____	C 01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET WOODS REHABILITATION & NURSING CENTER	**780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873**

(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 600	Continued From page 23 of abuse were reported and fully investigated. The [redacted] stated he was responsible to oversee this process and that it was done in accordance to their facility [redacted] policy. A review of the facility's "Resident Right's" policy dated 6/2024, included employees should treat all residents with kindness, respect and dignity...resident rights included being able to voice grievances and have the facility respond to those grievances...the facility would make every effort to assist each resident to exercise their rights to assure that the resident was always treated with respect, kindness and dignity... A review of an undated unsigned facility job description for "Director of Activities," included the directors "Main Duties:" included "Support the facility's philosophy of care and strive to achieve its goals and objectives." A review of the [redacted] employee file reflected the resident had training on NJ Ex Order 26.4(b)(1) of [redacted]. He answered 10 of 10 questions correctly, which included "Speaking to a resident in a [redacted] or [redacted] manner is not considered [redacted];" he correctly answered "False," and "[redacted] of any resident may occur NJ Ex Order 26.4(b)(1) [redacted] he correctly answered "True," and "If you suspect that a resident has been [redacted] or [redacted] it is your duty to report it to your supervisor;" he correctly answered "True." NJAC 8:39-4.1(a)(5); 33.2(c)(12)	F 600		
F 609 SS=J	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)	F 609		3/4/25

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F 609	Continued From page 24 §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 168006 Based on observations, interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to report within two hours to the New Jersey Department of Health (NJDOH) a.) an allegation of NJ Ex Order 26.4(b)(1)	F 609	1. Corrective Action • Resident #155 NJ ex order 26.4b1 [redacted]. • Reportable, Investigation and Conclusion Completed Immediately for Resident #155 on 1/28/2025 by the Director of Nursing. • Employee files for staff on schedule during incident were reviewed to ensure	

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F 609	Continued From page 25 for a cognitively intact resident (Resident #155) NJ ex order 26.4b1 . This deficient practice was identified for 1 of 2 residents reviewed for abuse. A review of a Nursing Note dated 9/30/23, revealed that Resident #155 NJ ex order 26.4b1 (RR #1) at bedside, when the resident reported to the Registered Nurse (RN #1) NJ ex order 26.4b1 The note further indicated that the resident, without RR #1 or RN #1's knowledge, NJ ex order 26.4b1 RN #1 documented that they spoke to the physician who NJ ex order 26.4b1 . Interviews on 1/24/25, with the US FOIA (B) (6) and on 1/28/25, with RN #1 NJ ex order 26.4b1 . The US FOIA (B) acknowledged that all NJ ex order 26.4b1 were to be reported immediately to the NJDOH, and the US FOIA (B) confirmed Resident #155's NJ ex order 26.4b1 to the NJDOH. The facility's failure to implement their abuse policy including investigating and reporting all allegations of NJ Ex Order 26 including NJ Ex Order 26.4(b)(1) placed all residents at risk for NJ Ex Order 26 which posed the likelihood of serious physical and emotional harm, or impairment resulted in an Immediate Jeopardy (IJ) situation. The IJ began on NJ ex order 26.4b1 , after Resident #155 NJ ex order 26.4b1 to RN #1. The facility was notified of the IJ on NJ ex order 26.4b1 at 5:59 PM. The facility submitted an acceptable Removal Plan (RP) on NJ ex order 26.4b1 at 2:56 PM. The survey team verified the implementation of the RP during the continuation of the on-site survey on 1/29/25.	F 609	appropriate background checks were completed 1/28/2025 by the DON. • On 1/29/25 the Director of nursing interviewed designated staff that conducted interviews on 1/29/25 of the residents to determine if any residents have complaints regarding abuse- there were none reported. • Resident #73 NJ ex order 26.4b1 • Resident #73 incident report, investigation and reporting was completed on 1/24/2025 by the Director of Nursing (DON). • LICENSED PRACTICAL NURSE #2, Certified Nurses Aide#1, LICENSED PRACTICAL NURSE/Unit Manager #1 and US FOIA (B) (6) were individually counseled regarding Abuse Policy and reporting by the DON. • On 1/29/2025 Facility policy on "Abuse, Neglect, Misappropriation prevention policy and procedure" was reviewed by Quality Assurance committee and remains appropriate with no revisions. • Training on Reporting Protocols: US FOIA (B) (6) was re-educated by the Administrator regarding F600 – Abuse and Neglect and to report any allegation of abuse or neglect immediately to the facility's Administrator, authorities, and the relevant regulatory bodies. • Director of Nursing or designee has in serviced all staff currently available in the building regarding F600 – Abuse and Neglect and following facility policy on	

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F 609	Continued From page 26 The facility further failed to ensure b.) an NJ ex order 26.4b1 to the NJDOH in a timely manner when a NJ ex order 26.4b1 NJ ex order 26.4b1 and NJ ex order 26.4b1. This deficient practice was identified for 1 of 2 residents (Resident #73) NJ ex order 26.4b1. The evidence was as follows: Refer F 600 Part A A review of the facility's "Abuse, Neglect, Misappropriation Prevention Policy and Procedure" dated reviewed 6/2024, included: Policy: Every resident has the right to be free from verbal, sexual, physical, or mental abuse, corporal punishment, and involuntary isolation...Sexual abuse: Includes but is not limited to humiliation, harassment, sexual coercion, unwanted sexual touching, or sexual assault...Investigation & Protection: Procedure: 1. When an incident or suspected incident of abuse is reported, the Administrator will appoint a facility representative to initiate an investigation and follow through to completion...7. In the event of allegation of abuse or neglect of any kind, the Administrator or designee will report the findings immediately to the Office of Ombudsman and the New Jersey Department of Health and Senior Services. Additional notification to the [name redacted] Police Department as circumstances warrant...Reporting, 1. The Director of Nursing/Administrator/designee will report the incident to the Department of Health and	F 609	1/29/2025, for staff that are not currently available in the building, the director of nursing or designee has verbally given the in service over the phone on 1/29/2025. Any staff member who has not received the inservice in person or over the phone on 1/29/2025, will not be allowed to work their next scheduled shift until receiving reeducation regarding F600. • On 2/17/2025, Director of Nursing or designee has inserviced nursing staff regarding addressing resident needs timely and administer physician orders as needed. • On 1/29/2025 , US FOIA (B) (6) was inserviced by Administrator regarding Resident Council meeting minutes and how to properly address concerns. • Beginning 1/29/25, DIRECTOR OF NURSING and/or Administrator shall notify Clinical Consultant/Governing Body regarding any allegations of abuse in real time. 2. Identifying other residents • Residents currently residing in the facility and have made an allegation of abuse have the potential to be affected by the deficient practice. • On 1/29/2025 the Director of Nursing or Designees have interviewed cognitively intact residents with a BRIEF INTERVIEW FOR MENTAL STATUS of 11 or higher regarding abuse, there were no concerns to address. • On 1/29/2025 Director of Nursing or Designees have performed a skin check	

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F 609	Continued From page 27 Ombudsman program according to regulatory requirements if there is reason to suspect abuse, neglect or mistreatment...7. All appropriate regulatory agencies will be notified of any allegations of abuse or neglect according to required timeframe's. The surveyor reviewed the electronic medical record (EMR) for Resident #155. A review of the Admission Record face sheet (an admission summary) revealed the resident was admitted to the facility with diagnoses which included but were not limited to; NJ ex order 26.4b1 [redacted] A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated NJ ex order 26.4b1, revealed the resident had a Brief Interview for Mental Status (BIMS) of NJ ex out of 15, indicating the resident NJ ex order 26.4b1 Further review of the MDS, revealed the resident NJ ex order 26.4b1 [redacted] A review of the Progress Notes included a Nursing Note written by the RN #1 dated NJ ex order 26.4b1 at 9:58 PM, which revealed that the resident was received in their room with RR #1 by their bedside. The resident NJ ex order 26.4b1 [redacted]. The resident reported, NJ ex order 26.4b1 [redacted]	F 609	on cognitively impaired residents with BRIEF INTERVIEW FOR MENTAL STATUS of 10 and below with no findings of abuse. 3. Systemic Changes • Beginning February 2025, Activities Director will discuss Resident Council meeting minutes with the Interdisciplinary team to identify resident concerns and submit copies to DIRECTOR OF NURSING and Administrator for review. February resident council meeting was held 2/11/2025 DIRECTOR OF NURSING and/or designee will audit incident reports and any abuse allegations to ensure the facility's abuse policy was followed weekly x 3 weeks then monthly x 6 months or until sustained compliance is achieved. New Jersey Department of Health Directed Plan of Correction (DPOC): • Beginning 2/10/25, Facility has retained an Administrator Consultant and Director of Nursing Consultant approved by NJ NEW JERSEY DEPARTMENT OF HEALTH. • Beginning on 2/14/25 and until otherwise directed by NEW JERSEY DEPARTMENT OF HEALTH, the Administrator Consultant and Facility shall submit weekly progress reports each Friday that includes status updates regarding: i. Identified areas of non-compliance ii. Corrective measures to address identified areas of non-compliance; and,	

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F 609	Continued From page 28 NJ ex order 26.4b1 RR #1 at the bedside reported that the resident's mental status NJ ex order 26.4b1 the resident NJ ex order 26.4b1 . The resident, without RR #1's and RN #1's knowledge, NJ ex order 26.4b1 RN #1 assured RR #1 that the change would be communicated to the resident's physician. The physician was notified who then NJ ex order 26.4b1 TNJ ex order 26.4b1 On 1/24/25 at 9:28 AM, the surveyor requested any accidents, incidents, grievances, or reportable events for Resident #155. On 1/24/25 at 10:04 AM, the US FOIA (B) informed the surveyor that she did not have any reports for Resident #155. On 1/24/25 at 2:44 PM, the survey team interviewed the US FOIA (B), who stated that she and the US FOIA (B) (6) were responsible for reportable events (reporting to the NJDOH) and that they should be reported as soon as possible. In Resident #155's case, the US FOIA (B) stated that she had spoken with the staff, and they informed her that RR #1 NJ ex order 26.4b1 with Resident #155 NJ ex order 26.4b1. The NJ ex order 26.4b1 and the US FOIA (B) (6) notified the US FOIA (B) that the NJ Ex Order 26 were at the facility. The US FOIA (B) further stated that at that time she was "NJ ex order 26.4b1" it NJ ex order 26.4b1 The US FOIA (B) stated the	F 609	iii. Status of corrective measures implementation 4. Monitoring • Audit results shall be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly x 6 months for review and further recommendations. The next QAPI meeting is scheduled for 3/18/2025.	

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F 609	Continued From page 29	F 609		

allegation was made on a Saturday, and when she came in on Monday, the hospital's [US FOIA (B) (6)] called her. The [US FOIA (B) (6)] reported that the [US FOIA (B)] stated the NJ ex order 26.4b1 [Resident #155] [NJ ex order] (Tests and assessments conducted to NJ Ex Order 26.4(b)(1)) The surveyor was unable to interview the [US FOIA (B) (6)] as the [US FOIA (B)] stated he had left the facility already.

On 1/28/25 at 12:34 PM, the surveyor conducted a telephone interview with RN #1, who documented the resident's NJ ex order 26.4b1 . RN #1 did not remember the incident at first, but when the surveyor read RN #1's note from [NJ ex order 26.4b1], RN #1 stated, "Now I remember, that evening I was the RN working." RN #1 further explained that the resident NJ ex order 26.4b1 , only RR #1 was in room with the resident. RN #1 NJ ex order 26.4b1 RN #1 confirmed the supervisor was aware and was on the floor. RN#1 was unsure if the [US FOIA (B)] was notified, and she was unsure if she should have been.

On 1/28/25 at 1:16 PM, the surveyor conducted a telephone interview with the RN Nursing Supervisor (RNS #1), who verified they were the supervisor on [NJ ex order 26.4b1]. RNS #1 stated he thought he vaguely remembered that case, but he could not recall the nurse on the unit. RNS #1 stated that the nurse called me that the resident was confused; RR #1 NJ ex order 26.4b1 ; and 'NJ ex order 26.4b1 [RR #1] [NJ ex order 26.4b1] RNS #1 stated he and RN #1 called the physician, who ordered to send the resident to NJ Ex Order 26.4(b)(1). He further stated that "we" (the facility) NJ ex order 26.4b1 RNS #1 stated

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F 609	Continued From page 30 the resident NJ ex order 26.4b1 . RNS #1 stated the was notified. The surveyor asked RNS #1 , he stated, "NJ ex order 26.4b1 On 1/28/25 at 5:55 PM, the survey team met with the and . The stated the types of were NJ Ex Order 26.4(b)(1) . The stated that an allegation of NJ Ex Order 26.4(b)(1) was a reason to suspect something happened, and he should be notified as soon as possible. The stated "i NJ ex order 26.4b1 The stated that typically an allegation of was reported to the NJDOH unless the staff was 100% certain it did not happen. The further stated that if a resident was cognitively impaired, it was sometimes their behavior so determination to report was made on a case-by-case basis. The stated that the had a "soft file" for Resident #155's allegation. The survey team informed him the "soft file" was not provided to the survey team on 1/24/25, when the accidents/incidents, grievances, or reportable events were requested for Resident #155. The survey team also stated that a "soft file" was not mentioned during the interview with the on 1/24/25. On 1/30/25 at 9:07 AM, the surveyor interviewed the US FOIA (B) (6) who stated any type of abuse: verbal, physical, or sexual should be discussed with the and the . The stated that the facility reported any allegation of to the NJDOH as soon as we found out an incident occurred. The stated, "if a resident made a statement of they should be assessed; the should be called; and an	F 609		

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F 609	Continued From page 31 investigation started." The [U.S. FO] stated she could not recall Resident #155's NJ ex order 26.4b1 [redacted] On 1/30/25 at 9:58 AM, the surveyor interviewed the [US FOIA (B) (6)], who stated ultimately the [US FOIA (B)] knew what should be reported to the NJDOH when there was an allegation of [NJ Ex Order 26.4] On 1/30/25 at 10:15 AM, the surveyor interviewed the [US FOIA (B)], who stated that she normally discussed any significant events that happened over the weekend at the Monday morning meeting, which included all the Department Heads: the [US FOIA (B)], the US FOIA (B) (6) [redacted] the [US FOIA (B) (6)], and the [U.S. FOI]. When asked if an allegation of [NJ Ex Orde] or if the [NJ Ex Order 26] came to the building was a significant event, she stated "yes." The [US FOIA (B)] stated, "I cannot remember if I discussed it ([NJ Ex Ord] [redacted]) in morning meeting." An acceptable removal plan was received on 1/29/25 at 2:56 PM, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: the allegation was reported to the NJDOH on 1/28/25, and the U.S. FOIA (b) (6) on 1/29/25; an investigation and conclusion was completed immediately for Resident #155 on 1/28/25; as of 1/28/25, the [US FOIA (B) (6)] ensures that within two hours, all allegations will be reported to the appropriate authorities (NJDOH, U.S. FOIA (b) (6) and NJ Ex Order 26.4(b)(1)); the [US FOIA (B)] was re-educated by the [US FOIA (B) (6)] regarding the requirement to report any allegation of abuse or neglect immediately to the [US FOIA (B) (6)] NJDOH. U.S. FOIA (b) (6) and NJ Ex Order 26.4(b)(1); the	F 609		

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F 609	Continued From page 32	F 609		

U.S. FOIA ([redacted] or designee has inserviced all staff currently available in the building regarding reporting allegations of abuse and completion of incident report and investigations within two hours; and any staff member who has not received the inservice in person or over the phone on 1/29/25, will not be allowed to work their next scheduled shift until receiving re-education regarding reporting of abuse allegations.

The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 1/29/25.

Part B

On 1/23/25 at 10:31 AM, the surveyor observed Resident #73 dressed and groomed seated in a wheelchair in the doorway of their room. The resident stated NJ ex order 26.4b1 , which was observed by the surveyor. At this time, the resident had not expressed any concerns related to abuse. The surveyor observed NJ ex order 26.4b1 [redacted]

On 1/24/25 at 10:30 AM, the surveyor conducted a Resident Council Meeting where Resident #73 was in attendance. At that time, Resident #73 stated that NJ ex order 26.4b1 [redacted] and NJ ex order 26.4b1 [redacted] treatment to Certified Nurse Aide (CNA #1). The resident stated they waited two hours until the nurse came in. At that time, the nurse stated she did not know

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F 609	Continued From page 33	F 609		

anything about the resident's above mentioned request. The resident stated the nurse left the room, and it [NJ ex order 26.4b1 redacted] The resident further stated that they reported this to the [US FOIA (B) (6) redacted] however, they (the [US FOIA redacted] did not acknowledge the issue, and no one came back to follow up.

A review of the Resident Council Minutes which was conducted on 1/14/25 at 2:00 PM, reflected that Resident #73 and the [US FOIA redacted] were in attendance. The minutes included that Resident #73 stated they '[NJ ex order 26.4b1 redacted] and told CNA #1. The resident further stated that they did not receive a [NJ Ex Order 26.4(b)(1) redacted] t until 7:15 AM. The resident also stated they spoke with the Licensed Practical Nurse/Unit Manager (LPN/UM #1) about the issue and the staff member (CNA#1). The resident further stated that CNA #1 [NJ Ex Order 26.4(b)(1) redacted] the resident [NJ Ex Order 26.4(b)(1) redacted] because the resident [NJ ex order 26.4b1 redacted]

On 1/24/25 at 2:02 PM, the surveyor requested any accidents/incidents/grievances or investigations for Resident #73, and the [US FOIA (B) redacted] stated she did not have anything for that resident.

On 1/28/25 at 11:10 AM, the [US FOIA (B) redacted] provided the survey team with a copy of an email which verified she reported the allegation of [NJ Ex Order 26 redacted] for Resident #73 to the NJDOH on 1/24/25 at 4:41 PM.

The surveyor reviewed the EMR for Resident #73.

A review of the Admission Record face sheet revealed the resident had diagnoses which

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	315520	A. BUILDING _____ B. WING _____	C 01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET WOODS REHABILITATION & NURSING CENTER	**780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873**

(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 609	Continued From page 34 NJ ex order 26.4b1 [redacted].	F 609		

A review of the annual MDS dated 10/27/24, reflected the resident had a BIMS score of [redacted] out of 15 which indicated an NJ Ex Order 26.4(b)(1). It also reflected the above diagnoses and was coded for NJ Ex Order 26.4(b)(1).

On 1/24/25 at 2:04 PM, the surveyor interviewed the [redacted] in the presence of the survey team. The [redacted] stated that she was unaware of the resident's alleged incident on [redacted] until now.

On 1/24/25 at 2:48 PM, the surveyor interviewed the [redacted] in the presence of the survey team. At that time, he reviewed the minutes from the last resident council meeting dated [redacted] He stated he sent an email to the [redacted] regarding Resident #73's allegation during the resident council meeting. He acknowledged he did not send the email to the [redacted] as well. He stated he could not speak to why he did not report the resident's concern/allegation verbally. He did not recall a response from the [redacted] and stated he knew she was very busy. The [redacted] stated, "I should have followed up" and that 10 days was too long to wait. He provided a copy of the email he sent to the survey team.

On 1/24/25 at 3:56 PM, the surveyor interviewed the [redacted] in the presence of the survey team. The [redacted] stated the [redacted] should have brought this to her attention immediately.

On 1/28/25 at 3:32 PM, the surveyor interviewed

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F 609	Continued From page 35	F 609		

LPN/UM #1, in the presence of a second surveyor. LPN/UM #1 stated, she reported all incidents to the [US FOIA (B) (6)]. She stated that Resident #73 did not report any allegations of [NJ Ex Order 26.4(b)(1)] or [NJ Ex Order 26.4(b)(1)] to her. She stated had she been aware, she would have reported it to the [US FOIA (B) (6)]

On 1/28/25 at 3:50 PM, the surveyor interviewed CNA #1, in the presence of a second surveyor. She stated that if a resident rang the call bell and needed treatment from a nurse, she would report this to the nurse immediately, especially if the resident was NJ Ex Order 26.4(b)(1). CNA #1 stated that if a nurse did not do their job, she would have reported it to the U.S. FOIA (b) (6), especially if it had to do with NJ Ex Order 26.4(b)(1).

On 1/30/25 at 3:49 PM, the surveyor interviewed the [US FOIA (B)] and [US FOIA (B) (6)], in the presence of the survey team. The [US FOIA (B) (6)] stated he would have expected the [U.S. FO] to go directly (physically) to the [US FOIA (B)] with Resident #73's allegation brought up at resident council and that email communication was not the typical procedure. He stated that he addressed this with the [US FOIA]. The [US FOIA (B) (6)] stated the [US FOIA] did not feel it was [NJ Ex Order 26.4] The [US FOIA (B)] stated that in the past, the [US FOIA] reported concerns to her verbally. In addition, she stated she was the only department the [US FOIA] emailed, and not the [US FOIA (B) (6)] as well. The [US FOIA (B) (6)] stated that he was "shocked."

On 1/31/25 at 10:31 AM, the surveyor interviewed the [US FOIA (B) (6)], in the presence of the survey team. He acknowledged he was the [NJ Ex Order 26.4(b)(1)] and was responsible to ensure allegations of [NJ Ex Order 26] were reported and fully investigated. The [US FOIA (B) (6)] stated he was responsible to oversee this process and that it was done in accordance to their facility abuse policy.

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F 609	Continued From page 36 A review of the [U.S. FOIA] employee file reflected the resident had training on NJ Ex Order 26.4(b)(1) of [NJ Ex Order 26.4(]. He answered 10 of 10 questions correctly, which included "If you suspect that a resident has been [NJ Ex Order 26.4(] or [NJ Ex Order 26.4(b)(1)] it is your duty to report it to your supervisor;" he correctly answered "True."	F 609		
F 610 SS=J	NJAC 8:39-9.4(f) Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 168006 Based on observations, interviews, record review,	F 610	1. Corrective Action • Resident #155 NJ ex order 26.4b1 [redacted] NJ ex order 26.4b1 [redacted] • Reportable, Investigation and	3/4/25

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F 610	Continued From page 37 and review of pertinent facility documents, it was determined that the facility failed to a.) implement their abuse policy and investigate an NJ ex order 26.4b1 [redacted] (Resident #155) NJ ex order 26.4b1 [redacted]. This deficient practice was identified for 1 of 2 NJ ex order 26.4b1 [redacted] (Resident #155). A review of a Nursing Note dated NJ Ex Order 26.4(b) revealed that Resident #155 was in bed with their Resident Representative (RR #1) at bedside, when the resident reported to the Registered Nurse (RN #1) NJ ex order 26.4b1 [redacted] The note further indicated that the resident, without RR #1 or RN #1's knowledge, NJ ex order 26.4b1 [redacted] RN #1 documented that they spoke to the physician who NJ ex order 26.4b1 [redacted]. Interviews on 1/24/25, with the US FOIA (B) (6) [redacted] and on 1/28/25, with RN #1 NJ ex order 26.4b1 [redacted]. The US FOIA (B) [redacted] acknowledged that all allegations of abuse were investigated, and the US FOIA (B)(6) confirmed Resident #155's NJ ex order 26.4b1 [redacted] The facility's failure to implement their abuse policy including investigating all allegations of NJ Ex Order 26 including NJ Ex Order 26.4(b)(1) placed all residents at risk for NJ Ex Order 26 which posed the likelihood of NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) [redacted], or impairment resulted in an Immediate Jeopardy (IJ) situation. The IJ began on 9/30/23, after Resident #155 made an allegation of NJ Ex Ord[redacted] to RN #1. The facility was notified of the IJ on 1/28/25 at 5:59 PM. The facility submitted an acceptable Removal Plan (RP) on 1/29/25 at 2:56 PM. The survey team verified the implementation of the RP during the	F 610	Conclusion Completed Immediately for Resident #155 on 1/28/2025 by the Director of Nursing (DON). • Employee files for staff on schedule during incident were reviewed to ensure appropriate background checks were completed 1/28/2025 by the DON. • On 1/29/25 the Director of nursing interviewed designated staff that conducted interviews on 1/29/25 of the residents to determine if any residents have complaints regarding abuse- there were none reported. • Resident #73 NJ ex order 26.4b1 [redacted] • Resident #73 incident report, investigation and reporting was completed on 1/24/2025 the DON. • LICENSED PRACTICAL NURSE #2, CERTIFIED NURSES AIDE#1, LICENSED PRACTICAL NURSE/Unit Manager #1 and Activities Director were individually counseled regarding Abuse Policy and reporting. • On 1/29/2025 Facility policy on "Abuse, Neglect, Misappropriation prevention policy and procedure" was reviewed by Quality Assurance committee and remains appropriate with no revisions. • Training on Reporting Protocols: U.S. FOIA (b) (6) was re-educated by the Administrator regarding F600 – Abuse and Neglect and to report any allegation of abuse or neglect immediately to the facility's Administrator, authorities, and the relevant regulatory bodies.	

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F 610	Continued From page 38 continuation of the on-site survey on 1/29/25. The facility further failed to ensure b.) an allegation of [redacted] and [redacted] was investigated when a [redacted] resident made an allegation of [redacted] as it was requested and was [redacted] by staff in [redacted]. This deficient practice was identified for 1 of 2 residents (Resident #73) [redacted]. The evidence was as follows: Refer to F 600 Part A A review of the facility's "Abuse, Neglect, Misappropriation Prevention Policy and Procedure" dated reviewed 6/2024, included: Policy: Every resident as the right to be free from verbal, sexual, physical, or mental abuse, corporal punishment, and involuntary isolation...Purpose: To ensure timely and thorough investigation of abuse, neglect and/or mistreatment of residents...Sexual abuse: Includes but is not limited to humiliation, harassment, sexual coercion, unwanted sexual touching, or sexual assault..Investigation & Protection: Procedure: 1. When an incident or suspected incident of abuse is reported, the Administrator will appoint a facility representative to initiate an investigation and follow through to completion. 2. The investigation will proceed as follows: a. Interview/obtain statement of person(s) reporting incident, b. Interview/obtain statement from involved resident, c. Interview/obtain statement of any witnesses to incident, d. As necessary interview/obtain statements from staff	F 610	• Director of Nursing or designee has in serviced all staff currently available in the building regarding F600 – Abuse and Neglect and following facility policy on 1/29/2025, for staff that are not currently available in the building, the director of nursing or designee has verbally given the in service over the phone on 1/29/2025. Any staff member who has not received the inservice in person or over the phone on 1/29/2025, will not be allowed to work their next scheduled shift until receiving reeducation regarding F600. • On 2/17/2025, Director of Nursing or designee has inservice nursing staff regarding addressing resident needs timely and administer physician orders as needed. • On 1/29/2025 , U.S. FOIA (b) (6) was inserviced by Administrator regarding Resident Council meeting minutes and how to properly address concerns. • Beginning 1/29/25, DIRECTOR OF NURSING and/or Administrator shall notify Clinical Consultant/Governing Body regarding any allegations of abuse in real time. 2. Identifying other residents • Residents currently residing in the facility and have made an allegation of abuse have the potential to be affected by the deficient practice. • On 1/29/2025 the Director of Nursing or Designees have interviewed cognitively intact residents with a BREIF INTERVIEW FOR MENTAL STATUS of 11 or higher regarding abuse, there were no concerns to address.	

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F 610	Continued From page 39 members having contact with the resident during the previous shift prior to the shift of the alleged incident, e. If relevant interview/obtain statements from resident's roommate, family, and visitors, f. Review the medical record ...5. The Administrator or investigative designee will provide the resident or responsible party with timely progress reports in addition to all corrective actions taken. 6. All investigative information will be documented on the Resident Abuse Investigation form...8. Inquiries concerning abuse reporting and investigation should be referred to the Administrator of designee...Abuse, Neglect, Exploitation Incident Investigation Checklist...Checklist to be initiated by Administrator, Assistant Administrator, Director of Nursing or Director of Social Services ...Obtain Incident report. Be thorough. Obtain verbal or written statement form Resident, if possible. A verbal statement may be transcribed and signed by the resident ...Obtain written statements from all staff involved in Resident's care...Place information in investigative file that is available for survey process. The Director of Nursing/designee is designated as the individual who conducts the investigation. 3. The DON/Designee: a. Reviews the accident/incident report. b. Obtains written statements of staff assigned to the Resident for: i. the shift during the allegation is noted; ii. A minimum of 16 hours prior to the incident if indicated or appropriate, c. interviews witnesses, if any, d. Reviews the Resident's record. E. Reviews staff assignments and staff performance...h. Reports finding to the Administrator. The surveyor reviewed Resident #155's electronic medical record (EMR).	F 610	• On 1/29/2025 Director of Nursing or Designees have performed a skin check on cognitively impaired residents with BREIF INTERVIEW FOR MENTAL STATUS of 10 and below with no findings of abuse. 3. Systemic Changes • Beginning February 2025, Activities Director will discuss Resident Council meeting minutes with the Interdisciplinary team to identify resident concerns and submit copies to DIRECTOR OF NURSING and Administrator for review. February resident council meeting was held 2/11/2025 • DIRECTOR OF NURSING and/or designee will audit incident reports and any abuse allegations to ensure the facility's abuse policy was followed weekly x 3 weeks then monthly x 6 months or until sustained compliance is achieved. New Jersey Department of Health Directed Plan of Correction (DPOC): • Beginning 2/10/25, Facility has retained an Administrator Consultant and Director of Nursing Consultant approved by NJ NEW JERSEY DEPARTMENT OF HEALTH. • Beginning on 2/14/25 and until otherwise directed by NEW JERSEY DEPARTMENT OF HEALTH, the Administrator Consultant and Facility shall submit weekly progress reports each Friday that includes status updates regarding: i. Identified areas of non-compliance	

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F 610	Continued From page 40 A review of the Admission Record face sheet (an admission summary) revealed the resident was admitted to the facility with diagnoses which included but were not limited to; NJ ex order 26.4b1 [redacted] NJ ex order 26.4b1 A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated NJ ex order 26.4b1 revealed the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, indicating the resident was NJ Ex Order 26.4(b)(1). Further review of the MDS, revealed the resident required NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) [redacted] and NJ Ex Order 26.4(b)(1) A review of the Progress Notes included a Nursing Note written by the RN #1 dated NJ ex order 26.4b1 at 9:58 PM, which revealed that the resident was received in their room with RR #1 NJ ex order 26.4b1 [redacted] The resident NJ ex order 26.4b1 [redacted]. The resident reported, NJ ex order 26.4b1 [redacted] RR #1 at the bedside reported that the resident's NJ ex order 26.4b1 [redacted]. The resident, without RR #1's and RN #1's knowledge, NJ ex order 26.4b1 [redacted]. RN #1 assured RR #1 that the change would be communicated to the resident's US FOIA (B) (6) The physician was	F 610	ii. Corrective measures to address identified areas of non-compliance; and, iii. Status of corrective measures implementation 4. Monitoring • Audit results shall be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly x 6 months for review and further recommendations. The next QAPI meeting is scheduled for 3/18/2025.	

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F 610	Continued From page 41 notified who then recommended that the resident NJ ex order 26.4b1 [redacted]. The resident was picked up at around 7:15 PM. A review of the individual comprehensive care plan (ICCP) included a focus of area for the NJ ex order [redacted] dated NJ ex order 26.4b1. The goals included; will show decreased episodes of the NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) through the review date, revised on NJ Ex Order 26.4(b). Interventions included to monitor/document/report as needed (PRN) adverse reactions to NJ Ex Order 26.4(b)(1) change in NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) [NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b) [redacted], withdrawal, dated initiated NJ ex order 26.4b1 [redacted] On 1/24/25 at 9:28 AM, the surveyor requested any accidents, incidents, grievances, or reportable events for Resident #155. On 1/24/25 at 10:04 AM, the US FOIA (B) [redacted] informed the surveyor that she did not have any reports for Resident #155. On 1/24/25 at 2:44 PM, the surveyor interviewed the US FOIA (B) [redacted] in the presence of the survey team, regarding an allegation of NJ Ex Order [redacted]. At that time, the US FOIA (B) [redacted] stated the US FOIA (B) (6) [redacted] had already left for the day. The US FOIA (B) [redacted] stated "if this is [name redacted-Resident #155], I had spoken with the US FOIA (B) (6) [redacted] from the hospital who stated they (the hospital) would work [Resident #155] up" (tests and assessments conducted to NJ Ex Order 26.4(b)(1) [redacted]. The US FOIA (B) [redacted] stated she spoke with the facility's nursing staff who stated RR #1 was in the room that whole day	F 610		

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F 610	Continued From page 42	F 610		

with the resident. The [US FOIA (B)] stated the [NJ Ex Order 2] were called to the facility by the resident, and she notified the [US FOIA (B) (6] the [NJ Ex Order 2] were here. At that time, the [US FOIA (B)] stated she NJ ex order 26.4b1 (the NJ ex order 26.4b1 was a reportable event (to the New Jersey Department of Health (NJDOH)) as the resident NJ ex order 26.4b1 . The [US FOIA (B)] stated the NJ ex order 26.4b1 the resident was [NJ Ex Order 26.4(b)(. [U.S. FOIA (b)] who said Resident #155 NJ ex order 26.4b1 " The [US FOIA (B)] stated the [US FOIA (B)] gave no timeframe or no specifics to the allegation, at that time. The [US FOIA (B)] stated the resident said the NJ ex order 26.4b1 while they were still here (in the facility.) The [US FOIA (B)] stated the resident NJ ex order 26.4b1

On 1/28/25 at 12:34 PM, the surveyor conducted a telephone interview with RN #1, who did not remember the incident at first. When the surveyor read RN #1's note from [NJ ex order 26.4b1] she stated, 'NJ ex order 26.4b1 the [US FOIA] [NJ ex order 26.4b1], I think the [resident] NJ ex order 26.4b1 ." RN #1 stated that the resident NJ ex order 26.4b1 , and the resident "stated NJ Ex Order 26.4(b)(1), only their [RR #1] was in room with [resident]." RN #1 stated the [NJ Ex Order 2] just showed up and said the resident called and said they [NJ Ex Order 26.4(b)(1)] and RR #1 [NJ ex order 26.4b1] RN #1 stated she notified the supervisor who was on the floor, and she was not sure if the [US FOIA (B)] or the physician were notified. RN #1 [NJ ex order 26.4b1] , but she NJ ex order 26.4b1 . She stated, 'NJ ex order 26.4b1

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F 610	Continued From page 43 [resident] told them they [NJ Ex Order 26.4(b)(1)]." On 1/28/25 at 1:16 PM, the surveyor conducted a telephone interview with the RN Nursing Supervisor (RNS #1), who verified he was the supervisor on [NJ ex order 26.4b1]. RNS #1 stated he thought he vaguely remembered that case; that he was the supervisor, but he was unsure of the nurse on the unit. RNS #1 stated that the nurse called him that the resident was confused, and RR #1 was always at the bedside and [NJ ex order 26.4b1] [RR #1] [NJ ex order 26.4b1]." RNS #1 stated that he and RN #1 called the physician, who [NJ ex order 26.4b1] He further stated that "we" (the facility) [NJ ex order 26.4b1] that the [NJ ex order 26.4b1]. RNS #1 stated that the [US FOIA (B)] was notified as we notified the [US FOIA (B)], whenever we sent a resident out regardless of the reason being sent out. The surveyor asked RNS #1 what should be done if a resident made an allegation of [NJ Ex Order] he stated, "let the doctor know, call [NJ Ex Order 26.4(b)(1)] let the family know and notify the [US FOIA (B) (6)]" On 1/28/25 at 2:19 PM, the surveyor interviewed the [US FOIA (B) (6)] who stated if a resident told you a concern, you tell the [US FOIA] and inform the [US FOIA (B)] or [US FOIA (B) (6)] and an investigation would occur. The [US FOIA] stated a grievance should be made available to the resident. The [US FOIA] stated "it (the concern) would follow the chain of events, and then I would give a statement, and all parties involved would also need to give one, including the resident." The [US FOIA] added that he would go straight to the [US FOIA (B)] or [US FOIA (B) (6)], if the concern was mistreatment, he stated "that was a serious situation" because "I believe	F 610		

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	315520	A. BUILDING _____ B. WING _____	C 01/31/2025

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F 610	Continued From page 44	F 610		

they would have to report it to the state and start an official investigation."

On 1/28/25 at 5:55 PM, the survey team met with the [US FOIA (B) (6)] and the [US FOIA (B)]. The [US FOIA (B) (6)] stated types of [NJ Ex Order 26] were NJ Ex Order 26.4(b)(1). The [US FOIA (B) (6)] stated an allegation of [NJ Ex Order 26.4(b)(1)] was a reason to suspect something happened, and he should be notified as soon as possible. The [US FOIA (B) (6)] stated, "I would typically report before and do an investigation after." The [US FOIA (B) (6)] added the [US FOIA (B)] had a "soft file" for the above mentioned event, and he could not speak to why the facility did not follow their policy and use the forms in their policy.

No evidence of an investigation was provided to the surveyors regarding the allegation of rape. The "soft file" was not provided to surveyors when previously asked for any investigation, grievance, or reportable events.

On 1/30/25 at 9:07 AM, the surveyor interviewed the US FOIA (B) (6) who stated any type of NJ Ex Order 26.4(b)(1) should be discussed with the [US FOIA (B) (6)] and the [US FOIA (B)], and it was discussed as a team. The [US FOIA] stated "an investigation included to check on the resident, interview them and staff, reach out to the families, do a [NJ Ex Order] assessment and call [NJ Ex Order 26.4(b)(1)] if warranted." The [US FOIA] stated, "if a resident made a statement of [NJ Ex Order] they should be assessed. The [US FOIA (B) (6)] should be called and an investigation started." The [US FOIA] stated she could not recall Resident #155's NJ ex order 26.4b1

On 1/30/25 at 9:37 AM, the surveyor interviewed the US FOIA (B) (6) who stated if staff called him regarding an allegation of [NJ Ex Order 26] with a

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F 610	Continued From page 45 resident, he would have the resident sent to the hospital for evaluation and tell the staff to follow the facility's protocol for investigation. On 1/30/25 at 10:15 AM, the surveyor interviewed the [US FOIA (B)], who stated she kept a "soft file" on the event in case there was a question, she added it was not part of the medical record. The surveyor asked was that not the purpose of an investigation, she stated "yes." The [US FOIA (B)] could not explain why she did not offer the "soft file" to the survey team. An acceptable Removal Plan was received on 1/29/25 at 2:56 PM, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: the [US FOIA (B) (6)] or designee initiated immediately an investigation and conclusion was completed; the allegation was reported to the NJDOH; the [US FOIA (B)] was reeducated on Investigations/Prevention/Correct Alleged Violations; and all staff were educated on the facility's abuse policies and procedures. The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 1/29/25. Part B On 1/23/25 at 10:31 AM, the surveyor observed Resident #73 dressed and groomed seated in a wheelchair in the doorway of their room. The resident stated they [NJ Ex Order 26.4(b)(1)], which was observed by the surveyor. At that time,	F 610		

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F 610	Continued From page 46 the resident had not expressed any concerns related to [redacted]. The surveyor observed an NJ ex order 26.4b1 [redacted] On 1/24/25 at 10:30 AM, the surveyor conducted a Resident Council Meeting where Resident #73 was in attendance. At that time, Resident #73 stated that one night they had NJ Ex Order 26.4(b)(1) [redacted], and they NJ ex order 26.4b1 [redacted] treatment to the Certified Nurse Aide (CNA #1). The resident stated they waited two hours until the nurse came in. At that time, the nurse stated she did not know anything about the resident's above mentioned request. The resident stated the nurse left the room, and it took another 45 minutes to receive the treatment. The resident further stated that they reported this to the US FOIA (B) (6) however, they [redacted]) did not acknowledge the issue, and no one came back to follow up. A review of the Resident Council Minutes which was conducted on [redacted] at 2:00 PM, reflected that Resident #73 and the [redacted] were in attendance. The minutes included that Resident #73 stated they NJ ex order 26.4b1 [redacted] and told CNA #1. The resident further stated that they did not NJ ex order 26.4b1 [redacted] until 7:15 AM. The resident also stated they spoke with the Licensed Practical Nurse/Unit Manager (LPN/UM #1) about the issue and the staff member (CNA #1). The resident further stated that CNA #1 NJ ex order 26.4b1 [redacted] the resident	F 610		

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F 610	Continued From page 47 "[NJ Ex Order 26.4(b)(1)]." On 1/24/25 at 2:02 PM, the surveyor requested any accidents/incidents/grievances or investigations for Resident #73, and the [US FOIA (B)] stated she did not have anything for that resident. On 1/24/25 at 2:04 PM, the surveyor interviewed the [US FOIA (B)], who stated that she was unaware of the resident's NJ ex order 26.4b1 on [NJ ex order 26.4b1] until now. She stated Resident #73 had not approached her with this concern, which she was surprised since she felt they had a good rapport and saw the resident often. The [US FOIA (B)] stated that now that she was aware, she would initiate an immediate investigation. She acknowledged that she had no [NJ ex order 26.4b] way to follow up resident council minutes content. The surveyor reviewed the EMR for Resident #73. A review of the Admission Record face sheet revealed the resident had diagnoses which included but were not limited to; NJ ex order 26.4b1 [redacted] A review of the comprehensive MDS, dated [NJ ex order 26.4b1], reflected the resident had a BIMS score of [NJ ex] out of 15 which indicated an [NJ ex order 26] [redacted]. It also reflected the above diagnoses and NJ ex order 26.4b1 [redacted]. On 1/24/25 at 2:48 PM, the surveyor interviewed	F 610		

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F 610	Continued From page 48	F 610		

the [US FOIA] in the presence of the survey team. At that time, he reviewed the minutes from the last Resident Council Meeting dated [NJ Ex Order 26.4(]. The [US FOIA] stated he sent an email to the [US FOIA (B)] regarding Resident #73's allegation during the Resident Council Meeting, and he acknowledged that he did not send the email to the [US FOIA (B) (6] as well. The [US FOIA] stated he could not speak to why he did not report the resident's concern/allegation verbally, and he did not recall a response from the [US FOIA (B)], but he stated he knew the [US FOIA (B) (6] was very busy. The [US FOIA] stated, "I should have followed up" and that 10 days was too long to wait. The [US FOIA] provided a copy of the email he sent to the survey team.

On 1/24/25 at 3:56 PM, the surveyor interviewed the [US FOIA (B)], in the presence of the survey team. The [US FOIA (B)] stated the [US FOIA] should have brought this to her attention immediately.

On 1/30/25 at 3:49 PM, the surveyor interviewed the [US FOIA (B)] and [US FOIA (B) (6)], in the presence of the survey team. The [US FOIA (B) (6] stated he would have expected the [US FOIA] to go directly (physically) to the [US FOIA (B)] with Resident #73's allegation brought up at Resident Council and that email communication was not the typical procedure. The [US FOIA (B) (6)] stated that he addressed this with the [US FOIA]. The [US FOIA (B) (6] stated the [US FOIA] did not feel it was abuse. The [US FOIA (B)] stated that in the past, the [US FOIA] reported concerns to her verbally. In addition, she stated she was the only department the [US FOIA] emailed, and not the [US FOIA (B) (6] as well. The [US FOIA (B) (6] stated that he was "shocked."

On 1/31/25 at 10:31 AM, the surveyor interviewed the [US FOIA (B) (6] in the presence of the survey team. He acknowledged he was the [NJ Ex Order 26.4(b)(1)] and was

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F 610	Continued From page 49 responsible to ensure allegations of abuse were reported and fully investigated. The [redacted] stated he was responsible to oversee this process and that it was done in accordance to their facility [redacted] policy.	F 610		
F 637 SS=D	NJAC 8:39-4.1 (a) (5); 8:39-33.2 (c) (12) Comprehensive Assessment After Signifcant Chg CFR(s): 483.20(b)(2)(ii) §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on observations, interviews, review of medical records and other facility documentation, it was determined that the facility failed to complete a [redacted] using the Resident Assessment Instrument (RAI) process on a resident [redacted]. This deficient practice was identified for 1 of 1 residents reviewed for [redacted] (Resident # 4). This deficient practice was evidenced by the following:	F 637	1. Corrective Action " Resident #4 [redacted] and MINIMUM DATA SET for Significant Change was submitted and accepted on 4/29/2024. " MINIMUM DATA SET coordinator audited current residents MINIMUM DATA SET information to ensure that significant changes are identified and MINIMUM DATA SET submissions met requirements as per the RESIDENT ASSESSMENT INSTRUMENT manual and facility policy. This audit was completed on 2/23/2025	3/4/25

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F 637	Continued From page 50 On 1/23/25 at 10:36 AM, the surveyor observed Resident #4 lying in bed. The resident denied any complaints or issues. A NJ Ex Order 26.4(was noted on right side of bed. A review of Resident #4's admission record revealed that the resident had diagnoses which NJ ex order 26.4b1 [redacted] A review of Resident #4's order summary revealed an order to admit to [Name redacted] NJ ex order 26.4b1. A review of the resident's Minimum Data Set (MDS) 3.0 Assessment History, an assessment tool contained within the resident's Electronic Health Record (EHR) dated NJ ex order 26.4b1, revealed that a NJ Ex Order 26 was not completed for the resident within 14 calendar days from the resident's NJ Ex Order 26.4(b)(1) as required. It was completed NJ ex order 26.4b1, which NJ ex order 26.4b1 [redacted] On 1/29/25 at 1:27 PM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that she completed the significant change U.S. FOIA (b as she's "been taught." The surveyor requested the facility's policy. On 1/29/25 at 01:40 PM, the US FOIA (B) (6) brought the surveyor from the RAI manual (page 2-17). A review revealed NJ Ex Order 26.4(b)(1) [redacted] - MDS Completion Date no later than 14th calendar day after determination that NJ Ex Order 26.4(b)(1) in resident's NJ Ex Order 26 occurred	F 637	2. Identifying other residents " Residents currently residing in the facility with identified Significant Changes or enrolled in hospice services have the potential to be affected by the deficient practice. 3. Systemic Changes " On 2/17/25, (MINIMUM DATA SET consultant counseled and educated U.S. FOIA (b) (6) [redacted] regarding F 637 to ensure Significant changes are captured and an appropriate MINIMUM DATA SET submission meets time requirements as per THE RESIDENT ASSESSMENT INSTRUMENT manual. " MINIMUM DATA SET coordinator will audit residents with Significant Changes in Status to ensure MINIMUM DATA SET submissions meet timely requirements weekly X 3 weeks, then monthly x 6 months or until sustained compliance is achieved. " Beginning 2/17/25, Interdisciplinary team will discuss residents with significant changes in status during daily clinical meetings to ensure proper follow up and timely MINIMUM DATA SET submission. " Beginning 2/17/25, MINIMUM DATA SET coordinator will notify interdisciplinary team including Administrator and MINIMUM DATA SET consultants regarding all significant changes in resident status. " On 2/17/25, MDS Coordinator, Administrator and MDS Consultants reviewed the Facility policy related to	

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F 637	Continued From page 51 (determination date + 14 calendar days). A review of the facility's untitled policy reviewed 06/2024, provided by facility revealed: Policy: It is our policy to complete the RAI process according to the Requirements and Standards of the latest published RAI manual. Procedure: 10. Should a Significant Change in Status in a resident's condition be noticed, the Nurse Assessment Coordinator will open a Significant Change Assessment within 14 days as required and will be completed as stated above according to the RAI manual. NJAC 8:39-11.2(i)	F 637	MINIMUM DATA SET assessments and submissions and remains appropriate. 4. Monitoring " Audit results shall be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly x 6 months for review and further recommendations. The next QAPI meeting is scheduled for 3/18/2025.	
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ 169737, NJ 171801 Based on observations, interviews, record review and review of pertinent facility documents it was determined that the facility failed to ensure timely care to resident's NJ Ex Order 26.4(b)(1) staff for care. This was a.) observed for 1 of 3 residents reviewed for NJ Ex Order 26.4(b)(1) Resident #22 who NJ ex order 26.4b1 and b.) revealed during a resident council meeting for 7 of 8 residents (Resident's #9, #13, #15, #44, #61, ##73 and 80) in attendance. This deficient practice was evidenced by the following:	F 677	1. Corrective Action " Resident #22 NJ ex order 26.4b1 " On 2/17/25 LICENSED PRACTICAL NURSE/UNIT MANAGER #1 was counseled by Director of Nursing on and in-serviced to help any resident requesting for assistance and to ensure resident□s needs are followed up and met 2. Identifying other residents " Residents currently residing in the	3/4/25

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F 677	Continued From page 52 1. On 1/23/25 at 11:12 AM, Surveyor #1 observed Resident #22 in bed. Upon entering the room, NJ ex order 26.4b1 [redacted]. The resident stated they rang the call bell for staff to NJ ex order 26.4b1 [redacted]. The resident stated a nurse responded to the call bell and stated she would get an aide to assist. The call bell was not on when the surveyor entered the room. On 1/23/25 at 11:23 AM, Surveyor #2 interviewed the resident. Upon entering the room, NJ ex order 26.4b1 [redacted] The resident stated NJ ex order 26.4b1 [redacted] and had activated the call bell some time ago. The resident stated a nurse had responded initially and informed the resident that an aide would be coming. The resident was unable to identify the name of the nurse who responded to the call bell. At this point, the resident activated the call bell again, upon the surveyor's exit. On 1/23/25 11:25 AM, Surveyors #1 and #2 observed the Licensed Practical Nurse / Unit Manager (LPN/UM) #1, who wore a surgical mask, enter the resident's room for a brief period, during which the call bell was deactivated. She then exited the room, proceeded to the nursing station desk, and seated herself. However, she made no visible attempt to offer further assistance to the resident. On 1/23/25 at 11:43 AM, Surveyors #1 and #2 remained on the unit and observed LPN/UM #1 leave the unit via the elevator across from the nurse's station. On 1/23/25 at 11:45 AM, Surveyor #2 re-entered	F 677	facility who require staff assistance with Activities of Daily Living (ADLs) have the potential to be affected by the deficient practice. 3. Systemic Changes " On 2/17/2025 , DIRECTOR OF NURSING or designee inserviced Unit Managers and All staff regarding expectations based on job duties, timely call bell response, including the provision of appropriate assistance in accordance with the care plan; and keeping the call light on when assistance or resident need has not yet been addressed to ensure staff follow up. " Unit managers and or designees will audit 12 resident□s call bell responses to ensure residents□ needs and incontinence care are met daily x 7 days, then weekly x 3 weeks, then monthly x 6 months or until sustained compliance is achieved. 4. Monitoring " Audit results shall be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly x 6 months for review and further recommendations. The next QAPI meeting is scheduled for 3/18/2025.	

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F 677	Continued From page 53 the resident's room and conducted a follow-up interview. The resident confirmed that the nurse who responded to the initial call bell was the same nurse who responded again later (LPN/UM #1). The resident stated they had informed the nurse they were still waiting NJ Ex Order 26.4(b)(1). The resident activated the call bell once more as the surveyor exited the room. On 1/23/25 at 11:47 AM, Surveyors #1 and #2 observed Certified Nurse Aide (CNA) #1 promptly respond to the activated call bell. She exited the room and proceeded to seek assistance. On 1/23/25 at 11:50 AM, Surveyor #1 interviewed CNA #1 in the presence of Surveyor #2. She stated Resident #22 was not her assigned resident however she answered the call bell. She stated that the resident's assigned CNA was assisting another resident, and therefore she sought the assistance from CNA #2. CNA #1 further stated the resident required NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) and they needed to use NJ Ex Order 26.4(b)(1) designed to assist care givers to NJ Ex Order 26.4(b)(1) the resident. On 1/23/25 at 11:54 AM, LPN/UM #1 returned to the unit. Surveyor # 1 interviewed her in the presence of Surveyor #2. She stated that Resident #22 NJ ex order 26.4b1 . She also stated the resident NJ ex orde . LPN/UM #1 confirmed the NJ ex order 26.4b1 . She acknowledged that the resident NJ ex order 26.4b1 and that the assigned CNA was on break at that time. LPN/UM #1 stated that staff should prioritize residents who required NJ Ex Order 26.4(b)(1). In	F 677		

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	315520	A. BUILDING _____ B. WING _____	C 01/31/2025

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F 677	Continued From page 54	F 677		

addition, she stated wait time for assistance should be approximately 10-15 minutes. When Surveyor #1 informed LPN/UM #1, the resident NJ ex order 26.4b1 during the initial tour of the unit at approximately 11:15 AM and that the resident's needs were not attended to until approximately 11:50 AM, LPN/UM #1 stated this represented a wait time of about 35 minutes, which she considered "extreme." She further stated that prolonged wait times NJ ex order 26.4b1 could lead to complications such as NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)).

On 1/23/25 at 12:05 PM, Surveyors #1 and #2 observed CNA's #1 and #2 exit Resident #22's room.

The surveyor reviewed the electronic medical record for Resident #22.

A review of the Admission Record (an admission summary) reflected the resident had diagnoses that included but were not limited to; NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)).

A review of the quarterly Minimum Data Set (a tool that facilitates the management of care) dated NJ Ex Order 26.4(b)(, reflected the resident had a Brief Interview for Mental Status score of NJ ex out of 15, which indicated the resident had an NJ ex order 26 It also reflected that the resident NJ ex orde . It further reflected that the resident NJ ex order 26.4b1 . This is defined as " NJ ex order 26.4b1 "

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F 677	Continued From page 55	F 677		

A review of the resident's individualized comprehensie care plan reflected a focus area dated [redacted] which the resident had an [redacted] It also included interventions of the resident [redacted] and to encourage the resident to use the call bell for assistance. The ICCP also included a [redacted], which reflected the [redacted]

A review of the [redacted] reflected the resident experienced [redacted].

A review of the [redacted] reflected the resident [redacted].

On 1/24/25 at 2:19 PM, Surveyor #1 interviewed the [redacted] in the presence of the survey team. She stated any licensed staff ([redacted] or [redacted] was able to assist to [redacted] a resident's [redacted] after an NJ Ex Order 26.4(b)(1). The [redacted] further stated if the person who answered a call bell was unable to assist the resident, they should not turn off the call bell until the resident's needs were resolved and that staff member should seek assistance. The [redacted] stated that if a resident needed NJ Ex Order 26.4(b)(1), she would expect staff to provide assistance as soon as possible if not "immediately." If after 30 minutes, if staff were still unable to provide care, she would expect that

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F 677	Continued From page 56 staff member to seek help from another nurse. On 1/29/25 at 3:36 PM, the Surveyor #1 interviewed LPN/UM #1, who was wearing a surgical mask, in the presence of survey team. She stated that she responded to Resident #22's call bell and that the resident stated they did not need anything and further stated US FOIA (B) (6) [redacted] in the resident's room. LPN/UM #1 stated if the resident US FOIA (B) (6) [redacted] she would have informed the US FOIA (B) [redacted]. On 1/30/25 at 3:49 PM, the survey team met with the US FOIA (B) [redacted] and the US FOIA (B) (6) [redacted] US FOIA (B) (6) [redacted]. The US FOIA (B) [redacted] stated her expectation was that the US FOIA (B) (6) [redacted] should have gotten another US FOIA (B) [redacted] to assist the resident after waiting 5-10 minutes, if that residents US FOIA (B) [redacted] was still busy. Additionally, the US FOIA (B) [redacted] stated that the US FOIA [redacted] herself could have assisted the resident herself with another staff member US FOIA (B) (6) [redacted] or US FOIA [redacted]. The US FOIA (B) [redacted] stated her expectation was staff to meet the residents needs within 15 minutes and after 30 minutes to seek other assistance if needed. She again stated that she encouraged the staff not to turn the call bell off until the residents' needs were met. 2. On 1/24/25 at approximately 11 AM, Surveyor #2 conducted a resident council meeting with eight residents. Seven out of eight residents stated they were not provided with the care they need in a timely manner. A review of the facility policy "Activities of Daily Living (ADLs)" dated 5/17, included a resident who is unable to carry out ADLs will receive the necessary services to maintain good nutrition,	F 677		

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F 677	Continued From page 57 grooming, and personal and oral hygiene. A review of the facility policy "Incontinence Care" dated 7/2024, included outlined a procedure for cleansing the perineum and buttocks after an incontinence episode with daily care to prevent infection from fecal matter and urine. A review of an undated facility list of UM responsibilities provided by the DON included "Address incontinence."	F 677		
F 725 SS=E	NJAC 8:39-27.1 (a); 8:39-27.2 (h) Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.	F 725		3/4/25

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F 725	Continued From page 58 §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ 169737, NJ 171801 Based on observations, interviews, record review and review of pertinent facility documents it was determined that the facility failed to provide adequate staff to answer call bells and ensure residents were provided with timely care. This included a.) NJ ex order 26.4b1 for 1 of 3 residents reviewed for activities of daily living (ADLs) (Resident #22), and b.) 7 of 8 residents who attended a resident council meeting with a state surveyor (Resident's #9, #13, #15, #44, #61, #73 and #80). This deficient practice was evidenced by the following: Refer to F 677 Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/21: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10	F 725	1. Corrective Action " Resident #22 NJ ex order 26.4b1 [redacted] " On 2/17/25, LICENSED PRACTICAL NURSE/Unit Manager #1 was counseled and inserviced by the Director of Nursing to help any resident requesting for assistance and to ensure resident□s needs are followed up and met. " On 2/11/25 Residents # 9, 13, 15, 44, 61, 73 and 80 NJ ex order 26.4b1 [redacted] a were interviewed by the Director of Nursing (DON) regarding their call bell response time and no additional complaints were noted. " On 2/17/2025 the US FOIA (B) (6) [redacted] was re-inserviced by Administrator on the requirement of CERTIFIED NURSES AIDE ratios for each shift and provides staffing numbers to DIRECTOR OF NURSING and administrator daily for review. " Administrator inserviced the U.S. FOIA (b) (6) [redacted] regarding F725 to include New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes to ensure appropriate staffing is provided on all shifts.	

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	315520	A. BUILDING _____ B. WING _____	C 01/31/2025

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F 725	Continued From page 59 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. The surveyor reviewed staffing for the following dates which revealed that the facility was deficient in Certified Nursing Assistant (CNA) staffing as follows: For the 2 weeks of staffing from 10/29/2023 to 11/11/2023, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows: -10/29/23 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs. -11/03/23 had 13 CNAs for 115 residents on the day shift, required at least 14 CNAs. -11/04/23 had 13 CNAs for 115 residents on the day shift, required at least 14 CNAs. -11/05/23 had 10 CNAs for 115 residents on the day shift, required at least 14 CNAs. -11/11/23 had 12 CNAs for 113 residents on the day shift, required at least 14 CNAs. For the 5 weeks of staffing from 01/07/2024 to 02/10/2024, the facility was deficient in CNA staffing for residents on 17 of 35 day shifts as follows: -01/07/24 had 7 CNAs for 100 residents on the	F 725	" Beginning 2/17/2025 and completed on 2/24/25, DIRECTOR OF NURSING or designee inserviced nursing staff to ensure residents□ needs are met prior to end of shift, including toileting and incontinence care. " On 02/17/2025 the Administrator and Director of Nursing reviewed the call bell policy and it remains appropriate. " On 2/17/2025 Director of Nursing, Administrator and Staffing Coordinator reviewed the Staffing Policy and it remains appropriate. " Facility will update hiring needs on job platforms and obtain new staffing agency as needed. " Staffing Coordinator shall offer bonuses for staff to ensure proper coverage. " The Facility has contracted and will continue to contract with new vendors who provide Agency staff to ensure staff to resident ratios are met per requirements. " The Facility will proactively hire staff thru media ads and advertisements and reaching out to nursing schools□ new graduates. 2. Identifying other residents " Residents currently residing in the facility have the potential to be affected by the deficient practice. 3. Systemic Changes " Unit managers and or designees will audit 12 resident□s call bell responses to ensure residents□ needs and	

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F 725	Continued From page 60 day shift, required at least 12 CNAs. -01/13/24 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs. -01/17/24 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/19/24 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/20/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -01/21/24 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs. -01/26/24 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs. -01/27/24 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs. -01/28/24 had 10 CNAs for 109 residents on the day shift, required at least 14 CNAs. -02/01/24 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs. -02/03/24 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. -02/04/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -02/06/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -02/07/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -02/08/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -02/09/24 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs. -02/10/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. For the 2 weeks of staffing prior to survey from	F 725	incontinence care are met daily x 7 days, then weekly x 3 weeks, then monthly x 6 months or until sustained compliance is achieved. " Staffing coordinator will review, audit and submit staffing numbers to DIRECTOR OF NURSING and administrator daily x 7 days, then weekly x 3 weeks, then monthly x 6 months or until sustained compliance is achieved. • The Activities Director and/or designee will utilize a designated Resident Council Request/Concern Form. The form will document each request and concern and will be assigned to the relevant department head for review and follow up. The administrator will review and audit the forms monthly. 4. Monitoring " Audit results shall be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly x 6 months for review and further recommendations. The next QAPI meeting is scheduled for 3/18/2025.	

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	315520	A. BUILDING _____ B. WING _____	C 01/31/2025

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F 725	Continued From page 61 01/05/2025 to 01/18/2025, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows: -01/05/25 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs. -01/06/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -01/09/25 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/13/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. -01/18/25 had 11 CNAs for 107 residents on the day shift, required at least 13 CNAs. 1.) On 1/23/25 at 9:21 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) #1. She stated the unit census was [NJ Ex] residents and there were four CNAs, and two LPNs on medication carts in addition to herself. The surveyor verified the staff and LPN/UM #1 provided the surveyor with a CNA assignment sheet. On 1/23/25 at 11:12 AM, Surveyor #1 observed Resident #22 in bed. Upon entering the room there was [NJ Ex Order 26.4(b)(1)]. The resident stated they rang the call bell for staff to [NJ ex order 26.4b1] as the resident stated they [NJ ex order 26] The resident stated a nurse responded to the call bell stated she would get an aide to assist. The [NJ ex order 26.4b1] was not on when the surveyor entered the room. On 1/23/25 at 11:23 AM, Surveyor #2 interviewed the resident. Upon entering the room [NJ ex order 26.4b1] . The resident stated they [NJ ex order 26]	F 725		

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F 725	Continued From page 62	F 725		

NJ ex order and had activated the call bell some time ago. The resident stated a nurse had responded initially and informed the resident that an aide would be coming. The resident was unable to identify the name of the nurse who responded to the call bell. At this point, the resident activated the call bell again upon the surveyor's exit.

On 1/23/25 11:25 AM, Surveyors #1 and #2 observed the Licensed Practical Nurse / Unit Manager (LPN/UM) #1, who wore a surgical mask enter the resident's room for a brief period, during which the call bell was deactivated. She then exited the room, proceeded to the nursing station desk, and seated herself. However, she made no visible attempt to offer further assistance to the resident.

On 1/23/25 at 11:43 AM, Surveyors #1 and # 2 observed LPN/UM #1 leave the unit via the elevator across from the nurse's station.

On 1/23/25 at 11:45 AM, Surveyor #2 re-entered the resident's room and conducted a follow-up interview. The resident confirmed that the nurse who responded to the initial call bell was the same nurse who responded again later (LPN/UM #1). The resident stated they had informed the nurse theyNJ ex order 26.4b1 The resident activated the call bell once more as the surveyor exited the room.

On 1/23/25 at 11:47 AM, Surveyors #1 and #2 observed Certified Nurse Aide (CNA) #1 promptly responded to the activated call bell. She exited the room and proceeded to seek assistance.

On 1/23/25 at 11:50 AM, Surveyor #1 interviewed CNA #1 in the presence of Surveyor #2. She

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F 725	Continued From page 63 stated Resident #22 was not her assigned resident however she answered the call bell. She stated that the resident's assigned CNA was assisting another resident, and therefore she sought the assistance from CNA #2. CNA #1 further stated the resident NJ ex order 26.4b1 [redacted] On 1/23/25 at 11:54 AM, LPN/UM #1 returned to the unit. Surveyor # 1 interviewed her in the presence of Surveyor #2. She stated that Resident #22 NJ ex order 26.4b1 [redacted] She also stated the resident was NJ ex order 26.4b1 [redacted]. LPN/UM #1 confirmed the presence of a NJ ex order 26.4b1 in the resident's room. She acknowledged that the resident NJ ex order 26.4b1 [redacted] and that the resident's assigned CNA was on break at that time. LPN/UM #1 stated that staff should prioritize residents who required NJ Ex Order 26.4(b)(1). In addition, she stated wait time for assistance should be approximately 10-15 minutes. When Surveyor #1 informed LPN/UM #1, the resident NJ ex order 26.4b1 during the initial tour of the unit at approximately 11:15 AM and that the resident's needs were not attended to until approximately 11:50 AM, LPN/UM #1 stated this represented a wait time of about 35 minutes, which she considered "extreme." She further stated that prolonged wait times while soiled could lead to complications such as NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) [redacted]). On 1/23/25 at 12:05 PM, Surveyors #1 and #2 observed CNA #1 and 2 exit Resident #22 room.	F 725		

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F 725	Continued From page 64 The surveyor reviewed the electronic medical record (EMR) for Resident #22. A review of the Admission Record (an admission summary) reflected the resident had diagnoses that NJ ex order 26.4b1 [redacted] A review of the quarterly Minimum Data Set (a tool that facilitates the management of care) dated NJ ex order 26.4b1 reflected the resident had a Brief Interview for Mental Status score of NJ ex o out of 15 which indicated the resident NJ ex order 26.4b1 [redacted] A review of the resident's individualized comprehensive care plan (ICCP), included a focus area dated NJ ex order 26.4b1, which reflected the resident had an NJ ex order 26.4b1 [redacted] It also included an intervention to encourage the resident to use the call bell for assistance. A review of the NJ ex order 26.4b1 [redacted] reflected the resident experienced NJ ex order 26.4b1 [redacted]. A review of the NJ ex order 26.4b1 [redacted] reflected the resident NJ ex order 26.4b1 [redacted]. 2.) On 1/24/25 at approximately 11 AM, the surveyor conducted a resident council meeting with eight residents. Seven out of eight residents stated that staff did not answer call bells in a timely manner. The following were some specific complaints:	F 725		

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	315520	A. BUILDING _____ B. WING _____	C 01/31/2025

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F 725	Continued From page 65 -Resident #9 stated, "NJ ex order 26.4b1 [redacted]." -Resident #13 stated, 'NJ ex order 26.4b1 [redacted] -Resident #15 stated, 'NJ ex order 26.4b1 [redacted] -Resident #44 stated, NJ ex order 26.4b1 [redacted] -Resident #61 stated, NJ ex order 26.4b1 [redacted] -Resident #73 stated, NJ ex order 26.4b1 [redacted] -Resident #80 stated, 'NJ ex order 26.4b1 [redacted] On 1/24/25 at 2:19 PM, the survey team met with the [redacted]. She stated that anyone could answer call bells; however, the light should not be turned off until the resident's needs were met. The [redacted] further stated if the person who answered the call bell was not the one who resolved the resident's	F 725		

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F 725	Continued From page 66	F 725		

needs, they "cannot turn off the call bell." She further stated she had "come across that problem." The [redacted] stated she conducted call bell audits on her rounds but did not have documentation. She stated she has rung call bells to see how long it took for staff to respond but did not have anything in writing. In addition, the [redacted] stated that anyone can answer a call bell (except for dietary) and if it the need was something small (i.e. passing a remote) it should be resolved right away.

On 1/28/25 at 3:32 PM, the surveyor interviewed LPN/UM #1, in the presence of a second surveyor. She stated she conducted call bell audits on her unit "unofficially." She could not provide any documentation of audits.

On 1/30/25 at 3:49 PM, the survey team met with the [redacted] and the [redacted] The [redacted] stated her expectation was staff to meet the residents needs within 15 minutes and after 30 minutes to seek other assistance if needed. She again stated she encouraged the staff not to turn the call bell off until the residents' needs were met.

On 1/31/25 at 12:26 PM, the [redacted] acknowledged she could not provide any call bell audits in the presence of the survey team.

A review of the facility policy "Call Bells" dated 6/2024, included that it was everybody's job to help out and respond to call bells. The policy delineated what was appropriate for "non-nursing associates" verse nurses to do for residents. The facility policy did not address expected or goals for response times or audits.

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F 725	Continued From page 67 A review of the facility policy "Staffing Policy and Procedure" dated 6/2024, included the facility's goal was to provide adequate staffing to meet needed care and services for the resident population, In addition, the goal was for nursing staff to ensure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident as determined by resident assessments and individual care plans. The policy also included the following: 1) One Certified Nurse Aide (CNA) 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 CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform 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 CNA and perform CNA duties. NJAC 8:39-5.1(a); 8:39-25.2 (a)(b); 8:39-27.1(a);8:39-27.2(d); 27.2(h)	F 725		
F 803 SS=D	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;	F 803		3/4/25

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F 803	Continued From page 68 §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to a.) provide lunch menu items in accordance to resident preferences, meal tickets and physician orders (PO) for 2 of 3 residents (Resident #31 and #62), and b.) provide NJ Ex Order 26.4(b)(1) [redacted] at lunch for 1 of 3 residents (Resident #62) reviewed for food. This deficient practice was evidenced by the following: On 1/24/25 at 12:15 PM, the surveyor observed Resident #62 in their room, groomed and seated in a wheelchair with an overbed table over their lap area. There was yogurt in a plastic cup, a	F 803	1. Corrective Action " Resident # 31 NJ ex order 26.4b1 [redacted] " Resident # 62 NJ ex order 26.4b1 [redacted] " On 1/24/2025, Cook #1 was inserviced by Regional Food Service Director regarding the recipe and availability of fortified mashed potatoes for meals. " On 2/17/2025, Dietary staff was inserviced by Food Service Director regarding properly checking meal tickets	

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F 803	Continued From page 69 liquid supplement and a six-ounce (oz) [name redacted] juice on the table. The resident's representative was present, and the surveyor interviewed them in the presence of a second surveyor. The resident's representative stated the resident had a NJ ex order 26.4b1 and that she filled out menus in order to select food items and beverages they know [the resident] would prefer. The resident's representative stated even though they checked off preferred items on the meal tickets, they (the kitchen) "often" make mistakes, especially yogurt with all meals. The resident's representative stated the resident liked yogurt and often did not receive it and that was why they brought it from home daily. On 1/24/25 at approximately 1 PM, the surveyor observed Resident #62's lunch tray, in the presence of a second surveyor and the Registered Nurse / Unit Manager (RN/UM) #1. The resident's meal ticket indicated the resident was on NJ Ex Order 26.4(b)(1). Fruit yogurt was checked; however, it was not on the tray. The meal ticket also indicated the resident should have received "extra gravy/sauce on the side with meals", however it also was not on the tray. Additionally, the meal ticket indicated the resident should have received 'NJ Ex Order 26.4(b)(1)," the surveyor observed what appeared to be NJ Ex Order 26.4 mashed potatoes. The RN/UM #1 acknowledged the surveyors' observations. On 1/28/25 at 9:39 AM, the surveyor observed Resident #62's regular Certified Nurse Aide (CNA) #1, feeding the resident breakfast. The meal ticket indicated the resident was on a NJ Ex Order 2[redacted]. The surveyor observed a small plate of cut strawberries and sliced orange wedges which was wrapped with clear cellophane (untouched).	F 803	and meal trays to ensure accuracy of food items and consistency as per physician order and resident□s preference. " On 1/24/2025, Regional Food Service Director inserviced the U.S. FOIA (b) (6) [redacted] on how to prepare NJ Ex Order 26.4([redacted] " On 1/24/2025 , the Recipe for NJ Ex Order 26.4(b)(1) was provided by Regional Food Service Director and posted in the kitchen for cook□s reference. " Food Preferences, Fortified Foods and Tray Line Process policies were reviewed and remains appropriate and was completed by the Regional Food Service Director on 2/17/25 " On 2/17/2025, a meeting was held with the Administrator, Director of Nursing, Speech Therapist, Dietitian and Food Service Director reviewing each person□s specific job description to ensure that food services collaborate with other departments to plan and implement patient care as necessary y and meet nutritional needs of the residents. " On 2/17/2025, Administrator reeducated the US FOIA (B) (6) to ensure that she monitors food service operations and adherence to nutritional standards 2. Identifying other residents " All residents currently residing in the facility have the potential to be affected. 3. Systemic Changes " Food Service Director will submit Food committee meeting minutes monthly to the Dietician, Director Of Nursing and	

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F 803	Continued From page 70 CNA #1stated, "I know [gender redacted] is on NJ Ex Order 26.4(b)(and stated he would not have given the fruit to the resident. He further stated staff need to read the meal tickets before assisting the residents at meals. The surveyor reviewed the electronic medical record (EMR) for Resident #62. A review of the Admission Record (an admission summary) which included diagnoses but were not limited to NJ ex order 26.4b1 [redacted] A review of a quarterly Minimum Data Set (MDS), a tool to facilitate the management of care dated NJ ex order 26.4b1 [redacted], reflected the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated NJ Ex Order 26.4(b)(1) [redacted]. The resident was also coded for NJ ex order 26.4b1 [redacted]. A review of the individualized comprehensive care plan (ICCP), reflected NJ ex order 26.4b1 [redacted] It included a goal for the resident to tolerate the NJ Ex Order 26.4(b)(1) without NJ Ex Order 26.4(b) [redacted] and an intervention for a NJ Ex Order 26.4(b)(1) [redacted] Interventions further included to "identify resident food preference," and provide " NJ Ex Order 26.4(foods" three times per day. A review of the Order Summary Report, reflected a PO for a NJ ex order 26.4b1 dated NJ Ex Order 26.4(b)([redacted]. It also reflected a PO dated NJ ex order 26.4 [redacted], "Nursing - please check breakfast, lunch, and dinner tray to ensure NJ Ex Order 26.4(b)(1) prior to feeding. Thank you before meals."	F 803	Administrator for review and follow up. " Food Service Director or designee will audit 10 meal trays to ensure accuracy daily x 7 days, then weekly x 3 weeks, then monthly x6 months or until sustained compliance is achieved. 4. Monitoring " Audit results shall be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly x 6 months for review and further recommendations. The next QAPI meeting is scheduled for 3/18/2025.	

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F 803	Continued From page 71 A review of the electronic medication administration record for NJ ex order 26.4b1 reflected the above PO's. A review of the U.S. FOIA (b) (6)) progress note dated NJ ex order 26.4b1, reflected the resident NJ ex order 26.4b1 It also reflected to honor and update resident food preferences regularly as well as to provide NJ Ex Order 26.4(b)(1) twice a day. On 1/29/25 at 1:44 PM, the surveyor observed Resident #31 in bed with their eyes closed, who did not rouse for surveyor. The resident's lunch tray was on the overbed table. The surveyor observed the contents of the lunch tray verse what was indicated on the meal ticket in the presence of the U.S. FOIA U.S. FOIA (b) (6)) and the U.S. FOIA (b) (6) . The main menu item (protein) pork was checked off on the selected menu. The only item on the resident's plate was NJ Ex Order 26.4(b)(1). In addition, the meal ticket indicated the resident should have received 8 oz of whole milk (also on the menu), instead a 4 oz milk container was observed on the tray. At that time, all three staff members acknowledged these mistakes and could not speak to how this occurred. The U.S. FOIA stated that he was in the kitchen monitoring the tray line for accuracy; however, when the food truck for this unit was prepared, he was on a resident unit and not in the kitchen. He stated in his absence the "3rd position" on the tray line should have checked the tray for accuracy. He stated that position was also responsible for putting the correct cold items on the trays. The U.S. FOIA	F 803		

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F 803	Continued From page 72	F 803		

acknowledged that the position that should have been checking the trays for accuracy made a mistake themselves for putting the wrong size milk on the tray for Resident #31.

The surveyor reviewed the EMR for Resident #31.

A review of the Admission Record reflected the resident had diagnoses which were not limited to; NJ ex order 26.4b1 [redacted]

A review of a quarterly (MDS) dated [redacted], reflected a BIMS score of [redacted] out of 15, which indicated the resident has NJ Ex Order 26.4(b)(1).

A review of the ICCP included a nutrition care plan dated [redacted], which reflected interventions "cater to food preferences," and the resident had a NJ ex order 26.4b1 [redacted]

A review of the Order Summary Report reflected the resident had a PO for a [redacted], dated [redacted].

On 1/24/25 at approximately 1:15 PM, the surveyor went to kitchen with a second surveyor. The surveyor observed Cook #1 cleaning up food from the steam tables on the tray line. The surveyor observed whole potatoes individually wrapped in tin foil and a deep pan of mashed potatoes in the steel table on the tray line. Cook #1 stated the potato was the main starch and the mashed potatoes were served to mechanically altered diets. He stated he had not made [redacted] for lunch because "no residents

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F 803	Continued From page 73	F 803		

get that." Cook #1 stated he did not see that indicated on "any" meal tickets and could not speak to a recipe for NJ Ex Order 26.4(b)(1) .

The FSD and the interim US FOIA (B) (6) joined the surveyors and Cook #1. The US FOIA (B stated that he prepared the pureed food for lunch the night before and that Cook #1 heated it up. The US FOIA (B stated there were residents who received NJ Ex Order 26.4(, and he asked Cook #1 if he prepared it, Cook #1 responded NJ ex ord" The US FOIA (B could not speak to a recipe for NJ Ex Order 26.4(b)(1) and there was no recipe posted or readily available. The US FOIA (B stated that the purpose of NJ Ex Order 26.4(foods was to help residents NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1). The US FOIA (B showed the surveyor that they had fruit yogurt available and could not speak to why Resident #62 did not receive it at lunch.

At that time, the US FOIA (B stated he would have been the one to check the meal trays for accuracy prior to delivery; however, today he was delivering food trucks to the resident units. He could not speak to if another staff member was instructed to do so in his absence. He acknowledged it was important for the meal trays to be accurate and stated the purpose was for "customer satisfaction and overall health."

The interim Regional US FOIA (B stated he was not at the lunch tray line to check the meal trays for accuracy and acknowledged that NJ Ex Order 26.4(b)(1) should have been readily available.

On 1/24/25 at 3:27 PM, the US FOIA (B was unable to provide a recipe for NJ Ex Order 26.4(b)(1) .

On 1/29/25 at 11:50 AM, the surveyor interviewed

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F 803	Continued From page 74	F 803		

the US FOIA. She acknowledged that Resident #62 had a PO for a NJ Ex Order 26.4(b)(1). She stated the kitchen prepared NJ Ex Order 26.4(foods (NJ Ex Order 26.4(b)(1)). The US FOIA stated she believed the kitchen had recipes and they should be readily available. She further stated that NJ Ex Order 26.4(foods were nutritional interventions, and the purpose was to NJ Ex Order 26.4(b)(1) and/or NJ Ex Order 26.4(b)(1).

The US FOIA also stated she updated resident food preferences frequently for resident satisfaction and maximum meal intake. She stated there were residents who received selective menus which were provided in advance to be filled out by the resident or family member. Her expectation would be that whatever was checked off, would be received at that meal. The US FOIA stated she was unaware of meal tray inaccuracies. In addition, the US FOIA stated that she was frequently in contact with the resident representative of Resident #62. She acknowledged that the resident enjoyed yogurt, and that the resident's representative brought it daily.

On 1/29/25 at 12:18 PM, the surveyor interviewed the US FOIA (B) (6) She stated that if a resident received an incorrect NJ Ex Or consistency it could be "harmful." She stated that if the NJ Ex Order 26.4(b)(1) was not prepared properly, it could be unsafe. The US FOIA (B stated when she conducted evaluations or provided therapy at the resident's bedside during meals, she had noticed what the resident received did not match what was checked off on their meal ticket. She stated the residents 'NJ Ex Order 26.4(b)(1)." The US FOIA (B stated that when she noticed that she notified the nurse who notified the kitchen to correct it.

On 1/29/25 at 3:02 PM, the survey team met with

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F 803	Continued From page 75 the dietary team: US FOIA (B) (6) and the interim Regional US FOIA (B). The dietary team could not speak to the tray accuracy errors observed by surveyors. The interim U.S. FOIA (b) (6) stated that there was a tray accuracy audit done on 1/15/24 and that an audit for Quality Assurance & Improvement Plan (QAPI) will be started again tonight. He stated that staff need to be more diligent on the tray line and "they need to pay attention." He further stated a tray accuracy audit started in 2023 but ceased on 1/15/24 because they thought the problem resolved. He acknowledged that the new QAPI for tray accuracy was started after surveyor inquiry. The US FOIA (B) acknowledged that during his food committee meeting with residents in December 2024, "tray accuracy" and "ticket accuracy" were concerns brought up by residents. He could not speak to what he did about these concerns. He further stated, "It was more of a conversation." The US FOIA acknowledged Resident #62 was supposed to receive NJ Ex Order 26.4(b)(1) twice a day. On 1/30/25 at 10:10 AM, the surveyor interviewed the US FOIA (B), in presence of survey team. She stated that Resident #62's representative had told her that they check off items on the selective menus, yet the kitchen provided something else. The US FOIA (B) stated the resident enjoyed yogurt and that it was a "staple for [gender redacted]. She stated she taught the resident's representative a feeding technique which was to alternate spoons of NJ Ex Order 26.4(b)(1) and yogurt because the resident had an affinity to sweet foods (yogurt, ice cream and juice) which encouraged NJ Ex Order 26.4(b)(1). The SLP stated that she NJ ex order 26.4b1 to Resident #62 for NJ ex order 26.4b1 and acknowledged there were times items would	F 803		

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	315520	A. BUILDING _____ B. WING _____	C 01/31/2025

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SOMERSET WOODS REHABILITATION & NURSING CENTER	**780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873**

(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 803	Continued From page 76	F 803		

be missing from the meal trays such as yogurt, ice cream and extra juice. The [redacted] stated when she noticed missing items she notified the nurse who notified the kitchen to correct it.

On 1/30/25 at 1:55 PM, the surveyor interviewed the [redacted] and the interim US FOIA (B) (6), in the presence of the survey team. When discussing tray inaccuracy for Resident #31 which included the portion size of milk, the [redacted] stated that some resident's meal tickets indicated a four oz milk. The interim [redacted] acknowledged that the menus indicated eight oz milk and so did the resident's meal ticket and therefore it was a mistake, and the resident should have received an eight oz portion of milk.

On 1/30/25 at 3:08 PM, the surveyor interviewed the US FOIA (B) (6)) and U.S. FOIA (b) (6) [redacted] about the QAPI committee meetings and topics. They stated there had been a prior QAPI due to tray line and meal ticket inaccuracies. The [redacted] acknowledged that if the [redacted] identified any issue during last months menu committee meeting he should have implemented a plan of correction "right away."

On 1/30/25 at 4:19 PM, after reviewing tray accuracy concerns for Resident #31 and #62 with the [redacted] and [redacted], in the presence of the survey team. The [redacted] acknowledged, "tray accuracy needs work."

On 1/31/25 at 11:29 AM, the surveyor interviewed the the [redacted] and [redacted], they acknowledged that the tray accuracy QAPI had been completed and was not currently ongoing.

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F 803	Continued From page 77 A review of the facility policy "Food Preferences Policy" dated 1/2025, included the policy of the facility was to provide food preferences and also allow residents to make point of service choices that reflect individualized, day to day meal preferences as able. It also included the [redacted] will provide food preferences. A review of an undated policy provided by [name redacted] a contracted company for "Fortified Foods," included residents food preferences should be considered when planning a residents to improve their food intake. It also reflected the [redacted] would determine if a resident required fortified foods which are calorically dense to improve a resident's nutritional status. A review of policy provided by [name redacted] a contracted company, "Tray Line Process Policy" dated 11/2024, reflected the purpose was to ensure accurate delivery of meal trays to residents while maintaining compliance with dietary orders, and resident preferences. It also included that "Each completed tray must be checked for accuracy before being sent out for delivery." A review of the facility's undated "FSD Job Description," included the [redacted] oversees all aspects of food service operations to ensure high standards of culinary excellence, and nutritional and regulatory compliance. In addition, it included the [redacted] should "collaborate with other departments and services to plan and implement patient care as necessary in meeting the nutritional needs of the patients." A review of the undated "Clinical Dietitian Job Description," provided by the contracted company	F 803		

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F 803	Continued From page 78 [name redacted] included to "Monitor food service operations to ensure adherence to nutritional standards ... and quality requirements in accordance with all applicable state and federal regulations."	F 803		
F 804 SS=E	NJAC 8:39-17.4 (a)(1) (2) Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure the safe and appetizing temperatures of hot and cold foods served to the residents. This deficient practice was identified for 7 of 8 residents (need Resident #s?) interviewed during the Resident Council meeting and confirmed during the lunchtime meal service on 1/30/25 for 1 of 3 nursing units tested for food temperatures by two surveyors and was evidenced by the following: On 1/24/25 at approximately 11:00 AM, the surveyor met with eight residents for a resident council meeting. Seven out of eight residents stated that hot food temperatures were unacceptable.	F 804	1. Corrective Action: • On 1/24/25, Dietary Staff has been inserviced by Food Service Director to ensure meal trays are prepared properly and delivered timely in order to maintain proper food temperatures as per policy. • On 1/24/2025, Regional Food Service Director inserviced the US FOIA (B) (6) [redacted] on Test Tray Evaluation, Test Tray Policy and Food Temperature Policy that included the appropriate temperatures for hot and cold food items. • On 2/17/2025, Food Service Director inserviced Dietary Staff to ensure meal trays are prepared properly and delivered timely in order to maintain proper food	3/4/25

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F 804	Continued From page 79 On 1/30/25 at 12:39 PM, the surveyor calibrated a state issued digital thermometer via the ice bath method to 32 degrees Fahrenheit (F) in the presence of the survey team. On 1/30/25 at 1:14 PM, the closed food truck arrived with lunch trays to the 3rd floor (2 surveyors present). The surveyor marked a regular consistency food tray as a test tray in the presence of staff and requested another tray be delivered to the unit for that resident (the dietary aide did so promptly). On 1/30/25 at 1:23 PM, the last tray was taken out of the food truck. At that same time, the surveyor took the temperature of the tray items in the presence of a second surveyor and the Licensed Practical Nurse / Unit Manager (LPN/UM) #1, who verified the temperature on the calibrated digital thermometer. The temperatures were recorded as follows: Milk 4 ounces (oz): 50.5 degrees F Canned peaches 4 oz: 63.9 degrees F Mashed potatoes 4 oz: 122.2 degrees F Chicken patty 1 portion topped with brown gravy: 121.1 degrees F Corn O'Brien 4 oz: 117 degrees F Coffee 6 oz: 119.4 degrees F On 1/30/25 at 1:43 PM, the surveyor interviewed the US FOIA (B) (6) in the presence of survey team. He stated he was not sure what the minimum temperature was for hot food once it arrived to the units; however, his expectation would have been 150 degrees F. He stated the cold food was 35 degrees F in the kitchen before	F 804	temperatures as per policy. • On 2/17/25 Food Temperature Policy, Test Tray Policy, and Test Tray Evaluation were reviewed by Regional Food Service Director and remains appropriate. • • On 2/17/2025, a meeting was held with the Administrator, Director of Nursing, Speech Therapist, Dietitian and Food Service Director reviewing each person's specific job description to ensure that food services collaborate with other departments to plan and implement patient care as necessary y and meet nutritional needs of the residents. • On 2/17/2025, Administrator reeducated the US FOIA (B) (6) to ensure that she monitors food service operations and adherence to nutritional standards 2. Identifying other residents • Residents currently residing in the facility and receiving meal trays have the potential to be affected. 3. Systemic Changes • Food Service Director or designee will audit 10 food tray temperatures to ensure appropriate food temperatures are provided daily x 7 days, then weekly x 3 weeks, then monthly x 6 months or until sustained compliance is achieved. 4. Monitoring • Audit results shall be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly x 6 months for review and further	

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F 804	Continued From page 80 delivery and so maybe it would arrive at the unit five to eight degrees higher (40-43 degrees F). He stated he conducted random test tray audits (2-3 a month). He also confirmed that both the induction plate liners and plate warmers were working and should have kept the food hot. The surveyor requested copies of the last three months of test tray audits to review. On 1/30/25 at 1:46 PM, the Interim U.S. FOIA (b) (6) joined the US FOIA (B and stated there was a guideline on the test tray audit form for proper food temperatures. On 1/30/25 at 1:58 PM, after the surveyor reviewed the test tray temperatures with the US FOIA (B, he stated, I am "not happy about the temps." On 1/31/25 at 12:26 PM, the US FOIA (B) provided the surveyor with documents from the US FOIA (B and acknowledged the US FOIA (B did not provide her with test tray audits. A review of the facility's policy "Food Temperature Policy" dated 8/2024, included foods sent to the units for distribution such as meals, will be transported and delivered to maintain temperature at or below 45 degrees F for cold foods and at or above 135 degrees F for hot foods. It also included to avoid holding foods in the temperature danger zone (41 to 135 degrees F)." A review of the facility policy "Test Tray Policy and Procedure" dated 1/3/2024, included the test tray evaluation process provides the food service management with a tool that measures the quality level of the meal service and identifies areas of substandard quality requiring corrective action. It	F 804	recommendations. The next QAPI meeting is scheduled for 3/18/2025.	

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F 804	Continued From page 81 also included to follow the schedule of three test trays per week. A review of the facility "Test Tray Evaluation" form dated 12/16/21, included cold food and beverages should be at or below 41 degrees F and hot foods and beverages should be 135 degrees F or above. It also included to develop an action plan if the overall score was less than 90%. A review of the facility's undated "FSD Job Description," included the responsibility to oversee dietary aides and cooks and to ensure all aspects of food service operations provide culinary excellence with nutritional and regulatory compliance. A review of the undated "Clinical Dietitian Job Description," provided by the contracted company [name redacted] included to "Monitor food service operations to ensure adherence to nutritional standards ... and quality requirements in accordance with all applicable state and federal regulations."	F 804		
F 805 SS=D	NJAC 8:39-17.2(g), 17.4(e) Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by:	F 805		3/4/25

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F 805	Continued From page 82 Based on observations, interviews, record review and review of pertinent facility documents, it was determined that the facility failed to provide the correct NJ Ex Order 26.4(b)(1) according to physician's orders (PO). This deficient practice was identified for 1 of 3 residents (Resident #62) reviewed for food and evidenced by the following: On 1/24/25 at 12:15 PM, the surveyor observed the resident groomed and seated in a wheelchair with an overbed table over their lap area. There was yogurt in a plastic cup, a liquid supplement and a six-ounce (oz) [name redacted] juice on the table. The resident's representative was present, and the surveyor interviewed them in the presence of a second surveyor. The resident's representative stated the resident had a PO for a puree diet. The surveyor reviewed the electronic medical record for Resident #62. A review of the Admission Record (an admission summary) which included diagnoses but were not limited to; NJ ex order 26.4b1 [redacted] A review of a quarterly Minimum Data Set (a tool to facilitate the management of care) dated NJ Ex Order 26.4(b)([redacted], reflected the resident had a Brief Interview for Mental Status score of NJ e [redacted] out of 15, which indicated NJ ex order 26.4b1 [redacted]. The resident NJ ex order 26.4b1 [redacted] A review of the individualized comprehensive care plan, reflected a nutrition care plan initiated NJ ex order 26.4b [redacted]. It included a goal for the resident to	F 805	1. Corrective Action • Resident #62 NJ Ex Order 26.4(b)(1) the facility and receiving the correct diet as ordered by the physician. • On 1/24/2025, Regional Food Service Director in serviced the U.S. FOIA (b) (6) [redacted] and Cooks regarding the proper preparation and consistency of pureed foods. • On 2/17/2025, Director Of Nursing or designee inserviced nursing staff to check and ensure pureed food items meet the desired consistency and notify kitchen prior to giving food items to resident to ensure safety. Puree diets puree should be "pureed, homogenous, cohesive, pudding-like food that is in a form of an easy to swallow bolus (a round mass);" and should be a moist, pudding-like consistency without particles which is easily swallowed with minimal chewing. • On 2/17/25 Interdisciplinary Team reviewed Diet/Consistency Modifications, Puree Texture Modification Policy and remains appropriate. • On 2/17/2025, a meeting was held with the Administrator, Director of Nursing, Speech Therapist, Dietitian and Food Service Director reviewing each person's specific job description to ensure that food services collaborate with other departments to plan and implement patient care as necessary and meet nutritional needs of the residents. • On 2/17/2025, Administrator reeducated the US FOIA (B) (6) to ensure that she monitors food service operations and adherence to nutritional standards	

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F 805	Continued From page 83 tolerate the NJ Ex Order 26.4(b)(1) without NJ Ex Order 26.4(b) [redacted] and an intervention for a PO puree diet. A review of the Order Summary Report, reflected a PO for a NJ Ex Order 26.4(b)(1) dated NJ Ex Order 26.4(b)(. It also reflected a PO dated NJ Ex Order 26, "Nursing - please check breakfast, lunch, and dinner tray to ensure NJ Ex Order 26.4(b)(1) prior to feeding. Thank you before meals." A review of the electronic medication administration record for NJ Ex Order 26.4(b)(1) reflected the above PO's. A review of the [redacted] progress note dated NJ Ex Order 26.4(, reflected the resident received a NJ Ex Order 26.4(b)(1) and experienced a planned NJ Ex Order 26.4(b)(1). On 1/24/25 at approximately 1 PM, the surveyor observed Resident #62's lunch tray in the presence of a second surveyor and Registered Nurse / Unit Manager (RN/UM) #1. The resident's meal ticket indicated the resident was on NJ Ex Order 26.4(b)(1). RN/UM #1 lifted the lid that covered the meal. The meal ticket indicated there should have been mashed potatoes, NJ Ex Order 26.4 chicken, NJ Ex Order 26.4 fish and NJ Ex Order 26.4 vegetable on the plate. With the exception of mashed potatoes, the other three scoops of food were observed to be NJ Ex Order 26.4(b)(1), not NJ Ex Order 26.4(b)(1). RN/UM #1 acknowledged the same. On 1/24/25 at approximately 1:15 PM, the surveyor went to kitchen, with a second surveyor. The surveyor observed Cook #1 cleaning up food from the steam tables on the tray line. The surveyor observed NJ Ex Order 26.4 food in a 1/3 size,	F 805	2. Identifying other residents • Residents currently residing in the facility who requires a specialized diet have the potential to be affected. 3. Systemic Changes • Food Service Director or designee will audit preparation and consistency of pureed food items daily x 7 days, then weekly x 3 weeks, then monthly x 6 months or until sustained. 4. Monitoring • Audit results shall be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly x 6 months for review and further recommendations. The next QAPI meeting is scheduled for 3/18/2025.	

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F 805	Continued From page 84 six-inch-deep stainless-steel pans (spinach, fish and breaded chicken as per COOK #1). Cook #1 stated the food items were an appropriate [NJ Ex Order 26.4 redacted] The [U.S. FOIA (b) (6) redacted]) and the interim [U.S. FOIA (b) (6) redacted] joined. The [US FOIA (B) redacted] stated that he prepared the [NJ Ex Order 26.4 redacted] food for lunch the night before and that Cook #1 heated it up. The [US FOIA (B redacted] scooped the three [NJ Ex Order 26.4 redacted] items spinach, fish and breaded chicken onto a plate and with a gloved hand manipulated the [NJ Ex Order 26.4 redacted] food. He acknowledged that they were dry. He could not speak to the process of preparing [NJ Ex Order 26.4 redacted] food, other than a [name redacted] blender type machine was used. On 1/29/25 at 11:30 AM, the surveyor interviewed the [US FOIA (B) (6) redacted]. He stated that a [NJ Ex Order 26.4 redacted] consistency should be [NJ Ex Order 26.4(b) redacted] without [NJ Ex Order 26.4(b)(1) redacted], and should not be [NJ Ex Or redacted] On 1/29/25 at 11:41 AM, the surveyor interviewed RN/UM #1. He stated he and the staff check the resident's meal ticket to make sure it matched what was on the tray which included consistencies and textures. On 1/29/25 at 11:50 AM, the surveyor interviewed the [US FOIA redacted]. She stated that a [NJ Ex Order 26.4 redacted] diet should be [NJ Ex Order 26.4(redacted] like a [NJ Ex Order 26.4(b)(1) redacted] or [NJ Ex Order 26.4(b redacted] consistency. The [US FOIA redacted] further stated it should not be crumbly or dry. She acknowledged Resident #62's had a PO for a [NJ Ex Order 26.4 redacted] diet. The [US FOIA redacted] stated she was unaware of any consistency concerns related to the [NJ Ex Order 2 redacted] diet. On 1/29/25 at 12:18 PM, the surveyor interviewed	F 805		

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F 805	Continued From page 85	F 805		

the [US FOIA (B) (6)] She stated that a [NJ Ex Order 2] diet should be a [NJ Ex Order 26.4(] texture, like [NJ Ex Order 26.4(b)(1)] or [NJ Ex Order 26.4(b)(] that required [NJ Ex Order 26.4(b)(1)]". She further stated a [NJ Ex Order 26.4(b] consistency would be more like a [NJ Ex Order 26.4] diet. The [US FOIA (B] stated if food was not [NJ Ex Order 26.4] enough or properly, that could cause a resident to [NJ Ex Order 26] or [NJ Ex Order 26.4(b)(1)] depending on if they have an [NJ Ex Order 26.4(b)(1)]) or if the resident had a [NJ Ex Order 26.4(b)(1)]. She also stated, this could be "harmful." She stated that if the [NJ Ex Order 26.4(b)(1)] was not prepared properly, it could be unsafe. The [US FOIA (B] stated she had issues with the [NJ Ex Order 2] consistency being more like a [NJ Ex Order 26.4] consistency and she addressed it with the [US FOIA (B] and nursing verbally right away. She stated she has seen improvement but that it still "pops up."

On 1/30/25 at 10:10 AM, the surveyor conducted a follow up interview with the [US FOIA (B] in the presence of the survey team. She stated she provided Resident #62 [NJ Ex Order 26.4(b] related to [NJ Ex Order 26.4(b)(1)] for approximately three weeks in [NJ Ex Order 26.4(b)(1)] after the resident returned from a [NJ Ex Order 26.4(b)(1)] She stated the resident had been on a [NJ Ex Order 26.4(b)(1)] diet and returned to the facility [NJ Ex Order 26.4(b)(1)] diet. However, even with therapy the resident was safest with a PO for a [NJ Ex Order 26.4] consistency.

On 1/30/25 at 3:49 PM, the survey team met with the [US FOIA (B) (6)] and the [US FOIA (B) (6)] . The [US FOIA (B)] stated that she expected the nurses to check the resident's meal trays to ensure the texture they received is consistent with their PO for [NJ Ex O] consistency.

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F 805	Continued From page 86 A review of the undated facility provided "Diet/Consistency Modifications" guidelines, reflected that the puree diet should be "pureed, homogenous, cohesive, pudding-like food that is in a form of an easy to swallow bolus (a round mass);" and should be a moist, pudding-like consistency without particles which is easily swallowed with minimal chewing. A review of the facility policy "Puree Texture Modification Policy" dated 9/15/24, included the interdisciplinary care team determines modifications and orders them from the physician. It also included the regular menu items are pureed to a smooth pudding/mashed potato-like consistency. It further included; items must be homogenous, cohesive, mashed potato/pudding-like without particles. A review of the facility's undated "U.S. FOIA Job Description," included the U.S. FOIA (b) (6) oversees all aspects of food service operations to ensure high standards of culinary excellence, and nutritional and regulatory compliance. In addition, it included the U.S. FOIA (b) (6) should "collaborate with other departments and services to plan and implement patient care as necessary in meeting the nutritional needs of the patients." A review of the undated U.S. FOIA (b) (6) Job Description," provided by the contracted company [name redacted] included to "Monitor food service operations to ensure adherence to nutritional standards ... and quality requirements in accordance with all applicable state and federal regulations."	F 805		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET WOODS REHABILITATION & NURSING CENTER	**780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873**

(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 805	Continued From page 87 NJAC 8:39-17.4(a)(1,2); 27.1 (a)	F 805		
F 809 SS=E	Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3) §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. §483.60(f)(2)There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span. §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, and review of pertinent facility documents, it was determined that the facility failed to serve and document residents received a nourishing snack in the evening when there was more than a 14-hour span between dinner and breakfast mealtimes. This deficient practice was identified for 8 of 8 (Resident's #9, #13, #15, #44, #49, #61, #73 and #80) residents during the resident council meeting and was evidenced by the following: On 1/24/25 at approximately 11:00 AM, the	F 809	1. Corrective Action " Dietary staff has prepared night time snacks to be available and offered to residents. " Residents #9, #13, #15, #44, #49, #61, #73 and #80 are currently being offered and provided evening snacks as requested. " On 2/17/2025, Director Of Nursing or designee inserviced nursing staff to offer and provide evening snacks to residents except for NPO status.	3/4/25

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F 809	Continued From page 88 surveyor conducted a group meeting with eight residents who were [NJ Ex Ord] and [NJ Ex Order 45.4(b)] and selected by the facility to participate. Seven out of eight residents stated they did not receive snacks in the evening. Two residents stated they were "never" offered evening snacks (Resident #13 and #61). On 1/29/25 at 11:30 AM, the surveyor interviewed the [US FOIA (B) (6)], who stated that if there was more than 14 hours between dinner and breakfast, the facility was required to provide the residents with a nourishing evening snack "such as milk and half a sandwich." He acknowledged there was more than 14 hours between dinner and breakfast. He was unaware if there was an accountability system in place to ensure snacks were provided to the residents. On 1/29/25 at 11:50 AM, the surveyor interviewed the [US FOIA (B) (6)] who stated that if there was more than 14 hours between dinner and breakfast, the facility was required to provide the residents with a nourishing evening snack . She acknowledged there was more than 14 hours between dinner and breakfast. The [US FOIA] stated the kitchen provided snacks and there was accountability in the electronic medical record (EMR). On 1/29/25 at 12:41 PM, the surveyor interviewed the Licensed Practical Nurse / Unit Manager (LPN/UM) #1 on the Emerald unit (3rd floor), who stated she was not working when evening snacks were supposed to be delivered. In addition, she stated she was not sure if there was snack accountability unless there was a physician's order (PO) in the EMR.	F 809	" On 2/17/2025 , Food Service Director inserviced dietary staff to ensure evening snacks are prepared and delivered to units every evening. " On 1/30/2025, Nursing obtained physician orders and entered Offer HS snack for all residents except for those with "Nothing by Mouth(NPO)"status. Evening snacks will be documented on Electronic Medical Administration Record. " On 1/30/2025, Dietary department implemented a snack delivery process to ensure residents have available snacks at evening times. " On 2/17/2025, a meeting was held with the Administrator, Director of Nursing, Speech Therapist, Dietitian and Food Service Director reviewing each person□s specific job description to ensure that food services collaborate with other departments to plan and implement patient care as necessary y and meet nutritional needs of the residents. " On 2/17/2025, Administrator reeducated the [US FOIA (B) (6)] to ensure that she monitors food service operations and adherence to nutritional standards 2. Identifying other residents " Residents currently residing in the facility have the potential to be affected. 3. Systemic Changes " Director Of Nursing or designee will audit evening snack delivery for 12 residents and ensure that snacks are being offered and documented daily x 7	

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F 809	Continued From page 89 On 1/29/25 at 12:22 PM, the surveyor interviewed the LPN/UM #2 on the Diamond unit (1st floor) who stated the kitchen brought snacks to the pantry and when the nurses made rounds and if a resident was alert and oriented the nurse could provide a snack in the evening; however, she was not sure if there was documentation and accountability for the provision of snacks unless there was a PO. She further stated, "snacks are not documented on all residents." On 1/29/25 at 12:52 PM, the surveyor interviewed the Registered Nurse #1 on the Sapphire unit (2nd floor), who stated he was not in the building when evening snacks were delivered, and he was not sure if there was accountability. He also stated that he was not sure if the nurses sign that snacks are sent from the kitchen as they do for meal trays. On 1/29/25 at 1:06 PM, the surveyor conducted a follow up interview with the US FOIA (B) (6) He was unsure how nurses document and account for snack delivery; however, he stated as of "yesterday," the kitchen implemented a snack delivery form. On 1/30/25 at 9:20 AM, in the presence of the survey team, the US FOIA (B) (6) provided the surveyor with a copy of the tasks lists from the EMR for the residents who attended resident council and stated it did not include evening snack accountability. She stated, "we do not record consumption of 9 PM snacks." On 1/30/25 at 3:49 PM, the surveyor interviewed the US FOIA (B), in the presence of the US FOIA (B) (6) and the survey team.	F 809	days, then weekly x 3 weeks, then monthly x 6 months or until sustained compliance is achieved. 4. Monitoring " Audit results shall be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly x 6 months for review and further recommendations. The next QAPI meeting is scheduled for 3/18/2025.	

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F 809	Continued From page 90 She stated that nurses documented the provision of evening snacks to diabetic residents in the EMR; however, she was unaware that the provision of evening snacks needed to be documented and accounted for as well. The [US FOIA (B)] stated, "I did not recognize it was not being done." A review of the facility's undated "[U.S. FOIA]" Job Description," included to "collaborate with other departments and services to plan and implement patient care as necessary in meeting the nutritional needs of the patients." A review of the undated "Clinical Dietitian Job Description," provided by the contracted company [name redacted] included to "Monitor food service operations to ensure adherence to nutritional standards ... and quality requirements in accordance with all applicable state and federal regulations." NJAC 8:39-17.2 (f))(1) (i) (ii)	F 809		
F 835 SS=J	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 168006 Based on observations, interviews, record review and review of pertinent facility documents, it was	F 835	1. Corrective Action • Resident #155 [NJ ex order 26.4b1] [redacted] • Reportable, Investigation and	3/4/25

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F 835	Continued From page 91 determined that the facility's U.S. FOIA (b) (6) [redacted] failed to ensure staff, as well as himself, implemented the facility's [redacted] policies and procedures to ensure resident safety and well-being by ensuring a.) an allegation of [redacted] was thoroughly investigated and reported to the New Jersey Department of Health (NJDOH) for Resident #155. This deficient practice was identified for 1 of 2 residents reviewed for [redacted] (Resident #155). 1. Resident #155, who NJ ex order 26.4b1 with diagnoses which included but not limited to; NJ ex order 26.4b1 [redacted] Resident #155 reported on [redacted], to the Registered Nurse (RN #1) an NJ ex order 26.4b1. RN #1 documented the allegation in the electronic medical record and reported the incident to the Registered Nurse Supervisor #1 and the US FOIA (B) (6) on [redacted]. The facility did not implement their [redacted] policy to investigate and report the allegation. The facility's failure to ensure all staff, including the [redacted], implemented their facility policies to ensure all residents were free from [redacted] by not investigating and reporting an allegation of [redacted] (Resident #155) posed a serious and immediate threat for abuse that can cause serious physical and emotional harm or impairment. This resulted in an Immediate Jeopardy (IJ) situation which the facility became aware of on [redacted] at 4:59 PM. Refer to F 600, F 609, F 610.	F 835	Conclusion Completed Immediately for Resident #155 on 1/28/2025 • Resident #73 NJ ex order 26.4b1 [redacted] • Resident #73 incident report, investigation and reporting was completed on 1/24/2025 by the Director of Nursing. • On 1/29/2025 US FOIA (B) (6) was in serviced regarding Abuse Policy and Reporting to ensure allegations of abuse are properly relayed to Director of Nursing and Administrator immediately • On 1/30/25, Clinical Consultant/Governing Body educated the US FOIA (B) (6) regarding F835 Administration and Abuse Policy including reporting abuse and conducting a thorough investigation to ensure residents' safety Immediately • On 1/31/25, Facility Administrator educated leadership team regarding F 835 Administration and their specific roles related to administration and oversight related to abuse allegations and reporting. • On 1/29/2025 Facility policy on "Abuse, Neglect, Misappropriation prevention policy and procedure" was reviewed by Quality Assurance committee and remains appropriate with no revisions. • After governing body education, as of 1/28/2025 the facility administrator ensures that within two hours, allegations will be reported to the appropriate authorities The New Jersey Department of Health, the New Jersey office of the	

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F 835	Continued From page 92 This resulted in an IJ situation that began on NJ ex order 26.4b1 after Resident #155 reported to RN #1 an NJ ex order 26.4b1 and the facility was aware of the allegation and did not report the incident to the NJDOH or investigate the allegation. The facility Administration was notified of the IJ on 1/30/25 at 4:59 PM. The facility submitted an acceptable Removal Plan (RP) on 1/31/25 at 10:32 AM. The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 1/31/25. The facility further failed to ensure b.) an allegation of NJ Ex Order 26.4(and NJ Ex Order 26.4(b)(1) was investigated and reported to the NJDOH in a timely manner when a NJ Ex Order 26.4(b)(1) resident made an allegation of not receiving NJ Ex Order 26.4(b)(1) as it was requested and was NJ Ex Order 26.4(b)(1) by staff in NJ Ex Order 26.4(b)(1). This deficient practice was identified for 1 of 2 residents NJ ex order 26.4b1 (Resident #73). The evidence was as follows: Part A A review of the "Administrator-Job Description" provided by the facility revealed the following: Position Summary: this position is responsible to establish and maintain systems that are efficient and effective to operate the nursing home in a manner to safely meet resident's needs in accordance with federal, state and local regulation. Also, develop and maintain systems that are effective and efficient to operate the	F 835	Ombudsman, and Franklin Police Department as required. • After governing body education, as of 1/28/2025, the facility will initiate a full internal investigation into all allegations of abuse or neglect within two hours. The investigations will be led by Administrator or designee. • After governing body education, as of 1/28/2025, Director of Nursing and/or Administrator shall also notify Clinical Consultant/Governing Body regarding any allegations of abuse in real time. 2. Identifying other residents • Residents currently residing in the facility and have made an allegation of abuse have the potential to be affected by the deficient practice. • As of 1/29/2025, a comprehensive review of incidents was completed to ensure Abuse policy was followed; investigation was completed and reporting was completed appropriately. 3. Systemic Changes • Director Of Nursing and/or Designee will audit incident reports and any abuse allegations to ensure the facility's abuse policy was followed weekly x 3 weeks then monthly x 6 months or until sustained compliance is achieved. New Jersey Department of Health Directed Plan of Correction (DPOC): • Beginning 2/10/25, Facility has retained an Administrator Consultant and Director of Nursing Consultant approved	

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F 835	Continued From page 93 facility in a financially sound manner. Essential Requirements, Duties, and Responsibilities: -Develop, maintain and implement operation policies and procedures to meet resident's need compliance with federal, state and local requirements. -Develop and enforce a monitoring program to assure compliance with federal, state, and local requirements. -Serve as a representative of the facility to residents, family and the general public. -Establish systems to enforce the facility policies and procedures. -Serve as an active member of all committees as appropriate. -Arbitrate complaints and disputes concerning residents, families or personnel. -Interpret all federal, state and local regulations for the facility staff. -Establish systems to ensure compliance with all federal, state, and local regulations. -Observe all facility policies and procedures. On 1/24/25 at 2:44 PM, the surveyor interviewed the [US FOIA (B)] in the presence of the survey team, regarding the allegation of [NJ Ex Orde] by Resident #155. At that time, the [US FOIA (B)] stated the [U.S. FOIA (b)] had already left for the day. The [US FOIA (B)] stated the [NJ Ex Order 2] were called to the facility by the resident. The [US FOIA (B)] further stated she notified the [US FOIA (B) (B)] the police were here. At that time, the [US FOIA (B)] stated she 'NJ ex order 26.4b1 was a reportable event (to the NJDOH) as the resident did not return to the facility. The [US FOIA (B)] stated the allegation was made on [NJ Ex Order 26.4(b)(1)], and when she came in on [NJ Ex Order 26.4(b)] the hospital's [U.S. FOIA (b) (] called her. The [US FOIA (B)] reported that the [U.S. FOIA (b)] stated the resident 'NJ ex order 26.4b1	F 835	by The New Jersey Department of Health. • Beginning on 2/14/25 and until otherwise directed by The New Jersey Department of Health , the Administrator Consultant and Facility shall submit weekly progress reports each Friday that includes status updates regarding: i. Identified areas of non-compliance ii. Corrective measures to address identified areas of non-compliance; and, iii. Status of corrective measures implementation 4. Monitoring • Audit results shall be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly x 6 months for review and further recommendations. The next QAPI meeting is scheduled for 3/18/2025.	

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F 835	Continued From page 94 On 1/28/25 at 2:19 PM, the surveyor interviewed the U.S. FOIA (b) (6)), who stated if a resident told you a concern, you told the U.S. FOIA and informed the U.S. FOIA (b) or U.S. FOIA (b) (6), and an investigation would occur. The U.S. FOIA stated a grievance should be made available to the resident. The U.S. FOIA stated "it (the concern) would follow the chain of events, and then I would give a statement, and all parties involved would also need to give one, including the resident." The U.S. FOIA added, he would go straight to the U.S. FOIA (b) or U.S. FOIA (b) (6), if the concern was mistreatment, he stated "that was a serious situation" because "I believe they would have to report it to the state and start an official investigation." On 1/28/25 at 2:39 PM, the survey team interviewed the U.S. FOIA (b) (6) who stated "examples of NJ Ex Order 26 were NJ Ex Order 26.4(b)(1) and it should be reported to the U.S. FOIA (b) (6)." On 1/28/25 at 5:55 PM, the survey team met with the U.S. FOIA (b) (6) and the U.S. FOIA (b). The U.S. FOIA (b) (6) stated types of abuse were physical, sexual, verbal. The U.S. FOIA (b) (6) stated NJ ex order 26.4b1 was reason to suspect something happened and he should be notified as soon as possible. The U.S. FOIA (b) (6) stated, "I would typically report before and do an investigation after." The U.S. FOIA (b) (6) added the U.S. FOIA (b) had a "soft file" for Resident #155's NJ ex order 26.4b1 The U.S. FOIA (b) (6) could not speak to why the facility did not follow their policy and use the forms in their policy. No evidence of an investigation was provided to the surveyors NJ ex order 26.4b1 The "soft file" was not provided to surveyors when	F 835		

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F 835	Continued From page 95 previously asked for any investigation, grievance, reportable events. On 1/30/25 at 9:07 AM, the surveyor interviewed the US FOIA (B) (6), who stated any type of NJ Ex Order 26.4(b)(1) should be discussed with the US FOIA (B) (6) and the US FOIA (B), and it would be discussed as a team. The U.S. FO stated an investigation included to check on the resident, interview them and staff, reach out to the families, do a NJ Ex Order assessment and call U.S. FOIA (b) (6) if warranted. The US FOIA stated report any allegation of abuse to the NJDOH as soon as we find out an incident occurred. The US FOIA stated, "if a resident made a statement of NJ Ex Order they should be assessed. The US FOIA (B) (6) should be called and an investigation started." The US FOIA stated she could not recall the above mentioned event. On 1/30/25 at 9:37 AM, the surveyor interviewed the US FOIA (B) (6) who stated he was not aware of the reason for the Immediate Jeopardy situation during the current survey. The US FOIA stated he recently reviewed the NJ Ex Order 26 policy because he was asked to but he "went through it quickly, because I thought it was routine." The US FOIA added if "staff called him regarding an allegation of NJ Ex Order 26 with a resident, he would have the resident sent to the hospital for evaluation and tell the staff to follow the facility's protocol for investigation." On 1/30/25 at 9:58 AM, the surveyor interviewed the US FOIA (B) (6) and asked who was ultimately responsible for the building, he stated, "I am as the administrator. I am expected to be notified everyday of anything going on in the building. My staff are instructed to make me aware of everything. I understand it to be my	F 835		

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F 835	Continued From page 96	F 835		

responsibility." The [US FOIA (B) (6)] stated typically he would be notified right away, but if he was unavailable, the [US FOIA] should "field that call." The [US FOIA (B) (6)] stated if staff left him a voicemail, it will also went to his email. The [US FOIA (B) (6)] stated ultimately the [US FOIA (B)] knew what to do when he was not there and knew what should be reported. The [US FOIA (B) (6)] stated, "Monday morning anything that happened over the weekend, I expect my staff to tell me and make me aware." The [US FOIA (B) (6)] stated he instructed his staff to keep "soft files" in case there was ever a question about an event, but he could not explain the purpose of keeping a "soft file."

On 1/30/25 at 10:15 AM, the surveyor interviewed the [US FOIA (B)], regarding Resident #155's allegation. The [US FOIA (B)] stated, "I knew right away who (which resident) they (the survey team) were asking about." The [US FOIA (B)] stated she received a phone call from RNS #1 to say [NJ Ex Order 26.4(b)(1)] came to the building and he notified the doctor. The [US FOIA (B)] stated she informed the [US FOIA (B) (6)] or the [US FOIA]. She could not recall if she reported the event to the [US FOIA (B) (6)]. The [US FOIA (B)] stated she kept a "soft file" on the event in case there was a question, she added it was not part of the medical record. The surveyor asked was that not the purpose of an investigation, and the [US FOIA (B)] stated "yes." The [US FOIA (B)] could not explain why she did not offer the "soft file" to the survey team during the interview on 1/24/25. The [US FOIA (B)] stated she normally discussed any significant events that happened [NJ Ex Order 26.4(b)(1)] at the Monday morning meeting, which included all the department heads: the [US FOIA (B)], the [US FOIA (B) (6)], the [US FOIA (B) (6)], and the [US FOIA]. When asked if [NJ ex order 26.4b1] to the building was a significant event, she stated "yes."

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 97 The [US FOIA (B)] stated, "I cannot remember if I discussed it (the allegation of abuse and the police coming to the building) in morning meeting." On 1/30/25 at 12:22 PM, the surveyor interviewed the [US FOIA (B) (6)], who stated the [US FOIA (B) (6)] was the [NJ Ex Order 26.4(b)(1)]. The [US FOIA (B)] further stated that if she was aware of any type of [NJ Ex Order 26] allegation, she would have addressed it in morning meeting and that the [US FOIA (B)] and [US FOIA (B) (6)] would follow up immediately. On 1/31/25 at 10:31 AM, the surveyor interviewed the [US FOIA (B) (6)] in the presence of the survey team. The [US FOIA (B) (6)] acknowledged he was the [NJ Ex Order 26] and it was his responsibility to ensure allegations of [NJ Ex Order 26] were reported and fully investigated. The [US FOIA (B) (6)] stated he was responsible to oversee this process and that it was done in accordance to the facility's abuse policy. An acceptable removal plan was received on 1/31/25 at 10:32 AM, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: the Clinical Consultant and Governing Body educated the Administrator regarding Administration, and the abuse policy including; reporting abuse and conducting a thorough investigation to ensure resident's safety. The survey team verified the implementation of the removal plan during the continuation of the on-site survey and determined the IJ for F 835 was removed on 1/31/25.	F 835		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315520	A. BUILDING _____ B. WING _____	C 01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET WOODS REHABILITATION & NURSING CENTER	**780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873**

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F 835	Continued From page 98 Part B Refer F 600, F 609, F 610 On 1/24/25 at 3:56 PM, the surveyor interviewed the US FOIA (B) (6) regarding an allegation of neglect and intimidation for Resident #73, the US FOIA (B) acknowledged that the Activities US FOIA (B) (6) sent her an email regarding the allegation. The US FOIA (B) stated that the US FOIA used the previous director's email, and she acknowledged that the subject indicated 'NJ Ex Orde Resident Council." The US FOIA (B) stated, "I just didn't get a chance to see that." The US FOIA (B) also stated that the Licensed Practical Nurse/Unit Manager (LPN/UM #1) denied awareness of the incident, and that the resident had no history of making accusatory or inaccurate statements. The US FOIA (B) stated the US FOIA should have brought this to her attention immediately. On 1/28/25 at 2:39 PM, the survey team interviewed the US FOIA, who stated "examples of NJ Ex Order 26 were pNJ Ex Order 26.4(b)(1) and it should be reported to the US FOIA (B)." On 1/28/25 at 3:32 PM, the surveyor interviewed LPN/UM #1, who stated that if a resident stated they rang the call bell for help and did not receive it, she would interview the staff identified and report this to the US FOIA (B) and US FOIA (B) (6). LPN/UM #1 stated that if staff denied the allegation, she reassured the resident and still reported it to the US FOIA (B) (6). LPN/UM #1 stated, she reported all incidents to the US FOIA (B).	F 835		

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SOMERSET WOODS REHABILITATION & NURSING CENTER	**780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873**

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F 835	Continued From page 99 On 1/28/25 at 5:55 PM, the survey team met with the [US FOIA (B) (6)] and the [US FOIA (B)]. The [US FOIA (B) (6)] stated types of [NJ Ex Order 26] were NJ Ex Order 26.4(b)(1). The [US FOIA (B) (6)] stated an allegation of [NJ Ex Order 26.4(b)(1)] was reason to suspect something happened and he should be notified as soon as possible. The [US FOIA (B) (6)] stated, "I would typically report before and do an investigation after." On 1/30/25 at 9:07 AM, the surveyor interviewed the US FOIA (B) (6) who stated any type of NJ Ex Order 26.4(b)(1) should be discussed with the [US FOIA (B) (6)] and the [US FOIA (B)], and it would be discussed as a team. The [US FOIA] stated an investigation included to check on the resident, interview them and staff, reach out to the families, do a [NJ Ex Order] assessment and call [NJ Ex Order 26.4(b)(1)] if warranted. The [US FOIA] stated report any allegation of [NJ Ex Order 26] to the NJDOH as soon as we find out an incident occurred. On 1/30/25 at 9:58 AM, the surveyor interviewed the [US FOIA (B) (6)] and asked who was ultimately responsible for the building, he stated, "I am as the administrator. I am expected to be notified everyday of anything going on in the building. My staff are instructed to make me aware of everything. I understand it to be my responsibility." The [US FOIA (B) (6)] stated typically he would be notified right away, but if he was unavailable, the [US FOIA] should "field that call." The [US FOIA (B) (6)] stated if staff left him a voicemail, it will also went to his email. The [US FOIA (B) (6)] stated ultimately the [US FOIA (B)] knew what to do when he was not there and knew what should be reported. On 1/30/25 at 12:22 PM, the surveyor interviewed the US FOIA (B) (6) who stated the [US FOIA (B) (6)] was the [NJ Ex Order 26.4(b)(1)]. The [US FOIA (B)]	F 835		

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F 835	Continued From page 100 further stated that if she was aware of any type of NJ ex order 26.4b1, she would have addressed it in morning meeting and that the US FOIA (B) and US FOIA (B) (6 would follow up immediately. On 1/30/25 3:49 PM, the surveyor interviewed the US FOIA (B) (6 and US FOIA (B) (6 in the presence of the survey team. The US FOIA (B) (6 stated he would have expected the US FOIA to go directly (physically) to the US FOIA (B) with Resident #73's allegation brought up at Resident Council and that email communication was not typical procedure. The US FOIA (B) (6 stated that he addressed this with the US FOIA and the US FOIA stated he did not feel it was NJ Ex Order 26.4 The US FOIA (B) (6 stated that in the past, the US FOIA reported concerns to her verbally. In addition, she stated she was the only department the US FOIA emailed, and not the US FOIA (B) (6 as well. The US FOIA (B) (6 stated that he was "shocked." On 1/30/25 at 4:19 PM, in the presence of the survey team, the US FOIA (B) (6 stated that the US FOIA did not feel like the resident was "NJ ex order 26.4b1" On 1/31/25 at 10:31 AM, the surveyor interviewed the US FOIA (B) (6 in the presence of the survey team. The US FOIA (B) (6 acknowledged he was the abuse officer and it was his responsibility to ensure allegations of NJ Ex Order 26 were reported and fully investigated. The US FOIA (B) (6 stated he was responsible to oversee this process and that it was done in accordance to the facility's NJ Ex Order 26 policy. NJAC 8:39-9.2(a) NJAC 8:39-9.3(a) NJAC 8:39-27.1(a)	F 835		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18109	A. BUILDING: _____ B. WING _____	C 01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET WOODS REHABILITATION & NURS	780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873

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S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint # NJ00171801 Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey. The facility was deficient in CNA (Certified Nursing Aide) staffing for 36 of 63 day shifts reviewed. Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey	S 560	1. Corrective Action • On 2/17/2025 , the Staffing coordinator was re-inserviced by Administrator on the requirement of CERTIFIED NURSES AIDE ratios for each shift and provides staffing numbers to DIRECTOR OF NURSING and administrator daily for review. 2. Identifying other residents • Residents currently residing in the facility have the potential to be affected by the deficient practice.	3/4/25

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

Electronically Signed | 02/24/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 1 Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/21: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. This deficient practice was evidenced by the following: For the nine (9) weeks requested, as per the "Nurse Staffing Report", the facility was deficient in CNA staffing as follows: 1. For the two (2) weeks of Complaint staffing from 10/29/2023 to 11/11/2023, the facility was deficient in CNA staffing for residents on five (5) of 14 day shifts as follows: -10/29/23 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs. -11/03/23 had 13 CNAs for 115 residents on the day shift, required at least 14 CNAs. -11/04/23 had 13 CNAs for 115 residents on the day shift, required at least 14 CNAs. -11/05/23 had 10 CNAs for 115 residents on the	S 560	3. Systemic Changes • On 2/17/2025 , the Administrator shall inserviced the Staffing Coordinator regarding F725 and S560 to include New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes" to ensure appropriate staffing is provided on all shifts. • On 2/17/2025 Director of Nursing, Administrator and Staffing Coordinator reviewed the Staffing Policy and remains appropriate. • Staffing Coordinator shall offer bonuses for staff to ensure proper coverage. • The Facility has contracted and will continue to contract with new vendors who provide Agency staff to ensure staff to resident ratios are met per requirements. • The Facility will proactively hire staff thru media ads and advertisements and reaching out to nursing schools' new graduates. 4. Monitoring • Staffing coordinator will review, and submit staffing numbers to DIRECTOR OF NURSING and administrator for audit daily x 7 days, then weekly x 3 weeks, then monthly x 6 months or until sustained compliance is achieved. • Audit results shall be submitted to the Quality Assurance and Performance Improvement (QAPI) committee monthly x 6 months for review and further recommendations. The next QAPI meeting is scheduled for 3/18/2025.	

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S 560	Continued From page 2	S 560		

day shift, required at least 14 CNAs.
-11/11/23 had 12 CNAs for 113 residents on the day shift, required at least 14 CNAs.

2. For the five (5) weeks of Complaint staffing from 01/07/2024 to 02/10/2024, the facility was deficient in CNA staffing for residents on 17 of 35 day shifts as follows:

-1/7/24 had 7 CNAs for 100 residents on the day shift, required at least 12 CNAs.
-1/13/24 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.
-1/17/24 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.
-1/19/24 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.
-1/20/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs.
-1/21/24 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs.
-1/26/24 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs.
-1/27/24 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs.
-1/28/24 had 10 CNAs for 109 residents on the day shift, required at least 14 CNAs.
-2/01/24 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs.
-2/03/24 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs.
-2/04/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs.
-2/06/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs.
-2/07/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs.
-2/08/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs.
-2/09/24 had 10 CNAs for 106 residents on the

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S 560	Continued From page 3	S 560		

day shift, required at least 13 CNAs.
-2/10/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs.

3. For the two (2) weeks of Staffing prior to survey from 1/5/2025 to 1/18/2025, the facility was deficient in CNA staffing for residents on five (5) of 14 day shifts as follows:

-1/5/25 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs.
-1/6/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs.
-1/9/25 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.
-1/13/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs.
-1/18/25 had 11 CNAs for 107 residents on the day shift, required at least 13 CNAs.

On 1/29/25 at 11:27 AM, the surveyor interviewed the Staffing coordinator (SC), who stated she was familiar with the staffing ratios of 8:1 CNAs on dayshift, 10:1 CNA.s on evening shift and 14:1 CNAs on night shift.
SC added that they are meeting them most of the time.

A review of the facility policy "Somerset Woods Staffing Policy and Procedure" dated as reviewed 6/2024 provided by the Director of Nursing revealed, "Somerset Woods goal is to provide adequate staffing to meet needed care and services for our resident population". Further review revealed, "Somerset Woods will follow the guidelines set forth by NJSA (NJ Statutes Annotated) Section 30:13-18 Minimum staffing requirements for nursing homes.
a. Notwithstanding any other staffing requirements as may be established by law,

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S 560	Continued From page 4 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 ... 3) one direct care staff member to every 14 residents for the night shift ..."	S 560		

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
315520 Y1	A. Building B. Wing Y2	3/12/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET WOODS REHABILITATION & NURSING CENTER	780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873

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 F0600	Correction	ID Prefix F0609	Correction	ID Prefix F0610	Correction
Reg. # 483.12(a)(1)	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.12(c)(2)-(4)	Completed
LSC	03/04/2025	LSC	03/04/2025	LSC	03/04/2025
ID Prefix F0637	Correction	ID Prefix F0677	Correction	ID Prefix F0725	Correction
Reg. # 483.20(b)(2)(ii)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.35(a)(1)(2)	Completed
LSC	03/04/2025	LSC	03/04/2025	LSC	03/04/2025
ID Prefix F0803	Correction	ID Prefix F0804	Correction	ID Prefix F0805	Correction
Reg. # 483.60(c)(1)-(7)	Completed	Reg. # 483.60(d)(1)(2)	Completed	Reg. # 483.60(d)(3)	Completed
LSC	03/04/2025	LSC	03/04/2025	LSC	03/04/2025
ID Prefix F0809	Correction	ID Prefix F0835	Correction	ID Prefix	Correction
Reg. # 483.60(f)(1)-(3)	Completed	Reg. # 483.70	Completed	Reg. #	Completed
LSC	03/04/2025	LSC	03/04/2025	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? ☐ YES ☐ NO
1/31/2025	

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
315520 Y1	A. Building B. Wing Y2	3/12/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
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LSC	03/04/2025	LSC	03/04/2025	LSC	03/04/2025
ID Prefix F0677	Correction	ID Prefix F0725	Correction	ID Prefix F0803	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.60(c)(1)-(7)	Completed
LSC	03/04/2025	LSC	03/04/2025	LSC	03/04/2025
ID Prefix F0835	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.70	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/04/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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 1/31/2025

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
18109 Y1	A. Building B. Wing Y2	3/12/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET WOODS REHABILITATION & NURSING CENTER	780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 03/04/2025	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 1/31/2025	☐ 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
	315520	A. BUILDING **1A** B. WING _____	C **01/31/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET WOODS REHABILITATION & NURSING CENTER	**780 OLD NEW BRUNSWICK ROAD** **SOMERSET, NJ 08873**

(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 (NJDOH), Health Facility Survey and Field Operations on 01/28/25. The facility was found 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 (NJDOH), Health Facility Survey and Field Operations on 01/28/25 and the facility was found to be in noncompliance 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. Somerset Woods Rehabilitation and Nursing Center is a four-story building that was built in 2016. It is composed of Type II protected construction. The facility is divided into 10-smoke zones. The generator powers approximately 80% of the building as per the Maintenance Director. The current occupied beds are 106 out of 148.	K 000		
K 222 SS=F	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT	K 222		3/4/25

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

Electronically Signed | 02/24/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315520	A. BUILDING **1A** B. WING _____	C **01/31/2025**

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SOMERSET WOODS REHABILITATION & NURSING CENTER	**780 OLD NEW BRUNSWICK ROAD** **SOMERSET, NJ 08873**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 222	Continued From page 1 LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies	K 222		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315520	A. BUILDING 1A B. WING _____	C 01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 222	Continued From page 2 installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the application of force to the release device for delayed egress locking systems activated an audible signal in the vicinity of the door opening and the force did not exceed 15 lbs in accordance with NFPA 101 (Life Safety Code 2012 Edition) Chapter 7.2.1.6.1.1(3)(a). This deficient practice had the potential to affect 32 residents on the First Floor. Findings include: An observation on 01/28/25 at 12:45 PM revealed the US FOIA (B) (6) used his body to apply excessive force to the release device of the delayed egress locking system to activate an audible signal. During an interview at the time of the observation, the US FOIA (B) (6) confirmed he had to apply excessive force (more than 15 lbs) to the release device to activate an audible signal. He stated that he checks the doors monthly. NJAC 8:39-31.1(c), 31.2(e)	K 222	1. DM (Director of Maintenance) immediately adjusted the door latching mechanism to release without excessive body force. The audible open signal is easily activated with less than 15lb of force. 2. All residents on the first floor have the potential to be affected. 3. DM will include in his preventative maintenance program a quarterly facility wide audit ensuring all delayed egress locking systems are properly activated with less than 15lb of force. 4. DM will present his findings at the QA meetings for the next 4 quarters.	

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K 363 SS=F	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.	K 363		3/4/25

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K 363	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure corridor doors were free of gaps to resist the passage of smoke in accordance with NFPA 101 (Life Safety Code, 2012 Edition) Chapter 19.3.2.3.1. This deficient practice had the potential to affect 10 residents on the First Floor. Findings include: An observation on 01/28/25 at 12:34 PM revealed the door to resident Room #132 had a 1/8-inch to ½-inch gap between the top of the door and the door frame. During an interview at the time of the observation, the US FOIA (B) (6) confirmed the gap between the top of the door and the door frame was 1/8-inch to ½-inch. He stated he did not know there was a gap at the top of the door and further stated he checks the doors monthly. NJAC 8:39-31.2(e)	K 363	1. DM (Director of Maintenance) adjusted the door in room 132 to close the gaps. 2. Residents in room 132 have the potential to be affected. 3. DM will include in his preventative maintenance program a quarterly facility wide audit ensuring all doors properly close without any gaps. 4. DM will present his findings at the QA meetings for the next 4 quarters.	
K 511 SS=F	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	K 511		3/4/25

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	315520	A. BUILDING **1A** B. WING _____	C **01/31/2025**

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K 511	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure ground-fault circuit-interruption (GFCI) was provided in accordance with NFPA 70 Article 210.8 (National Electrical Code 2011 Edition). This deficient practice had the potential to affect 36 residents. Findings include: An observation on 01/28/25 at 12:43 PM of the first-floor therapy room revealed the Hydrocollator, [a thermostatically controlled water bath for placing bentonite-filled cloth heating pads], was not protected with a GFCI outlet. The Hydrocollator was plugged into a standard electrical outlet. During an interview at the time of the observation, the US FOIA (B) (6) confirmed the Hydrocollator was plugged into a standard electrical outlet and stated he did not know the Hydrocollator needed to be plugged into a GFCI outlet. NJAC 8:39-31.2(e) NFPA 70	K 511	1. DM (Director of Maintenance) replaced outlet used for the hydrocollator to a GFCI outlet. 2. Employees and residents utilizing the hydrocollator have the potential to be affected. 3. DM will include in his preventative maintenance program a quarterly facility wide audit ensuring all outlets are installed to code. 4. DM will present his findings at the QA meetings for the next 4 quarters.	
K 917 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Receptacles Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking.	K 917		3/4/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET WOODS REHABILITATION & NURSING CENTER	**780 OLD NEW BRUNSWICK ROAD** **SOMERSET, NJ 08873**

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K 917	Continued From page 6 6.4.2.2.6, 6.5.2.2.4.2, 6.6.2.2.3.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure electrical receptacles supplied from the critical branch had a distinctive color or a cover plate with a distinctive color or marking in accordance with NFPA 99 (Health Care Facilities Code 2012 Edition) Chapter 6.6.2.2.3.2. This deficient practice had the potential to affect all 106 residents. Findings include: An observation on 01/28/25 at 12:20 PM revealed the medication refrigerator located on the First Floor, was plugged into a standard electrical receptacle, and did not have an electrical receptacle or cover plate with a distinctive color or marking. An observation on 01/28/25 at 12:58 PM revealed the medication refrigerator located on the Second Floor, was plugged into a Ground Fault Circuit Interrupter (GFCI) outlet, and did not have an electrical receptacle or cover plate with a distinctive color or marking. During an interview at the time of the observations, the[redacted] confirmed the medication refrigerators were plugged into a regular outlet or a GFCI outlet. He further stated he did not know if the refrigerators were connected to emergency power. NJAC 8:39-31.2(e) NFPA 99	K 917	1. DM (Director of Maintenance) moved the medication refrigerator on the first and second floor to a location where it is now plugged in to an outlet which is distinctively marked (red) and connected to an emergency power source. 2. Residents on the first and second floor have the potential be affected. 3. DM (Director of Maintenance) will include in his preventative maintenance program a quarterly facility wide audit ensuring all life safety and critical branches are connected to power sources that have a distinctive color or marking. 4. DM will present his findings at the QA meetings for the next 4 quarters.	
K 923 SS=F	Gas Equipment - Cylinder and Container Storag	K 923		3/4/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 923	Continued From page 7 CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)	K 923		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 923	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure oxygen storage areas had a precautionary sign readable from 5-feet on each door and that the sign included the wording at a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING" in accordance with NFPA 99 (Health Care Facilities Code 2012 Edition) Chapter 11.3.4.2. This deficient practice could affect all 106 residents. Findings include: Observations on 01/28/25 at 12:55 PM and 1:16 PM revealed the oxygen storage areas, located on the Second Floor adjacent to Clean Utility and Third Floor Emerald Social Services room, did not have a sign with the minimum wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." During an interview at the time of the observations, the U.S. FOIA (b) (6) confirmed the oxygen storage areas did not have the required signs. He stated he did not know the requirement. During an interview on 01/28/25 at 4:00 PM, the U.S. FOIA (b) (6) stated he did not know the requirement and printed temporary signs with the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." NJAC 8:39-31.2(e) NFPA 99	K 923	1. DM (Director of Maintenance) posted new signs on the second and third floor oxygen storage areas which read "CAUTION: OXIDIZING GASES SORED WITHIN NO SMOKING" 2. All residents have the potential to be affected. 3. DM (Director of Maintenance) will include in his preventative maintenance program a quarterly facility wide audit ensuring all oxygen storage areas have proper signage. 4. DM will present his findings at the QA meetings for the next 4 quarters.	

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
315520 Y1	A. Building 1A - MAIN BUILDING B. Wing Y2	3/12/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET WOODS REHABILITATION & NURSING CENTER	780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0222	03/04/2025	LSC K0363	03/04/2025	LSC K0511	03/04/2025
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. #	Completed
LSC K0917	03/04/2025	LSC K0923	03/04/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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?
1/31/2025	☐ YES ☐ NO