STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315166	A. BUILDING ____ B. WING ____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASONIC VILLAGE AT BURLINGTON	**902 JACKSONVILLE ROAD BURLINGTON, NJ 08016**

(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 #: NJ00178000
Survey Dates: 10/8/24, 10/10/24, 10/15/24
Census: 116
Sample Size: 4

F656J
Based on observation, interviews and record review, as well as review of pertinent facility documents on 10/08/24 and 10/10/24, it was determined that the facility failed to implement a care plan dated NJ Exec Order 26.4b1 that identified a NJ Exec Order 26.4b1 risk. The care plan revised on NJ Ex Order 26.4 listed a NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 as an intervention. On NJ Exec Order 26.4b Resident #2, with a diagnosis of NJ Exec Order 26.4b1 had a Physician's NJ Exec O order for NJ Exec Order 26.4b1, was served a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 by the assigned Certified Nursing Assistant (CNA #2). After serving Resident #2 their lunch tray, CNA #2 left and went to assist another resident. On her way out of assisting the other resident, CNA #2 observed Resident #2's call light on. CNA #2 responded to Resident #2's call light and observed the resident was NJ Exec O and NJ Exec Order 26.4b The CNA #2 called the nursing staff who intervened by performing the NJ Exec Order 26.4b1 which NJ Exec Order 26.4b1 the NJ Exec Order 26.4 from Resident #2's NJ Exec Order 2

This deficient practice created an Immediate Jeopardy (IJ) situation to the health and well-being of Resident #2 and the potential to affect all residents on a NJ Exec Order 26.4b1 at risk for serious injury or death if not served with the correct NJ Ex Order 26.4(b)(1). The IJ was identified on 10/10/24 at 8:13 p.m. and the IJ template was

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 11/08/2024

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
	315166	A. BUILDING ______ B. WING ______	C 10/15/2024

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F 000	Continued From page 1 presented to the US FOIA (b)(6) in the presence of the US FOIA (b)(6)). The IJ began on NJ Exec Order 26.4b and continued through 10/11/24 when an acceptable removal plan was implemented and continues to run at a D level for no actual harm. A care plan initiated on NJ Ex Order 26 identified a problem of history of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 was updated on NJ Ex Order 26.4(. An update was to supervise the resident during meals. On 10/10/24, the surveyor entered the resident's room with the assigned nurse (RN #1), and observed resident with the meal in front of him/her NJ Ex Order 26.4(b)(1) and meal was partially eaten. The facility provided an acceptable Removal Plan on 10/11/24. On 10/15/24, the surveyor conducted a Removal Plan visit and verified that the Removal Plan was implemented. On 10/11/24, the facility implemented the Removal Plan, which included the following: The US FOIA (b)(6) conducted an audit to ensure all dietary orders, recommendations, and documentation were accurate in the medical record and matched the dietary department's tray card information for each resident. Thirty six residents were identified that required assistance with NJ Ex Order 26. On 10/11/24, the Facility policies and procedures "Therapeutic Diets were reviewed/revised. On 10/11/24, education was provided to the staff by the US FOIA (b)(6) or designee regarding applicable facility policies and procedures titled	F 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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MASONIC VILLAGE AT BURLINGTON	**902 JACKSONVILLE ROAD BURLINGTON, NJ 08016**

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F 000	Continued From page 2 "Therapeutic Diets", diet consistency, compliance with resident-specific dietary interventions, supervision and food preparation consistent with each resident's dietary order including when a mandatory snack or alternative meal is provided. Mandatory in service was held on 10/11/24. All staff who could not attend was not be permitted to work until they completed the mandatory in service. The mandatory in service was added to the new hire orientation and for all future nursing and dietary personnel. On 10/11/24, a member of the Interdisciplinary Team (IDT) team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. A minimum of two managers were assigned at lunch time. On 10/11/24, the US FOIA (b)(6) or Designee audited all new admissions to ensure the dietary orders/recommendations/documentation were accurate in the medical record and matched the dietary department's tray card information for that resident. On 10/11/24, The US FOIA (b)(6) or designee monitored food preparation at all three meals and compared the meal and or snacks being prepared to the physician order/documentation for each resident's dietary needs. On 10/11/24, residents requiring assistance and or supervision with meals were encouraged to eat in the bistro, and residents who preferred to eat in their room were noted on the resident Kardex. A staff member was assigned to assist these residents during mealtime in the bistro and or resident rooms.	F 000		

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 000	Continued From page 3 On 10/11/24, a member of the IDT team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. On 10/11/24, the US FOIA (b)(6) implemented a Quality Assurance and Performance Improvement (QAPI) Performance Improvement Projects (PIP) in order to gather and process information from the audits/monitoring processes and findings to be reported at the monthly Quality Assessment and Assurance (QAA) meeting for a minimum of three months. F689J Based on observation, interviews and record review, as well as review of pertinent facility documents on 10/08/24 and 10/10/24, it was determined that the facility failed to provide a NJ Exec Order 26.4b1 as the physician prescribed for 1 of 4 sampled resident (Resident #2), on NJ Exec Order 26.4b1 who had a Physician's NJ Exec O order for NJ Exec Order 26.4b1. Resident #2, with a diagnosis of NJ Exec Order 26.4b1), was served a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 by the assigned Certified Nursing Assistant (CNA #2). After serving Resident #2 their lunch tray, CNA #2 left and went to assist another resident. On her way out of assisting the other resident, CNA #2 observed Resident #2's call light on. CNA #2 responded to Resident #2's call light and observed the resident was NJ Exec O and NJ Exec Order 26.4b The CNA #2 called the nursing staff who intervened by performing the NJ Exec Order 26.4b1 which NJ Exec Order 26.4b1 the NJ Exec Order 26. from Resident #2's NJ Exec Order 2 This deficient practice created an Immediate Jeopardy (IJ) situation to the health and	F 000		

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F 000	Continued From page 4 well-being of Resident #2 and the potential to affect all residents on a NJ Exec Order 26.4b1 at risk for serious injury or death if not served with the correct NJ Ex Order 26.4(b)(1). The IJ was identified on 10/10/24 at 8:13 p.m. and the IJ template was presented to the US FOIA (b)(6) in the presence of the US FOIA (b)(6)). The IJ began on NJ Exec Order 26.4b and continued through 10/11/24 when an acceptable removal plan was implemented and continues to run at a D level for no actual harm. A care plan initiated on NJ Exec Order 26 identified a problem of history of NJ Exec Order 26.4b1 was updated on NJ Exec Order 26.4b. An update was to supervise the resident during meals. On 10/10/24, the surveyor entered the resident's room with the assigned nurse (RN #1), and observed resident with the meal in front of him/her NJ Ex Order 26.4(b)(1) and meal was partially eaten. The facility provided an acceptable Removal Plan on 10/11/24. On 10/15/24, the surveyor conducted a Removal Plan visit and verified that the Removal Plan was implemented. On 10/11/24, the facility implemented the Removal Plan, which included the following: The US FOIA (b)(6) conducted an audit to ensure all dietary orders, recommendations, and documentation were accurate in the medical record and matched the dietary department's tray card information for each resident. Thirty six residents were identified that required assistance with NJ Ex Order 26.4 On 10/11/24, the Facility policies and procedures	F 000		

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F 000	Continued From page 5 "Therapeutic Diets were reviewed/revised. On 10/11/24, education was provided to the staff by the US FOIA (b)(6) or designee regarding applicable facility policies and procedures titled "Therapeutic Diets", diet consistency, compliance with resident-specific dietary interventions, supervision and food preparation consistent with each resident's dietary order including when a mandatory snack or alternative meal is provided. Mandatory in service was held on 10/11/24. All staff who could not attend was not be permitted to work until they completed the mandatory in service. The mandatory in service was added to the new hire orientation and for all future nursing and dietary personnel. On 10/11/24, a member of the Interdisciplinary Team (IDT) team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. A minimum of two managers were assigned at lunch time. On 10/11/24, the US FOIA (b)(6) or Designee audited all new admissions to ensure the dietary orders/recommendations/documentation were accurate in the medical record and matched the dietary department's tray card information for that resident. On 10/11/24, The US FOIA (b)(6) or designee monitored food preparation at all three meals and compared the meal and or snacks being prepared to the physician order/documentation for each resident's dietary needs. On 10/11/24, residents requiring assistance and or supervision with meals were encouraged to eat in the bistro, and residents who preferred to eat in	F 000		

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F 000	Continued From page 6 their room were noted on the resident Kardex. A staff member was assigned to assist these residents during mealtime in the bistro and or resident rooms. On 10/11/24, a member of the IDT team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. On 10/11/24, the US FOIA (b)(6) implemented a Quality Assurance and Performance Improvement (QAPI) Performance Improvement Projects (PIP) in order to gather and process information from the audits/monitoring processes and findings to be reported at the monthly Quality Assessment and Assurance (QAA) meeting for a minimum of three months. F808J Based on observation, interviews and record review, as well as review of pertinent facility documents on 10/08/24 and 10/10/24, it was determined that the facility failed to provide a NJ Exec Order 26.4b1 for 1 of 4 sampled residents (Resident #2) on NJ Exec Order 26.4b1 who had a Physician's NJ Exec O order for NJ Exec Order 26.4b1. Resident #2, with a diagnosis of NJ Exec Order 26.4b1 was served a NJ Exec Order 26 NJ Exec Order 26.4b1 by the assigned Certified Nursing Assistant (CNA #2). After serving Resident #2 their lunch tray, CNA #2 left and went to assist another resident. On her way out of assisting the other resident, CNA #2 observed Resident #2's call light on. CNA #2 responded to Resident #2's call light and observed the resident was NJ Exec O and NJ Exec Order 26.4b The CNA #2 called the nursing staff who intervened by NJ Exec Order 26.4b1	F 000		

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F 000	Continued From page 7	F 000		

NJ Exec Order 2 which NJ Exec Order 26.4b1 the NJ Exec Order 26. from Resident #2's NJ Exec Order 2

This deficient practice created an Immediate Jeopardy (IJ) situation to the health and well-being of Resident #2 and the potential to affect all residents on a NJ Exec Order 26.4b1 at risk for serious injury or death if not served with the correct NJ Ex Order 26.4(b)(1). The IJ was identified on 10/10/24 at 8:13 p.m. and the IJ template was presented to the US FOIA (b)(6) in the presence of the US FOIA (b)(6) The IJ began on NJ Exec Order 26. and continued through 10/11/24 when an acceptable removal plan was implemented and continues to run at a D level for no actual harm.

A care plan initiated on NJ Exec Order 2 identified a problem of history of NJ Exec Order 26.4b1 was updated on NJ Exec Order 26.. An update was to supervise the resident during meals. On 10/10/24, the surveyor entered the resident's room with the assigned nurse (RN #1), and observed resident with the meal in front of him/her NJ Ex Order 26.4(b)(1) and meal was partially eaten.

The facility provided an acceptable Removal Plan on 10/11/24. On 10/15/24, the surveyor conducted a Removal Plan visit and verified that the Removal Plan was implemented.

On 10/11/24, the facility implemented the Removal Plan, which included the following:

The US FOIA (b)(6) conducted an audit to ensure all dietary orders, recommendations, and documentation were accurate in the medical record and matched the dietary department's tray

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F 000	Continued From page 8 card information for each resident. Thirty six residents were identified that required assistance with NJ Ex Order 26.4 On 10/11/24, the Facility policies and procedures "Therapeutic Diets were reviewed/revised. On 10/11/24, education was provided to the staff by the US FOIA (b)(6) or designee regarding applicable facility policies and procedures titled "Therapeutic Diets", diet consistency, compliance with resident-specific dietary interventions, supervision and food preparation consistent with each resident's dietary order including when a mandatory snack or alternative meal is provided. Mandatory in service was held on 10/11/24. All staff who could not attend was not be permitted to work until they completed the mandatory in service. The mandatory in service was added to the new hire orientation and for all future nursing and dietary personnel. On 10/11/24, a member of the Interdisciplinary Team (IDT) team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. A minimum of two managers were assigned at lunch time. On 10/11/24, the US FOIA (b)(6) or Designee audited all new admissions to ensure the dietary orders/recommendations/documentation were accurate in the medical record and matched the dietary department's tray card information for that resident. On 10/11/24, The US FOIA (b)(6) or designee monitored food preparation at all three meals and compared the meal and or snacks being prepared to the physician order/documentation	F 000		

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F 000	Continued From page 9 for each resident's dietary needs. On 10/11/24, residents requiring assistance and or supervision with meals were encouraged to eat in the bistro, and residents who preferred to eat in their room were noted on the resident Kardex. A staff member was assigned to assist these residents during mealtime in the bistro and or resident rooms. On 10/11/24, a member of the IDT team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. On 10/11/24, the US FOIA (b)(6) implemented a Quality Assurance and Performance Improvement (QAPI) Performance Improvement Projects (PIP) in order to gather and process information from the audits/monitoring processes and findings to be reported at the monthly Quality Assessment and Assurance (QAA) meeting for a minimum of three months.	F 000		
F 656 SS=J	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable	F 656		10/15/24

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 656	Continued From page 10 physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, as well as review of pertinent facility documents on 10/08/24 and 10/10/24, it was determined that the facility failed to implement a care plan dated NJ Exec Order 26.4b1 that identified a NJ Exec Order 26.4b1 risk. The care plan revised on NJ Exec Order 2	F 656	F656 Development/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) It is the practice of Masonic Village at Burlington to develop and implement a	

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F 656

Continued From page 11

listed a NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 as an intervention. On NJ Exec Order 26.4b1 Resident #2, with a diagnosis of NJ Exec Order 26.4b1 , had a Physician's NJ Exec O order for NJ Exec Order 26.4b1 , was served a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 by the assigned Certified Nursing Assistant (CNA #2). After serving Resident #2 their lunch tray, CNA #2 left and went to assist another resident. On her way out of assisting the other resident, CNA #2 observed Resident #2's call light on. CNA #2 responded to Resident #2's call light and observed the resident was NJ Exec O and NJ Exec Order 26.4b The CNA #2 called the nursing staff who intervened by NJ Exec Order 26.4b1 which NJ Exec Order 26.4b1 the NJ Exec Order 26. from Resident #2's NJ Exec Order 2

This deficient practice created an Immediate Jeopardy (IJ) situation to the health and well-being of Resident #2 and the potential to affect all residents on a NJ Exec Order 26.4b1 at risk for serious injury or death if not served with the correct NJ Ex Order 26.4(b)(1). The IJ was identified on 10/10/24 at 8:13 p.m. and the IJ template was presented to the US FOIA (b)(6) in the presence of the US FOIA (b)(6) The IJ began on NJ Exec Order 26. and continued through 10/11/24 when an acceptable removal plan was implemented and continues to run at a D level for no actual harm.

A care plan initiated on NJ Exec Order 2 identified a problem of history of NJ Exec Order 26.4b1 was updated on NJ Exec Order 26.4. An update was to NJ Exec Order 26.4b1 . On 10/10/24, the surveyor entered the resident's room with the assigned nurse (RN #1), and observed resident with the meal in front of

F 656

comprehensive person-centered care plan for each resident, consistent with the resident rights that includes measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

Criteria 1:
Resident #2 was evaluated and treated per MD orders after a NJ Exec Order 26.4b1. Nursing team was able to intervene timely and NJ Exec Order 26.4b the object from resident's NJ Exec Order 2 CNA who provided NJ Exec Ord to resident resigned her position and was reported accordingly, no longer employed at our community. NJ Exec Order 2 ordered and revealed NJ Exec Orde were NJ Exec Order 26.4b1, no NJ Exec Order 26.4b1 . NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 Care plan was updated with new interventions to ensure resident is NJ Exec Order 26.4b1 during NJ Exec Order 2 NJ Exec Order 26. during NJ Exec Order 2 and NJ Exec Order 26.4b1 resident with NJ Exec Order 26

Residents requiring assistance and or supervision with meals will be encouraged to eat in the bistro, residents who prefer to eat in their room will be noted on the resident Kardex. A nurse/CNA will be assigned to assist these residents during mealtime in the bistro and or resident rooms.

Criteria 2:
Current Residents who require an altered texture diet have the potential to be affected.
On 10/10/2024 the Director of Nursing conducted an audit to ensure all dietary

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F 656	Continued From page 12 him/her NJ Ex Order 26.4(b)(1) and meal was partially eaten. The facility provided an acceptable Removal Plan on 10/11/24. On 10/15/24, the surveyor conducted a Removal Plan visit and verified that the Removal Plan was implemented. On 10/11/24, the facility implemented the Removal Plan, which included the following: The US FOIA (b)(6) conducted an audit to ensure all dietary orders, recommendations, and documentation were accurate in the medical record and matched the dietary department's tray card information for each resident. Thirty six residents were identified that required assistance with NJ Ex Order 26.4 On 10/11/24, the Facility policies and procedures "Therapeutic Diets were reviewed/revised. On 10/11/24, education was provided to the staff by the US FOIA (b)(6) or designee regarding applicable facility policies and procedures titled "Therapeutic Diets", diet consistency, compliance with resident-specific dietary interventions, supervision and food preparation consistent with each resident's dietary order including when a mandatory snack or alternative meal is provided. Mandatory in service was held on 10/11/24. All staff who could not attend was not be permitted to work until they completed the mandatory in service. The mandatory in service was added to the new hire orientation and for all future nursing and dietary personnel. On 10/11/24, a member of the Interdisciplinary Team (IDT) team and or nurse was assigned to	F 656	orders, recommendations, and documentation were accurate in the medical record and matched the dietary department's tray card information for each resident. Thirty-six residents were identified that required assistance with NJ Exec Order 26 Resident identified with an NJ Exec Order 26.4b1 have a care plan indicating the a NJ Exec Order 26.4b1 and level of assistance needed at NJ Exec Order 26.4b1 The Director of Nursing or Designee will audit all new admissions for three months to ensure the dietary orders/recommendations/documentation are accurate in the medical record and match the dietary department's tray card information for that resident. Criteria 3: On 10/11/24, education was provided to the staff by the Staff Educator or designee regarding applicable facility policies and procedures titled "Therapeutic Diets", diet consistency, compliance with resident-specific dietary interventions, supervision and food preparation consistent with each resident's dietary order including when a mandatory snack or alternative meal is provided. Mandatory in service was held on 10/11/24. All staff who could not attend were not be permitted to work until they completed the mandatory in service. The mandatory in service was added to the new hire orientation and for future nursing and dietary personnel. All team members who have worked a scheduled shift have been educated at effective date 10/11/24. Team members	

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F 656	Continued From page 13 each floor to monitor staff compliance with supervision at mealtimes. A minimum of two managers were assigned at lunch time. On 10/11/24, the US FOIA (b)(6) or Designee audited all new admissions to ensure the dietary orders/recommendations/documentation were accurate in the medical record and matched the dietary department's tray card information for that resident. On 10/11/24, The US FOIA (b)(6) or designee monitored food preparation at all three meals and compared the meal and or snacks being prepared to the physician order/documentation for each resident's dietary needs. On 10/11/24, residents requiring assistance and or supervision with meals were encouraged to eat in the bistro, and residents who preferred to eat in their room were noted on the resident Kardex. A staff member was assigned to assist these residents during mealtime in the bistro and or resident rooms. On 10/11/24, a member of the IDT team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. On 10/11/24, the US FOIA (b)(6) implemented a Quality Assurance and Performance Improvement (QAPI) Performance Improvement Projects (PIP) in order to gather and process information from the audits/monitoring processes and findings to be reported at the monthly Quality Assessment and Assurance (QAA) meeting for a minimum of three months. This deficient practice was evidenced by the	F 656	who have not worked as mentioned above will be educated prior to first meal service on first scheduled day. On 10/11/24, a member of the Interdisciplinary Team (IDT) team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtime to ensure residents are receiving therapeutic diets as outlined in the physicians order and plan of care. On 10/11/24, the Director of Nursing or designee-initiated audits for new admissions to ensure the dietary orders/recommendations/documentation is accurate and matches the resident tray card. On 10/11/24, residents requiring assistance and or supervision with meals were encouraged to eat in the bistro, and residents who preferred to eat in their room were noted on the resident Kardex. A staff member was assigned to assist these residents during mealtime in the bistro and or resident rooms. A member of the IDT team and or nurse will be assigned to each floor to monitor staff compliance with supervision at mealtimes. A member of the IDT will monitor for 30 days for each meal, then for each meal for the next 30 days and then re-evaluate for continued need. The Dietary Manager or designee will monitor food preparation at all three meals and compare the meal and or snacks being prepared to the physician order/documentation for each resident's dietary needs. Monitoring/auditing will continue for all three meals daily for 30 days, then daily for one meal on	

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F 656	Continued From page 14 following: According to the Admission Record (AR), Resident #2 was admitted to the facility on NJ Exec Order 26.4, with diagnoses that included but were not limited to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 Review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 2, revealed that Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ /15, which indicated that the Resident's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 . The MDS also indicated that the Resident was on a NJ Exec Order 26.4b1 and required NJ Exec Order 26.4b1 assistance with NJ Exec Order 26 Review of Resident #2's Care Plan (CP) initiated on NJ Exec Order 26.4 identified the followings as problems: History of (H/O) NJ Exec Order 26.4b1 , Diagnosis (DX) of NJ Exec Order 26.4b1 - set up NJ Exec Order 26 needs NJ Exec Order 26.4b1 Under "Interventions," section of the CP, revealed the following interventions including but not limited to: Encourage NJ Exec Order 26.4b1 as needed, 'NJ Exec O as ordered: NJ Exec Order 26.4b1 ..." Resident #2 CP initiated on NJ Exec Order 26.4b1 with a problem of history of NJ Exec Order 26.4b1 was revised post incident on NJ Exec Order 26.4b1 . The revision included the following interventions including but not limited to: Ensure resident is NJ Exec Order 26.4b1 , monitor resident for any NJ Exec Order 26.4b1 during NJ Exec Order 26 and NJ Exec Order 26.4b1 the resident during NJ Exec Order 26	F 656	alternating shifts for 30 days, then weekly for one meal for 30 days Audit sheets prepared by Administrator/DON to review and check compliance with therapeutic diets, comprehensive care plan review, and an environment free of accidental hazards. Completion of audit is conducted at the kitchen, bistro, and and/or resident room as required by IDT team and/or nurse. Criteria 4: The DON/designee will audit all three meals and compare the meal and or snacks being prepared to the physician order/documentation for each resident's dietary needs. Monitoring/auditing will continue for al three meals daily for 30 days, then daily for one meal on alternating shifts for 30 days, then weekly for one meal for 30 days. The Dietary Manager or designee will monitor food preparation at all three meals and compare the meal and or snacks being prepared to the physician order/documentation for each resident's dietary needs. Monitoring/auditing will continue for all three meals daily for 30 days, then daily for one meal on alternating shifts for 30 days, then weekly for one meal for 30 days The Administrator/designee will review results of audits monthly at QAPI to ensure substantial compliance. Areas of non-compliance will be reviewed by the IDT team, corrected and the plan will be modified.	

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F 656	Continued From page 15 Review of the Order Summary Report (OSR) dated NJ Exec Order 26.4b, showed an active order for NJ Exec Order 26.4b1 for Resident #2. Review of Resident #2's Progress Notes (PN), dated NJ Exec Order 26. at 14:00, revealed that Resident #2 had a NJ Exec Order 26.4b1. "Resident placed call light on, when aide entered room, resident was NJ Exec O and NJ Exec Order 26.4b on NJ Exec lunch. The aide called for help, all nurses helped perform NJ Exec Order 26. NJ Exec Order 26.4b1, supervisor was notified and helped as well. One of the student nurses performed the NJ Exec Order 26.4b1 helping NJ Exec Order 26.4b1." Further review of progress notes at 14:09 revealed that NJ Exec Order 26.4b1 was ordered to rule out (r/o) NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 status post (s/p) NJ Exec Order 26.4b1 due to NJ Exec Order 26.4 on NJ Exec Ord Review of the Facility Reportable Event (FRE) submitted to the New Jersey Department of Health (NJDOH) for resident [Resident #2], dated NJ Exec Order 26.4, indicated that on NJ Exec Order 26.4 Resident #2 was given a meal tray that consisted of NJ Exec Order 26 on a NJ Exec O by the assigned CNA [CNA #2]. A short time after tray was delivered to Resident #2, NJ Exec O was observed Resident #2 NJ Exec Order 26.4b CNA #2 made nursing staff aware that Resident #2 was NJ Exec Order 26.4 and responded immediately. The nurses performed the NJ Exec Order 26.4b1. The nursing staff NJ Exec Order 26.4b1 the NJ Exec Order 26.4 from Resident #2's NJ Exec Order 2 Provider was made aware, and a NJ Exec Order 26.4b1 was ordered. Review of the FRE statement dated NJ Exec Order 26.4 from the NJ Exec Order staff (DS #3) indicated that the CNA (CNA #2) asked for a NJ Exec Order 26.4b and he gave it to	F 656		

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F 656	Continued From page 16 her. DS #3 further stated that CNA #2 did not ask him to NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 and she did not ask or told him who it was for. Review of the FRE statement dated NJ Exec Order 26.4b1 from the assigned CNA (CNA #2) revealed that CNA #2 NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 that she received from the NJ Exec Order staff and gave it to Resident #2 who was on a NJ Exec Order 26.4b1 . CNA #2 stated that she then left Resident #2 to assist another resident, was alerted by Resident #2's call bell, and found Resident #2 NJ Exec O and was NJ Exec Order 26.4 on NJ Exec Order 26.4 that she gave to Resident #2. In an interview with Resident #2 on 10/8/24 at 12:46 p.m., Resident #2 stated, "NJ Exec Order 26.4b1 . Now I look the NJ Exec Order 26.4b1 and make sure it NJ Exec Order 26.4b1 Now I am NJ Exec Order 26.4b1 each time I have to NJ Exec O because NJ Exec Order 26.4b1 it's going to be NJ Exec Order 26.4b1 ." In an interview with Resident #2's assigned CNA (CNA #2) on 10/18/24 at 3:04 p.m., revealed that if a resident asked for an item on the alternative menu, it should be verified with the nurse or US FOIA (b)(6) CNA #2 confirmed that she did not verify with the US FOIA (b)(6) because it was a weekend and the US FOIA (b)(6) was not at facility, and she also did not verify with the nurse. CNA #2 stated that she was aware of Resident #2's NJ Exec O saw pictures in the nursing documentation room, was in-serviced on the various types of NJ Exec O had access to verify resident's NJ Exec O on the Point of Care (POC) system, and was aware of what a NJ Exec Order 26.4b1 NJ Exec O looked like. CNA #2 admitted that she received a regular NJ Exec Order 26. from the NJ Exec Order staff (DS #3), she NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 CNA #2 confirmed that it	F 656		

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F 656	Continued From page 17	F 656		

was not the NJ Exec Order 26.4b1 the doctor ordered when she gave it to Resident #2. CNA #2 stated that Resident #2 should not have been given NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 because Resident #2 NJ Exec Order 26.4b1 and it was a NJ Exec Order 26.4b1.

In an interview with the NJ Exec Order staff (DS #3) on 10/21/24 at 11:45 a.m., he stated that he received the NJ Exec Order 26.4 from the kitchen in a plastic container labeled with Resident #2's information on it. DS #3 stated that he saw that the resident was on a NJ Exec Order 26.4b1 but did not saw that resident was on a NJ Exec Order 26.4b1.

According to an Incident Investigation form dated NJ Ex Order 26.4(b)(1), the facility indicated that residents who were on mechanically altered diets were to be encouraged to eat in the NJ Exec Order area. If a resident with NJ Exec Order 26.4b1 in the NJ Exec Order this must be reflected in the care plan. Those residents and if they NJ Exec Order 26.4b and NJ Exec in their room, they would be NJ Exec Order 26.4b1 during their NJ Exec Order

On 10/10/24 at 10:33 a.m., the surveyor entered the Resident #2's room with the assigned Registered Nurse (RN), and Resident #2 was observed with his/her NJ Exec Ord in front of him/her NJ Exec Order 26.4b1 The resident stated that he/she had NJ Exec Orde some of the NJ Exec Orde

In an interview with the assigned nurse for Resident #2 (RN #1) on 10/10/24 at 10:58 a.m., RN #1 confirmed with surveyor that she had not received any in-service since Resident #2's NJ Exec Order 26.4b1

In an interview with the US FOIA (b)(6) on 10/10/24 at 11:44 a.m., the US FOIA (b)(6) confirmed that

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F 656	Continued From page 18 Resident #2 should not have been in his/her room with tray table with breakfast in front of him/her NJ Exec Order 26.4b1 US FOIA (b)(6) also stated that Resident #2 had a NJ Exec Order 26.4 event and should not have had a breakfast plate in front of him/her NJ Exec Order 26.4b1 A review of the 'Orientation Checklist' for CNA #2 dated NJ Exec Order 26.4b, indicated that CNA #2 met the understanding of Resident NJ Exec Order 26.4b including 'NJ Exec Order 26.4b1." A review of an undated policy named, "Food and Nutrition Services" showed, "Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident," and "If an incorrect meal is provided to a resident ..., nursing staff will report it to the food service manager so that a new food tray can be issued." A review of an undated policy called "Ordering off of the Alternate Menu," showed that "if a resident ordered an item off the always available menu, their food is then checked against their diet order, texture order, and all allergies." NJAC 8:39-11.1	F 656		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.	F 689		10/15/24

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F 689	Continued From page 19 This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, as well as review of pertinent facility documents on 10/08/24 and 10/10/24, it was determined that the facility failed to provide a NJ Exec Order 26.4b1 as the physician prescribed for 1 of 4 sampled resident (Resident #2), on NJ Ex Order 26.4(b), who had a Physician's NJ Exec O order for NJ Exec Order 26.4b1. Resident #2, with a diagnosis of NJ Exec Order 26.4b1, was served a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 by the assigned Certified Nursing Assistant (CNA #2). After serving Resident #2 their lunch tray, CNA #2 left and went to assist another resident. On her way out of assisting the other resident, CNA #2 observed Resident #2's call light on. CNA #2 responded to Resident #2's call light and observed the resident was NJ Exec O and NJ Exec Order 26.4b The CNA #2 called the nursing staff who intervened by NJ Exec Order 26.4b1 which NJ Exec Order 26.4b1 the NJ Exec Order 26. from Resident #2's NJ Exec Order 2 This deficient practice created an Immediate Jeopardy (IJ) situation to the health and well-being of Resident #2 and the potential to affect all residents on a therapeutic diet at risk for serious injury or death if not served with the correct NJ Exec NJ Ex Order 26.4(b)(1) The IJ was identified on 10/10/24 at 8:13 p.m. and the IJ template was presented to the US FOIA (b)(6)) in the presence of the US FOIA (b)(6)). The IJ began on NJ Exec Order 26.4 and continued through 10/11/24 when an acceptable removal plan was implemented and continues to run at a D level for no actual harm.	F 689	F689 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25 (d)(1)(2) It is the practice of Masonic Village at Burlington to provide an environment that is free from accident hazards over which we have control and to provide supervision and assistive devices to each resident to prevent avoidable accidents Criteria 1: Resident #2 was evaluated and treated per MD orders after a NJ Exec Order 26.4b1. Nursing team was able to intervene timely and NJ Exec Order 26.4b the object from resident's NJ Exec Order 2 CNA who provided NJ Exec Or to resident resigned her position and was reported accordingly, no longer employed at our community. NJ Exec Order 26 ordered and revealed NJ Exec Order 26.4b1, no NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 Care plan was updated with new interventions to ensure resident is NJ Exec Order 26.4b1. Monitor during NJ Exec Order and NJ Exec Order 26.4b1 with NJ Exec Order 26 Residents requiring assistance and or supervision with meals will be encouraged to eat in the bistro, residents who prefer to eat in their room will be noted on the resident Kardex. A nurse/CNA will be assigned to assist these residents during mealtime in the bistro and or resident rooms. Criteria 2:	

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F 689	Continued From page 20 A care plan initiated on NJ Exec Order identified a problem of history of NJ Exec Order 26.4b1 was updated on NJ Exec Order 26.4. An update was to NJ Exec Order 26.4b1 the resident during NJ Exec Order 26 On 10/10/24, the surveyor entered the resident's room with the assigned nurse (RN #1), and observed resident with the meal in front of him/her NJ Ex Order 26.4(b)(1) and meal was partially eaten. The facility provided an acceptable Removal Plan on 10/11/24. On 10/15/24, the surveyor conducted a Removal Plan visit and verified that the Removal Plan was implemented. On 10/11/24, the facility implemented the Removal Plan, which included the following: The US FOIA (b)(6) conducted an audit to ensure all dietary orders, recommendations, and documentation were accurate in the medical record and matched the NJ Exec Order 26 department's tray card information for each resident. Thirty six residents were identified that required assistance with NJ Ex Order 26.4 On 10/11/24, the Facility policies and procedures "Therapeutic Diets were reviewed/revised. On 10/11/24, education was provided to the staff by the US FOIA (b)(6) or designee regarding applicable facility policies and procedures titled "Therapeutic Diets", diet consistency, compliance with resident-specific dietary interventions, supervision and food preparation consistent with each resident's dietary order including when a mandatory snack or alternative meal is provided. Mandatory in service was held on 10/11/24. All staff who could not attend was not be permitted to	F 689	Current Residents who require an altered texture diet have the potential to be affected. On 10/10/2024 the Director of Nursing conducted an audit to ensure all dietary orders, recommendations, and documentation were accurate in the medical record and matched the dietary department's tray card information for each resident. Thirty-six residents were identified that required assistance with NJ Ex Order 26.4 Resident identified with an NJ Exec Order 26.4b1 have a care plan indicating the NJ Exec Order 26.4b1 t and level of assistance needed at NJ Exec Order 26.4b1 The Director of Nursing or Designee will audit all new admissions for three months to ensure the dietary orders/recommendations/documentation are accurate in the medical record and match the dietary department's tray card information for that resident. Criteria 3: On 10/11/24, education was provided to the staff by the Staff Educator or designee regarding applicable facility policies and procedures titled "Therapeutic Diets", diet consistency, compliance with resident-specific dietary interventions, supervision and food preparation consistent with each resident's dietary order including when a mandatory snack or alternative meal is provided. Mandatory in service was held on 10/11/24. All staff who could not attend were not be permitted to work until they completed the mandatory in service. The mandatory in service was added to the new hire	

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F 689	Continued From page 21 work until they completed the mandatory in service. The mandatory in service was added to the new hire orientation and for all future nursing and dietary personnel. On 10/11/24, a member of the Interdisciplinary Team (IDT) team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. A minimum of two managers were assigned at lunch time. On 10/11/24, the US FOIA (b)(6) or Designee audited all new admissions to ensure the dietary orders/recommendations/documentation were accurate in the medical record and matched the dietary department's tray card information for that resident. On 10/11/24, The US FOIA (b)(6) or designee monitored food preparation at all three meals and compared the meal and or snacks being prepared to the physician order/documentation for each resident's dietary needs. On 10/11/24, residents requiring assistance and or supervision with meals were encouraged to eat in the bistro, and residents who preferred to eat in their room were noted on the resident Kardex. A staff member was assigned to assist these residents during mealtime in the bistro and or resident rooms. On 10/11/24, a member of the IDT team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. On 10/11/24, the US FOIA (b)(6) implemented a Quality Assurance and Performance Improvement (QAPI) Performance Improvement	F 689	orientation and for future nursing and dietary personnel. All team members who have worked a scheduled shift have been educated at effective date 10/11/24. Team members who have not worked as mentioned above will be educated prior to first meal service on first scheduled day. On 10/11/24, a member of the Interdisciplinary Team (IDT) team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. On 10/11/24, the Director of Nursing or designee-initiated audits for new admissions to ensure the dietary orders/recommendations/documentation is accurate and matches the resident tray card. On 10/11/24, residents requiring assistance and or supervision with meals were encouraged to eat in the bistro, and residents who preferred to eat in their room were noted on the resident Kardex. A staff member was assigned to assist these residents during mealtime in the bistro and or resident rooms. A member of the IDT team and or nurse will be assigned to each floor to monitor staff compliance with supervision at mealtimes. A member of the IDT will monitor for 30 days for each meal, then for each meal for the next 30 days and then re-evaluate for continued need. The Dietary Manager or designee will monitor food preparation at all three meals and compare the meal and or snacks being prepared to the physician order/documentation for each resident's	

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F 689	Continued From page 22 Projects (PIP) in order to gather and process information from the audits/monitoring processes and findings to be reported at the monthly Quality Assessment and Assurance (QAA) meeting for a minimum of three months. On NJ Exec Order 26.4b1, Certified Nursing Assistant (CNA) gave Resident #2 a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 who had a history of NJ Exec Order 26.4b1, and a physician's order for NJ Exec Order 26.4b1 This caused the resident to NJ Exec Order 26.4b1 putting the resident at risk for serious harm or death which resulted in an immediate jeopardy (IJ). The US FOIA (b)(6) were notified of the IJ on 10/10/24 at 8:15 p.m. and was provided the IJ template. The IJ began on NJ Exec Order 26.4b1 and continued thru 10/11/24. This deficient practice was evidenced by the following: According to the Admission Record (AR), Resident #2 was admitted to the facility on NJ Exec Order 26.4b1, with diagnoses that included but were not limited to: NJ Exec Order 26.4b1). According to the Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ Ex 15, which indicated that the Resident's NJ Exec Order 26.4b1. The MDS also indicated that the Resident was on a NJ Exec Order 26.4b1 and required NJ Exec Order 26.4b1 Review of the Care Plan (CP) initiated on NJ Exec Order 26.4b1,	F 689	dietary needs. Monitoring/auditing will continue for all three meals daily for 30 days, then daily for one meal on alternating shifts for 30 days, then weekly for one meal for 30 days Audit sheets prepared by Administrator/DON to review and check compliance with therapeutic diets, comprehensive care plan review, and an environment free of accidental hazards. Completion of audit is conducted at the kitchen, bistro, and and/or resident room as required by IDT team and/or nurse. Criteria 4: The DON/designee will audit all three meals and compare the meal and or snacks being prepared to the physician order/documentation for each resident's dietary needs. Monitoring/auditing will continue for all three meals daily for 30 days, then daily for one meal on alternating shifts for 30 days, then weekly for one meal for 30 days. The Dietary Manager or designee will monitor food preparation at all three meals and compare the meal and or snacks being prepared to the physician order/documentation for each resident's dietary needs. Monitoring/auditing will continue for all three meals daily for 30 days, then daily for one meal on alternating shifts for 30 days, then weekly for one meal for 30 days The Administrator/designee will review results of audits monthly at QAPI to ensure substantial compliance. Areas of non-compliance will be reviewed by the IDT team, corrected and the plan will be	

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F 689	Continued From page 23 revealed under problem documented, Resident #2 has diagnosis (DX) NJ Exec Order 26.4b1 - set up NJ Exec Order 26 needs NJ Exec Order 26.4b1 Further review of the CP included an intervention of " NJ Exec O as ordered: NJ Exec Order 26.4b1 ...". Review of the Order Summary Report (OSR) dated NJ Exec Order 26.4b revealed an active order for NJ Exec Order 26.4b1 for Resident #2. Review of Resident #2's Progress Notes (PN) dated NJ Exec Order 26.4b at 14:00 confirmed that Resident #2 had a NJ Exec Order 26.4b1. Further review of the PN, dated NJ Exec Order 26.4b at 14:00 revealed that the resident was NJ Exec O and NJ Exec Order 26.4b1 . The aide called for help, all nurses helped NJ Exec Order 26.4b1 supervisor made aware and helped. A nursing student performed the NJ Exec Order 26.4b1 helping to NJ Exec Order 2 what was NJ Exec Orde in his/her NJ Exec Order 2 Nursing narrative PN by nursing supervisor at 14:09 (2:09 p.m.) noted that NJ Exec Orde NJ Exec Order 26.4b1 was ordered to rule out (r/o) NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 status post (s/p) NJ Exec Orde . Review of the Facility Reportable Event (FRE) submitted to NJDOH (New Jersey Department of Health) for Resident #2, dated NJ Exec Order 26.4, indicated that on NJ Exec Order 26.4b, CNA gave Resident #2 a NJ Exec Order 26 on a bun that was NJ Exec Order 26.4b1 with resident's NJ Exec O which caused Resident #2 to NJ Exec Order 26 and NJ Exec Order 26.4b1. The nurses provided NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 Resident #2, and NJ Exec Order 26.4b1. The nursing staff was able to NJ Exec Order 26.4b1 . Provider was made aware, and a NJ Exec Order 26.4b1 was ordered.	F 689	modified.	

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F 689	Continued From page 24 Review of statement from the FRE dated NJ Exec Order 26.4 from the NJ Exec Order staff (DS #3) indicated that the CNA asked for a NJ Exec Order 26.4 and he gave it to her. CNA did not ask him to NJ Exec Order 26.4b1 and she did not ask or told him who it was for. Review of a statement from the FRE dated NJ Exec Order 26.4 given by the assigned CNA (CNA #2) revealed that CNA NJ Exec Order 26.4b1 NJ Exec Order 26 that she received from the NJ Exec Order staff and gave to Resident #2 who was on a NJ Exec Order 26.4b1 then left Resident #2 to assist another resident. CNA was alerted by Resident #2's call bell and found Resident #2 NJ Exec O and was NJ Exec Order 26.4 on NJ Exec Order 26. that he/she gave to Resident #2. In an interview with CNA #2 on 10/18/24 at 3:04 p.m., CNA stated that if a resident asked for an item on the alternative menu, he/she was to verify with the nurse or US FOIA (b)(6) CNA #2 confirmed that he/she did not verify with the US FOIA (b)(6) because it was a weekend and the US FOIA (b)(6) was not at the facility, and that he/she also did not verify with the nurse. CNA #2 further stated that he/she was aware of Resident #2's NJ Exec O saw pictures in the nursing documentation room, was in-serviced on types of NJ Exec O had access to verify on Point of Care (POC), and was aware of what a NJ Exec Order 26.4b1 looked like. CNA #2 admitted that the NJ Exec Order 26.4b1 of the NJ Exec Order 26. given to Resident #2 was not the NJ Exec Order 26.4b1 the doctor ordered, and further stated that Resident #2 should not have been given the NJ Exec Order 26.4b NJ Exec Order 26. because he/she was NJ Exec Order 26 to NJ Exec Order 26.4b1, and it was a NJ Exec Order 26.4b1. In an interview with the NJ Exec Order staff (DS #3) on 10/21/24 at 11:45 a.m., DS #3 stated he received	F 689		

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F 689	Continued From page 25 the NJ Exec Order 26.4b1 in a plastic container labeled with Resident #2's information on it. DS #3 stated that he saw that the resident NJ Exec Order 26.4b1 but did not saw that resident was on a NJ Exec Order 26.4b1. DS #3 further stated that he was the only staff working in the NJ Exec Order on NJ Exec Order 26.4b1. DS #3 stated that the NJ Exec Order staff does not alter any items that was sent up from the kitchen. According to an Incident Investigation form dated NJ Exec Order 26.4b1 the facility indicated that residents who were on NJ Exec Order 26.4b1 were to be encouraged to NJ Exec in the NJ Exec Order and if they NJ Exec Order 26.4b and NJ Exec in their room, they would be NJ Exec Order 26.4b1 during their NJ Exec Order In an interview with Resident #2 on 10/8/24 at 12:46 p.m., Resident #2 stated, NJ Exec Order 26.4b1 Now I NJ Exec Order 26.4b1 over before NJ Exec Order and make sure it is NJ Exec Order 26.4b1 Now I am NJ Exec Order 26.4b1 each time I have to NJ Exec because NJ Exec Order 26.4b1 it's going to be NJ Exec Order 26.4b1 that NJ Exec Order 26.4b1." On 10/10/24 at 10:33 a.m., surveyor observed along with Resident #2's assigned nurse (RN #1), Resident #2 in his/her room in bed with bedside table across bed in front of Resident #2 with a plate of NJ Exec Order 26.4b1, and Resident #2 was NJ Exec Order 26.4b1 In an interview with RN #1 on 10/10/24 at 10:58 a.m., RN #1 stated that she had not received in-service since Resident #2's NJ Exec Order 26.4b1 on NJ Exec Order 26.4b In an interview with the US FOIA (b)(6) on 10/10/24	F 689		

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F 689	Continued From page 26 at 12:24 p.m., the US FOIA (b)(6) stated that the NJ Exec Order staff and CNA should have confirmed which resident the meal was for, and that the NJ Exec Order staff should have verified which resident was getting the NJ Exec Order 26.4b so the resident got the NJ Exec Order 26.4b1. Further interview with the US FOIA (b)(6) at 1:13 p.m. confirmed that residents who were on an NJ Exec Order 26 who did not go to the NJ Exec Order must be NJ Exec Order 26.4b1 US FOIA (b)(6) stated that Resident #2 should not have been in his/her room with tray table with breakfast in front of him/her NJ Exec Order 26.4b1 US FOIA (b)(6) also stated that Resident #2 had a NJ Exec Order 26.4b1 and should not have had a breakfast plate in front of him/her NJ Exec Order 26.4b1 In an interview with the US FOIA (b)(6) on 10/10/24 at 11:55 a.m. revealed that the emergency in-service on NJ Exec Order 26 orders and types was given with focus on nursing staff for 7:00 a.m. - 3:00 p.m. shift and 3:00 p.m. - 11:00 p.m. shift. The US FOIA (b)(6) stated that she has not done an in-service with the 11:00 p.m. - 7:00 a.m. shift. The US FOIA (b)(6) stated that the nursing staff that was not present for the in-service post incident, has not received in-service as of today 10/10/2024. The US FOIA (b)(6) further stated that the possibility existed that an 11 p.m. - 7:00 a.m. staff could work 7:00 a.m. - 3:00 p.m. or 3:00 p.m. to 111:00 p.m. Review of a document titled, 'Orientation Checklist' for CNA #2 dated NJ Exec Order 26.4, showed that CNA #2 met the understanding of Resident NJ Exec Order 26.4b including 'NJ Exec Order 26.4b1.' Review of the LCS Operations Procedures & Quality Standards Manual dated LCS 2015,	F 689		

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F 689	Continued From page 27 below "Therapeutic Menu Planning," displayed that "Mechanical soft: this diet offers food that are easily chewed and often recommended for patients with digestive problems or chewing and swallowing difficulties." In the same manual below "Guidelines for Observing Meal Services", in "Posted Mealtimes" displayed, "Therapeutic diets served correctly - check tray card/menu slip versus menu on board next to steam table versus food served," and "Mechanically altered diets served correctly. Review of the undated policy named, "Food and Nutrition Services" revealed: "Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident," and "If an incorrect meal is provided to a resident ..., nursing staff will report it to the food service manager so that a new food tray can be issued." Review of the undated policy named "Ordering off of the Alternate Menu," showed that "if a resident ordered an item off the always available menu, their food is then checked against their diet order, texture order, and all allergies. 8:39-17.4(a)(1)	F 689		
F 808 SS=J	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2) §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician. §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State	F 808		10/15/24

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F 808	Continued From page 28 law. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, as well as review of pertinent facility documents on 10/08/24 and 10/10/24, it was determined that the facility failed to provide a therapeutic diet for 1 of 4 sampled residents (Resident #2) on NJ Exec Order 26.4b1, who had a Physician's NJ Exec O order for NJ Exec Order 26.4b1 Resident #2, with a diagnosis of NJ Exec Order 26.4b1 was served a NJ Exec Order 26 NJ Exec Order 26.4b1 by the assigned Certified Nursing Assistant (CNA #2). After serving Resident #2 with lunch tray, CNA #2 left and went to assist another resident. On her way out of assisting the other resident, CNA #2 observed Resident #2's call light on. CNA #2 responded to Resident #2's call light and observed the resident was NJ Exec O and NJ Exec Order 26.4b The CNA #2 called the nursing staff who intervened by NJ Exec Order 26.4b1 which NJ Exec Order 26.4b1 the NJ Exec Order 26.4 from Resident #2's NJ Exec Order 2 This deficient practice created an Immediate Jeopardy (IJ) situation to the health and well-being of Resident #2 and the potential to affect all residents on a NJ Exec Order 26.4b1 NJ Exec O at risk for serious injury or death if not served with the NJ Exec Order 26.4b1. The IJ was identified on 10/10/24 at 8:13 p.m. and the IJ template was presented to the US FOIA (b)(6)). The IJ began on NJ Exec Order 26.4 and continued through 10/11/24 when an acceptable removal plan was implemented and continues to run at a D level for no actual harm.	F 808	F808 Therapeutic Diets CFR(s): 483.60 (e)(1)(2) It is the practice of Masonic Village at Burlington to ensure residents receive and consume foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment, plan of care, in accordance with his/her goals and preferences. Criteria 1: Resident #2 was evaluated and treated per MD orders after a NJ Exec Order 26.4b1. Nursing team was able to intervene timely and NJ Exec Order 26.4b1 from residents NJ Exec Order 2 CNA who provided NJ Exec Ord to resident resigned her position and was reported accordingly, no longer employed at our community. NJ Exec Order 26 ordered and revealed NJ Exec Order 26.4b1, no NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 Residents requiring assistance and or supervision with meals will be encouraged to eat in the bistro, residents who prefer to eat in their room will be noted on the resident Kardex. A nurse/CNA will be assigned to assist these residents during mealtime in the bistro and or resident rooms. Criteria 2: Current Residents who require an altered	

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Continued From page 29

A care plan initiated on NJ Exec Order 26 identified a problem of history of NJ Exec Order 26.4b1 (NJ Exec Order 26 and NJ Exec Order 26.4b1 was updated on NJ Exec Order 26.4b An update was to NJ Exec Order 26.4b1 the resident during NJ Exec Order 26 On 10/10/24, the surveyor entered the resident's room with the assigned nurse (RN #1), and observed resident with the NJ Exec Ord in front of him/her NJ Exec Order 26.4b1 and NJ Exec Ord was partially NJ Exec Order 2

The facility provided an acceptable Removal Plan on 10/11/24. On 10/15/24, the surveyor conducted a Removal Plan visit and verified that the Removal Plan was implemented.

On 10/11/24, the facility implemented the Removal Plan, which included the following:

The US FOIA (b)(6) conducted an audit to ensure all dietary orders, recommendations, and documentation were accurate in the medical record and matched the dietary department's tray card information for each resident. Thirty six residents were identified that required assistance with NJ Ex Order 26.4

On 10/11/24, the Facility policies and procedures "Therapeutic Diets were reviewed/revised.

On 10/11/24, education was provided to the staff by the US FOIA (b)(6) or designee regarding applicable facility policies and procedures titled "Therapeutic Diets", diet consistency, compliance with resident-specific dietary interventions, supervision and food preparation consistent with each resident's dietary order including when a mandatory snack or alternative meal is provided. Mandatory in service was held on 10/11/24. All

F 808

texture diet have the potential to be affected.
On 10/10/2024 the Director of Nursing conducted an audit to ensure all dietary orders, recommendations, and documentation were accurate in the medical record and matched the dietary departments tray card information for each resident.
Thirty-six residents were identified that required assistance with NJ Ex Order 26.4 Resident identified with an NJ Exec Order 26.4b1 have a care plan indicating the NJ Exec Order 26.4b1 and level of assistance needed at NJ Exec Order 26.4b1
The Director of Nursing or Designee will audit all new admissions for three months to ensure the dietary orders/recommendations/documentation are accurate in the medical record and match the dietary departments tray card information for that resident.

Criteria 3:
On 10/11/24, education was provided to the staff by the Staff Educator or designee regarding applicable facility policies and procedures titled "Therapeutic Diets", diet consistency, compliance with resident-specific dietary interventions, supervision and food preparation consistent with each resident's dietary order including when a mandatory snack or alternative meal is provided. Mandatory in service was held on 10/11/24. All staff who could not attend were not permitted to work until they completed the mandatory in service. The mandatory in service was added to the new hire orientation and for future nursing and

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F 808	Continued From page 30 staff who could not attend was not be permitted to work until they completed the mandatory in service. The mandatory in service was added to the new hire orientation and for all future nursing and dietary personnel. On 10/11/24, a member of the Interdisciplinary Team (IDT) team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. A minimum of two managers were assigned at lunch time. On 10/11/24, the US FOIA (b)(6) or Designee audited all new admissions to ensure the dietary orders/recommendations/documentation were accurate in the medical record and matched the dietary department's tray card information for that resident. On 10/11/24, The US FOIA (b)(6) or designee monitored food preparation at all three meals and compared the meal and or snacks being prepared to the physician order/documentation for each resident's dietary needs. On 10/11/24, residents requiring assistance and or supervision with meals were encouraged to eat in the bistro, and residents who preferred to eat in their room were noted on the resident Kardex. A staff member was assigned to assist these residents during mealtime in the bistro and or resident rooms. On 10/11/24, a member of the IDT team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. On 10/11/24, the US FOIA (b)(6) implemented a Quality Assurance and Performance	F 808	dietary personnel. All team members who have worked a scheduled shift have been educated at effective date 10/11/24. Team members who have not worked as mentioned above will be educated prior to first meal service on their first scheduled day. On 10/11/24, a member of the Interdisciplinary Team (IDT) team and or nurse was assigned to each floor to monitor staff compliance with supervision at mealtimes. On 10/11/24, the Director of Nursing or designee-initiated audits for new admissions to ensure the dietary orders/recommendations/documentation is accurate and matches the resident tray card. On 10/11/24, residents requiring assistance and or supervision with meals were encouraged to eat in the bistro, and residents who preferred to eat in their room were noted on the resident Kardex. A staff member was assigned to assist these residents during mealtime in the bistro and or resident rooms. A member of the IDT team and or nurse will be assigned to each floor to monitor staff compliance with supervision at mealtimes. A member of the IDT will monitor for 30 days for each meal, then for each meal for the next 30 days and then re-evaluate for continued need. The Dietary Manager or designee will monitor food preparation at all three meals and compare the meal and or snacks being prepared to the physician order/documentation for each residents dietary needs. Monitoring/auditing will	

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	315166	A. BUILDING ______ B. WING ______	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASONIC VILLAGE AT BURLINGTON	902 JACKSONVILLE ROAD BURLINGTON, NJ 08016

(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 808	Continued From page 31 Improvement (QAPI) Performance Improvement Projects (PIP) in order to gather and process information from the audits/monitoring processes and findings to be reported at the monthly Quality Assessment and Assurance (QAA) meeting for a minimum of three months. Review of the Facility Reportable Event (FRE) submitted to the New Jersey Department of Health (NJDOH) for resident [Resident #2], dated NJ Exec Order 26.4b indicated that on NJ Exec Order 26.4b Resident #2 was given a meal tray during lunch service, that consisted of NJ Exec Order 26.4b1 by the assigned CNA [CNA #2]. The CNA then left Resident #2, and later saw the call light on, went to Resident #2's room, and saw Resident #2 NJ Exec Order 26.4b CNA #2 called nursing staff who intervened by NJ Exec Order 26.4b1 which NJ Exec Order 26.4b1 the NJ Exec Order 26.4 from Resident #2's NJ Exec Order 2 According to the "Admission Record Face Sheet," Resident #2 was admitted to the facility on NJ Exec Order 26.4, with diagnosis that included but were not limited: NJ Exec Order 26.4b1 The Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4 showed that the Resident had a Brief Interview for Mental Status (BIMS) score of NJ Exe/15, which indicated that the Resident had NJ Exec Order 26.4b1. The MDS also indicated that the Resident was on a NJ Exec Order 26.4b1 and required NJ Exec Order 26.4b1. According to Resident #2's Care Plan initiated on NJ Exec Order 26.4b1 Resident #2 had a NJ Exec Order 26.4b1 and	F 808	continue for all three meals daily for 30 days, then daily for one meal on alternating shifts for 30 days, then weekly for one meal for 30 days. Audit sheets prepared by Administrator/DON to review and check compliance with therapeutic diets, comprehensive care plan review, and an environment free of accidental hazards. Completion of audit is conducted at the kitchen, bistro, and and/or resident room as required by IDT team and/or nurse. Criteria 4: The DON/designee will audit all three meals and compare the meal and or snacks being prepared to the physician order/documentation for each residents dietary needs. Monitoring/auditing will continue for all three meals daily for 30 days, then daily for one meal on alternating shifts for 30 days, then weekly for one meal for 30 days. The Dietary Manager or designee will monitor food preparation at all three meals and compare the meal and or snacks being prepared to the physician order/documentation for each residents dietary needs. Monitoring/auditing will continue for all three meals daily for 30 days, then daily for one meal on alternating shifts for 30 days, then weekly for one meal for 30 days The Administrator/designee will review results of audits monthly at QAPI to ensure substantial compliance. Areas of non-compliance will be reviewed by the IDT team, corrected and the plan will be modified.	

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	315166	A. BUILDING _____ B. WING _____	C 10/15/2024

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MASONIC VILLAGE AT BURLINGTON	902 JACKSONVILLE ROAD BURLINGTON, NJ 08016

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F 808	Continued From page 32 NJ Exec Order 26.4b1 - set up for NJ Exec Order 26 needs NJ Exec Order 26 Interventions included but not limited to NJ Exec O as ordered, monitor for signs and symptoms (s/s) NJ Exec Order 26.4b1 Care Plan initiated on NJ Exec Order 26.4b1 showed Resident #2 is at NJ Exec Order 26.4b1 due to but were not limited to NJ Exec Order 26.4b1 Interventions included but not limited to NJ Exec O as ordered: NJ Exec Order 26.4b1 A review of the Physician's Orders on "Order Summary Report" dated NJ Exec Order 26, showed an order for NJ Exec Order 26.4b1 . It further showed, 'NJ Exec Order 26.4b1 - Resident receives physician ordered NJ Exec O every shift. NJ Exec Order 26.4b1 Review of Resident #2's Progress Notes (PN), dated NJ Exec Order 26 at 14:00, revealed that Resident #2 had a NJ Exec Order 26.4b1. "Resident placed call light on, when aide entered room, resident was NJ Exec O and NJ Exec Order 26.4b1. The aide called for help, all nurses helped perform upward NJ Exec Order 26.4b1, supervisor was notified and helped as well. One of the student nurses NJ Exec Order 26.4b1 ." Further review of progress notes at 14:09 revealed that NJ Exec Order 26.4b1 was ordered to rule out (r/o) NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 status post (s/p) NJ Exec Order 26.4b1 During an interview with the US FOIA (b)(6) on 10/8/24 at 10:14 a.m., she confirmed that Resident #2's was NJ Exec Order 26.4b1 and that a NJ Exec Order 26.4b1 should have been delivered to	F 808		

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F 808	Continued From page 33 resident. During an interview with Resident #2 on 10/8/24 at 12:46 p.m., Resident #2 stated, "NJ Exec Order 26.4b1 Now I NJ Exec Order 26.4b1 over before NJ Exec Order 26 and make sure it is NJ Exec Order 26.4b1. Now I am NJ Exec Order 26.4b1 each time I have to NJ Exec O because NJ Exec Order 26.4b1 it's going to be NJ Exec Order 26.4b1." During an interview with the US FOIA (b)(6) on 10/8/24 at 1:42 p.m., she stated that Resident #2 had a NJ Exec Order 26.4b1 test was done at facility while in NJ Exec Order 26.4b1 and maintained same NJ Exec O when transferred to Long Term Care (LTC), NJ Exec Order 26.4b1 US FOIA (b)(6) stated that NJ Exec Order 26 became involved about NJ weeks ago when Resident #2 requested NJ Exec Order 26.4b1. US FOIA (b)(6) stated Resident #2 was evaluated and it was determined that it was NJ Exec for Resident #2's NJ Exec Order 26.4b1. US FOIA (b)(6) further stated that there was an always available menu and that the items are not readily available in NJ Exec Order 26.4b1. She also stated that the CNA should have also checked to make sure the resident received the appropriate NJ Exec O During an interview with the US FOIA (b)(6) on 10/8/24 at 3:30 p.m., he confirmed that the NJ Exec NJ Exec Order 26.4b1 and that it was not the NJ Exec Order 26.4b1 per doctor order. During an interview with the US FOIA (b)(6) (DS#6) on 10/10/24 at 9:31 a.m., he stated, "Residents are offered what is on the	F 808		

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F 808	Continued From page 34	F 808		

menu. For alternative/everyday menu, resident may request from nursing staff any item off the alternate menu. The nursing staff should go to the NJ Exec Order staff and ask them to call the kitchen to order item. If an order is requested for NJ Exec Order 26.4b1, it would be prepared as ordered." DS#5 further stated that Resident #2 NJ Exec Order 26.4b1 NJ Exec Order 26.4 as it is a NJ Exec Order 26.4b1 could NJ Exec Order 26 and was on a NJ Exec Order 26.4b1.

During an interview with US FOIA (b)(6) DS # 5) on 10/10/24 at 9:48 a.m., he stated that Resident #2 should not have received a NJ Exec Order NJ Exec Order 26.4 because he/she could NJ Exec Order 26

During observation of a NJ Exec Order 26.4b1 processed into NJ Exec Order 26.4b1, on 10/10/24 at 9:59 a.m., the US FOIA (b)(6) (DS #4) placed NJ Exec Order 26.4 in a steamer for 5 minutes, temperature checked for doneness, temperature was 178.5 degrees, then placed in robot coupe, pulse mode used for proper consistency, then transferred to "8" size pan to be transported to the Bistro.

During the meal observation in the presence of Resident #2's assigned nurse (RN #1) on 10/10/24 at 10:33 a.m., the surveyor observed that Resident #2 was served a breakfast tray which consisted of NJ Exec Order 26.4b1) and NJ Exec Order 26 NJ Exec Order 26.4b1), and no staff was in the room with resident during NJ Exec Orde

During interview with LEA Dining Services (DS #2) on 10/10/24 at 10:45 a.m., she stated, "If a CNA asked for a regular NJ Exec Order 26.4 which is not on a regular menu, I call the kitchen and request the

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F 808	Continued From page 35 NJ Exec Order 26.4b1 I need to know the name of the resident and I know the type of NJ Exec Order DS #2 also stated, "It is not normal practice for Dining Room Services staff to hand a CNA a NJ Exec Order 26.4 without verifying which resident gets it, because they all have different NJ Exec Order If a resident who is on a NJ Exec Order 26.4b1 , received a regular NJ Exec Order 26.4 that is not on NJ Exec Order 26.4 the resident can NJ Exec Order 26.4b1 DS #2 further stated that Resident #2 should not have received this NJ Exec Order 26.4b During an interview on 10/10/24 at 10:58 a.m. with RN #1, she stated that CNA should never have given Resident #2 who is on a NJ Exec Order 26.4b1 RN #1 also confirmed that today, Resident #2 had a breakfast tray in front of him/her and no staff was NJ Exec Order 26.4b1 resident during breakfast in Resident #2's room. RN #1 further stated that she was not in-serviced since Resident #2's NJ Exec Order 26.4 incident on NJ Exec Order 26.4b and is not aware of any new instruction regarding resident NJ Exec Order 2 in his/her room. During an interview with the US FOIA (b)(6) on 10/10/24 at 11:44am, he stated that an emergency in-service was completed with the 7:00 a.m. - 3:00 p.m. shift and 3:00 p.m. - 11:00 p.m. shift, and not 11:00 p.m. - 7:00 a.m. The administrator also stated that not all nursing staff was in-serviced since the incident on NJ Exec Order 26.4 . During a follow up survey with the US FOIA (b)(6) on 10/10/24 at 12:14 p.m., the US FOIA (b)(6) stated that there was no ticket for always available menu, and that the nursing staff should have confirmed which resident the meal was for. The US FOIA (b)(6) further stated that the NJ Exec Order staff should have verified which appropriate NJ Exec O	F 808		

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F 808	Continued From page 36 to prevent NJ Exec Order 26.4b During an interview with the US FOIA (b)(6) on 10/10/24 at 11:55 a.m., she stated that she had not trained or in-serviced the 11:00 p.m. - 7:00 a.m. shift. The US FOIA (b)(6) confirmed that there is a possibility that the 11:00 p.m. - 7:00 a.m. shift could work on 7:00 a.m. - 11:00 p.m. and 3:00 p.m. - 11:00 p.m. shift. The US FOIA (b)(6) further stated that no 11:00 p.m. - 7:00 a.m. nursing staff was in-serviced since incident occurred on NJ Exec Order 26.4b During a follow up interview with the US FOIA (b)(6) on 10/10/24 at 1:13 p.m., he stated that residents who were on altered NJ Exec who do not go to the Bistro, must be NJ Exec Order 26.4b1 The US FOIA (b)(6) stated that Resident #2 should not have been in his/her room with tray table with breakfast in front of him/her NJ Exec Order 26.4b1 as observed by surveyor on 10/10/24 at 10:33 a.m. The US FOIA (b)(6) further stated that Resident #2 had a NJ Exec Order 26.4 event and should not have had a breakfast plate in front of NJ Exec Order 26.4b1. During an interview with Certified Nurse Aide (CNA #2) on 10/18/24 at 3:04 p.m., CNA #2, who was assigned to Resident #2 on NJ Exec Order 26.4, stated that she did not remember the name of the Bistro staff and that she was not a regular staff who gave her the lunch tray for Resident #2 prior to serving the tray to the Resident. CNA #2 stated that when resident requested an item from the alternative, meal, it should be verified by a nurse or dietician. CNA #2 confirmed that she asked neither nurse nor dietician for verification. CNA #2 stated that she used the Point of Care (POC), which guided the care of the residents and had the NJ Exec type included. CNA #2 stated that she	F 808		

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F 808	Continued From page 37 had been in-serviced on types of NJ Exec O and that pictures of the types of NJ Exec O were in the nursing charting room and was aware of the NJ Exec Order 26.4b1 for Resident #2 as ordered by the doctor. The CNA stated that she received a note with Resident #2's NJ Exec Order 26.4b1, so she NJ Exec Order 26.4b1 the NJ Exec Order 26.4b and gave to Resident #2. CNA #2 confirmed the NJ Exec Order 26.4b1 was not the NJ Exec Order 26.4b1 that was ordered by the doctor for Resident #2 but was NJ Exec Order 26.4b1 When asked, CNA #2 confirmed that Resident #2 should not have received the NJ Exec Order 26.4 in a NJ Exec Order 26.4b1 because it was not NJ Exec O for the resident, he/she NJ Exec Order 26.4b1 on it. During an interview with the Bistro staff (DS #3) on 10/21/24 at 11:45 a.m., DS #3 stated he was the only staff working in the Bistro on NJ Exec Order 26.4b1 DS #3 stated that the NJ Exec Order 26.4 was already sent up from the kitchen in an isolation box/ plastic container with resident's name on it. DS #3 further stated that the Bistro staff does not alter any items sent up from the kitchen. A review of the policy titled, "Bistro Dining" with a Revision date of 11/14, showed, "All food is prepared in the main kitchen and delivered to the Bistro kitchens for services." It further stated under "Residents who are Unavailable for Bistro Dining," that for residents who are unable to attend scheduled bistro meal service, a tray will be made in the Bistro kitchen according to the Resident's dining slip, and that trays will be delivered by the nursing staff. A review of the policy titled, "Therapeutic Diets," with procedure effective date of 8/2/19 and	F 808		

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F 808	Continued From page 38	F 808		

procedure review date of 9/30/24, showed under Policy: "A therapeutic diet must be prescribed by the resident's attending physician. It further stated that a "therapeutic diet" is considered a diet ordered by a physician, practitioner or dietician as part of treatment for a disease or clinical condition, to modify specific nutrients in the diet, or to alter the texture of a diet." "If "mechanically altered diet" is ordered, the provider will specify the texture modification. The following dietary consistencies are available: Regular diet - normal everyday foods of soft/tender texture. Mechanical soft ground - meat and other foods diced to 1/8 inch or restricted to make the food easier to chew and/or swallow."

A review of the undated policy titled, "Food and Nutrition Services" showed: "Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident," and "If an incorrect meal is provided to a resident ..., nursing staff will report it to the food service manager so that a new food tray can be issued."

A review of the undated policy titled "Ordering off of the Alternate Menu," showed that "if a resident ordered an item off the always available menu, their food is then checked against their diet order, texture order, and all allergies. The order is then plugged into an excel spreadsheet for consistency and transparency for the staff. Any questionable items will be emailed to the dietician to be approved or denied before the list goes to the cooks. The final order is then delivered to the café for preparation of regular texture items and to the back of the house cook who prepares textures for any modified items. Our lead cooks validate the consistency of any modified texture items."

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A review of the LCS Operations Procedures & Quality Standards Manual dated LCS 2015, under "Therapeutic Menu Planning," showed that "Mechanical soft: this diet offers food that are easily chewed and often recommended for patients with digestive problems or chewing and swallowing difficulties." Also, under the same manual under "Guidelines for Observing Meal Services", under "Posted Mealtimes" displayed, "Therapeutic diets served correctly - check tray card/menu slip versus menu on board next to steam table versus food served," and "Mechanically altered diets served correctly.

NJAC 8:39 17.4 (a) (1)(2)
8:39 27.1(a)

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
	030306	A. BUILDING: ________ B. WING ________	C 10/15/2024

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S 000	Initial Comments Complaint #: NJ00178000 Census: 116 Sample Size: 4 THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES.	S 000		

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

TITLE:

(X6) DATE: 11/08/24

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
315166 (Y1)	A. Building B. Wing (Y2)	11/20/2024 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MASONIC VILLAGE AT BURLINGTON	902 JACKSONVILLE ROAD BURLINGTON, NJ 08016

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 F0656 Reg. # 483.21(b)(1)(3) LSC	Correction Completed 10/15/2024	ID Prefix F0689 Reg. # 483.25(d)(1)(2) LSC	Correction Completed 10/15/2024	ID Prefix F0808 Reg. # 483.60(e)(1)(2) LSC	Correction Completed 10/15/2024
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	
10/15/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO