STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315413	A. BUILDING _____ B. WING _____	C 03/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS CITY STATE ZIP CODE
PEACE CARE ST ANN'S	**198 OLD BERGEN ROAD JERSEY CITY, NJ 07305**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D 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 C #: NJ00150777 Census: 103 Sample Size: 4 The Facility is not in compliance with the requirements of 42 CFR part 483, Subpart B for long term care Facilities, based on this complaint visit.	F 000		
F 837 SS=B	Governing Body CFR(s): 483.70(d)(1)(2) §483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and §483.70(d)(2) The governing body appoints the administrator who is- (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility; and (iii) Reports to and is accountable to the governing body. This REQUIREMENT is not met as evidenced by: C #: NJ00150777 Based on observation, interviews and record review and review of all pertinent facility documents on 3/11/22, it was determined that the	F 837	Resident #1's denture cup was labeled immediately. The nursing staff was counseled regarding following facility policy and procedure on labeling denture cups.	3/31/22

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/25/2022

STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 837	Continued From page 1 facility failed to ensure their polices for labeling denture cups and documenting resident 's weights as ordered by the physician was implemented for 2 of 4 residents (Residents #1 and #3) . This deficient practice is evidenced by the following: 1. According to the Admission Record (AR) Resident #1 was admitted to the facility on NJ Exec. Order 26:4.b with diagnosis that included but was not limited to: NJ Exec. Order 26:4.b.1 . The Minimum Data Set (MDS) dated 12/4/21 for Resident #1 showed that the Resident was NJ Exec. Order 26:4.b.1 with Activities of Daily Living (ADL). During the tour of the unit on 3/11/22 at 10:12 am, the Charge Nurse (CN #1) identified the residents on the list who were wearing dentures. Resident #1 was on the list. Continued tour at 10:15 am, Resident #1 was eating breakfast assisted by his/her family. The surveyor observed an unlabeled denture cup on top of the bedside table. The family confirmed that the denture cup belonged to the Resident. Resident #1 stated that staff would keep his/her denture in the denture cup at night and store it in the bathroom. The surveyor observed that the Resident's room had a shared bathroom (Resident had roommate). Inside the bathroom, the surveyor observed another unlabeled denture cup. Interviewed with Certified Nursing Assistant (CNA #1) on 3/11/22 at 11:31 am, she stated that nurses were responsible to label the denture cup	F 837	Resident #2 was discharged. The nursing staff was counseled regarding obtaining and recording NJ Exec. Order 26:4.b.1 or as necessary in accordance with facility policy. The Resident Care Coordinators and the Nursing Director reviewed the Resident Roster/ Matrix of Providers to identify residents who have dentures. An audit was completed by Resident Care Coordinators to ensure that all denture cups are labeled. The Resident Care Coordinators and the Nursing Director reviewed the Resident Roster/Matrix of Providers to identify recent admissions to ensure that weekly weights were taken and recorded in the TAR (Treatment Administration Record) for four (4) weeks in accordance with facility policy. A review of the Denture Care policy, including labeling of the denture cups, was presented to nursing staff. An educational session was also presented to licensed nursing staff and the IDC team regarding obtaining weekly weights for new admissions and documenting the weights in the Treatment Administration Record in the electronic medical chart as per facility protocol. The Director of Nursing or designee will conduct weekly observation audits of three (3) residents with dentures for four	

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F 837	Continued From page 2 with the resident's name. Interviewed with the Director of Nursing (DON) and the Resident Care Coordinator (RCC) on 3/11/22 from 12:37 pm to 2:33 pm, they stated that resident's denture cup should be labeled with resident's name and the RCC should ensure that is done according to the facility policy. Both were unable to explain why Resident #1's denture cup was unlabeled. 2. According to the Admission Record (AR) Resident #3 was admitted to the facility on NJ Exec. Order 26:4.b and was discharged on NJ Exec. Order 26:4.b. with diagnosis that included but was not limited to: NJ Exec. Order 26:4.b.1 The MDS dated 11/25/21 showed that the Resident was NJ Exec. Order 26:4.b.1 rom staff with ADL The Care Plan initiated on 11/22/21 showed that the Resident was NJ Exec. Order 26:4.b.1 Intervention included but was not limited to: NJ Exec. Order 26:4.b.1 according to facility policy. The Physician's Orders dated 11/19/21 indicated an order for NJ Exec. Order 26:4.b.1 weeks. The Treatment Administration Record (TAR) for November 2021 and December 2021 showed no documentation that the Resident NJ Exec. Order 26:4.b.1 were taken on 11/27/21 and 12/4/21 which was not according to their policy.	F 837	(4) weeks, then monthly thereafter for three (3) months to ensure that residents' denture cups are labeled as per facility policy. The Director of Nursing or designee will conduct medical record audits on two (2) residents who are newly admitted to the facility on a weekly basis for four (4) weeks, then monthly thereafter for three (3) months. The audit will consist of ensuring that weekly weights are obtained and recorded in the TAR (Treatment Administration Record) for four (4) weeks, in accordance with facility policy. A Performance Improvement Project (PIP) will be initiated to monitor these audits monthly until full compliance then quarterly thereafter. The results of these monitoring/audits will be reported to the Quality Assurance and Performance Improvement Committee (QAPI) attended by Administration, designated clinical team, and the Medical Director to ensure that policy and protocols are consistently implemented. The QAPI committee meets every month except July, August, and December.	

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F 837	Continued From page 3 Interviewed the DON and the RCC on 3/11/22 from 12:37 pm to 2:33 pm, they stated that it was the RCC's responsibility to ensure that the Resident's weekly weights were documented on the resident's medical record (TAR) according to the facility policy. The job description titled "Resident Care Coordinator (RCC)" dated 1/2003 showed "...JOB SUMMARY...Twenty-four hour responsibility for the continuity of all resident care rendered and the management of the resident's welfare...14. Conducts audits of resident medical record...for ensuring all documentations...are all accurate and complete on all shifts...implement programs, policies and procedures..." The policy titled "Cleaning of Dentures" revised on 1/2010 showed "PROCEDURE...e. Place in labeled denture cup..." The policy titled "Weights/Reweights" revised on 1/08 showed "...3. Short Term Stay: Unless otherwise ordered or indicated, weights will be done x 4 on the same day of the week as admission...and will be recorded on the form..." NJAC 8:39-15.1(d) NJAC 8:39-27.1(b)	F 837		

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
315413 (Y1)	A. Building B. Wing (Y2)	4/5/2022 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE CARE ST ANN'S	198 OLD BERGEN ROAD JERSEY CITY, NJ 07305

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 F0837 Reg. # 483.70(d)(1)(2) LSC	Correction Completed 03/31/2022	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
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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 3/11/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**