STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315413	A. BUILDING _____ B. WING _____	C 10/17/2024

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

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F 000	INITIAL COMMENTS Complaint #'s: NJ00161058, NJ00177453 A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH). Survey Dates: 10/14/24 through 10/17/24 Survey Census: 106 Sample Size: 42 Supplemental Residents: 8 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis,	F 550		11/30/24

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

Electronically Signed | 11/08/2024

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F 550	Continued From page 1 severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and policy review, the facility failed to ensure dignity was provided to one (Resident (R)165) out of one resident regarding [redacted] in that nursing staff failed to NJ Ex Order 26.4(b)(1) [redacted] on a [redacted] resident's [redacted] This deficient practice could compromise the resident's dignity and comfort. Findings include: Review of the facility's undated policy titled, "Activities of Daily Living (ADLs)"revealed, "The facility will, based on the resident's comprehensive assessment and consistent with	F 550	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these residents specified in the Statement of Deficiency (SOD) or CMS-2567. The resident□s (R165) [redacted] was removed. Nursing staff were counseled in providing [redacted] including [redacted] of NJ Ex Order 26.4(b)(1), to ensure residents□ dignity and comfort. How the facility will identify other residents having the potential to be affected by the same deficient practice.	

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F 550	Continued From page 2 the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate ...care and services will be provided for the following activities of daily living: 1. ...grooming ..." Review of R165's "Face Sheet" located in the Electronic Medical Records (EMR) under the "Profile" tab revealed R165 was admitted to the facility on NJ Ex Order 26.4(b). Review of R165's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b), located in the EMR under the "MDS" tab indicated the facility assessed R165 to have a "Brief Interview for Mental Status (BIMS)" score of NJ Ex out of 15, indicating R165 was NJ Ex Order 26.4(b)(1). Review of R165's "Care Plan" dated NJ Ex Order 26.4(b) located in the EMR under the "Care Plan" tab, revealed, "R165 exhibits new onset of NJ Ex Order 26.4(b)(1) [redacted], NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b)(1) impacting NJ Ex Order 26.4(b)(1) ..." Review of the "NJ Ex Ord Care Schedule" provided by the facility revealed R165 was scheduled for NJ Ex Ord care on Tuesdays and Fridays. Observation on 10/15/24 at 11:37 AM, R165 had NJ Ex to NJ Ex Order 26.4(b)(1). Interview at this time, when asked about the NJ Ex Order 26.4(b)(1) [redacted], R165 stated, "I would NJ Ex Order 26.4(b)(1), they NJ Ex Order 26.4(b)(1)." Interview on 10/16/24 at 11:05 AM, Certified Nurse Aide (CNA)2 confirmed NJ Ex Order 26.4(b)(is a task that the CNAs address during NJ Ex Ord care. Observation on 10/17/24 at 10:01 AM, R165's NJ Ex Order 26.4(b)(remained NJ Ex Order 26.4(b)(1).	F 550	All residents were monitored to ensure proper grooming is provided, including but not limited to removal of excessive facial hair. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? An in-service education program was conducted by Education Coordinator and the Director of Nursing to clinical staff addressing the importance of following the Activities of Daily Living (ADLs) policy and procedure to ensure residents' dignity and comfort. The interdisciplinary team which includes Unit Managers, activity staff, Dietitian, social workers and rehabilitation staff, will check residents that grooming is provided during daily facility rounds. How the facility will monitor its corrective actions to ensure that the deficient practices being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? Daily facility rounds and audits will be conducted by Administrator, Director of Nursing and/or designee(s) to monitor and ensure that policies and procedures for providing ADLs are consistently utilized. Results of these audits will be reported to the QAPI committee monthly for six consecutive months and for corrective actions as needed for continued compliance or until such time consistent substantial compliance has been met. QAPI meets monthly.	

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F 550	Continued From page 3 Interview on 10/17/24 at 10:10 AM, R165 stated that during [NJ Ex Order 26.4(b)(1)] entire stay at the facility, no one has addressed the [NJ Ex Order 26.4(b)(1)]. The resident further stated, "[NJ Ex Order 26.4(b)(1)]." Registered Nurse (RN)2 stated at this time that when CNAs provide [NJ Ex Order 26.4(b)(1)] care, they should have noticed and addressed the [NJ Ex Order 26.4(b)(1)]. RN2 stated it is the expectation of the facility that [NJ Ex Order 26.4(b)(1)] care includes [NJ Ex Order 26.4(b)(1)].	F 550		
F 641 SS=D	NJAC 8:39-4.1 (a) Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the Resident Assessment Instrument (RAI) manual, the facility failed to accurately code the Minimum Data Set (MDS) for one (Residents (R) R62) of two residents reviewed for [NJ Ex Order 26.4(b)(1)] medications. Inaccuracy of the MDS could lead to problems in the care area not being addressed appropriately in the care plan. Findings include: Review of the RAI manual, dated 10/24 located at https://www.cms.gov/files/document/finalmds-30-rai-manual-v1191october2024.pdf revealed "N0415: High-Risk Drug Classes: Use and Indication, Coding Instructions ...Code all high-risk drug class medications according to	F 641	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these residents specified in the Statement of Deficiency (SOD) or CMS-2567. R62□s Minimum Data Set (MDS) was modified on [NJ Ex Order 26.4(b)(1)] to reflect use of [NJ Ex Order 26.4(b)(1)] medication. Care plan was reviewed to ensure that use of [NJ Ex Order 26.4(b)(1)] was addressed in the plan of care. How the facility will identify other residents having the potential to be affected by the same deficient practice. The Resident Care Coordinators, MDS	11/30/24

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F 641	Continued From page 4 their pharmacological classification, not how they are being used. Column 1: Check if the resident is taking any medications by pharmacological classification during the 7-day observation period (or since admission/entry or reentry if less than 7 days). Column 2: If Column 1 is checked, check if there is an indication noted for all medications in the drug class ...Anticoagulants such as Target Specific Oral Anticoagulants (TSOACs), which may or may not require laboratory monitoring, should be coded in N0415E, Anticoagulant." Review of R62's quarterly "MDS" with an ARD date of [redacted], located in the "MDS" tab of the EMR revealed an admission date of [redacted], revealed a diagnosis of [redacted]. The "MDS" was not checked for [redacted] medication. Review of R62's "physician orders", dated [redacted], located in the EMR under the "Order" tab revealed "[redacted] Give 1 tablet by mouth in the evening for [redacted]." Review of R62's Medication Administration Record (MAR) dated [redacted], located in the EMR under the "Order" tab reveal a current order for "[redacted]) Give 1 tablet by mouth in the evening for [redacted] -Start Date- [redacted]" During an interview on 10/17/24 at 10:56 AM, the MDSC was asked about R62's "MDS" with an ARD of [redacted] section N. The [redacted] stated nursing [redacted] on each floor completed the medication section (Section N) in the MDS. The [redacted] was asked if [redacted] should be checked on the MDS if prescribed. The [redacted] stated, "Yes, [redacted] should be coded on	F 641	Coordinator and the Director of Nursing reviewed the Resident Roster/ Matrix of Providers to identify residents receiving anticoagulant medications. Minimum data set (MDS) of residents receiving the medication was reviewed to ensure that coding was accurate and is reflected in the plan of care. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? A review of the Conducting an Accurate Resident Assessment was presented to the Resident Care Coordinators, MDS Coordinator and members of the Interdisciplinary Team to assure full understanding of the process. This training will emphasize ensuring an accurate assessment, reflective of the resident□s status at the time of assessment including the use of high-risk drug classes such as anticoagulant. The Director of Nursing or designee will conduct audits on scheduled Minimum Data Set (MDS) completion weekly for three (3) months to ensure that use of high-risk medications is being coded appropriately then monthly audit thereafter for three (3) months for one (1) year or until full compliance is met. How the facility will monitor its corrective actions to ensure that the deficient practices being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? A Performance Improvement Project	

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F 641	Continued From page 5 the MDS." During an interview on 10/17/24 at 11:13 AM, RN1 checked the EMR and confirmed that R62 was currently prescribed an [NJ Ex Order 26.4(b)(1)] and that she should have coded R62's MDS for [NJ Ex Order 26.4(b)(1)] During an interview on 10/17/24 at 3:02 PM, the [U.S. FOIA (b) (6)] was asked what her expectation was for the accurate coding of the MDS for [NJ Ex Order 26.4(b)(1)] The [U.S. FOIA] stated, "If there is an order for an anticoagulant it should be coded on the MDS." The [U.S. FOIA] stated the "unit manager on each floor" was responsible for checking the accuracy of her entries on the MDS. NJAC 8:39-33.2(d)	F 641	(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 Quality Assurance and Performance Improvement (QAPI) Committee attended by Administrator, Medical Director, Director of Nursing and senior leadership team to ensure that policy and procedures are consistently implemented. The QAPI committee meets monthly.	
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to	F 692		11/30/24

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F 692	Continued From page 6 maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and policy review, the facility failed to maintain acceptable nutritional parameters by not monitoring NJ Ex Order 26.4 for accuracy, assessing NJ Ex Order 26.4(b)(1), implementing interventions, monitoring NJ Ex Order 26.4(b)(1), and/or providing NJ Ex Ord assistance for two (Residents (R)49 and R52) of three residents reviewed for NJ Ex Order 26.4 in the sample of 42 residents. This had the potential to cause further NJ Ex Order 26.4(b)(1) without a root cause analysis and/or additional interventions put in place. Findings include: Review of the facility's policy titled "Clinical Nutrition Services," dated 10/24, provided by the facility revealed, "The dietitian/qualified nutrition professional identifies residents who are at risk and/or potential risk for nutrition-related problems. The dietitian/qualified nutrition professional recommends interventions to maintain the resident's nutrition status, based on resident preference and tolerance ...For residents at nutritional risk: Determine appropriate interventions based on the identified etiology/cause of the risk factor and resident preferences." Review of the facility's policy titled "Standards of Care," dated 08/20, provided by the facility revealed, "The Registered Dietitian (RD) or	F 692	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these residents specified in the Statement of Deficiency (SOD) or CMS-2567. The Director of Nursing, Registered Dietitian and the interdisciplinary team reassessed the NJ Ex Order 26.4(b)(1) of Residents #s R49 and R52. NJ Ex Order 26 were reviewed and root cause analysis of NJ Ex Order 26.4(b)(1) was completed. Revisions were made to the care plan(s) including NJ Ex Order 26.4(b)(1), assessing NJ Ex Order 26.4 accuracy, implementing interventions based on the identified etiology/cause of the risk factor and resident preferences. Interventions were implemented including NJ Ex Order 26.4(b)(1) monitoring and providing assistance during meals. Revised interventions were reviewed with staff involved in the care of each resident. How the facility will identify other residents having the potential to be affected by the same deficient practice. The facility has determined that all residents have the potential to be affected. The Director of Nursing and the interdisciplinary team, including the Unit	

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F 692	Continued From page 7 designee are responsible for monitoring and noting miscellaneous changes or other pertinent nutrition information in an interim dietary progress note of the medical record ...Review resident weights and identify significant weight changes (gains and losses) as well as those with noted trends; > [greater than or equal to]5% change in one month, >7.1% (percent) in three months, >10% in six months. Complete an assessment of the weight change and document findings on a nutrition progress note or a facility utilized assessment weight change form ....The Registered Dietitian completes documentation, at minimum monthly, on a nutrition progress note for residents deemed at high nutritional risk form ...Nutritional consults are to be addressed in a timely manner with a goal of 24 to 72 hours upon receiving by the Registered Dietitian or designee." 1. Review of R49's "Face Sheet," located in the Electronic Medical Record (EMR) under the "profile" tab revealed the resident was admitted on NJ Ex Order 26.4(b) with a diagnoses of NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). Review of R49's "NJ Ex Order 26.4(b) Note" dated NJ Ex Order 26.4(b) located in the EMR under the "progress note" tab revealed, R49's was classified as NJ Ex Order 26.4(b)(1) "Resident has a NJ Ex Order 26.4(b)(1) from NJ Ex Order 26.4(b)(1). Resident NJ Ex Order 26.4(b)(1) over the past NJ Ex Order 26.4(b)(1) has been of NJ Ex Order 26.4(b)(1). Resident was NJ Ex Order 26.4(b)(1) in NJ Ex Order 26.4(b)(1) and now it is NJ Ex Order 26.4(b)(1). The resident continues to NJ Ex Order 26.4(b)(1) due to NJ Ex Order 26.4(b)(1). The resident is documented with NJ Ex Order 26.4(b)(1). Resident has NJ Ex Order 26.4(b)(1) at NJ Ex Order 26.4(b)(1) at most. The resident is encouraged by staff to increase	F 692	Managers and Registered Dietitian, reviewed the Resident Roster/ Matrix of Providers to identify residents with unplanned or risk of weight loss. Residents identified were reviewed to ensure that acceptable nutritional parameters are met. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? A comprehensive education program was conducted by the Director of Nursing and Registered Dietitian with the interdisciplinary team and all direct care staff addressing the policy and procedure of ensuring appropriate nutritional parameters, including accurate weight monitoring, weight changes assessment, implementation of interventions, meal intake monitoring and provision of meal assistance. The Weight Policy was reviewed to ensure that weight accuracy and consistency are addressed in the protocols. Revised policy was reviewed with the interdisciplinary team and all direct clinical staff. The interdisciplinary team will continue to discuss any weight changes or any changes in residents nutritional status during clinical meetings and care conferences. The Registered Dietitian and the nursing management team will review each weight report to ensure appropriate measurements are recorded, complete and monitor weight fluctuations and appropriate interventions are	

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Continued From page 8

[redacted] without success. Goals/interventions: [redacted] will continue to monitor R49's [redacted], and [redacted] and make [redacted]. [redacted] will honor any resident's [redacted] requests ..." Continue review of the "[redacted] notes" dated, [redacted] revealed, "significant [redacted]"; note dated [redacted] revealed, "significant [redacted]"; and note dated [redacted] revealed a [redacted] order change to '[redacted]), [redacted], [redacted], [redacted]."

Review of R49's weights, located in the EMR under the "[redacted] and Vital" tab revealed the following:

[redacted]
[redacted].
[redacted].
[redacted].
[redacted].
[redacted].
[redacted].
[redacted].
[redacted].
[redacted].

Review of R49's EMR "Progress notes" under the "Progress notes" tab revealed the following amount of [redacted] at the [redacted]

On [redacted]; on [redacted] despite [redacted] and [redacted] from staff, Resident [redacted] and [redacted]; on [redacted], [redacted] from staff, [redacted], Resident had [redacted] during shift; on [redacted]

F 692

implemented.t

How the facility will monitor its corrective actions to ensure that the deficient practices being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change?

The Director of Nursing or designee(s) will conduct monthly chart audits six (6) consecutive months and review all weight reports and residents with weight changes are identified and appropriate interventions have been put in place. Care plans will be reviewed for updated information to reflect these interventions.

A Performance Improvement Project (PIP) will be initiated to monitor these audits monthly until full compliance then quarterly thereafter for one (1) year. The results of these monitoring/ audits will be reported to Quality Assurance and Performance Improvement (QAPI) Committee attended by Administrator, Medical Director, Director of Nursing and senior leadership team to ensure that policy and procedures are consistently implemented. The QAPI committee meets monthly.

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NJ Ex Order 26.4(b)(1) from staff; on NJ Ex Order 26.4(b)(1) ; on NJ Ex Order 26.4(b)(1) ; on NJ Ex Order 26.4(b)(1) from staff; on NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) despite NJ Ex Order 26.4(b)(1) from staff; on NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) from staff; on NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) from staff; on NJ Ex Order 26.4(b)(1) ; on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) from staff; on NJ Ex Order 26.4(b)(1) despite NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) from staff. NJ Ex Order 26.4(b)(1) ; on NJ Ex Order 26.4(b)(1) Noted remains NJ Ex Order 26.4(b)(1) despite NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) from staff. NJ Ex Order 26.4(b)(1); on NJ Ex Order 26.4(b)(1) despite NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) from staff.

Review of R49's "Doctors Orders" located in the EMR under the "orders" tab revealed no orders for NJ Ex Order 26.4(b)(1) or medication to encourage NJ Ex Order 26.4(b)(1)

Review of R49's "Care Plan" found in the EMR under the "Care Plan" tab last updated on NJ Ex Order 26.4(b)(1), did not reveal any issues or concerns about R49's NJ Ex Order 26.4(b)(1), nor a plan to see if the resident's NJ Ex Order 26.4(b)(1) was correct, and no indication of any NJ Ex Order 26.4(b)(1) to be added.

Interview on NJ Ex Order 26.4(b)(1) at 3:30 PM, the U.S. F6 stated that once a resident has reached NJ Ex Order 26.4(b)(1)

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NJ Ex Ord interventions are put in place. The U.S. FO stated, "I should have been monitoring the resident more closely."

Interview on 10/17/24 at 9:20 AM, Registered Nurse (RN3) revealed the facility's protocol for residents who have NJ Ex Order 26.4(b)(1) is to contact the U.S. FOI who will check NJ Ex Order 26.4(determine the reason for the NJ Ex Order 26.4(b)(1), change the resident's NJ Ex Ord and refer to the physician to add NJ Ex Order 26.4(b)(1)

Interview on 10/17/24 at 11:27AM, the U.S. FOIA (b)) stated that when there was significant NJ Ex Order 26.4(b)(1), several interventions can be put in place such as NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) evaluations, and medications to encourage NJ Ex Order 26.4(b The U.S. FO confirmed none of the interventions mentioned were put in place for R49.

Interview on 10/17/24 at 10/17/24 at 11:27AM, the U.S. FOIA (b) (6)) revealed that R49's NJ Ex Order 26.4(b)(1) was not handled properly by the facility. Even though this resident has gone under NJ Ex Order 26.4(care in NJ Ex Order 26.4(b)(1) significant NJ Ex Order 26.4(b)(1) not due to the resident's diagnosis should have been investigated and the proper interventions put in place to reduce any further NJ Ex Order 26.4(b)(1).

2. Review of R52's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) date of NJ Ex Order 26.4(b)(, located in the "MDS" tab of the EMR revealed an admission date of NJ Ex Order 26.4(b) and a "Brief Interview of Mental Status (BIMS)" score of NJ Ex O out of 15, indicating R52's cognition was NJ Ex Order 26.4(b)(1). The "MDS" indicated diagnoses of NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1 NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), and NJ Ex Orde

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F 692	Continued From page 11 NJ Ex Order 26.4(b)(1). Review of R52's "NJ Ex O order" dated NJ Ex Order 26.4(b, located in the EMR under the "Order" tab revealed "NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1)." Review of R52's "NJ Ex Order 26.4(b)(1) Recommendation, dated NJ Ex Order 26.4(b)(1) located in the hard chart under the "NJ Ex Order 26.4(tab revealed "Weekly NJ Ex Order 26.4(b) due to NJ Ex Order 26.4(b)(1). Review of R52's "Care Plan," dated NJ Ex Order 26.4(b)(located in the EMR under the "Care Plan" tab revealed "R52 is at risk for NJ Ex Order 26.4(b)(1) in the setting of hx. [history] significant NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and admitting dx [diagnosis] of NJ Ex Order 26.4(b)(1)." The goal included, " R52 will have NJ Ex Order 26.4(b)(1) toward NJ Ex Order 26.4(b)(1) through review date." An intervention included, "NJ Ex Order 26 monitoring (FREQ) [frequently]." Review of R52's "Mini NJ Ex Order 26.4(b)(1) Assessment," dated NJ Ex Order 26.4(b, located in the EMR under the "Assessment" tab, revealed R52 had "NJ Ex Order 26.4(b)(" and was at risk of NJ Ex Order 26.4(b)(1) with a score of NJ Ex Review of R52's quarterly "Nutritional assessment" dated NJ Ex Order 26.4(b located in the EMR under the "Progress Note" tab revealed NJ Ex Order 26.4(b and NJ Ex Order 26.4(b)(1), at NJ Ex Order 2, and "Resident NJ Ex Order 26.4(b)(1), and resident has PMH [past medical history] of NJ Ex Order 26.4(b)(which puts resident at risk for NJ Ex Order 26.4(b)(1)	F 692		

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Review of R52's order, dated NJ Ex Order 26.4(b), located in the EMR under the "Order" tab revealed "NJ Ex Orde [redacted] Give 1 tablet by mouth one time a day for NJ Ex Order 26. Hold for NJ Ex Order 26.4(b)(1) [redacted] "

Review of R52's "Physician Progress Notes" in the EMR under the "Progress Notes" tab dated NJ Ex Order 26.4(b), NJ Ex Order 26.4(b), and NJ Ex Order 26.4(b) revealed, NJ Ex [redacted] ..."

Review of R52's NJ Ex Order 2 history, located in the EMR under the "NJ Ex Order 26.4 tab, revealed R52 had NJ Ex Order 26.4(b)(1) in NJ Ex Order 26.4, from NJ Ex Order 26.4(b) [redacted] to NJ Ex Order 26.4(b) [redacted] and NJ Ex Order 26.4 [redacted] were not consistently obtained:

On NJ Ex Order 26.4(b) [redacted] at NJ Ex Order 26.4(b)(1) [redacted] at NJ Ex Order 26.4(b)(1) .
On NJ Ex Order 26.4(b) at NJ Ex Order 26.4(b)(1)
On NJ Ex Order 26.4(b) at NJ Ex Order 26.4(b)(1)
On NJ Ex Order 26.4(b) at NJ Ex Order 26.4(b)(1)
On NJ Ex Order 26.4(b) at NJ Ex Order 26.4(b)(1)
On NJ Ex Order 26.4(b) at NJ Ex Order 26.4(b)(1)
On NJ Ex Order 26.4(b) at NJ Ex Order 26.4(b)(1)
On NJ Ex Order 26.4(b) [redacted] at NJ Ex Order 26.4(b)(1)

Review of R52's "NJ Ex Order 26.4(b)(1) Note," dated NJ Ex Order 26.4(b) [redacted], located in the EMR, under the "Progress Note" tab revealed Possible sig. [significant] NJ Ex Order 26.4(b)(1) . U.S. FC requested NJ Ex Or [redacted] to verify NJ Ex Order 26.4(b)(1) - U.S. FC has observed resident in NJ Ex Order 26.4(b)(1) previously with NJ Ex Order 26.4(b) [redacted] . Pending NJ Ex Order 26.4(b)(1) will follow up and make NJ Ex Order 26.4(b)(1) PRN [as needed]."

On 10/16/24 at 9:36 AM, R52 was served NJ Ex [redacted]

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NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). R52's NJ Ex Order 26.4(b)(included scrambled eggs, juice, fruit, a muffin, and coffee.

On 10/16/24 at 9:47 AM, certified nurse aide (CNA)1 was observed bringing R52's NJ Ex Order 26.4(b)(out of NJ Ex room. CNA1 confirmed R52 NJ Ex O and nothing extra was provided.

On 10/16/24 at 12:52 PM, R52 was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). His NJ Ex Order included a muffin, coffee, green beans, smothered chicken, corn bread dressing, and a NJ Ex Order 26.4(b)(1

On 10/16/24 at 12:59 PM, R52 was observed in bed with NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) pushed off to the side with a NJ Ex Order 26.4(b)(1) . Only NJ Ex O of R52's NJ Ex Order 26.4(b)(1). Staff did not offer NJ Ex Order 26.4(b)(1 or an alternative.

On 10/16/24 at 1:09 PM, R52 was again observed in bed with NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) pushed off to the side with NJ Ex Order 26.4(b Only NJ Ex O of R52's NJ Ex Orde was NJ Ex Order 26.4(b)(1) Staff did not offer NJ Ex Order 26.4(b)(1) or an alternative.

During an interview on 10/16/24 at 1:50 PM, the U.S. Fo was asked if she was aware of R52's recent NJ Ex Order 26.4(b)(1) in NJ Ex Order 26.4 . The U.S. Fo stated, "Yes," she reviewed R52's NJ Ex Order 26.4 on NJ Ex Order 26.4(b and requested NJ Ex Order 26.4(b)(for the NJ Ex Order 26.4(b)(1) because it was off from NJ Ex Order 26.4(b)(1) history. The U.S. Fo confirmed R52 had a history of NJ Ex Order 26.4(b)(1). The U.S. Fo stated R52's NJ Ex Order 2 was "back to normal and NJ Ex Order 26.4(b)(1)." The U.S. Fo was asked why she only documented R52's NJ Ex Order 26.4(b)(1) and requested a NJ Ex Order 26.4 today, 10/16/24, NJ Ex Order 26.4(b)(1 later. The U.S. Fo stated she

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wasn't sure. The [U.S. FC] was asked should a [NJ Ex Order 26.4] be caught sooner. The [U.S. FC] stated she was "trying to figure it out." [U.S. FC] was asked about R52 only NJ Ex Order 26.4(b)(1) today, 10/16/24 and was R52 receiving a [NJ Ex Order 26.4(b)(1)] or getting [NJ Ex Orde] when NJ Ex Order 26.4(b)(1). The [U.S. FC] stated, "No, because NJ Ex Order 26.4(b)(1) very well." The [U.S. FC] was asked if she was aware R52 had a recommendation on the hard chart for weekly [NJ Ex Order 26.4] in [NJ Ex Order] and a NJ Ex Order 26.4(b)(1) on [NJ Ex Order]. The [U.S. FC] stated she wasn't aware. The [U.S. FC] stated during the facility's morning meetings, they will discuss NJ Ex Order 26.4(b)(1) or [NJ Ex Order 26.4(b)(1)]. The [U.S. FC] was asked if R52 was discussed and the [U.S. FC] stated, "No." The [U.S. FC] was asked why R52's [NJ Ex Order 2] was sometimes obtained by a mechanical lift and other times in a wheelchair. The [U.S. FC] stated she wasn't sure and wasn't aware of the requirement to [NJ Ex Order 26.4(b)(1)] with obtaining the [NJ Ex Order 26.4(] The [US FC] was asked if R52's physician was aware of R52's NJ Ex Order 26.4(b)(1) when the [NJ Ex Order 2] was obtained on [NJ Ex Order 26.4(b)]. The [U.S. FC] stated she wasn't sure, but she placed a paper in the hard chart to flag the physician next time they were in the building to see the resident. The [U.S. FC] confirmed she doesn't make a telephone call to the physician about [NJ Ex Order 26.4(]

During a telephone interview on 10/17/24 at 9:47 AM, Primary Care Physician (PCP)1 was asked if R52 was her patient. PCP1 stated, "Yes." PCP1 was asked if she was informed of R52's [NJ Ex Order 2] of [NJ Ex Order 26.4(b)(1)] on [NJ Ex Order 26.4(b] to [NJ Ex Order] on [NJ Ex Order 26.4(b)]. PCP1 stated she had not been informed. PCP1 was asked how the facility informed her of NJ Ex Order 26.4(b)(1). PCP1 stated they leave a paper on the front of the chart, but R52 did have a lot going on medically such as [NJ Ex Order 26] and [NJ Ex Order 26.4(b)(1)]. PCP1 went on to say

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the facility does call her for "something dramatic." PCP1 was asked if R52's NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b and PCP1 stated, "Yes."

During an interview on 10/17/24 at 1:37 PM, the U.S. FOIA was asked if she was aware of R52's NJ Ex Order 26 of NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b. The U.S. FOIA stated, "No." The U.S. FOIA went on to say on the 10th of every month, all NJ Ex Order 26.4 should be completed and then the NJ Ex Order 26.4 are reviewed. The U.S. FOIA stated the certified nurse aides weighed the residents and gave the weights to the nurses to enter into the EMR. The U.S. FOIA stated if a NJ Ex Order 26.4 was needed because of a big difference from last NJ Ex Order 26 NJ Ex Order 26.4(b) should be right away. The U.S. FOIA was asked if R52's NJ Ex Order 26.4(b)(1) of NJ Ex Order was discussed in the morning meetings. The U.S. FOIA stated, "No." The U.S. FOIA was asked when were NJ Ex Order 26.4(b) completed. The U.S. FOIA said, "right away.'" The U.S. FOIA was asked when the physician should be notified of significant NJ Ex Order 2 . The U.S. FOIA stated, "The same day." U.S. FOIA was asked why R52's NJ Ex Order 26.4 were obtained using different methods and was she was aware of the requirement of using the same process/method for obtaining NJ Ex Order 26.4(U.S. FOIA stated, "Yes," but wasn't sure why it was inconsistent. The U.S. FOIA was asked what her expectation was for addressing NJ Ex Order 26.4(b)(1). The U.S. FOIA stated to notify the physician of NJ Ex Order 26.4(b)(1) that day. The U.S. FOIA confirmed the facility did not have a policy addressing NJ Ex Order 2 accuracy or consistency.

Review of the facility's policy "Clinical Nutrition Services," revised on 10/24 revealed, "The dietitian/qualified nutrition professional identifies residents who are at risk and/or potential risk for nutrition-related problems. The dietitian qualified nutrition professional should recommend

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F 692	Continued From page 16 interventions to maintain the resident's nutrition status, based on resident preference and tolerance ..." Review of the RD's responsibilities (job description) provided by the facility revealed, " ...for residents identified as malnutrition, the RD will log results into the MNA tracker to establish nutrition follow-up and recommendations, will meet weekly with the disciplinary team, discuss nutrition concerns with the IDPT [Interdisciplinary Plan of Treatment], update the care plan to reflect the appropriate interventions put in place ..." NJAC 8:39-17.1(c) NJAC 8:39-17.2(d) NJAC 8:39-27.1(a)	F 692		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals	F 880		11/30/24

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providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.

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F 880	Continued From page 18 Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, review of facility policies, and Centers for Disease Control (CDC) and Prevention guidance, the facility failed to clean and disinfect patient equipment after use for two of five residents (Resident (R) 16 and 54) reviewed for infection control and failed to follow hand hygiene practices during medication pass for one of five residents (R7) reviewed for medication administration. These failures could promote the spread of multi drug resistant organisms (MDROs) throughout the facility. Findings include: 1. Review of R16's undated "Admission Record" in the "Profile" tab of the electronic medical record (EMR) revealed an admission date of [redacted]. The "Admission Record" revealed diagnoses of [redacted] and [redacted]. Review of R16's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted], located in the EMR "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 which indicated R16 was [redacted]. During an observation in R16's room on [redacted] at 8:20 AM, revealed Licensed Practical Nurse	F 880	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these residents specified in the Statement of Deficiency (SOD) or CMS-2567. LPN#1 was counseled and educated on the policy and procedure of hand hygiene and cleaning of non-critical patient care equipment. LPN #1 has been observed and provided with training by the Infection Preventionist on October 18, 2024 to assure competency in performing this task. Residents R#16 and R#54 was closely monitored to ensure that [redacted] resulted from the deficient practice. How the facility will identify other residents having the potential to be affected by the same deficient practice. Infection Preventionist and Director of Nursing presented a comprehensive review to all licensed nursing staff of the facility□s policy and procedure on all shifts to assure full understanding of hand hygiene and cleaning/ disinfecting of non-critical resident care equipment policy and procedure. The pharmacy consultant and nursing	

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F 880	Continued From page 19 (LPN) 1 performed hand hygiene, picked up a clean NJ Ex Order 26.4(b)(1) from the clean paper towel on top of the medication cart, and took R16's vital signs. She performed hand hygiene again after obtaining vitals. LPN1 placed the NJ Ex Order 26.4(b)(1) down on top of the clean paper towel on top of the medication cart. 2. Review of R54's undated "Admission Record" in the "Profile" tab of the EMR revealed an initial admission date of NJ Ex Order 26.4(b). The "Admission Record" revealed diagnoses of NJ Ex Order 26.4(b)(1) and h NJ Ex Order 26.4(b)(1) . Review of R54's quarterly "MDS" with an ARD of NJ Ex Order 26.4(b), located in the EMR "MDS" tab, revealed a "BIMS" score of NJ Ex out of 15 which indicated R54 was NJ Ex Order 26.4(b)(1). During an observation in R54's room on NJ Ex Order 26.4(b) at 8:35 AM, revealed LPN1 performed hand hygiene, picked up the NJ Ex Order 26.4(b)(1) from the paper towel on top of the medication cart, and took R54's vital signs. She performed hand hygiene after obtaining vitals. She set the NJ Ex Order 26.4(b)(1) down on top of existing paper towel on top of the medication cart. During an interview on 10/16/24 at 8:46 AM, LPN1 stated, " I clean the NJ Ex Order 26.4(b)(1) after two or three uses. It should be done between and after with bleach wipes." During an interview on 10/16/24 at 8:50 AM, the U.S. FOIA (b) (6)) stated, "The nursing staff all know that they clean patient care equipment before and after each use and in between. They are to use bleach wipes and let	F 880	administrative staff conducted medication administration pass to all licensed nursing staff to assure that competency is demonstrated. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? The medication administration policy/ procedure including infection prevention protocols were reviewed with licensed staff. Pharmacy consultant and/or administrative nursing staff will continue to provided education to ensure that standard of practice is consistently utilized during medication administration and following infection control and prevention policy and procedures including hand hygiene and cleaning/ disinfecting resident care equipment. Administrative nursing staff and/or pharmacy consultant will continue to conduct medication pass observation including but not limited to following infection control protocols. Licensed nursing staff will be evaluated as part of the orientation to ensure competency prior to being assign to perform these tasks independently. All findings will be reported to administrator and/or director of nursing. How the facility will monitor its corrective actions to ensure that the deficient practices being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? Medication pass observation will continue to be conducted by pharmacy	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315413	A. BUILDING _____ B. WING _____	C 10/17/2024

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

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F 880	Continued From page 20 the equipment air dry for three minutes. They have NJ Ex Order 26.4(b)(1), and they can alternate and use one while the other one is drying. " During an interview on 10/16/24 at 9:10 AM, U.S. FOIA (b) (6)) stated, "Staff are supposed to use the bleach wipes in the purple top containers and let air dry for two minutes after cleaning. Staff are trained to clean and disinfect all patient care equipment after they use it or touch a resident with it." Review of the facility's policy titled, "Infection Prevention and Control - Cleaning of Non-Critical Equipment" revised in 01/2018, indicated, under the "Purpose" section, "To establish prevention and control procedures and policies based on recognized guidelines in the cleaning of Non-Critical Equipment ... Resident care devices as identified in this section are: ...blood pressure cuffs ... The definition as stated in the tag is: non-critical items are defined as those that come in contact with intact skin or do not contact the resident." The "Policy" section indicated, "All non-critical items are to be cleaned with a low-level disinfection by cleaning periodically and after visible soiling with an EPA disinfectant detergent or germicide that is approved for healthcare settings. ...Use EPA approved Germicidal Disposable Wipes (purple top PDI-Super Sani Cloth or equivalent) ...thoroughly wet surface and objects. Treated surfaces and objects must remain visibly wet for a full two (2) minutes. Let dry. All non-critical equipment are to be thoroughly cleaned and disinfected with an EPA approved disinfectant between residents. Items that are contaminated with C-Diff spores are to be cleaned with a 1:10 ratio dilution of	F 880	consultant and/or nursing administrative staff to assure that licensed nursing staff can demonstrate consistent proficiency and error free during medication pass including infection control protocols. A Performance Improvement Project (PIP) will be initiated to monitor these audits monthly for six (6) months or until full compliance then quarterly thereafter. Audit results will be reported and discussed at Quality Assurance and Performance Improvement Committee to assure ongoing compliance. QAPI committee meets monthly.	

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F 880	Continued From page 21	F 880		

sodium hypochlorite (nine parts water to one part bleach).

3. Review of R7's undated "Admission Record" in the "Profile" tab of the EMR revealed an initial admission date of [NJ Ex Order 26.4(b)]. The "Admission Record" revealed a diagnosis of [NJ Ex Order 26.4(b)(1)] [redacted]

Review of R7's quarterly "MDS" with an ARD of [NJ Ex Order 26.4(b)], located in the EMR "MDS" tab, revealed a "BIMS" score of [NJ Ex] out of 15 which indicated R7 was [NJ Ex Order 26.4(b)(1)] [redacted]

During an observation in R7's room on [NJ Ex Order 26.4(b)] at 8:30 AM, LPN1 performed hand hygiene, and gave R7's the cup of her morning medications. R7 took the cup of medications, touched LPN1's fingers and gave LPN1 the medicine cup back. LPN1 gave R7 a cup of water. R7 drank the water and gave the empty water cup back to LPN1. She did not perform hand hygiene. She continued to move onto the next resident preparing her medications.

During an interview on 10/16/24 at 8:46 AM, LPN1 stated, "I usually clean my hands after every resident. "

During an interview on 10/16/24 at 8:50 AM, the DON stated, "All the staff know to perform hand hygiene in between each resident or when [NJ Ex Order 26.4(b)(1)]."

Review of the facility's policy titled, "Infection Prevention and Control - Hand Hygiene" revised in 02/2018, indicated, "Purpose, Effective hand hygiene removes transient microorganisms, dirt

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F 880	Continued From page 22 and organic material from the hands and decrease the risk of cross contamination from residents ..." The Policy section indicated, "All members of the healthcare team will comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines." Review of the CDC website and Prevention website https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html, titled, "Clinical Safety: Hand Hygiene for Healthcare Workers" updated 02/27/24 revealed: "Know When to Clean Your Hands: Immediately before touching a patient ...After touching a patient or patient's surroundings ...When to use an alcohol-based hand sanitizer (ABHS): Unless hands are visibly soiled, ABHS is preferred over soap and water in most clinical situations ..." NJAC 8:39-19.4 (a)(b)(c)(i)(n)	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	030904	A. BUILDING: _____ B. WING _____	C 10/17/2024

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PEACE CARE ST ANN'S	198 OLD BERGEN ROAD JERSEY CITY, NJ 07305

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S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in	S 560	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these residents specified in the Statement of Deficiency (SOD) or CMS-2567. Peace Care St. Ann's goal is to comply with direct care staff to resident ratios mandated by the State of New Jersey. The Administrator, Director of Nursing, and Staffing Coordinator communicates on a daily basis to discuss staffing and project out the week. Open shifts are identified and is offered to facility staff to see what shifts they might be able to pick up to address the need. Shifts not picked	11/30/24

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

Electronically Signed | 11/08/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	030904	A. BUILDING: _____ B. WING _____	C 10/17/2024

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S 560	Continued From page 1 nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. 1. For the week of Complaint staffing from 01/29/2023 to 02/04/2023, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows: -01/29/23 had 9 CNAs for 101 residents on the day shift, required at least 13 CNAs. -01/30/23 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs. -01/31/23 had 8 CNAs for 100 residents on the day shift, required at least 12 CNAs. -02/01/23 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs. -02/03/23 had 8 CNAs for 100 residents on the day shift, required at least 12 CNAs. -02/24/23 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs. 2. For the week of Complaint staffing from 06/30/2024 to 07/06/2024, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:	S 560	up by facility staff are immediately posted to several staff support agencies that are currently under contract with Peace Care St. Ann's/Peace Care, Inc. Periodically, staff that are currently working a shift are asked to stay over a few hours and on-coming staff are ask to come in a few hours early to help support the staffing needs. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents at Peace Care St. Ann's have the potential to be adversely affected by the staffing situation. Staffing is closely monitored to ensure that compliance with the staff to resident ratio by the State of New Jersey mandate is met. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? Peace Care St. Ann's is currently under contract with several staff support agencies to supplement our open positions on a temporary basis. Human Resources Department and Clinical Recruiter continues to advertise open positions and schedule interviews whenever the opportunity arises. Sign on bonuses, referral bonuses, as well as retention bonuses are offered to recruit and retain staff. Peace Care St. Ann's continue to partner with local schools to provide a clinical site for students to train before becoming licensed / certified. Peace Care St. Ann's offers an addition to the staff's hourly pay for working weekends and holidays. Peace Care St.	

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S 560	Continued From page 2 -06/30/24 had 11 CNAs for 116 residents on the day shift, required at least 14 CNAs. 3. For the week of Complaint staffing from 09/22/2024 to 09/28/2024, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: -09/25/24 had 13 CNAs for 111 residents on the day shift, required at least 14 CNAs. 4. For the 2 weeks of staffing prior to survey from 09/29/2024 to 10/12/2024, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: -10/09/24 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs.	S 560	Ann's has extended tuition reimbursement as a means to bring entry level staff into nursing positions. How the facility will monitor its corrective actions to ensure that the deficient practices being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? Daily staffing schedule and resident to staff ratio are reviewed by the Administrator and Director of Nursing to ensure that required staffing is met to meet the needs of our resident population. Staffing patterns and ratios are identified and outcomes are presented for review by administration and nursing management. Audits related to staffing are presented at Quality Assurance and Performance Improvement (QAPI) meetings. QAPI committee meets monthly and is attended by Medical Director, Administrator, Dorector of Nursing and Department Heads.	

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	12/6/2024 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 F0550	Correction	ID Prefix F0641	Correction	ID Prefix F0692	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.25(g)(1)-(3)	Completed
LSC	11/30/2024	LSC	11/30/2024	LSC	11/30/2024
ID Prefix F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/30/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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	
10/17/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
030904		12/6/2024

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

ITEM (Y4)	DATE (Y5)	ITEM (Y4)	DATE (Y5)	ITEM (Y4)	DATE (Y5)
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 11/30/2024	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
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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 10/17/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315413	A. BUILDING **01** B. WING _____	**10/17/2024**

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E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 10/17/24. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 10/17/24 and was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Peace Care St. Ann's is a three-story building built in 1997. It is composed of Type II protected construction. The facility is divided into six - smoke zones. The generator does approximately 90 % of the building per Maintenance Director. The current occupied beds are 106 of 120.	K 000		
K 293 SS=F	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit	K 293		10/30/24

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

Electronically Signed | 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.

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K 293	Continued From page 1 travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the courtyard was provided with an exit sign above the exit door in accordance with NFPA 101 Life Safety Code (2012 edition) 7.10.1.2.1. This deficient practice had the potential to affect all 106 residents who resided at the facility. Findings include: An observation on 10/17/24 at 1:15 PM revealed the exit door from the enclosed courtyard was not equipped with an illuminated exit sign. During an interview at the time of the observation, the U.S. FOIA (b) (6) confirmed there was no illuminated exit sign at the exit door leading back into the facility. NJAC 8:39-31.2(e)	K 293	How the corrective action will be accomplished Licensed Electrician installed exit lights in the courtyard areas on Wednesday, October 30, 2024. How the facility will identify other areas having the potential to be affected by the same deficient practice A tour/inspection of all exit door will occur annually by facility maintenance staff to assure that the exit lights are illuminated and a log of these tours/inspections will be maintained What measures will be put in placer or systemic changes made to ensure that the deficient practice will not occur Director of facilities or designee will conduct monthly inspections of the entire campus to ensure that all exit signs are checked for six (6) consecutive months. Director of facilities will in-service facility maintenance staff to check exit signs to ensure that the exit lights are in place and operating properly. How the facility will monitor its corrective action to ensure that the deficient practice is being corrected and will not occur The results of the monthly inspections of	

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K 293	Continued From page 2	K 293	all exits signs will be reported by the Director of Facilities at the monthly QAPI Committee Meetings. See attachment of proof of installation.	
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to ensure electrical outlet testing was conducted annually in accordance with NFPA 99 Health Care Facilities Code (2012 edition) Section 6.3.4.1.3. This deficient practice had the potential to affect all 106 residents who resided at	K 914	How the corrective action will be accomplished All electrical outlets in the resident areas were checked and tested on	11/19/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315413	A. BUILDING **01** B. WING _____	**10/17/2024**

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 DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 914	Continued From page 3 the facility. Findings include: A review of the facility's fire inspection binder provided by the U.S. FOIA (b) (6) revealed the electrical outlet testing had not been completed on the electrical outlets in the past 12 months. During an interview on 10/17/24 at 3:00 PM, the U.S. FOIA (b) (6) stated the electrical outlet testing was not completed. NJAC 8:39-31.2(e) NFPA 99	K 914	How the facility will identify other areas having the potential to be affected by the same deficient practice All electrical outlets will be checked annually by the facility maintenance staff to assure that they are in good working order and a log of the electrical outlets indicating the location will be maintained What measures will be put in place or systemic changes made to ensure that the deficient practice will not occur All Maintenance staff will be in-serviced by the Director of Facilities that all electrical outlets will be checked in the resident areas to ensure operability Director of Facilities or designee will conduct monthly inspections of electrical outlets for six(6) consecutive months for compliance. How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and will not occur The results of the monthly electrical inspections will be reported by the Director of Facilities and reviewed at the monthly QAPI Committee meeting, and then, the electrical outlet inspection will be reported annually thereafter. See attachment for additional documentation for Ktag 0914.	
K 918 SS=F	Electrical Systems - Essential Electric Syste	K 918		2/25/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315413	A. BUILDING **01** B. WING _____	**10/17/2024**

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

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K 918	Continued From page 4 CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility	K 918	How the corrective action will be	

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	315413	A. BUILDING **01** B. WING _____	**10/17/2024**

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K 918	Continued From page 5 failed to ensure a load bank test was completed on the diesel-powered emergency generator once every 36 months in accordance with NFPA 110 Standard for Emergency and Standby Power Systems (2010 Edition) Section 8.4.9. This deficient practice had the potential to affect all 106 residents who resided at the facility. Findings include: A review of the facility's untitled generator reports dated for the years 2023 and 2024, provided by the facility, revealed a three-year load bank test had not been completed for the diesel-powered emergency generator. During an interview on 10/17/24 at 3:00 PM the U.S. FOIA (b) (6) confirmed the three-year load bank test had not been completed on the diesel-powered emergency generator. NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110	K 918	accomplished for those residents found to have been affected by the deficient practice; these are residents specified in the Statement of Deficiency (SOD) or CMS 2567? Peace Care St. Ann's requested a time limited waiver. The load bank test cannot be performed until automatic test switch (ATS) is replaced. The ATS is contracted to be installed with an estimated date of 2/18/25 and perform a load bank test of an estimated date of 2/25/25. Weekly generator testing performed 11/14/24 (see attached). Generator is working properly. How the facility will identify other residents having the potential to be affected by the same deficient practice? Interim Life Safety Measures that will be put in place that goes over and beyond the normal procedures to assure the overall safety of the Residents: - Conduct weekly load tests on the generator utilizing the manual transfer switches documenting the testing until automatic transfer switch has been replaced. - Establish an agreement with the generator service provider to provide a portable back-up generator for use in case the existing generator is inoperable within a delivery window of 2 to 4 hours (See attached)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315413	A. BUILDING **01** B. WING _____	**10/17/2024**

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

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K 918	Continued From page 6	K 918		

- Have a Licensed Electrician available to repair or replace the manual transfer switches should these switches are inoperable.

- Contact Local OEM for assistance to obtain a back-up portable generator if there are none available from the generator service provider.

- Execute evacuation plan to send Residents to alternate transfer sites should no back-up portable generators are not available for use.(See attached MOUs).

What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur?

Director of Facilities or designee will schedule a load bank test before every thirty-six (36) months with our generator service company and assure timely completion.

Director of Facilities will in-service facility maintenance staff on how to monitor the generator service company for proper compliance of the load bank testing procedure.

How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put in place to monitor the continued effectiveness of the systemic changes?

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315413	A. BUILDING **01** B. WING _____	**10/17/2024**

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K 918	Continued From page 7	K 918	The results of the load bank test results will be reported by the Director of Facilities every thirty-six (36) months at the QAPI Committee Meeting.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315413	A. Building 01 - MAIN BUILDING 01 B. Wing	12/6/2024

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 Reg. # NFPA 101 LSC K0293	Correction Completed 10/30/2024	ID Prefix Reg. # NFPA 101 LSC K0914	Correction Completed 11/19/2024	ID Prefix Reg. # NFPA 101 LSC K0918	Correction Completed 12/06/2024
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
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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	
10/17/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO