

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

PRINTED: 11/22/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/21/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET</b> <b>TRENTON, NJ 08628</b>
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E 000	Initial Comments	E 000		
F 000	<p>INITIAL COMMENTS</p> <p>Complaint NJ #'s: 166488, 169391, 172044, 172220, 172628, 173574, 174306</p> <p>Survey Date: 8/5/24 - 8/21/24</p> <p>Census: 114</p> <p>Sample: 29 + 2</p> <p>A Recertification/LSC survey was conducted at Greenwood House Home for the Jewish Aged from 8/5/24 through 8/21/24, to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities.</p> <p>During the survey a finding which constituted an Immediate Jeopardy (IJ) was identified under 42 CFR 483.12(a)(1) F 600 as the facility failed to ensure that residents were free from [redacted] On [redacted] Resident #171 alleged two staff members [redacted] the resident and [redacted] them by placing a chair at the bedside to prevent the resident from using the restroom during the 11:00 PM to 7:00 AM (11-7) shift. The facility failed to implement facility policies and procedures for [redacted] to ensure resident safety and wellbeing for the [redacted] made on [redacted]. The U.S. FOIA (b) (6) as well as staff were aware of the [redacted] made on [redacted], and did not follow the facilities policies and procedures.</p>	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>09/14/2024</b>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	<p>Continued From page 1</p> <p>A review of the facility reportable event (FRE) dated [redacted] NJ ex Order 2, revealed that on [redacted] NJ ex Order 2, Resident #171 reported to the [redacted] US FOIA (B) (6) that two nurses were [redacted] NJ ex order 26.4b1 to the resident and [redacted] NJ ex order 26.4b1.</p> <p>The resident identified that the two staff members worked the previous night on [redacted] NJ ex order 21, during the [redacted] NJ ex order 26.4b1. Through video surveillance, the facility identified the Registered Nurse (RN #1) and the Certified Nursing Aide (CNA #1) both entered the resident's room during that shift.</p> <p>A review of the "Concern/Grievance Form" completed by the [redacted] US FOIA (B) (6), dated received [redacted] NJ ex order 26, indicated that the resident stated nurses were [redacted] NJ ex order 26.4b1 to [the resident]; that two nurses on the 11:00 PM to 7:00 AM (11-7) shift [redacted] NJ ex order 26.4b1.</p> <p>[redacted] NJ ex order 26.4b1. The resident stated the nurses said that the resident was [redacted] NJ ex order 26.4b1" the nurses, and the nurses [redacted] NJ ex order 26.4b1 so the resident [redacted] NJ ex order 26.4b1. Actions taken included getting statements from staff and two employees at all times.</p> <p>Both RN #1 and CNA #1 continued to work throughout the facility having access to all residents [redacted] NJ ex order 26.4b1.</p> <p>[redacted] Resident #171 was also [redacted] NJ ex order 2.</p> <p>The [redacted] US FOIA (B) (6) and [redacted] US FOIA (B) (6) were informed of the F 600 IJ and were provided with the IJ template on 8/8/24 at 3:52 PM.</p>	F 000		

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F 000	<p>Continued From page 2</p> <p>An acceptable removal plan was received on 8/9/24 at 12:24 PM, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: 1) RN #1 and CNA #1 were <b>NJ ex order 26.4b1</b>; 2) facility Administration including the Licensed <b>US FOIA (B) (6)</b>, <b>US FOIA (B) (6)</b>, and <b>US FOIA (B) (6)</b> reviewed and were inserviced by the <b>US FOIA (B) (6)</b> on the facility's <b>NJ Ex Order 26.4b1</b> policy; 3) a thorough investigation was started; and 4) staff were inserviced on <b>NJ Ex Order 26.4b1</b>.</p> <p>The survey team verified the removal plan on-site on 8/9/24 and determined the IJ for F 600 was removed as of 8/9/24 at 12:24 PM.</p> <p>The finding also constituted an Immediate Jeopardy (IJ) was identified under 42 CFR 483.12(c)(2) F 610 as the facility failed to ensure there was evidence that all <b>NJ ex order 26.4b1</b> <b>On</b> <b>NJ ex order 26.4b1</b> Resident #171 alleged two staff members <b>NJ ex order 26.4b1</b> during the 11:00 PM to 7:00 AM (11-7) shift. The facility failed to implement facility policies and procedures for <b>NJ Ex Order 26.4b1</b> to ensure resident safety and wellbeing for the <b>NJ ex order 26.4b1</b> made on <b>NJ ex order 26.4b1</b>. The <b>U.S. FOIA (b) (6)</b> as well as staff were aware of the <b>NJ ex order 26.4b1</b> made on <b>NJ ex order 26.4b1</b>, and did not follow the facilities policies and procedures for a complete and through <b>NJ ex order 26.4b1</b>. A statement dated <b>NJ ex order 26.4b1</b>, was obtained for RN #1 for an <b>NJ ex order 26.4b1</b> made on</p>	F 000		

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F 000	Continued From page 3 [redacted], and a statement was obtained from CNA #1 on [redacted]. The facility obtained no additional statements from any potential witnesses.  Facility Administration were informed of the F610 IJ and were provided with the IJ template on [redacted] at 5:00 PM.  An acceptable removal plan was received on 8/21/24 at 2:25 PM, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including; 1) RN #1 and CNA #1 [redacted]; 2) facility Administration including the <b>US FOIA (B) (6)</b> , <b>US FOIA (B) (6)</b> , and [redacted] reviewed and were inserviced by the <b>US FOIA (B) (6)</b> on the facility's abuse policy on 8/8/23 and that upper management which included the <b>US FOIA (B) (6)</b> , and <b>US FOIA (B) (6)</b> were re-educated on the facility's abuse policy on 8/20/24 and 8/21/24; and 3) a thorough investigation was started; and staff were inserviced on abuse.  The survey team verified the removal plan on-site on 8/21/24 and determined the IJ for F 610 was removed as of 8/21/24 at 2:25 PM.	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.	F 550		10/10/24	

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F 550	<p>Continued From page 4</p> <p>§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.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, 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.</p> <p>§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.</p> <p>§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.</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to store the resident's <b>NJ Ex Order 26.4b1</b> in a dignified manner. This deficient practice was identified for 1 of 2</p>	F 550	<p>1. Resident #15's <b>NJ ex order 26.4b</b> was immediately <b>NJ ex order 26.4b1</b>. Resident #15's physician was notified of deficient practice and no new orders were received. "Catheter Care - Foley" policy</p>		

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F 550	<p>Continued From page 5</p> <p>residents reviewed for <b>NJ Ex Order 26.4(b)(1)</b> (Resident #15), and was evidenced by the following:</p> <p>A review of the facility's "Catheter Care - Foley" policy, dated revised August 2024, did not include covering the foley catheter bag with a privacy cover.</p> <p>On 8/5/24 at 10:45 AM, during initial tour of the facility, the surveyor observed Resident #15 in their bedroom sitting in a wheelchair. Resident #15 stated that they had a <b>NJ ex order 26.4b1</b> [REDACTED] and <b>NJ ex order 26.4b1</b> [REDACTED]. The resident further stated that at night, the <b>NJ ex order 26.4b1</b> [REDACTED].</p> <p>On 8/6/24 at 10:13 AM, the surveyor reviewed the medical record for Resident #15.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses including but not limited to; <b>NJ ex order 26.4b1</b> [REDACTED].</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated <b>NJ ex order 26.4b1</b> [REDACTED], indicated that the resident had a brief interview for mental status (BIMS) score of <b>NJ ex order 26.4b1</b> [REDACTED] out of 15, which <b>NJ ex order 26.4b1</b> [REDACTED]. A review of Section <b>NJ Ex Order 26.4(b)(1)</b> [REDACTED], indicated that the resident had an</p>	F 550	<p>was immediately reviewed and amended to include privacy bag usage. Resident #15 was not negatively affected.</p> <p>2. A facility wide audit was completed on residents with urinary catheters to ensure a privacy bag was in place. Residents with urinary catheters had the potential to be affected. No residents were negatively affected by this deficient practice.</p> <p>3. All nursing staff have been re-educated by the assistant director of nursing/facility educator on the "Catheter Care" Policy, including the use of privacy bags. "Maintain privacy bag" intervention has been added to the C.N.A. tasks and in the physician orders in the electronic medical record to trigger each shift and as needed.</p> <p>4. The unit managers/designee will conduct weekly audits x 1 month and then monthly x 3 months to ensure placement of privacy bag. The director of nursing/assistant director of nursing/designee will conduct weekly audits x 1 month, on 10% of residents with urinary catheters, and then monthly x 3 months, on 5% of residents with urinary catheters, to ensure compliance with privacy bags is maintained. Findings will be brought to monthly Quality Assurance and Performance Improvement (QAPI) meeting to determine if further action is necessary X 3 months.</p>	

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F 550	<p>Continued From page 6</p> <p><b>NJ ex order 26.4b1</b>.</p> <p>A review of the Physician Order Summary Report revealed an order dated <b>NJ ex order 26.4b1</b>, to attach the <b>NJ ex order 26.4b1</b> per [facility] policy two times a day for <b>NJ ex order 26.4b1</b>.</p> <p>On 8/7/24 at 10:30 AM, the surveyor observed Resident #15 sitting up in bed. The surveyor observed the resident's <b>NJ ex order 26.4b1</b> on the resident's left side of the bed, which was visible from the hallway. The <b>NJ ex order 26.4b1</b>.</p> <p>On 8/7/24 at 12:10 PM, the surveyor interviewed the <b>US FOIA (B) (6)</b> who stated the nurses were responsible for changing the <b>NJ ex order 26.4b1</b>. The <b>US FOIA</b> further stated that a <b>NJ ex order 26.4b1</b> was used when a resident was in bed and should be covered with a <b>NJ Ex Order 26.4b1</b>.</p> <p>On 8/8/24 at 9:10 AM, the surveyor observed Resident #15 sitting up in bed eating breakfast. The surveyor observed the resident's <b>NJ ex order 26.4b1</b> which was visible from the hallway. The <b>NJ ex order 26.4b1</b>.</p> <p>On 8/8/24 at 9:15 AM, the <b>US FOIA</b> in the presence of the surveyor confirmed that the <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>, and it should be covered with a <b>NJ Ex Order 26.4(b)(1)</b>. The <b>US FOIA</b> acknowledged it was important for it to be covered for the resident's privacy.</p>	F 550		

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F 550	Continued From page 7  On 8/8/24 at 2:13 PM, the surveyor interviewed the <b>US FOIA (B) (6)</b> who stated that a <b>NJ ex order 26.4b1</b> and it <b>NJ ex order 26.4b1</b> . The <b>US FOIA (B) (6)</b> further stated that when a <b>NJ ex order 26.4b1</b> is used it should be <b>NJ ex order 26.4b1</b> . When the surveyor asked why it was important for the <b>NJ ex order 26.4b1</b> to be covered, the <b>US FOIA (B) (6)</b> replied, for the resident's dignity and privacy.  On 8/12/24 at 12:28 PM, the surveyor interviewed the <b>US FOIA (B) (6)</b> in the presence of the <b>US FOIA (B) (6)</b> the <b>US FOIA (B) (6)</b> , and the survey team who stated that a <b>NJ ex order 26.4b1</b> and the nurse was responsible to ensure it <b>NJ ex order 26.4b1</b> .	F 550			
F 580 SS=D	NJAC 8:39-4.1(a)(12) Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);	F 580		10/10/24	

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F 580	<p>Continued From page 8</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint NJ #: 166488</p>	F 580	<p>1. Resident #170 <b>NJ ex order 26.4b1</b></p> <p>█ .</p>		

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F 580	<p>Continued From page 9</p> <p>Based on interview, review of the closed medical record, and pertinent facility documents, it was determined that the facility failed to notify a resident's family after a change of condition. This deficient practice was identified for 1 of 31 sampled residents (Resident #170), and was evidenced by the following:</p> <p>A review of the facility's "Notification of Changes" policy, dated revised July 2021, included it is the policy of [the facility] to notify the resident, resident representative(s) and resident's physician (when applicable) of any changes in a manner to acknowledge and respect the resident's rights...[the facility] will immediately inform the resident, consult the resident's physician, and notify, consistent with his/her authority, the resident representative(s) when there is: A significant change in the resident's physical, mental or psychological status (i.e. a deterioration in health, mental or psychological status, skin integrity, life threatening conditions or clinical complications, etc.)...</p> <p>On 8/7/24 at 9:31 AM, the surveyor reviewed the closed medical record for Resident #170, which revealed the resident was admitted to the facility in [redacted] and <b>NJ ex order 26.4b1</b></p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses including but not limited to; <b>NJ Ex Order 26.4(b)(1)</b>, [redacted] <b>NJ Ex Order 26.4(b)(1)</b>, and <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated [redacted] <b>NJ ex order 26.4</b>, indicated that the resident had a brief interview</p>	F 580	<p>2. A facility wide audit was completed on active residents' change in conditions to ensure family notification occurred and documented in medical record. Residents with a change in condition will be reviewed daily, Monday through Friday at the facility's clinical meeting to ensure appropriate notification occurred and is documented in the medical record. All residents had the potential to be affected. No residents were negatively affected.</p> <p>3. All licensed nursing staff have been re-educated by the facility educator/assistant director of nursing on the "change in condition" policy. Residents with a change in condition will be reviewed daily, Monday through Friday at the facility's clinical meeting to ensure appropriate notification occurred and is documented in the medical record.</p> <p>4. The unit managers/designee will conduct weekly audits x 1 month and then monthly x 3 months to ensure proper family notification for all change in conditions have occurred and is appropriately documented in the medical record. The director of nursing/assistant director of nursing/designee will conduct weekly audits x 1 month, on 10% of identified residents with changes in condition and then monthly x 3 months, on 5% of identified residents with changes in condition to ensure proper family notification for change in conditions have occurred and is appropriately documented in the medical record. Findings will be brought to monthly Quality Assurance and</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET</b> <b>TRENTON, NJ 08628</b>		
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F 580	<p>Continued From page 10</p> <p>for mental status (BIMS) score of <sup>NJ</sup> out of 15, which indicated <b>NJ ex order 26.4b1</b></p> <p>A review of the Progress Notes included a Nurses Note (NN) dated <sup>NJ ex order 26.4b1</sup>, which revealed the <b>US FOIA (B) (6)</b> alerted the nurse that Resident #17 <b>NJ ex order 26.4b1</b> with <b>NJ ex order 26.4b1</b> bed; <b>NJ ex order 26.4b1</b>. The resident denied <b>NJ ex order 26.4b1</b>. The nurse documented that they <b>NJ ex order 26.4b1</b> with <b>NJ ex order 26.4b1</b>, <b>NJ ex order 26.4b1</b></p> <p>A consultation form was completed for the <sup>NJ ex order 26.4b1</sup>. The nurse recommended a <sup>NJ ex order 26.4b1</sup>. <sup>NJ ex order 26.4b1</sup> The Nurses Note did not indicate that family notification was completed.</p> <p>On 8/8/24 at 9:58 AM, the surveyor interviewed the <b>US FOIA (B) (6)</b>, who stated the family should be notified when a new <sup>NJ Ex Order 26.4b1</sup> occurs. The surveyor asked the <sup>US FOIA (B) (6)</sup> to provide any documentation that Resident #170's family was informed of the change in condition on <sup>NJ ex order 26.4b1</sup></p> <p>On 8/8/24 at 1:15 PM, the surveyor re-interviewed the <sup>US FOIA (B) (6)</sup>, who stated the family notification was not completed when the <b>NJ ex order 26.4b1</b> was discovered on <sup>NJ ex order 26.4b1</sup>.</p> <p>On 8/12/24 at 12:28 PM, the <sup>US FOIA (B) (6)</sup> in the presence of the <b>US FOIA (B) (6)</b>, <b>US FOIA (B) (6)</b>, and survey team stated that the resident's family should have been notified anytime there was a <b>NJ ex order 26.4b1</b>. The <sup>US FOIA (B) (6)</sup> also stated that the nurse was responsible for the family notification, and there should have been</p>	F 580	Performance Improvement (QAPI) meeting to determine if further action is necessary X 3 months.	

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F 580	Continued From page 11 documentation in the medical record.	F 580			
F 600 SS=L	<p>NJAC 8:39-13.1(c) Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: PART A</p> <p>NJ Complaint #: 174306</p> <p>Based on interview and review of pertinent facility documents, it was determined that the facility failed to follow their <b>NJ Ex Order 26.4b1</b> policies and procedures by ensuring a resident (Resident #171) <b>NJ ex order 26.4b1</b> <b>NJ Ex Order 26.4(b)</b> by: a.) immediately suspending the Registered Nurse (RN #1) and Certified Nursing Aide (CNA #1) who the <b>NJ Ex Order 26.4(b)</b> was made against pending a thorough</p>	F 600	<p>1. Resident #171 <b>NJ ex order 26.4b1</b> RN#1 and CNA#1 were <b>NJ ex order 26.4b1</b> during <b>NJ ex order 26.4b1</b> on <b>NJ ex order 26.4b1</b>. Abuse Policy education provided to RN#1 and CNA#1. A thorough <b>NJ ex order 26.4b1</b> of <b>NJ ex order 26.4b1</b> were completed.</p> <p>2. The Licensed Nursing Home Administrator or Director of Nursing/designee will conduct an audit on the past 3 months of reportable events to</p>	10/10/24	

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F 600	<p>Continued From page 12 investigation; and b.) <b>NJ ex order 26.4b1</b></p> <p>This deficient practice was identified for 1 of 5 residents (Resident # 171); and two staff members (RN #1 and CNA #1) who had access to all the residents in the facility on 3 of 3 nursing units, <b>NJ ex order 26.4b1</b>.</p> <p>Resident #171, who had diagnoses which <b>NJ ex order 26.4b1</b> reported to the <b>U.S. FOIA (b) (6)</b> on <b>NJ ex order 26.4b1</b> that two nurses were <b>NJ ex order 26.4b1</b> to the resident on the 11:00 PM to 7:00 AM (11-7) shift; the nurses <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b>. The resident reported that the nurses said the resident was <b>NJ ex order 26.4b1</b> the nurses, and the nurse <b>NJ ex order 26.4b1</b> so the resident <b>NJ ex order 26.4b1</b>. A review of the investigation dated <b>NJ ex order 26.4b1</b> and interview with the <b>US FOIA (B) (6)</b> on <b>NJ ex order 26.4b1</b> revealed that the facility began <b>NJ ex order 26.4b1</b> on <b>NJ ex order 26.4b1</b>, and determined the incident was <b>NJ ex order 26.4b1</b>. The <b>U.S. FOIA</b> obtained a statement from RN #1 dated <b>NJ ex order 26.4b1</b>, regarding the <b>NJ ex order 26.4b1</b>, and a statement from CNA #1 on <b>NJ ex order 26.4b1</b>. Both RN #1 and CNA #1 continued to work throughout all nursing units having access to all residents with <b>NJ ex order 26.4b1</b>, the <b>US FOIA (B) (6)</b> did not obtain statements from any potential witnesses who were at the facility during the time of the <b>NJ Ex Order 26.4(b)(1)</b> or from any residents who were in contact with RN #1 and CNA #1. The investigation did not include if any <b>NJ ex order 26.4b1</b> was made between RN #1 or CNA #1 with the resident; if a chair was observed at the</p>	F 600	<p>ensure that there is no further deficient practice. All nursing staff have been re-educated by the facility educator/assistant director of nursing on the "Abuse" and "Restraint" policy. A reportable event check list has been developed by the interdisciplinary team and educated to nursing leadership by the Assistant Administrator, to guide Nursing Leadership and Social Services on how to respond to an allegation of abuse in the absence of the Director of Nursing/Assistant Director of Nursing, Administrator or Assistant Administrator. Completed reportable event check list will be reviewed after each event by the Licensed Nursing Home Administrator/Designee to ensure facility abuse policy has been followed and a thorough investigation has been completed. All residents had the potential to be affected. No residents were negatively affected.</p> <p>3. All Nursing staff have been re-educated by the facility educator/assistant director of nursing on the "Abuse" and "Restraint" policy. A reportable event check list has been developed by the interdisciplinary team and educated to nursing leadership by the Assistant Administrator to guide Nursing Leadership and Social Services on how to respond to an allegation of abuse in the absence of the Director of Nursing/Assistant Director of Nursing, Administrator or Assistant Administrator.</p> <p>4. The Licensed Nursing Home Administrator or Director of</p>	

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F 600	<p>Continued From page 13</p> <p>resident's bed; or a resident assessment post [redacted] NJ ex Order 26.4(b)(1)</p> <p>The facility's failure to implement their abuse policy by immediately suspending RN #1 and CNA #1 pending a thorough [redacted] NJ ex order 26.4b1 to ensure all residents were free from [redacted] NJ Ex Order 26.4b1. By allowing RN #1 and CNA #1 to continue to work on all three nursing units, which allowed access to all the residents without a thorough investigation to rule out [redacted] NJ ex order 26.4b1 and [redacted] NJ ex order 26.4b1, posed a likelihood of serious harm to all residents. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on 6/3/24, after Resident #171 reported to the [redacted] US F O I that two nurses were [redacted] NJ ex order 26.4b1 and [redacted] NJ ex order 26.4b1 at the resident, and [redacted] NJ ex order 26.4b1 with a chair so the resident [redacted] NJ ex order 26.4b1 and continued to work. RN #1 worked [redacted] NJ ex order 26.4b1 from [redacted] NJ ex order 26.4b1, including [redacted] NJ ex order 26.4b1 shifts, and CNA #1 [redacted] NJ ex order 26.4b1 from [redacted] NJ ex order 26.4b1, including [redacted] NJ ex order 26.4b1. The facility Administration was notified of the IJ on 8/8/24 at 3:52 PM. The facility submitted an acceptable Removal Plan (RP) on 8/9/24 at 12:24 PM. The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/9/24.</p> <p>The evidence was as follows:</p> <p>A review of the facility's "Abuse Policy (Staff and Other Individuals) Prohibition of Photographs and Audio/Video Recordings by Staff of [facility name redacted]", dated revised January 2024, included: it is the policy of the [facility] that each resident will be free from abuse, neglect, corporeal</p>	F 600	Nursing/designee will conduct an audit on the past 3 months of reportable events to ensure that there is no further deficient practice. Completed reportable event check list will be reviewed after each event by the Licensed Nursing Home Administrator/Designee to ensure facility abuse policy has been followed and a thorough investigation has been completed. All findings will be brought to monthly Quality Assurance and Performance Improvement (QAPI) meeting to determine if further action is necessary X 3 months.	

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

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F 600	<p>Continued From page 14</p> <p>punishment, [...] Investigation: it is the policy of [facility] that reports of "abuse" [...] are promptly and thoroughly investigated...When an incident or suspected incident of "abuse" is reported, the Administration or designee will investigate the incident with the assistance of the appropriate personnel. The investigation will include: who is involved; resident's statements [...]; resident's roommate statement (if applicable); involved staff and witness statements of events; a description of the resident's behavior and environment at the time of incident; injuries including a resident assessment; observation of resident and staff behaviors during the investigation; environmental considerations...Immediately upon receiving a report of alleged "abuse", the Administrator, and/or designee will coordinator [sic] delivery of appropriate medical and/or psychological care and attention...Procedures must be put in place to provide the resident with a safe, protected environment during the investigation: the alleged perpetrator will immediately be removed and resident protected. Employees accused of alleged "abuse" will be immediately removed from the facility and will remain removed pending the results of a thorough investigation...</p> <p>A review of the facility's "Grievances/Complaints, Filing" policy, dated reviewed 6/21/24, included all alleged violations of neglect, abuse and/or misappropriation of property will be reported and investigated under guidelines for reporting abuse, neglect and misappropriation of property, as per state law...</p> <p>On 8/6/24 at 12:37 PM, the surveyor interviewed the [redacted] and the [redacted] <b>US FOIA (B) (6)</b> regarding the facility's process for NJ Ex Order 26.4(b)(1). The [redacted] <b>US FOIA (B)</b> stated that the</p>	F 600			

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F 600	<p>Continued From page 15</p> <p>facility obtained statements, reviewed surveillance footage from the hallways if applicable, and completed a [NJ ex order 26.4b1] of the resident to try to determine what occurred. The surveyor asked if the facility removed the accused staff from the facility pending a [NJ ex order 26.4b1], and the [US FOIA (b)] stated it depended if there was an [NJ ex order 26.4b1]. The [US FOIA (b)] continued that some residents "complain repeatedly" so the facility just removed the accused staff from their care or to another wing. The surveyor asked how the facility was protecting other residents from potential [redacted] if the investigation was not complete and the accused staff had access to other residents. The [US FOIA (b)] responded that the nurse was instructed to keep an eye on the accused staff. The [US FOIA (b)] stated if the resident was [NJ ex order 26.4b1] then the accused staff was sent home pending an [NJ ex order 26.4b1]. The [US FOIA (b)] stated after gathering statements, the facility contacted the New Jersey Department of Health (NJDOH) and submitted a facility reportable event (FRE) form which included the facility's investigation and the accused staff's background check, license, and abuse training.</p> <p>On 8/8/24 at 9:44 AM, the surveyor interviewed the [US FOIA (B) (6)] in the presence of the [US FOIA (b)] regarding the facility's process for [NJ Ex Order 26.4(b)(1)]. The [US FOIA (b)] stated that the facility started investigating and questioning staff right away. The surveyor asked what the facility did with the accused staff member during the investigation process, and the [US FOIA (b)] stated the accused staff was removed from the area and [NJ ex order 26.4b1] [NJ ex order 26.4b1]. The surveyor asked why the accused</p>	F 600			

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F 600	<p>Continued From page 16</p> <p>staff <b>NJ ex order 26.4b1</b> and the <sup>US FOIA (b)</sup> stated "<b>NJ ex order 26.4b1</b>". The <sup>US FOIA (b)</sup> further stated that the facility had known most of the staff for years and years and <b>NJ ex order 26.4b1</b> " regarding the staff if they do not suspect <sup>NJ Ex Order 26</sup> The <sup>US FOIA (b)</sup> stated that the facility followed the regulations and reported and <b>NJ ex order 26.4b1</b> .</p> <p>On 8/8/24 at 11:27 AM, the surveyor reviewed the FRE for Resident #171 that occurred on <sup>NJ ex order 26</sup>, and was reported on <sup>NJ ex order 26</sup>.</p> <p>The investigation revealed the following:</p> <p>A review of the "Concern/Grievance Form" completed by the SW dated received <sup>NJ ex order 26.4b1</sup> indicated that the resident stated nurses were <b>NJ ex order 26.4b1</b> " to [the resident]; that two nurses on the 11:00 PM to 7:00 AM (11-7) shift <sup>NJ ex order 26</sup> at the resident and <b>NJ ex order 26.4b1</b> . The resident stated that the nurses said that the resident was <sup>NJ ex order 26.4b1</sup> the nurses, and the nurses <b>NJ ex order 26.4b1</b> .</p> <p>Actions taken included getting statements from staff and two employees at all times.</p> <p>A review of a timeline completed by the <sup>US FOIA (b)</sup> revealed that the CNA #1 entered Resident #171's room two times during the shift, at 11:55 PM, and 6:10 AM through 6:14 AM, and RN #1 entered the resident's room four times during the shift, at 12:05 AM, 12:10 AM, 2:06 AM, and 6:24 AM. The <sup>US FOIA (b)</sup> indicated that at no time during the entire shift did two people; either two nurses, two CNAs, or a nurse and CNA enter the room. The <sup>US FOIA (b)</sup> had a notation that she spoke to CNA #2 who verbally informed the <sup>US FOIA (b)</sup> there were no</p>	F 600			

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F 600	<p>Continued From page 17</p> <p><b>NJ ex order 26.4b1</b> [the resident] <b>NJ ex order 26.4b1</b>. A review of the 11-7 "Staffing" sheet for <b>NJ ex order 26.4b1</b>, which included the assigned nurses and CNAs, CNA #2 was not included on that assignment sheet.</p> <p>A review of the "Employee Statement Form" for RN #1, indicated date of <b>NJ ex order 26.4b1</b>, revealed that RN #1 completed the form on <b>NJ ex order 26.4b1</b>, even though the incident was reported on <b>NJ ex order 26.4b1</b>, and that RN #1 stated that on the 3:00 PM to 11:00 PM (3-11) shift, the resident complained of not receiving help from the 7:00 AM to 3:00 PM (7-3) shift, the bedding <b>NJ ex order 26.4b1</b> [illegible]. RN #1 noted the resident <b>NJ ex order 26.4b1</b> to the bathroom and <b>NJ ex order 26.4b1</b>. RN #1 stated during the 11-7 shift, the resident slept well; did not put <b>NJ ex order 26.4b1</b> on.</p> <p>A review of the "Employee Statement Form" for CNA #1, indicated date of <b>NJ ex order 26.4b1</b> into <b>NJ ex order 26.4b1</b>, revealed that CNA #1 completed the form on <b>NJ ex order 26.4b1</b>, four days after the <b>NJ ex order 26.4b1</b>, and stated that they performed <b>NJ ex order 26.4b1</b> on the resident one time during the night <b>NJ ex order 26.4b1</b> and they did not notice anything unusual. After finishing care, CNA #1 provided the resident with the <b>NJ ex order 26.4b1</b> and remote.</p> <p>A review of a typed statement from the <b>US FOIA (b)(6)</b> dated <b>NJ ex order 26.4b1</b>, indicated that around 2:00 PM on <b>NJ ex order 26.4b1</b>, she knocked on Resident #171's door to inspect their room for environmental rounds. During that time, Resident #171 reported to the <b>US FOIA (b)(6)</b> that last night two aides <b>NJ ex order 26.4b1</b> to the resident; the aides told the resident if the resident <b>NJ ex order 26.4b1</b></p>	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET</b> <b>TRENTON, NJ 08628</b>		
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F 600	<p>Continued From page 18</p> <p><b>NJ ex order 26.4b1</b>, the aides <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>. The <b>US FOIA (b)(6)</b> asked for a description of the aides and time of incident, the resident stated sometime in the night and two female aides. The resident stated they reported the incident that morning and the facility was investigating the matter.</p> <p>A review of the <b>NJ ex order 26.4b1</b>, completed by the <b>US FOIA (b)(6)</b> on <b>NJ ex order 26.4b1</b>, indicated the reason for investigation was that the resident complained to the <b>US FOIA (b)(6)</b> that staff placed <b>NJ Ex Order 26.4b1</b> next to the resident's bed so the resident <b>NJ ex Order 26.4b1</b>. Investigation included that today the <b>US FOIA (b)(6)</b> went to interview Resident #171 and the resident stated the nurses on the <b>NJ ex order 26.4b1</b> shift were <b>NJ ex order 26.4b1</b>.</p> <p>The resident scored a <b>NJ ex order 26.4b1</b> out of 15 on their brief interview for mental status (BIMS) assessment, which <b>NJ ex order 26.4b1</b> around the clock. Conclusion was that the <b>US FOIA (b)(6)</b> felt "this may be unsubstantiated only because other statements made by the resident were untrue." The statements included the resident stated they were not at <b>NJ ex order 26.4b1</b> (they were), and that the resident <b>NJ ex order 26.4b1</b>.</p> <p>Recommendation was to send two staff members in room when needed: preferably a nurse and CNA.</p> <p>On 8/8/24 at 12:00 PM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated that the resident was <b>NJ ex order 26.4b1</b> and no longer resided at the facility. The surveyor reviewed the FRE dated <b>NJ ex order 26.4b1</b>, with the <b>US FOIA (b)(6)</b> who confirmed the resident <b>NJ Ex Order 26.4b1</b> staff</p>	F 600		

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F 600	<p>Continued From page 19</p> <p>were [redacted] which was considered [redacted], and if the [redacted] was in front of the bed, it was also considered [redacted]. The surveyor asked if RN #1 and CNA #1 were allowed to work during the investigation, and the [redacted] stated yes. The surveyor reviewed the facility's [redacted] policy with the [redacted], and the [redacted] acknowledged the policy indicated that staff were suspended pending a thorough investigation and cannot speak to why they were not suspended. The [redacted] acknowledged that the resident specified which shift the incident occurred on and that the facility determined which two staff members entered the resident's room during that shift. The [redacted] stated usually she had the [redacted] speak to other residents about the shift or staff members and could not speak to why it was not done for that incident. The [redacted] acknowledged that no other potential witnesses were interviewed who worked on that shift to determine if they saw a chair at the resident's bed or heard anything that was said to the resident. The [redacted] stated no additional [redacted] have been made against RN #1 and CNA #1.</p> <p>On 8/8/24 at 12:13 PM, the surveyor interviewed the [redacted] who stated they were the [redacted], but after a [redacted] NJ ex order 26.4b1, the [redacted] provided it to the appropriate department head to investigate. The [redacted] stated she provided Resident #171's grievance from [redacted] to the [redacted] to complete.</p> <p>On 8/8/24 at 12:32 PM, the surveyor interviewed the [redacted], in the presence of the [redacted], who stated the [redacted] occurred during the [redacted] [redacted], and the resident complained the next day. The [redacted] stated they reviewed the [redacted] system from that night and the surveillance</p>	F 600			

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F 600	<p>Continued From page 20</p> <p>camera footage which showed RN #1 and CNA #1 entered the resident's room, but they did not go in together. The [US FOIA (b) (6)] stated at no time did two staff members enter the resident's room together, so the [NJ Ex Order 26.4(b)(1)] was [NJ ex order 26.4b1]. The surveyor reviewed the [NJ ex order 26.4b1] with the [US FOIA (b) (6)] and [US FOIA (b) (6)], who both confirmed the resident's statement did not indicate the two nurses were in the room at the same time.</p> <p>On 8/8/24 at 1:17 PM, the surveyor interviewed the [U.S. FOIA (b) (6)], who confirmed the resident's statement was what was written on the grievance form, and that the [US FOIA (b) (6)] did not go into the resident's room that day in response to the grievance, but to conduct environmental rounds. The [US FOIA (b) (6)] stated during her rounds, the resident informed her of the situation and that the facility was [NJ ex order 26.4b1] it.</p> <p>On 8/8/24 at 1:28 PM, the surveyor interviewed the [US FOIA (b) (6)], who stated the facility did not conduct an assessment of the resident because it was an allegation of [NJ ex order 26.4b1]. The surveyor asked the [US FOIA (b) (6)] if a chair was at the resident's bedside, was there a possibility injury could have occurred. The [US FOIA (b) (6)] stated the chair could have [NJ ex order 26.4b1] [NJ ex order 26.4b1], but the [US FOIA (b) (6)] did not think of that because the resident's bed was not against the wall so they could have gotten out on the other side.</p> <p>On 8/8/24 at 1:46 PM, the surveyor interviewed the [US FOIA (b) (6)], who confirmed they took that statement from the resident and that was what the resident stated. The [US FOIA (b) (6)] stated that the resident did not specify what [NJ ex order 26.4b1] meant, but thought it was the yelling, demanding to turn off the light, and [NJ Ex Order 26.4(b)(1)] with the [NJ Ex Order 26.4(b)(1)]. The [US FOIA (b) (6)] stated the resident did not know who the two staff</p>	F 600			

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F 600	<p>Continued From page 21</p> <p>members were, and the [US FOIA] confirmed the resident never indicated that the two staff members were present at the same time, only that they worked on the 11-7 shift. The [US FOIA] stated after she obtained the grievance, she provided it to the [US FOIA] who gave it to the [US FOIA] to investigate. The [US FOIA] stated she was conducting a social history assessment with the resident that morning in the resident's room, and the resident informed her then. The [US FOIA] stated after she provided the resident's statement to the [US FOIA] she conducted no additional interviews.</p> <p>On 8/8/24 at 2:00 PM, the surveyor reviewed Resident #171's closed medical record.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility for a [NJ Ex Order 26.4b1] with [NJ Ex Order 26.4b1] diagnoses included.</p> <p>A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated [NJ ex order 26.4b1] included the resident had a BIMS score of [NJ ex order 26.4b1] out of 15, which indicated a [NJ ex order 26.4b1]. The assessment also included that the resident [NJ ex order 26.4b1]</p> <p>[NJ ex order 26.4b1]</p> <p>which [NJ ex order 26.4b1]</p> <p>[NJ ex order 26.4b1]</p> <p>and [NJ ex order 26.4b1]</p> <p>The resident [NJ ex order 26.4b1]</p> <p>Diagnoses [NJ ex order 26.4b1]</p> <p>[NJ ex order 26.4b1]</p>	F 600		

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F 600	<p>Continued From page 22</p> <p>A review of the Progress Notes from [redacted], did not include the incident or a nursing assessment.</p> <p>A review of an Initial [redacted] dated [redacted], included the resident was at the facility for [redacted]. The resident reported having a [redacted]; and the resident reported [redacted] about their current state and [redacted].</p> <p>On 8/8/24 at 2:15 PM, the surveyor reviewed the timecard report for RN #1 and CNA #1 from [redacted], to present which revealed the following:</p> <p>RN #1 continued to work [redacted] starting [redacted], which included [redacted] (9-16 hours) in June; [redacted]; and [redacted].</p> <p>CNA #1 continued to work [redacted] starting [redacted], which included [redacted]; and [redacted] with [redacted].</p> <p>On 8/8/24 at 3:30 PM, the [redacted] provided the surveyor with a copy of the nursing schedule assignment sheets from [redacted], until present. The [redacted] confirmed that between RN #1 and CNA #1, [redacted] which would have given them access to all residents.</p> <p>The acceptable Removal Plan (RR) on 8/9/24 at 12:24 PM, indicated the action the facility will take to prevent serious harm from occurring or</p>	F 600		

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F 600	<p>Continued From page 23</p> <p>reoccurring. The facility implemented a corrective action plan to remediate the deficient practice including; RN #1 and CNA #1 <b>NJ ex order 26.4b1</b>, facility Administration including the <b>US FOIA (B) (6)</b>, <b>US FOIA (B) (6)</b>, and <b>US FOIA (b) (6)</b> reviewed and were inserviced by the <b>U.S. FOIA (b) (6)</b> on the facility's <b>NJ ex Order 2</b> policy; a thorough investigation was started; and staff were <b>NJ ex order 26.4b1</b>.</p> <p>The survey team verified the implementation of the <b>NJ ex order 26.4b1</b> during the continuation of the on-site survey on 8/9/24.</p> <p>NJAC 8:39-4.1(a)5</p> <p>PART B</p> <p>NJ Complaint #: 172628</p> <p>Based on interviews and review of pertinent facility documents, it was determined that the facility failed to implement the facility's <b>NJ ex Order 2</b> policy to suspend a Certified Nursing Aide (CNA) after an <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>. The deficient practice was identified for 1 of 5 residents reviewed for <b>NJ ex order 2</b> (Resident #100), and was evidenced by the following:</p> <p>A review of the facility's "Abuse Policy (Staff and Other Individuals) Prohibition of Photographs and Audio/Video Recordings by Staff of [facility name redacted]" dated revised January 2024, included: it is the policy of the [facility] that each resident</p>	F 600		

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F 600	<p>Continued From page 24</p> <p>will be free from abuse, neglect, corporeal punishment, [...] Investigation: it is the policy of [facility] that reports of "abuse" [...] are promptly and thoroughly investigated...When an incident or suspected incident of "abuse" is reported, the Administration or designee will investigate the incident with the assistance of the appropriate personnel. The investigation will include: who is involved; resident's statements [...]; resident's roommate statement (if applicable); involved staff and witness statements of events; a description of the resident's behavior and environment at the time of incident; injuries including a resident assessment; observation of resident and staff behaviors during the investigation; environmental considerations...Immediately upon receiving a report of alleged "abuse", the Administrator, and/or designee will "coordinator" delivery of appropriate medical and/or psychological care and attention...Procedures must be put in place to provide the resident with a safe, protected environment during the investigation: the alleged perpetrator will immediately be removed and resident protected. Employees accused of alleged "abuse" will be immediately removed from the facility and will remain removed pending the results of a thorough investigation...</p> <p>During entrance conference on 8/5/24 at 9:54 AM, the surveyor requested from the <b>US FOIA (B) (6)</b> ) and the <b>US FOIA (B) (6)</b> a copy of the facility reported event (FRE) for Resident #100 reported to the New Jersey Department of Health (NJDOH) on <b>NJ ex order 28</b></p> <p>On 8/6/24 at 12:09 PM, the surveyor reviewed the FRE for Resident #100 reported to the NJDOH on <b>NJ ex order 28</b>, which revealed the following:</p>	F 600			

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F 600	<p>Continued From page 25</p> <p>A review of the "US FOIA (B) (6)" dated US FOIA (B) (6), and signed by the US FOIA (B) (6) US FOIA (B) (6) on US FOIA (B) (6), indicated that reason for investigation was an US FOIA (B) (6). The investigation included that last evening Resident #100 spoke to the US FOIA (B) (6) and complained they were being NJ Ex Order 26.4(b) and that their phone was NJ Ex Order 26.4(b)(1) from them (yet they were NJ Ex Order 26.4(b)(1)). The US FOIA (B) (6) was transferring another resident to the hospital and sent their nurse US FOIA (B) (6) to their room. The US FOIA (B) (6) stated there were no complaints. Later that night, Resident #100 complained to the US FOIA (B) (6) that the Certified Nursing Aide (CNA #1) NJ Ex Order 26.4(b)(1) (they were in an opened bed, sides were not at the wall), NJ Ex Order 26.4(b)(1), and started to NJ Ex Order 26.4(b)(1). Both CNAs said the resident's NJ Ex Order 26.4(b)(1) while NJ Ex Order 26.4(b)(1) the resident NJ Ex Order 26.4(b)(1) because they said they NJ Ex Order 26.4(b)(1) (but was not), but it was NJ Ex Order 26.4(b)(1) to the resident. The resident later told the US FOIA (B) (6) that they had not spoken to the US FOIA (B) (6) that night (resident NJ Ex Order 26.4(b)(1)), and stated they were NJ Ex Order 26.4(b)(1). Resident's roommate (unsampled) had a brief interview for mental status (BIMS) score of an NJ Ex Order 26.4(b)(1) out of 15, which indicated a NJ ex ordere 26.4b1. NJ Ex Order 26.4(b)(1) stated that they did not hear or see any type of NJ ex ordere 26.4b1, and that Resident #100 NJ ex ordere 26.4b1." Conclusion was resident NJ ex ordere 26.4b1; was seen by the US FOIA (B) (6) today, and NJ ex ordere 26.4b1. The resident NJ ex ordere 26.4b1 their NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) roommate</p>	F 600		

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F 600	<p>Continued From page 26</p> <p>(unsampled) saw nothing. Other alert and oriented residents were interviewed and no one else had a complaint against CNA #1. Recommendations were CNA #1 will not care for the resident anymore, and a nurse will be present when the CNAs were providing care.</p> <p>A review of CNA #1's statement indicated date of incident [redacted], and signed by CNA #1 on [redacted], indicated that a little after 3:00 PM, Resident #100 had their light on, and stated they [redacted] NJ Ex Order 26.4(b)(1). CNA #1 stated while trying to perform care on the resident, the resident had their phone in their hand and the aide (CNA #2) that assisted me, asked the resident to remove the phone so they can be taken care of. CNA #1 stated the resident was asked to [redacted] NJ Ex Order 26.4(b)(1), and their [redacted] NJ Ex Order 26.4(b)(1) was [redacted] NJ Ex Order 26.4(b)(1), and they informed the resident who started to [redacted] NJ Ex Order 26.4(b)(1), so they informed the nurse what happened.</p> <p>A review of the LPN's statement indicated date of incident [redacted], and signed by the [redacted] JS FOIA on [redacted], indicated that between 4:30 PM and 5:00 PM, CNA #1 reported to them that they overheard Resident #100 [redacted] NJ ex ordine 26.4b1 about them to someone on the phone. CNA #1 stated that they do not think they should take care of the resident anymore; that the resident [redacted] NJ ex ordine 26.4b1 [redacted] NJ ex ordine. Later that shift, Resident #100 reported that CNA #1 was [redacted] NJ ex ordine" to them and called them [redacted] NJ Ex Order 26.4(b)(1)]. The resident later stated that CNA #1 [redacted] NJ ex ordine 26.4b1 [redacted] JS FOIA (NJ Ex Order 26.4b1), and another [redacted] from them and [redacted] NJ ex ordine 26.4b1 [redacted].</p>	F 600			

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NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET</b> <b>TRENTON, NJ 08628</b>		
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F 600	<p>Continued From page 27</p> <p>A review of CNA #2's statement indicated date of incident <sup>US FOIA (B) (6)</sup>, and signed by CNA #2 on <sup>US FOIA (B) (6)</sup>, indicated that around 3:00 PM to 3:30 PM, Resident #100 rang their <sup>NJ ex order 26.4b</sup> to be changed. CNA #2 stated that they went to their room with another <sup>US FOIA (B) (6)</sup>, and they informed the resident that they needed to take their phone out of their hand to perform care so the resident could hold onto the <sup>NJ ex order 26.4b</sup>. CNA #2 informed the resident that their <sup>NJ ex order 26.4b1</sup> was <sup>NJ ex order 26.4b</sup>, and the resident started <sup>NJ ex order 26.4b1</sup> that they could not understand.</p> <p>On 8/6/24 at 12:37 PM, the surveyor interviewed the <sup>US FOIA (B) (6)</sup> and <sup>US FOIA (B) (6)</sup> <sup>US FOIA (B) (6)</sup> regarding the facility's process for <sup>NJ Ex Order 26.4(b)(1)</sup>. The <sup>US FOIA (B) (6)</sup> stated that the facility obtained statements, reviewed <sup>NJ ex order 26.4b1</sup> from the hallways if applicable, and completed a <sup>US FOIA (B) (6)</sup> of the resident to try to determine what occurred. The surveyor asked if the facility removed the <sup>NJ Ex Order 26.4b</sup> staff from the facility pending a thorough investigation, and the <sup>US FOIA (B) (6)</sup> stated it depended if there was an "inkling that could be true." The <sup>US FOIA (B) (6)</sup> continued that some residents "complain repeatedly" so the facility just removed the <sup>NJ Ex Order 26.4b</sup> staff from their care or to another wing. The surveyor asked how the facility was protecting other residents from potential <sup>NJ Ex Order 26.4b</sup> if the investigation was not complete and the accused staff had access to other residents, and the <sup>US FOIA (B) (6)</sup> responded that the nurse was instructed to keep an eye on the <sup>NJ Ex Order 26.4b</sup> staff. The <sup>US FOIA (B) (6)</sup> stated if the resident was cognitively <sup>NJ Ex Order 26.4b</sup> with <sup>NJ Ex Order 26.4(b)(1)</sup>, then the <sup>NJ Ex Order 26.4b</sup> staff was sent home pending an investigation. The <sup>US FOIA (B) (6)</sup> stated after gathering statements, the facility contacted the New Jersey</p>	F 600			

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F 600	<p>Continued From page 28</p> <p>Department of Health (NJDOH) and submitted a facility reportable event (FRE) form which included the facility's investigation and the accused staff's background check, license, and abuse training. At that time, the surveyor asked if CNA #1 was suspended pending an investigation, and the [US FOIA (b)] stated they would need to check.</p> <p>On 8/8/24 at 9:44 AM, the surveyor interviewed the [US FOIA (B) (6)] in the presence of the [US FOIA (B)] regarding CNA #1, and the [US FOIA (B)] stated that CNA #1 was removed from Resident #100's care assignment at the time of the [NJ ex order 26.4b1], and they were assigned to another unit to care for the residents. The surveyor asked why the facility did not remove CNA #1 from the facility, and the [US FOIA (B)] stated they knew within a few minutes the [NJ ex order 26.4b1] because the resident's roommate (unsampled) stated they did not hear or see anything. The surveyor asked how the facility protected residents from [NJ Ex Order 26.4b1] or further [NJ Ex Order 26.4b1] from a staff member with a pending [NJ Ex Order 26.4(b)(1)], and the [US FOIA (B)] stated that "we know these people"; that the facility knew CNA #1 for many years, and made a "personal decision" if they do not suspect [NJ Ex Order 26.4b1]. The [US FOIA (B)] stated the accused staff [NJ ex order 26.4b1] and [NJ ex order 26.4b1] removed from the building. The [US FOIA (B)] stated that the facility followed the regulations and reported and investigated [NJ ex order 26.4b1].</p> <p>On 8/8/24 at 10:00 AM, the surveyor reviewed the medical record for Resident #100.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses which</p>	F 600			

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F 600	Continued From page 29 <b>NJ ex order 26.4b1</b> [REDACTED]  A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated <b>NJ ex order 26.4b1</b> , indicated the resident had a BIMS score of <b>NJ ex order 26.4b1</b> out of 15, which indicated a <b>NJ ex order 26.4b1</b> , and they had no behaviors. A further review indicated that the resident <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> or <b>NJ ex order 26.4b1</b> , and the resident was <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>  A review of the individualized comprehensive care plan (ICCP) did not include the resident had <b>NJ ex order 26.4b1</b> .	F 600			
F 607 SS=D	NJAC 8:39-4.1(a)5 Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii)  §483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and	F 607		10/1/24	

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F 607	<p>Continued From page 30</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d) (3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews, review of facility policy, and review of pertinent facility documents, it was determined that the facility failed to implement their <b>NJ Ex Order</b> policy by completing a criminal background check prior to the start of employment. This deficient practice was identified for 1 of 10 employee files reviewed (Employee #4) and was evidenced by the following:</p> <p>A review of the facility's "Abuse Policy" dated January 2024, included... A. Screening Components Abuse Policy Requirements: It is the policy of this facility to screen employees and volunteers prior to working with residents. Screening components include verification of references, certification and verification of license and criminal background check...</p>	F 607	<ol style="list-style-type: none"> <li>1. A background check was immediately completed for employee #4 with <b>NJ 98</b>. No residents were negatively affected.</li> <li>2. A facility wide audit was completed to ensure all active employees have a background check. All residents had the potential to be affected. No residents were negatively affected.</li> <li>3. The <b>U.S. FOIA (b) (6)</b> has been re-educated by the licensed nursing home administrator on the facility "Abuse" policy, with significant attention to the employee screening components of the Abuse policy.</li> </ol>		

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F 607	<p>Continued From page 31</p> <p>On 8/8/24 at 12:00 PM, the surveyor reviewed Employee #4's employment file which revealed the following:</p> <p>Employee #4, a <b>U.S. FOIA (b) (6)</b>, was hired on <b>NJ ex order 26.4b1</b>. There was no criminal background check.</p> <p>On 8/8/24 at 12:52 PM, the surveyor reviewed Employee #4's personnel file with the <b>U.S. FOIA (b) (6)</b>, who confirmed the criminal background check was not done for the employee. The <b>US FOIA</b> stated they did not have a criminal background check for the employee, so it was not done. The <b>US FOIA</b> also stated that the background check should have been completed when Employee #4 was interviewed and hired, so if there was a problem with their background check, the facility would have known.</p> <p>On 8/9/24 at 10:10 AM, the surveyor interviewed the <b>US FOIA (B) (6)</b> who stated that she was ultimately responsible for ensuring that the criminal background checks were completed, and the criminal background check should have been completed upon hire. The <b>US FOIA (B) (6)</b> stated a background check was completed for Employee #4 on <b>NJ ex order 26.4b1</b> (after surveyor inquiry).</p> <p>On 8/9/24 at 12:35 PM, the surveyor reviewed Employee #4's timesheet. The timesheet revealed that she worked on the following days: <b>NJ ex order 26.4b1</b>, 7 hours; <b>NJ ex order 26.4b1</b>, 7 hours; <b>NJ ex order 26.4b1</b>, 6.25 hours; <b>NJ ex order 26.4b1</b>, 4.75 hours; <b>NJ ex order 26.4b1</b>, 8.5 hours; <b>NJ ex order 26.4b1</b>, 8 hours; <b>NJ ex order 26.4b1</b>, 7 hours; and <b>NJ ex order 26.4b1</b>, 7.25 hours.</p> <p>On 8/9/24 at 12:50 PM, the surveyor interviewed</p>	F 607	4. The licensed nursing home administrator or assistant administrator/designee will conduct weekly audits x 1 month and then monthly x 3 months to ensure background checks on new hires have been completed. All findings will be brought to monthly QAPI meeting to determine if further action is necessary X 3 months.		

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F 607	Continued From page 32 the <b>US FOIA (B) (6)</b> who stated that a criminal background check should have been completed prior to Employee #4 working with residents.	F 607			
F 610 SS=L	NJAC 8:39-4.1(a)5 Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.  §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: NJ Complaint #: 174306  Based on interview and review of pertinent facility documents, it was determined that the facility failed to thoroughly investigate an allegation of <b>NJ ex order 26.4b1</b> for a resident (Resident #171) who informed the facility that the Registered Nurse (RN #1) and Certified	F 610	1. Resident #171 no longer resides in the facility. RN#1 and CNA#1 were suspended during reinvestigation on <b>NJ ex order 26.4b1</b> . Abuse Policy education provided to RN#1 and CNA#1. <b>NJ ex order 26.4b1</b>	10/1/24	

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F 610	<p>Continued From page 33</p> <p>Nursing Aide (CNA #1) [redacted] them and [redacted] the side of their bed [redacted] the resident [redacted].</p> <p>This deficient practice was identified for 1 of 5 residents (Resident # 171); and two staff members (RN #1 and CNA #1) who had access to all the residents in the facility on 3 of 3 nursing units, reviewed for [redacted].</p> <p>Resident #171, who had diagnoses which included [redacted] reported to the U.S. FOIA (b) (6) on [redacted], that two nurses were [redacted] to the resident on the 11:00 PM to 7:00 AM (11-7) shift; yelled at the resident and demanded the resident turn the light off. The resident reported that the nurses said the resident was [redacted] the nurses, and the nurse [redacted].</p> <p>[redacted] A review of the investigation dated [redacted] and interview with the US FOIA (B) (6) on 8/8/24, revealed that the facility began an investigation for the [redacted] on [redacted], and determined the incident was unsubstantiated on [redacted]. The [redacted] obtained a statement from RN #1 dated [redacted], regarding the allegation made on [redacted], and a statement from CNA #1 on [redacted]. Both RN #1 and CNA #1 continued to work throughout all nursing units having access to all residents without a thorough investigation completed which included but was not limited to; obtaining statements from any [redacted] who were at the facility during the time of the [redacted] to determine if a [redacted] or if [redacted] was observed at the resident's bed; obtaining any statements from any residents who were in contact with RN #1 and CNA #1; conducting a</p>	F 610	<p>2. The licensed nursing home administrator or Director of Nursing/designee is conducting an audit on the past 3 months of reportable events to ensure that there is no further deficient practice. All Nursing staff have been re-educated by the facility educator/assistant director of nursing on the "Abuse" policy. A reportable event check list has been developed by the interdisciplinary team and educated to nursing leadership by the Assistant Administrator to guide Nursing Leadership and Social Services on how to respond to an allegation of abuse in the absence of the Director of Nursing/Assistant Director of Nursing, Administrator or Assistant Administrator. Completed reportable event check list will be reviewed after each event by the Licensed Nursing Home Administrator/Designee to ensure facility abuse policy has been followed and a thorough investigation has been completed. All residents had the potential to be affected. All residents had the potential to be affected. No residents were negatively affected.</p> <p>3. All nursing staff have been re-educated by the facility educator/assistant director of nursing on the "Abuse" policy. A reportable event check list has been developed by the interdisciplinary team and educated to nursing leadership by the Assistant Administrator to guide Nursing Leadership and Social Services on how to respond to an allegation of abuse in the absence of the Director of</p>

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F 610	<p>Continued From page 34</p> <p>resident interview and assessment post <b>NJ Ex Order 26.4(b)(1)</b> and suspending both RN #1 and CNA #1 pending the completion of a thorough investigation.</p> <p>The facility failed to implement their <b>NJ Ex Order</b> policy by immediately conducting a thorough investigation to ensure all residents were free from <b>NJ Ex Order 26.4(b)(1)</b>. By allowing RN #1 and CNA #1 to continue to work on all nursing units of the facility, which allowed access to all the residents without a thorough investigation to rule out <b>NJ Ex Order 26.4(b)(1)</b> and <b>NJ Ex Order 26.4(b)(1)</b>, posed a likelihood of serious harm to all residents. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on <b>NJ ex order 26.4(b)(1)</b>, after Resident #171 reported to the <b>US FOU</b> that two nurses were <b>NJ Ex Order 26.4(b)(1)</b> and <b>NJ Ex Order</b> at the resident, blocked the resident in bed with a chair so the resident could not use the restroom and continued to work. RN #1 worked <b>NJ ex order 26.4(b)(1)</b> from <b>NJ ex order 26.4(b)(1)</b> through <b>NJ ex order 26.4(b)(1)</b>, including multiple double (9-16 hours) shifts, and CNA #1 worked <b>NJ ex order 26.4(b)(1)</b> from <b>NJ ex order 26.4(b)(1)</b>, including multiple double shifts. The facility was notified of the IJ on <b>NJ ex order 26.4(b)(1)</b> at 5:00 PM. The facility submitted an acceptable Removal Plan (RP) on <b>NJ ex order 26.4(b)(1)</b> at 2:25 PM. The survey team verified the implementation of the Removal Plan on-site on <b>NJ ex order 26.4(b)(1)</b>.</p> <p>The evidence was as follows:</p> <p>A review of the facility's "Abuse Policy (Staff and Other Individuals) Prohibition of Photographs and Audio/Video Recordings by Staff of [facility name redacted]", dated revised January 2024, included: it is the policy of the [facility] that each resident will be free from abuse, neglect, corporeal</p>	F 610	<p>Nursing/Assistant Director of Nursing, Administrator or Assistant Administrator. Completed reportable event check list will be reviewed after each event by the Licensed Nursing Home Administrator/Designee to ensure facility abuse policy has been followed and a thorough investigation has been completed.</p> <p>4.The Licensed Nursing Home Administrator or Director of Nursing/designee will conduct an audit on the past 3 months of reportable events to ensure that there is no further deficient practice. Completed reportable event check list will be reviewed after each event by the Licensed Nursing Home Administrator/Designee to ensure facility abuse policy has been followed and a thorough investigation has been completed. All findings will be brought to monthly Quality Assurance and Performance Improvement (QAPI) meeting to determine if further action is necessary X 3 months.</p>		

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

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F 610	<p>Continued From page 35</p> <p>punishment, [...] Investigation: it is the policy of [facility] that reports of "abuse" [...] are promptly and thoroughly investigated...When an incident or suspected incident of "abuse" is reported, the Administration or designee will investigate the incident with the assistance of the appropriate personnel. The investigation will include: who is involved; resident's statements [...]; resident's roommate statement (if applicable); involved staff and witness statements of events; a description of the resident's behavior and environment at the time of incident; injuries including a resident assessment; observation of resident and staff behaviors during the investigation; environmental considerations...Immediately upon receiving a report of alleged "abuse", the Administrator, and/or designee will coordinator [sic] delivery of appropriate medical and/or psychological care and attention...Procedures must be put in place to provide the resident with a safe, protected environment during the investigation: the alleged perpetrator will immediately be removed and resident protected. Employees accused of alleged "abuse" will be immediately removed from the facility and will remain removed pending the results of a thorough investigation...</p> <p>A review of the facility's "Grievances/Complaints, Filing" policy, dated reviewed 6/21/24, included all alleged violations of neglect, abuse and/or misappropriation of property will be reported and investigated under guidelines for reporting abuse, neglect and misappropriation of property, as per state law...</p> <p>On 8/6/24 at 12:37 PM, the surveyor interviewed the [redacted] and the [redacted] <b>US FOIA (B) (6)</b> regarding the facility's process for NJ Ex Order 26.4(b)(1). The [redacted] <b>US FOIA (B) (6)</b> stated that the</p>	F 610			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET</b> <b>TRENTON, NJ 08628</b>		
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F 610	<p>Continued From page 36</p> <p>facility obtained statements, reviewed surveillance footage from the hallways if applicable, and completed a head-to-toe assessment of the resident to try to determine what occurred. The surveyor asked if the facility removed the accused staff from the facility pending a thorough investigation, and the [US FOIA (b)] stated it depended if there was an [NJ ex order 26.4b1] [NJ ex order 26.4b1]. " The [US FOIA (b)] continued that some residents [NJ ex order 26.4b1] " so the facility just removed the accused staff from their care or to another wing. The surveyor asked how the facility was protecting other residents from potential [NJ Ex Order 26.4(b)(1)] if the investigation was not complete and the accused staff had access to other residents. The [US FOIA (b)] responded that the nurse was instructed to keep an eye on the accused staff. The [US FOIA (b)] stated if the resident was [NJ Ex Order 26.4(b)(1)] with no history of [NJ Ex Order 26.4(b)(1)] then the accused staff was sent home pending an investigation. The [US FOIA (b)] stated after gathering statements, the facility contacted the New Jersey Department of Health (NJDOH) and submitted a facility reportable event (FRE) form which included the facility's investigation and the accused staff's background check, license, and abuse training.</p> <p>On 8/8/24 at 9:44 AM, the surveyor interviewed the [US FOIA (B) (6)] [US FOIA (B) (6)] in the presence of the [US FOIA (B) (6)] regarding the facility's process for [NJ Ex Order 26.4(b)(1)]. The [US FOIA (B) (6)] stated that the facility started investigating and questioning staff right away. The surveyor asked what the facility did with the accused staff member during the investigation process, and the [US FOIA (B) (6)] stated the accused staff was removed from the area and [NJ ex order 26.4b1] [NJ ex order 26.4b1]. The surveyor asked why the accused</p>	F 610		

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F 610	<p>Continued From page 37</p> <p>staff was not always <b>NJ ex order 26.4b1</b>, and the <b>US FOIA (b)</b> stated <b>NJ ex order 26.4b1</b>". The <b>US FOIA (b)</b> further stated the facility has known most of the staff for years and years and they will "make personal decisions" regarding the staff if they do not suspect abuse. The <b>US FOIA (b)</b> stated that the facility followed the regulations and reported and investigated <b>NJ ex order 26.4b1</b></p> <p>On 8/8/24 at 11:27 AM, the surveyor reviewed the FRE for Resident #171 that occurred on <b>US FOIA (b) (6)</b> and was reported on <b>US FOIA (b) (6)</b></p> <p>The investigation revealed the following:</p> <p>A review of the "Concern/Grievance Form" completed by the <b>US FOIA (b)</b>, dated received <b>NJ ex order 26.4b1</b> indicated that the resident stated nurses were <b>NJ ex order 26.4b1</b> to [the resident]; that two nurses on the 11:00 PM to 7:00 AM (11-7) shift yelled at the resident and demanded the resident turn off the light. The resident stated the nurses said that the resident was <b>US FOIA (B) (6)</b>, and the <b>NJ ex order 26.4b1</b></p> <p>Actions taken included getting statements from staff and provide care with two employees present at all times.</p> <p>A review of a timeline completed by the <b>US FOIA (b)</b> revealed that CNA #1 entered Resident #171's room two times during the shift, at 11:55 PM, and 6:10 AM through 6:14 AM, and RN #1 <b>NJ ex order 26.4b1</b> at 12:05 AM, 12:10 AM, 2:06 AM, and 6:24 AM. The <b>US FOIA (b)</b> indicated that at no time during the entire shift did two people; either two nurses, two CNAs, or a nurse and <b>US FOIA (b)</b> enter the room. The <b>US FOIA (b)</b> had a notation that she spoke to CNA #2 who</p>	F 610			

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F 610	<p>Continued From page 38</p> <p>verbally informed the [redacted] there were no chairs blocking [the resident] from exiting the bed. A review of the 11-7 "Staffing" sheet for [redacted], which included the assigned nurses and CNAs, CNA #2 was not included on that assignment sheet.</p> <p>A review of the "Employee Statement Form" for RN #1, indicated date of incident [redacted], revealed that RN #1 completed the form on [redacted], even though the incident was reported on [redacted], and that RN #1 stated that on the 3:00 PM to 11:00 PM [redacted] shift, the resident complained of not receiving help from the 7:00 AM to 3:00 PM (7-3) shift, <b>NJ ex order 26.4b1</b> [redacted] [illegible]. RN #1 noted the resident <b>NJ Ex Order 26.4b1</b> [redacted] to the bathroom and did not need assistance. RN #1 stated during the 11-7 shift, the resident slept well; did not put [redacted] on.</p> <p>A review of the "Employee Statement Form" for CNA #1, indicated date of incident [redacted] into [redacted], revealed that CNA #1 completed the form on [redacted], <b>NJ ex order 26.4b1</b> [redacted], and stated that they performed care on the resident one time during the night (surveillance footage indicated entered room on two occasions), and they did not notice anything unusual. After finishing care, CNA #1 provided the resident with the <b>NJ ex order 26.4b1</b>.</p> <p>A review of a typed statement from the [redacted] <sup>US FOIA (b)(6)</sup> dated [redacted], indicated that around 2:00 PM on [redacted], she knocked on Resident #171's door to inspect their room for environmental rounds. During that time, Resident #171 reported to the [redacted] <sup>US FOIA (b)(6)</sup> that last night two aides [redacted] <sup>NJ ex order 26.4b1</sup> to the resident; the</p>	F 610			

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F 610	<p>Continued From page 39</p> <p>aides told the resident if the resident [redacted] NJ ex order 26.4b1, the aides will not be able to [redacted] NJ ex order 26.4b1, because there were no more [redacted] NJ ex order 26.4b1. " The [redacted] US FOIA (B) (6) asked for a description of the aides and time of incident, the resident stated sometime in the night and two female aides. The resident stated they reported the incident that morning and the facility was investigating the matter.</p> <p>A review of the [redacted] NJ ex order 26.4b1, completed by the [redacted] US FOIA (B) on [redacted] NJ ex order 26.4b1, indicated the reason for investigation was that the resident complained to the [redacted] US FOIA (B) that [redacted] NJ ex order 26.4b1 [redacted] NJ ex order 26.4b1 included that today the [redacted] US FOIA (B) went to interview Resident #171 and the resident stated the nurses on the [redacted] NJ ex order 26.4b1 [redacted] NJ ex order 26.4b1. The resident scored a [redacted] NJ ex order 26.4b1 out of 15 on their brief interview for mental status (BIMS) assessment, which indicated an [redacted] NJ ex order 26.4b1, but the resident was [redacted] NJ ex order 26.4b1. Conclusion was that the [redacted] US FOIA (B) felt "this may be unsubstantiated only because other statements made by the resident [redacted] NJ ex order 26.4b1. " The statements included the resident stated [redacted] NJ ex order 26.4b1 and that the resident [redacted] NJ ex order 26.4b1. Recommendation was to send two staff members in room when needed: preferably a nurse and [redacted] US FOIA (B).</p> <p>On 8/8/24 at 12:00 PM, the surveyor interviewed the [redacted] US FOIA (B) who stated that the resident was [redacted] NJ ex order 26.4b1 " and no longer resided at the facility. The surveyor reviewed the FRE dated [redacted] NJ ex order 26.4b1 with the [redacted] NJ ex order 26.4b1</p>	F 610	

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

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FORM APPROVED  
OMB NO. 0938-0391

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F 610	<p>Continued From page 40</p> <p>US FOIA (B) . The US FOIA (B) confirmed the resident alleged staff were NJ ex order 26.4b1 which was considered NJ ex order 26.4b1, and if the chair was in front of the bed, it was also NJ ex order 26.4b1. The surveyor asked if RN #1 and CNA #1 were allowed to work during the NJ ex order 26.4b1, and the US FOIA (B) stated yes. The surveyor reviewed the facility's abuse policy with the US FOIA (B). The US FOIA (B) acknowledged the policy indicated that staff were to be NJ ex order 26.4b1 a NJ ex order 26.4b1. The US FOIA (B) could not speak to why they were NJ ex order 26.4b1. The US FOIA (B) acknowledged that the resident specified which shift the incident occurred on and that the facility determined which two staff members entered the resident's room during that shift. The US FOIA (B) stated usually she had the US FOIA (B) speak to other residents about the shift or staff members and could not speak to why it was not done for this incident. The US FOIA (B) acknowledged that no other potential witnesses were interviewed who worked on that shift to determine if they saw NJ Ex Order 26.4(b) the resident's bed or heard anything that was said to the resident. The US FOIA (B) stated no additional NJ Ex Order 26.4(b)(1) have been made against RN #1 and CNA #1.</p> <p>On 8/8/24 at 12:13 PM, the surveyor interviewed the US FOIA (B) (6) who stated they were the US FOIA (B) (6), but after a grievance was obtained, the US FOIA (B) provided it to the appropriate department head to investigate and gather statements. The US FOIA (B) stated an investigation NJ ex order 26.4b1, and she provided Resident #171's grievance from NJ ex order 26.4b1, to the US FOIA (B) to complete.</p> <p>On 8/8/24 at 12:32 PM, the surveyor interviewed the US FOIA (B), in the presence of the U.S. FOIA (b) (6) who stated the incident occurred during the night</p>	F 610		

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F 610	<p>Continued From page 41</p> <p>shift, and the resident <b>NJ ex order 26.4b1</b>. The <b>US FOIA (b)</b> stated they reviewed the call bell system from that night and the surveillance camera footage which showed RN #1 and CNA #1 entered the resident's room, but they did not go in together. The <b>US FOIA (b)</b> stated at no time did two staff members enter the resident's room together, so the <b>NJ ex order 26.4b1</b>. The surveyor reviewed the grievance statement with the <b>US FOIA (b)</b> and <b>US FOIA (B) (6)</b>, who both confirmed the resident's statement did not indicate the two nurses were in the room at the same time.</p> <p>On 8/8/24 at 1:17 PM, the surveyor interviewed the <b>U.S. FOIA (b) (6)</b>, who confirmed the resident's statement was what was written on the grievance form, and that the <b>US FOIA (B) (6)</b> did not go into the resident's room that day in response to the grievance, but to conduct <b>NJ ex order 26.4b1</b>. The <b>US FOIA (B) (6)</b> stated during her rounds, the resident informed her of the situation and that the facility was investigating it.</p> <p>On 8/8/24 at 1:28 PM, the surveyor interviewed the <b>US FOIA (b)</b>, who stated the facility did not conduct an assessment of the resident because it was an <b>NJ ex order 26.4b1</b>. The surveyor asked the <b>US FOIA (b)</b> if a chair was at the resident's bedside, was there a possibility injury could have occurred. The <b>US FOIA (b)</b> stated the chair <b>NJ ex order 26.4b1</b>, but the <b>US FOIA (b)</b> did not think of that because the resident's bed was not against the wall so they could have gotten out on the other side.</p> <p>On 8/8/24 at 1:46 PM, the surveyor interviewed the <b>US FOIA (b)</b>, who confirmed they took the statement from the resident and that was what the resident stated. The <b>US FOIA (b)</b> stated that the resident did not specify what <b>"NJ ex order 26.4b1"</b> meant, but thought</p>	F 610			

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F 610	<p>Continued From page 42</p> <p>it <b>NJ ex order 26.4b1</b>, and <b>NJ ex order 26.4b1</b>. The <b>US FOIA</b> stated the resident <b>NJ ex order 26.4b1</b>, and the <b>US FOIA</b> confirmed the resident never indicated that the two staff members were present at the same time, only that they worked on the 11-7 shift. The <b>US FOIA</b> stated after she obtained the <b>NJ ex order 26.4b1</b>, she provided it to the <b>US FOIA</b> who gave it to the <b>US FOIA</b> to investigate. The <b>US FOIA</b> stated she was <b>NJ ex order 26.4b1</b> with the resident that morning in the resident's room, and the resident informed her then. The <b>US FOIA</b> stated after she provided the resident's statement to the <b>US FOIA</b>, she conducted no additional interviews.</p> <p>On 8/8/24 at 2:00 PM, the surveyor reviewed Resident #171's closed medical record.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was <b>NJ ex order 26.4b1</b> with <b>NJ Ex Order 26.4b1</b> diagnoses included.</p> <p>A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated <b>NJ ex order 26.4b1</b>, included the resident had a BIMS score of <b>NJ ex</b> out of 15, which indicated a <b>NJ ex order 26.4b1</b>. The assessment also included that the resident required <b>NJ ex order 26.4b1</b> with the helper <b>NJ ex order 26.4b1</b> which included the <b>NJ ex order 26.4b1</b>. The resident was <b>NJ ex order 26.4b1</b>.</p>	F 610		

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F 610	<p>Continued From page 43</p> <p><b>NJ ex order 26.4b1</b></p> <p>A review of the Progress Notes from <b>NJ ex order 26.4b1</b>, did not include the incident or a nursing assessment.</p> <p>On 8/8/24 at 2:15 PM, the surveyor reviewed the timecard report for RN #1 and CNA #1 from <b>NJ ex order 26.4b1</b> which revealed the following:</p> <p>RN #1 continued to work <b>NJ ex order 26.4b1</b>, which included <b>NJ ex order 26.4b1</b> (9-16 hours) in <b>NJ ex order 26.4b1</b>, <b>NJ ex order 26.4b1</b>; and <b>NJ ex order 26.4b1</b> with <b>NJ ex order 26.4b1</b> the <b>NJ ex order 26.4b1</b>.</p> <p>CNA #1 continued to work <b>NJ ex order 26.4b1</b> starting <b>NJ ex order 26.4b1</b>, which included <b>NJ ex order 26.4b1</b>; <b>NJ ex order 26.4b1</b>; and <b>NJ ex order 26.4b1</b> with <b>NJ ex order 26.4b1</b> the <b>NJ ex order 26.4b1</b>.</p> <p>On 8/8/24 at 3:30 PM, the <b>US FOIA (B) (6)</b> provided the surveyor with a copy of the nursing schedule assignment sheets from <b>NJ ex order 26.4b1</b> until present. The <b>US FOIA (B) (6)</b> confirmed that between RN #1 and CNA #1, one of them had worked on all three nursing units which would have given them access to all residents in the facility.</p> <p>The acceptable Removal Plan (RR) on 8/21/24 at 2:25 PM, indicated the action the facility will take to <b>NJ ex order 26.4b1</b>. The facility implemented a corrective action plan to remediate the deficient practice including; RN #1 and CNA #1 were <b>NJ ex order 26.4b1</b>, facility Administration including the <b>US FOIA (B) (6)</b>, and <b>US FOIA (B) (6)</b> reviewed and were inserviced by the <b>US FOIA (B) (6)</b>.</p>	F 610		

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F 610	Continued From page 44 on the facility's abuse policy on 8/8/23, and that upper management which included the [US FOIA (b) (6)], [US FOIA (b) (6)], and [US FOIA (b) (6)] were re-educated on the facility's [NJ Ex Order 26.4b1] policy on 8/20/24 and 8/21/24; a thorough investigation was started; and staff were inserviced on [NJ Ex Order 26.4b1].  The survey team verified the implementation of the Removal Plan on-site on 8/21/24.	F 610			
F 689 SS=D	NJAC 8:39-4.1(a)5 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) ensure the plan of care was updated and interventions were implemented to [NJ ex order 26.4b1] for a resident with a [NJ ex order 26.4b1] [NJ ex order 26.4b1] who [NJ ex order 26.4b1] (Resident #37); and b.) implement the facility's smoking policy and procedure for a resident who [NJ ex order 26.4b1] (Resident #84). This deficient practice was identified for 2 of 5 residents reviewed for [NJ ex order 26.4b1] (Resident #37 and Resident #84), and was evidenced by the	F 689	1. Resident #37 care plan was immediately revised to include new intervention and the new intervention was initiated. Resident #84 [NJ ex order 26.4b1] was [NJ ex order 26.4b1] [NJ ex order 26.4b1] and stored as per facility's policy. Resident #37 and #84 were [NJ Ex Order 26.4(b)(1)].  2. The licensed nursing home administrator or Director of Nursing/designee are conducting an audit on the past 3 months of incidents and accidents to ensure care plan	10/1/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET</b> <b>TRENTON, NJ 08628</b>		
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F 689	<p>Continued From page 45 following:</p> <p>1. A review of the facility's "Incident/Accident Report Investigation (Resident)" policy, dated revised January 2024, included when an accident or incident occurs to a resident, an investigation is conducted followed by documentation of the incident, cause and effect and the recommendation and intervention that were implemented to prevent or minimize future incidents...initiate interventions/recommendations to minimize or prevent future occurrences...</p> <p>A review of the facility's "Care Plan" policy, dated revised January 2024, included the purpose was to establish guidelines for providing individualized patient care that is multidisciplinary, consistent, and coordinated and to facilitate communication among the members of the multidisciplinary team providing care to the resident...</p> <p>On 8/5/24 at 10:52 AM, during the initial tour of the facility, the surveyor observed Resident #37 resting in bed with the bed in the lowest position.</p> <p>On 8/6/24 at 9:30 AM, the surveyor reviewed the medical record for Resident #37.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to; <span style="background-color: black; color: black;">NJ ex order 26.4b1</span></p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated <span style="background-color: black; color: black;">NJ ex order 26.4</span>, reflected that the resident had a brief interview for mental status (BIMS) score of</p>	F 689	<p>interventions are in place and initiated after an incident. Residents with incidents and accidents are being reviewed daily, Monday through Friday at the facility's clinical meeting to ensure appropriate interventions are initiated and is documented in the medical record. All residents had the potential to be affected. No residents were negatively affected. The facility will identify all current smokers and ensure the facility is storing their smoking equipment. All smokers had the potential to be affected. No residents were negatively affected.</p> <p>3. All licensed nursing staff have been re-educated by the facility educator/assistant director of nursing on the "care plan" policy, with an emphasis on initiating interventions/recommendations to minimize or prevent future occurrences and the "smoking" policy, with an emphasis on facility storing all smoking equipment. Residents with incidents and accidents will be reviewed daily, Monday through Friday at the facility's clinical meeting to ensure appropriate interventions are initiated and is documented in the medical record.</p> <p>4. The licensed nursing home administrator or Director of Nursing/designee will conduct an audit on the past 3 months of incidents and accidents to ensure that there is no further deficient practice. The unit managers/designee will conduct weekly audits x 1 month and then monthly x 3</p>		

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F 689	<p>Continued From page 46</p> <p>out of 15, which indicated the resident had <b>NJ ex order 26.4b1</b>.</p> <p>On 8/7/24 at 10:36 AM, the resident was observed in the sitting in a wheelchair in the day room during activities with their eyes closed.</p> <p>On 8/8/24 at 8:46 AM, the surveyor reviewed the <b>NJ ex order 26.4b1</b> for Resident #37. On <b>NJ ex order 26.4b1</b>, it was documented that the resident was eating dinner and <b>NJ ex order 26.4b1</b>. The nurse assessed the resident, and it was noted that there was <b>NJ ex order 26.4b1</b>, and a <b>NJ EX Order 26.4(b)(1)</b> was applied to the area. The <b>NJ EX Ord</b> was described by the nursing staff as <b>NJ ex order 26.4b1</b>.</p> <p>On 8/8/24 at 12:03 PM, the resident was observed in the day room having lunch with <b>NJ ex order 26.4b1</b>. At that time, the surveyor then interviewed the Licensed Practical Nurse (LPN #1) regarding the resident and history of the incident. LPN #1 stated that they were a <b>NJ EX Order</b>, and they were unfamiliar with the incident.</p> <p>On 8/8/24 at 12:27 PM, the surveyor reviewed the resident's individualized comprehensive care plan (ICCP) which did not include the incident on <b>NJ ex order 26.4b1</b>, or any interventions that were implemented as a result to prevent the resident from <b>NJ ex order 26.4b1</b> again during meals.</p> <p>On 8/8/24 at 12:36 PM, the surveyor reviewed the Progress Notes dated <b>NJ ex order 26.4b1</b>, which included around dinner time, while resident started to have dinner, the Certified Nursing Aide (CNA #1) had already set up resident's dinner tray, and the resident <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>, and a <b>NJ EX Order 26.4(b)(1)</b> was applied as a nursing</p>	F 689	<p>months to ensure care plan interventions are in place and initiated after an incident. The director of nursing/assistant director of nursing/designee will conduct weekly audits x 1 month, on 10% of residents with incidents and accidents and then monthly x 3 months, on 5% of residents with incidents and accidents to ensure care plan interventions are in place and initiated after an incident. All findings will be brought to monthly Quality Assurance and Performance Improvement (QAPI) meeting to determine if further action is necessary X 3 months.</p> <p>The unit managers/designee will conduct weekly audits x 1 month and then monthly x 3 months to ensure smoking devices are stored by the facility. The director of nursing/assistant director of nursing/designee will conduct weekly audits x 1 month and then monthly x 3 months to ensure care plan interventions are in place and initiated after an incident. All findings will be brought to monthly Quality Assurance and Performance Improvement (QAPI) meeting to determine if further action is necessary X 3 month</p>	

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

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F 689	<p>Continued From page 47 measure. The family was made aware.</p> <p>On 8/9/24 at 11:58 PM, the resident was observed sitting with a visitor in the unit day room having lunch. Resident #37 <b>NJ ex order 26.4b1</b> at the time of the observation.</p> <p>On 8/12/24 at 10:47 AM, the surveyor interviewed the Unit Manager/Registered Nurse (UM/RN #1) for the West nursing unit regarding residents and clothing protectors. UM/RN #1 stated if a clothing protector was available from laundry, the resident received one, or staff just used a napkin if unavailable. UM/RN #1 stated clothing protectors were not included in a resident's ICCP because "all residents would need it."</p> <p>On 8/12/24 at 12:06 PM, the surveyor interviewed UM/RN #2 for the North nursing unit regarding clothing protectors, and how a CNA would know if a resident needed a clothing protector during meals for safety or dignity. UM/RN #2 replied, the information was included on the CNA's assignment, and it could be included on a sign that was kept behind a resident's door. The surveyor asked if a resident needed a <b>NJ ex order 26.4b1</b>, should it be included on the ICCP, and the UM/RN #2 confirmed yes.</p> <p>On 8/12/24 at 12:40 PM, during a meeting with the <b>US FOIA (B) (6)</b> and survey team, the surveyor asked if a resident should be care planned for a clothing protector, and the <b>US FOIA (B) (6)</b> responded yes, it should be included on the ICCP.</p>	F 689			

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F 689	<p>Continued From page 48</p> <p>2. A review of the facility's "Smoking Policy - Residents", dated revised December 2023, included...residents will not be permitted to hold their smoking devices or lighters/matches. The facility will keep the items in a safe and secure location...</p> <p>On 8/5/24 at 11:45 AM, during initial tour of the facility, the surveyor observed Resident #84 sitting in his/her room. The resident stated that they <b>NJ ex order 26.4b1</b>, but now they <b>NJ ex order 26.4b1</b>. The resident stated that they held their <b>NJ ex order 26.4b1</b>.</p> <p>On 8/6/24 at 12:25 PM, the surveyor observed the resident <b>NJ Ex Order 26.4b1</b> via wheelchair towards their bedroom. Resident #84 stated that they just finished <b>NJ ex order 26.4b1</b>. At that time, the surveyor observed the <b>NJ ex order 26.4b1</b> in the resident's right hand.</p> <p>On 8/6/24 at 1:01 PM, the surveyor reviewed the medical record for Resident #84.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses including but not limited to; <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b>.</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated <b>NJ ex order 26.4b1</b> indicated that the resident had a brief interview for mental status (BIMS) score of <b>NJ ex order 26.4b1</b> out of 15, which indicated <b>NJ ex order 26.4b1</b>.</p>	F 689			

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F 689	<p>Continued From page 49</p> <p>A review of the admission "Smoking Safety Evaluation" dated [redacted], indicated that Resident #84 was a [redacted].</p> <p>A review of the individualized comprehensive care plan (ICCP) initiated on [redacted], and revised on [redacted], indicated that the resident [redacted]. Interventions included that the resident received their [redacted] from the nurse when they [redacted]; and the resident [redacted] in their room.</p> <p>A further review of Resident #84's medical records did not indicate a [redacted].</p> <p>On 8/7/24 at 10:24 AM, the surveyor observed Resident #84 in lying in their bed. Resident #84 stated that once they were dressed, they would go outside to [redacted]. The surveyor observed the [redacted] in the resident's right hand.</p> <p>On 8/7/24 at 12:15 PM, the surveyor interviewed the Licensed Practical Nurse (LPN #2), who stated that residents who smoked had a [redacted]. LPN #2 further stated that Resident #84 held on to their [redacted] and when the resident wanted to [redacted], staff escorted them to the designated [redacted].</p> <p>On 8/8/24 at 2:13 PM, the surveyor interviewed Unit Manager/Registered Nurse (UM/RN #3) and the Unit Manager/Licensed Practical Nurse (UM/LPN). UM/RN #3 stated that [redacted] assessments were completed annually and quarterly for any resident that [redacted] or [redacted]. UM/RN #3 further stated that [redacted].</p>	F 689			

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F 689	<p>Continued From page 50</p> <p>Resident #84 was allowed to hold on to their [redacted], and staff took the resident to the [redacted] when they wanted to [redacted]. [redacted] #3 also stated that there had been no incidents of the resident [redacted] in their room or inside the facility. The surveyor asked the [redacted] to review Resident #84's ICCP, and the [redacted] confirmed that the resident's ICCP indicated that they were to receive their [redacted] from the nurse when they wanted to [redacted] and could not keep their [redacted] in their room.</p> <p>On 8/12/24 at 12:28 PM, the [redacted] in the presence of the [redacted] and the survey team stated that a smoking assessment was completed upon admission, quarterly, and annually to determine if a resident was deemed appropriate to smoke. The [redacted] further stated that she thought Resident #84's representative held onto the [redacted]. When asked who was responsible for holding onto the [redacted] the [redacted] replied the staff were responsible to hold onto them. The [redacted] stated that she was under the impression that the resident's representative held on to the [redacted] and charged it. The [redacted] stated that Resident #84 [redacted] further stated that it was explained to Resident #84 that they could not smoke in the facility.</p> <p>On 8/13/24 at 10:32 AM, the [redacted] in the presence of the [redacted], and the survey team stated that they had a care conference with Resident #84 and their representative to discuss that the resident's [redacted] had to be turned into staff, and that the resident could not hold onto it. The [redacted] confirmed that per facility policy, Resident #84</p>	F 689		

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F 689	Continued From page 51 was not supposed to hold onto their [REDACTED].	F 689			
F 695 SS=D	<p>NJAC 8:39-27.1(a) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) ensure [REDACTED] was stored and dated in accordance with professional standards when not in use, and b.) ensure an individualized comprehensive care plan included [REDACTED]. This deficient practice was identified for 2 of 2 residents reviewed for [REDACTED] (Resident #101 and #319), and the evidence was as follows:</p> <p>A review of the facility's "Oxygen Administration" policy dated revised January 2024, included date the humidifier when put into use...a plastic zip-lock bag is to be attached to the side of the concentrator so the nasal cannula or oxygen mask can be stored there when not in use...</p> <p>A review of the facility's "Care Plan Policy" dated revised August 2024, included the</p>	F 695	<p>1. New <a href="#">NJ ex order 26.4b1</a> was immediately given to residents #101 and #319 and care plans were immediately initiated. Both residents were [REDACTED]</p> <p>2. The facility will conduct an audit on residents with respiratory equipment to ensure proper labeling and storage. All identified residents have an appropriate care plan in place. Residents with respiratory needs had the potential to be affected. No residents were negatively affected.</p> <p>3. All licensed nursing staff have been re-educated by the facility educator/assistant director of nursing on the "oxygen administration", with an emphasis on appropriate storage of</p>	10/1/24	

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F 695	<p>Continued From page 52</p> <p>Multidisciplinary Care team shall review the comprehensive care plan no less than every three months (more often if there is a significant change); the assessments will be updated and revised as necessary to assure continued accuracy, progress in meeting goals and changing goals, when appropriate...</p> <p>1. On 8/5/24 at 10:16 AM, during initial tour of the facility, the surveyor observed Resident #319 resting in bed, awake [redacted]. The surveyor observed the resident's nightstand had a [redacted] NJ ex order 26.4b1 [redacted] NJ ex order 26.4b1 [redacted] NJ ex order 26.4b1 and NJ ex order 26.4b1. The [redacted] NJ ex order 26.4b1 was placed on top of the nightstand without being stored in a [redacted] NJ ex order 26.4b1. The [redacted] NJ ex order 26.4b1 which NJ ex order 26.4b1 the [redacted] NJ ex order 26.4b1, was not stored in a plastic bag and was lying on the floor next to a [redacted] NJ ex order 26.4b1. The [redacted] NJ ex order 26.4b1 also was not labeled or dated when in use.</p> <p>On 8/6/24 at 11:36 AM, the surveyor reviewed the medical record for Resident #319.</p> <p>A review of the Admission Record face sheet (an admission record) which reflected the resident was admitted to the facility with diagnosis which included but was not limited to; [redacted] NJ ex order 26.4b1 [redacted]</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated [redacted] NJ ex order 26.4b1, indicated the resident had a brief interview for mental status (BIMS) score of [redacted] NJ ex out of 15, which indicated a [redacted] NJ ex order 26.4b1. A further review reflected the resident used a</p>	F 695	<p>respiratory equipment when not in use and "care plan" policy, with an emphasis of respiratory care plan being in place.</p> <p>4. The unit managers/designee will conduct weekly audits x 1 month and then monthly x 3 months to ensure proper storage and labeling of respiratory equipment and appropriate care plan in place. The director of nursing/assistant director of nursing/designee will conduct weekly audits x 1 month, on 10% of the residents identified with respiratory equipment and then monthly x 3 months, on 5% of the residents identified with respiratory equipment to ensure proper storage and labeling of respiratory equipment and appropriate care plan in place. All findings will be brought to monthly QAPI meeting to determine if further action is necessary X 3 months.</p>	

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F 695	<p>Continued From page 53</p> <p><b>NJ Ex Order 26.4(b)(1)</b>).</p> <p>A review of the "Order Summary Report" reflected the following physician orders (PO):</p> <p>A PO dated <b>NJ ex order 26.4(b)(1)</b>, to administer oxygen per <b>NJ ex order 26.4b1</b></p> <p><b>NJ ex order 26.4b1</b></p> <p>A PO dated <b>NJ ex order 26.4(b)(1)</b>, to change <b>NJ ex order 26.4b1</b> and <b>NJ Ex Order 26.4(b)(1)</b> every day shift every Thursday.</p> <p>A PO dated <b>NJ ex order 26.4(b)(1)</b>, to date and initial <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>A PO dated <b>NJ ex order 26.4(b)(1)</b>, to change <b>NJ Ex Order 26.4(b)(1)</b> and <b>NJ Ex Order 26.4(b)(1)</b> as needed; date and time <b>NJ Ex Order 26.4(b)(1)</b> and <b>NJ Ex Order 26.4(b)(1)</b> when changed.</p> <p>A PO dated <b>NJ ex order 26.4(b)(1)</b>, for <b>NJ ex order 26.4b1</b> to be used on programmed settings <b>NJ ex order 26.4b1</b> per <b>NJ ex order 26.4b1</b></p> <p>A review of the corresponding <b>NJ ex order 26.4b1</b>, and <b>NJ ex order 26.4b1</b> Medication Administration Record (MAR) reflected that the resident was administered <b>NJ ex order 26.4</b> and <b>NJ ex order 26.4b1</b> as ordered.</p> <p>A review of the individualized comprehensive care plan (ICCP) included a focus area dated revised on <b>NJ ex order 26.4b1</b>, for increased risk of impaired <b>NJ ex order 26.4b1</b>. Interventions included to administer <b>NJ ex order 26.4b1</b> as ordered.</p> <p>On 8/8/24 at 10:08 AM, the surveyor observed Resident #319 in their room resting in bed. Alongside the resident's bed was the <b>NJ ex order 26.4b1</b> with a <b>NJ Ex Order 26.4b1</b> on top of the nightstand. The <b>NJ Ex Order 26.4b1</b> was not stored in <b>NJ Ex Order 26.4(b)(1)</b> and the</p>	F 695		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET</b> <b>TRENTON, NJ 08628</b>		
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F 695	<p>Continued From page 54</p> <p><b>NJ ex order 26.4b1</b> to the <b>NJ ex order 26.4b1</b>, the <b>NJ ex order 26.4b1</b> not in a <b>NJ ex order 26.4b1</b>.</p> <p>On 8/8/24 at 10:24 AM, the surveyor interviewed the Certified Nursing Aide (CNA #1), who stated the facility's nurses were responsible for maintenance and care of <b>NJ Ex Order 26.4(b)(1)</b> for the residents.</p> <p>On 8/8/24 at 10:30 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #1), who stated <b>NJ ex order 26.4b1</b> and other <b>NJ ex order 26.4b1</b> were stored in a plastic bag and hung when not in use to keep clean and maximize infection control. LPN #1 acknowledged that if not stored properly, it could be considered contaminated and could cause illness. LPN #1 stated that the <b>NJ ex order 26.4b1</b> was changed weekly, and it should be dated.</p> <p>At that time, the surveyor and LPN #1 entered Resident #319's room, and the <b>US FOIA</b> confirmed that the <b>NJ ex order 26.4b1</b> was not dated, not stored properly, and <b>NJ ex order 26.4b1</b>. LPN #1 acknowledged that the <b>NJ ex order 26.4b1</b> mask should have been cleaned, in a <b>NJ ex order 26.4b1</b>.</p> <p>On 8/8/24 at 11:06 AM, the surveyor interviewed the <b>US FOIA (B) (6)</b> who stated no equipment should be stored on the floor since that could cause unnecessary infection. The <b>US FOIA (B) (6)</b> <b>NJ ex order 26.4b1</b> and it should be labeled with the date it was changed. The surveyor showed the <b>US FOIA (B) (6)</b> photos of how the <b>NJ Ex Order 26.4b1</b> was stored to which she stated it <b>NJ ex order 26.4b1</b>.</p>	F 695			

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F 695	<p>Continued From page 55</p> <p><b>NJ ex order 26.4b1</b></p> <p>On 8/8/24 at 11:24 AM, the surveyor interviewed the <b>US FOIA (B) (6)</b> and the <b>US FOIA (B) (6)</b> who both confirmed that <b>NJ Ex Order 26.4b1</b> should be stored in clean plastic bags when not in use to prevent contamination for infection control purposes. They also confirmed that <b>NJ ex order 26.4b1</b> should be labeled and dated once opened for use.</p> <p>2. During initial tour of the facility on 8/5/24 at 10:22 AM, the surveyor observed Resident #101 in bed with their eyes closed. The surveyor observed next to the resident's bed an <b>NJ ex order 26.4b1</b> which had <b>NJ Ex Order 26.4(b)(1)</b> attached to it, that was lying on the floor not in use. The <b>NJ ex order 26.4b1</b> was not stored in a <b>NJ ex order 26.4b1</b></p> <p>On 8/8/24 at 11:45 AM, the surveyor reviewed the medical record for Resident #101.</p> <p>A review of the Admission Record face sheet reflected the resident was admitted to the facility with diagnosis which included but was <b>NJ ex order 26.4b1</b></p> <p>A review of the most recent comprehensive MDS dated <b>NJ ex order 26.4b1</b>, reflected the resident had a BIMS score of <b>NJ</b> out of 15, indicating <b>NJ ex order 26.4b1</b>.</p> <p>A review of the Order Summary Report included the following physician orders (PO):</p> <p>A PO dated <b>NJ ex order 26.4b1</b> to administer <b>NJ ex order 26.4b1</b> per <b>NJ ex order 26.4b1</b> per minute as needed for comfort.</p>	F 695			

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F 695	<p>Continued From page 56</p> <p>A PO dated [redacted], to change [redacted] and [redacted] bottle as needed; date the [redacted] when changed.</p> <p>A review of the corresponding [redacted], and [redacted], MAR reflected the resident was [redacted].</p> <p>A review of the ICCP did not include a focus area for [redacted].</p> <p>On 8/8/24 at 10:24 AM, the surveyor interviewed the CNA #1 who stated the facility's nurses were responsible for maintenance and [redacted] equipment for the residents.</p> <p>On 8/8/24 at 10:30 AM, the surveyor interviewed LPN #1, who stated [redacted] and other [redacted] stored in a plastic bag and hung when not in use to keep clean and maximize infection control. LPN #1 acknowledged that if not stored properly, it could be considered contaminated and could cause illness. LPN #1 stated that the [redacted], and it should be dated.</p> <p>At that time, the surveyor and LPN #1 entered Resident #319's room, and the [redacted] confirmed that the [redacted], not stored properly, and should not be on the floor. LPN #1 acknowledged that the [redacted] [redacted], and stored inside the nightstand drawer.</p> <p>On 8/8/24 at 11:06 AM, the surveyor interviewed the [redacted], who stated no equipment should be stored on the floor since that could cause unnecessary infection. The [redacted] stated that [redacted] and [redacted] should be stored in</p>	F 695			

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F 695	<p>Continued From page 57</p> <p>a bag off the floor when not in use, and it should be labeled with the date it was changed. The surveyor showed the [US FOIA (B) (6)] photos of how the [NJ ex order 26.4b1] was stored to which she stated it [NJ ex order 26.4b1]</p> <p>On 8/8/24 at 11:24 AM, the surveyor interviewed the [US FOIA (B) (6)] and the [US FOIA (B) (6)], who both confirmed that [NJ Ex Order 26.4(b)(1)] and equipment should be stored in [NJ Ex Order 26.4(b)(1)] when not in use to prevent contamination and for infection control purposes. They also confirmed that [NJ ex order 26.4b1] should be labeled and dated once opened for use.</p> <p>On 8/8/24 at 12:09 AM, the surveyor and [US FOIA (B) (6)] reviewed Resident #101's ICCP. The [US FOIA (B) (6)] confirmed the resident was not care planned for [NJ ex order 26.4b1].</p> <p>On 8/13/24 at 10:32 AM, the [US FOIA (B) (6)], in the presence of the [US FOIA (B) (6)] and survey team stated that Resident #101's ICCP had been updated to include [NJ ex order 26.4b1] after surveyor inquiry.</p>	F 695			
F 755 SS=D	<p>NJAC 8:39 - 11.2(e)2, 27.1(a)</p> <p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p>	F 755		10/1/24	

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F 755	Continued From page 58  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-  §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.  §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and  §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to maintain a system of record keeping that ensures an accurate inventory of controlled medications. This deficient practice was identified on 3 of 7 medication carts reviewed and was evidenced by the following:  A review of facility's "Controlled Substances" policy dated January 2024, included all scheduled II, II, IV and V controlled substances are to be stored under double locks, separate from all other medications. Schedule II through V are counted by incoming and outgoing nurses each shift and	F 755	1. Nurses identified as having omissions were immediately re-educated on the facility's "Controlled Substances" policy, with an emphasis on ensuring an accurate inventory of controlled medications and signature requirement on "Record of Narcotic Count" logs and disciplined as per protocol. A facility wide audit was conducted on all units' narcotic count books and found to have no other omissions. No residents were negatively affected.  2. A facility wide audit was conducted on		

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F 755	<p>Continued From page 59 signatures documented...</p> <p>On 8/7/24 at 10:28 AM, during medication storage observation, the surveyor, in the of the Licensed Practical Nurse (LPN #1), observed the controlled substances inventory and count logs for the "B Wing North" nursing unit's medication. A review of the "Record of Narcotic Count" log (a log used track the count of controlled medications) for August 2024, revealed the following nurses' signatures were missing:</p> <p>On 8/1/24, the 7:00 AM to 3:00 PM (7-1) shift, the outgoing nurse. On 8/2/24, the 11:00 PM to 7:00 AM (11-7) shift, outgoing nurse. On 8/6/24, the 7-3 shift, the outgoing nurse. On 8/6/24, the 11-7 shift, outgoing nurse.</p> <p>At that time, LPN #1 confirmed that the signatures were missing, and that there should not have been any missing signatures on the "Record of Narcotic Count" log.</p> <p>On 8/7/24 at 10:57 AM, during a medication storage observation, the surveyor, in the presence of the <b>US FOIA (B) (6)</b> observed the controlled substances inventory and count logs for the "A Wing North" nursing unit's medication. A review of the "Record of Narcotic Count" log for August 2024, revealed the following nurses' signatures were missing:</p> <p>On 8/6/24, the 11-7 shift, the outgoing nurse. On 8/7/24, the 7-3 shift, incoming nurse.</p> <p>At that time, the <b>US FOI</b> stated, "I didn't count this morning because they had already counted when I asked." The <b>US FOI</b> also confirmed that signatures</p>	F 755	<p>all units' narcotic count books and found to have no other omissions. All residents had the potential to be affected. No residents were negatively affected.</p> <p>3. All licensed nursing staff have been re-educated by the facility educator/assistant director of nursing on the "Controlled Substances" policy, with an emphasis on ensuring an accurate inventory of controlled medications and signature requirement on "Record of Narcotic Count" logs.</p> <p>4. The unit managers/designee will conduct weekly audits x 1 month and monthly x 3 months to ensure narcotic count logs of controlled medications are without omissions. The director of nursing/assistant director of nursing/designee will conduct weekly audits x 1 month and then monthly x 3 months to ensure narcotic count logs of controlled medications are without omissions. All findings will be brought to monthly Quality Assurance and Performance Improvement (QAPI) meeting to determine if further action is necessary X 3 months.</p>		

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F 755	Continued From page 60 were missing, and there should not be any missing signatures.  On 8/7/24 at 11:40 AM, during a medication storage observation, the surveyor, in the presence of LPN #2, observed the controlled substances inventory and count logs for the "E Wing South" nursing unit's medication. A review of the "Record of Narcotic Count" log for August 2024, revealed the following nurses' signatures were missing:  On 8/1/24, the 7-3 shift, outgoing nurse. On 8/2/24, the 3:00 PM to 11:00 PM (3-11) shift, incoming and outgoing nurses.  On 8/9/24 at 12:01 PM, the surveyor interviewed the <b>US FOIA (B) (6)</b> who stated the incoming and outgoing nurses counted the narcotic inventory together, and signed that the count was completed and correct.	F 755			
F 809 SS=E	NJAC 8:39-29.7(c) Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3)  §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care.  §483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16	F 809		10/10/24	

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F 809	<p>Continued From page 61</p> <p>hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.</p> <p>§483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to serve all residents a nourishing snack when there was more than a fourteen-hour span of time between the dinner and breakfast mealtimes. This deficient practice was identified for 3 of 3 residents sampled for bedtime snacks (Resident #29, Resident #46, and Resident #65), and was evidenced by the following:</p> <p>A review of the facility's "Nourishment Between Meals" policy dated reviewed/revised August 2024, included nursing staff are responsible for offering each resident and afternoon and evening snack to the extent medically possible...</p> <p>During initial tour of the kitchen on 8/5/24 at 9:31 AM, the surveyor accompanied by the [US FOIA (B) (6)] observed half sandwiches on a tray in the walk-in refrigerator. The [US FOIA (B) (6)] stated the sandwiches were for hour of sleep (HS) snacks. The surveyor asked if all residents received HS snacks, and the [US FOIA (B) (6)] stated no, that some residents had physician ordered snacks.</p>	F 809	<p>1. The registered dietician met with residents #29, #46, and #65 to obtain HS Snack preferences. Residents #29, #46, and #65 tasks were updated to include the "HS (Bedtime/Evening) snacks" task. Residents were not negatively affected. The "Diet and Menu" policy has been revised to include providing a bedtime (evening snack) daily to all residents (unless nothing by mouth-NPO) including texture-modified diets if period between beginning of evening meal and beginning of breakfast the next morning is greater than 14 hours.</p> <p>2. The "Diet and Menu" policy has been revised to include providing a bedtime (evening snack) daily to all residents (unless nothing by mouth-NPO) including texture-modified diets if period between beginning of evening meal and beginning of breakfast the next morning is greater than 14 hours. A facility wide audit was conducted on all residents' electronic medical records to ensure the "HS (Bedtime/Evening) snacks" task has been added to resident's task list to ensure that all residents are provided a nourishing</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET</b> <b>TRENTON, NJ 08628</b>		
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F 809	<p>Continued From page 62</p> <p>On 8/5/24 at 9:50 AM, the surveyor interviewed the <b>US FOIA (B) (6)</b> who stated the facility had in the back crackers, pretzels, and ice cream. The <b>US FOIA (B) (6)</b> stated staff asked residents if they wanted a snack, but snacks were not provided unless requested.</p> <p>During entrance conference on 8/5/24 at 9:54 AM, the surveyor asked the <b>US FOIA (B) (6)</b> <b>US FOIA (B) (6)</b> and the <b>US FOIA (B) (6)</b> to provide a copy of the facility's mealtime schedule.</p> <p>On 8/7/24 at 9:00 AM, the surveyor reviewed the facility provided "Tray Line Schedule - Cart Order" dated updated 12/18/23, which indicated dinner tray line began at 4:45 PM, and C West Unit was the first to receive the dinner meal and 100 Hall received dinner last. The schedule indicated that breakfast tray line began at 7:30 AM, with 100 Hall was the first to receive the breakfast meal, and C West Unit received the meal last. This indicated that there was a fourteen hour and forty-five-minute (14.75) gap between dinner and breakfast meal service.</p> <p>On 8/8/24 at 10:38 AM, the surveyor conducted a Resident Council meeting which included three residents (Resident #29, #45, and #65). All three residents informed the surveyor during the meeting that bedtime (HS) snacks were not offered; that snacks were only offered during the day.</p> <p>On 8/8/24 at 11:02 AM, the surveyor interviewed the <b>US FOIA (B) (6)</b> who confirmed there were afternoon snacks of chips cookies, ice cream, pudding, peanut butter jelly sandwiches, tuna fish sandwiches, and egg salad sandwiches in the</p>	F 809	<p>snack. This deficient practice has the potential to affect all residents. No residents were negatively affected.</p> <p>3. All nursing staff have been re-educated by the facility educator/assistant director of nursing on providing "HS snacks" to all residents.</p> <p>4. The unit managers/designee will conduct weekly audits x 1 month and then monthly x 3 months to ensure residents were provided "HS snacks". The director of nursing/assistant director of nursing/designee will conduct random weekly audits x 1 month and then monthly x 3 months to ensure residents were provided "HS snacks". All findings will be brought to monthly Quality Assurance and Performance Improvement (QAPI) meeting to determine if further action is necessary X 3 months.</p>		

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

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FORM APPROVED  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET</b> <b>TRENTON, NJ 08628</b>		
(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 809	<p>Continued From page 63</p> <p>pantries on the North, South, and C West nursing units. The [US FOIA (B)] stated certain residents had HS snacks that were labeled with their name because there was a physician order. The [US FOIA (B)] stated if anyone else wanted a snack or asked staff for a snack, staff could provide them one from the pantry. At that time the surveyor requested a list of residents who received HS snacks.</p> <p>On 8/8/24 at 1:00 PM, the surveyor reviewed the HS snack list provided by the [US FOIA (B)], which indicated out of the facility's 114 residents, 41 residents received HS snacks. The three residents from Resident Council were not included on the list.</p> <p>On 8/12/24 at 10:18 AM, the surveyor interviewed the [US FOIA (B) (6)] who confirmed they occasionally worked the 3:00 PM to 11:00 PM (3-11) shift. The [US FOIA (B)] stated that HS snacks usually had the resident's name on it that they handed out. The [US FOIA (B)] stated if a resident requested a snack, the staff provided them with one.</p> <p>On 8/12/24 at 10:39 AM, the surveyor interviewed the [US FOIA (B) (6)] who stated HS snacks were sent out with labels to residents who requested a snack be provided or have a medical condition such as diabetes where the resident benefited from the snack. There were additional snacks that if an alert and oriented resident asked for a snack, staff provided. The surveyor asked what was considered a nourishing snack, and the [US FOIA (B)] stated a piece of fruit, milk with a half a sandwich, milk with graham crackers, and cottage cheese with fruit. The [US FOIA (B)] stated the snack should have two to three macronutrients</p>	F 809			

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F 809	<p>Continued From page 64</p> <p>which were carbohydrates, fat, and protein. The surveyor asked if there was a certain time span that should be between dinner and breakfast, and the [US FOIA (B) (6)] stated less than fourteen hours, or the residents needed a snack. The surveyor informed the [US FOIA (B) (6)] that the reported mealtimes provided by the facility was a 14.75-hour time span, and the [US FOIA (B) (6)] stated that residents usually received their dinner starting at 5:00 PM.</p> <p>On 8/12/24 at 10:48 AM, the surveyor interviewed the [US FOIA (B) (6)] who stated the dietary department usually sent out HS snacks on a tray with dinner service, and the nurse and CNAs offered the snacks. The [US FOIA (B) (6)] stated unsure if the facility had a policy; the facility used to have someone who passed out snacks.</p> <p>On 8/13/24 at 10:32 AM, the [US FOIA (B) (6)] in the presence of the [US FOIA (B) (6)] [US FOIA (B) (6)] and survey team stated the facility had HS snacks for any resident who wanted a snack. The [US FOIA (B) (6)] stated the mealtimes were not accurately provided on entrance, and he would check the mealtimes.</p> <p>No additional information was provided.</p>	F 809			
F 880 SS=D	<p>NJAC 8:39-17.2 (f)(1)(i-ii) Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program</p>	F 880		10/1/24	

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F 880	<p>Continued From page 65</p> <p>designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§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:</p> <p>§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 providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the</p>	F 880			

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F 880	<p>Continued From page 66</p> <p>least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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, interview, and review of pertinent facility records, it was determined that the facility failed to implement infection control protocols for residents on <b>NJ Ex Order 26.4(b)(1)</b> to prevent the spread of infection. This practice was identified for 1 of 3 residents observed on <b>NJ Ex Order 26.4(b)(1)</b> (Resident# 87), and was evidenced by the following:</p> <p>A review of the facility's "Enhanced Barrier Precautions (EBP)" policy dated revised August 2024, included enhanced barrier precautions (EBP) will be used in conjunction with standard precautions by implementing the expanded use of</p>	F 880	<ol style="list-style-type: none"> <li>1. C.N.A #1 was immediately placed on the do not return list with the staffing agency and the staffing agency was made aware of this deficient practice. Resident #87 was not negatively affected.</li> <li>2. A facility wide hand hygiene competency was completed by the infection control nurse/facility educator with all nursing staff. All residents have the potential to be affected. No residents were negatively affected.</li> <li>3. All nursing staff have been re-educated by the facility educator/infection</li> </ol>		

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F 880	<p>Continued From page 67</p> <p>personal protective equipment [PPE] to the donning of gowns and gloves during high contact resident care activities for residents who have an indwelling medical device (urinary catheter, feeding tube etc.) wound or known to be colonized (no active infection) with an organism. EBP is a transmission-based precaution measure focusing on the use of gown and gloves during high contact resident care activities that have been demonstrated to result in the transfer of multi-drug resistant organisms [MDRO] to the hands and clothing of health care personnel, even if blood and body fluid exposure is not anticipated...postage signage on the door or wall outside of the resident's room "Enhanced Barrier Precaution." An orange dot will be applied next to the resident's name indicating he/she is on EBP... there are no special precautions for visiting except for hand hygiene that we emphasis for you to practice during all resident visits. Hand hygiene is the number one way to prevent spread of infection...</p> <p>A review of the facility's "Hand Hygiene" policy dated revised March 2023, included glove use...wearing gloves is not a substitute for hand hygiene. Dirty gloves can soil hands. Always use hand hygiene after removing gloves...</p> <p>On 8/5/24 at 10:53 AM, during initial tour of the facility, the surveyor observed Resident #87's room having an <b>NO EX-016</b> signage on the door frame with an orange dot next to the names of both residents occupying the room. At that time, the surveyor observed the Certified Nursing Aide (CNA #1) exit Resident #87's room, and she doffed (took off) her disposable gloves, and disposed of them. Then CNA #1, without performing hand hygiene, walked to Resident</p>	F 880	<p>prevention nurse on "Enhanced Barrier Precaution" and the "hand hygiene" policy, with an emphasis on use of personal protective equipment [PPE] and hand hygiene after removing gloves.</p> <p>4. The unit managers/infection prevention nurse/designee will conduct weekly monitoring audits x 1 month and then monthly x 3 months on hand hygiene when exiting enhanced barrier precaution rooms. The director of nursing/assistant director of nursing/designee will conduct weekly monitoring audits x 1 month, on 3 resident rooms identified on enhanced barrier precautions, and then monthly x 3 months, on 5 resident rooms identified on enhanced barrier precautions, to ensure hand hygiene occurs when exiting enhanced barrier precaution rooms. All findings will be brought to monthly Quality Assurance and Performance Improvement (QAPI) meeting to determine if further action is necessary x 3 months.</p>		

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F 880	<p>Continued From page 68</p> <p>Room # [REDACTED] knocked on the door, and entered. CNA #1 was observed to have spent approximately one minute in the room as she spoke to another staff member. CNA #1 then exited the room and without performing hand hygiene entered Resident Room # [REDACTED], and quickly exited with no observed hand hygiene as she went directly into Resident Room [REDACTED] and obtained a handful of clean disposable gloves that she placed in her scrub top pocket (shirt). CNA #1 then exited the room with no observed hand hygiene, and entered Resident Room # [REDACTED]</p> <p>At that time, the surveyor interviewed CNA #1, who stated [REDACTED] meant that you had to put on gloves, wash your hands, and use a gown when performing resident care because the resident might have an infection. The surveyor asked about hand hygiene, and CNA #1 stated that she had removed her gloves, "but I'm not done yet." The CNA confirmed she entered other residents' rooms, and she stated that she did not perform resident care in other rooms so she did not need to perform hand hygiene. The CNA then excused herself, donned (put on) gloves and a disposable gown from the PPE bin hanging from the resident's door, and entered the resident room to perform care on Resident #87.</p> <p>On 8/8/24 at 1:01 PM, the surveyor interviewed CNA #2 who stated [REDACTED] signs indicated the need to use PPE which included gown and gloves to care for a resident, as well as, the proper way to dispose of the PPE. CNA #2 stated upon exiting a resident's room, you disposed of the PPE at the exit of the room, and performed hand hygiene. CNA #2 stated hand hygiene was also performed using alcohol-based hand rub (ABHR) upon entering the resident's room, removing gloves,</p>	F 880			

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F 880	<p>Continued From page 69</p> <p>and exiting the resident's room to prevent the spread of germs.</p> <p>On 8/8/24 at 1:14 PM, the surveyor interviewed the Licensed Practical Nurse (LPN #1) who confirmed hand hygiene was required and indicated on the <b>NJ Ex Order</b> signage upon entering and exiting the resident's room. LPN #1 stated it was not appropriate to enter a resident's room without performing hand hygiene with ABHR for infection control purposes.</p> <p>On 8/8/24 at 1:27 PM, the surveyor reviewed the medical record for Resident #87.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnosis which included but was not limited to; <b>NJ Ex Order 26.4(b)(1)</b>, <b>NJ Ex Order 26.4(b)(1)</b>, and <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated <b>NJ Ex Order 26.4(b)(1)</b>, reflected the resident had a brief interview for mental status (BIMS) score of <b>NJ Ex Order 26.4(b)(1)</b> out of 15, indicating a fully <b>NJ ex order 26.4b1</b>. The MDS further indicated that the resident <b>NJ ex order 26.4b1</b>.</p> <p>A review of the Order Summary Report included the following physician orders (PO):</p> <p>A PO dated <b>NJ Ex Order 26.4(b)(1)</b>, for <b>NJ Ex Order 26.4(b)(1)</b> wear PPE (<b>NJ Ex Order 26.4(b)(1)</b> gloves) when providing high contact activities at bedside including dressing, bathing/showering, transferring, changing bed linens, providing</p>	F 880		

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F 880	<p>Continued From page 70</p> <p>hygiene, changing briefs/assisting with toileting, device care and/or use, or wound care. May additionally wear face protection (goggles, face shield, face mask) if there is a risk of splash or spray or circulating respiratory viruses in the community every shift for <b>NJ Ex 016</b></p> <p>On 8/8/24 at 2:30 PM, the surveyor interviewed the <b>US FOIA (B) (6)</b> and <b>US FOIA (B) (6)</b>, who stated to prevent spread of infection, staff were expected to perform hand hygiene after doffing gloves. The <b>US FOIA (B) (6)</b> and <b>US FOIA (B) (6)</b> further stated that it was not acceptable for CNA #1 to doff gloves and not perform any hand hygiene, even if she was expecting to return to the same resident upon exiting the resident's room.</p> <p>On 8/12/24 at 12:33 PM, the <b>US FOIA (B) (6)</b> in the presence of th <b>US FOIA (B) (6)</b> <b>US FOIA (B) (6)</b> <b>US FOIA (B) (6)</b>, and survey team, confirmed that CNA #1 should have performed hand hygiene upon doffing gloves and exiting an EBP room.</p> <p>NJAC 8:39-19.4</p>	F 880			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET TRENTON, NJ 08628</b>
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S 000	Initial Comments  The facility was not in compliance with the standards in the New Jersey Administrative code, 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 interview and review of pertinent facility documents, 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 for 2 out of 42 shifts reviewed.  This deficient practice was evidenced by the following:  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	S 560	The facility works to staff on a daily basis based on at a minimum the standards as set forth by the state of New Jersey.  1. On the dates reviewed during the annual state survey, we appeared to not have sufficient staff for the days reviewed. Not from a lack of trying, as we attempted to utilize staffing agencies and paid additional incentives to our staff to pick up shifts. Our staffing system posts all our open positions allowing for staff and agency personnel to pick up those shifts. We post openings to be able to satisfy, at a minimum, the 1 C.N.A to 8 residents ratio on the day shift, 1 to 10 on the	9/10/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/14/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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</p> <p>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.</p> <p>During entrance conference on 8/5/24 at 9:54 AM, the surveyor asked the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) how the facility's staff was, and the DON stated staffing was great. The LNHA stated that the facility did have callouts, but the facility always had enough staff. At that time, the surveyor requested the Nurse Staffing Report to be completed for the following weeks: 7/21/24 to 7/27/24; and 7/28/24 to 8/3/24.</p> <p>The surveyor reviewed the facility completed Nurse Staffing Reports which revealed the following:</p> <p>7/21/24 had 8 CNAs to 18 total staff on the evening shift, required at least 9 CNAs. 7/28/24 had 12 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p>	S 560	<p>evening and 1 to 14 at night.</p> <p>2. We contract with numerous agencies to fill any remaining openings. We offer incentives to our staff and those in the agency to get those shifts filled. We have a staffing coordinator dedicated to obtaining the necessary staff. Aside from that person we have other nursing supervisors and managers that help in making any necessary phone calls and outreach to get the positions filled.</p> <p>3. Our company is working tirelessly on recruiting qualified licensed personnel so that we can reduce agency usage and fill the open positions we have. We will continue to post on our schedule so that we can attempt to fulfill the need for a 1 to 8 ratio on the day shift as identified in the 2567.</p> <p>4. Staffing Coordinator / designee will monitor staffing ratios daily and will report any days where staffing is lower than recommended. Data will be tracked and reported in the facilities monthly QAPI meeting.</p>	

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

PRINTED: 11/22/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>10/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET</b> <b>TRENTON, NJ 08628</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{E 000}	Initial Comments	{E 000}		
{F 000}	<p>INITIAL COMMENTS</p> <p>An onsite survey was conducted on 10/16/2024 to confirm the facility's Plan of Correction for the 8/21/2024 Recertification survey.</p> <p>The facility was found to be in compliance.</p>	{F 000}		

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

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 031101	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/16/2024
NAME OF FACILITY GREENWOOD HOUSE HOME FOR THE JEWISH AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 53 WALTER STREET TRENTON, NJ 08628	

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/10/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/21/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315215 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing <span style="float: right;">Y2</span>	DATE OF REVISIT 10/16/2024 <span style="float: right;">Y3</span>
NAME OF FACILITY GREENWOOD HOUSE HOME FOR THE JEWISH AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 53 WALTER STREET TRENTON, NJ 08628	

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 F0580	Correction	ID Prefix F0600	Correction	ID Prefix F0610	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.12(c)(2)-(4)	Completed
LSC	10/10/2024	LSC	10/10/2024	LSC	10/01/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/21/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO                 </span>		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 031101	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/16/2024
NAME OF FACILITY GREENWOOD HOUSE HOME FOR THE JEWISH AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 53 WALTER STREET TRENTON, NJ 08628	

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/10/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/21/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET TRENTON, NJ 08628</b>		
(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 000	<p><b>INITIAL COMMENTS</b></p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 8/15/24, 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.</p> <p>Greenwood House for Jewish Aged is a one-story building, with a partial basement, that was built in 1973. It is composed of Type II protected construction. The facility is divided into 7 - smoke zones.</p> <p>The floor plan indicates the following wings:</p> <p>A- wing resident rooms: 102-111 B- wing resident rooms: 201-214 C- west-wing resident rooms: 317-329 C-wing resident rooms: 302-315 D- wing resident rooms: 402-418 E- wing resident rooms: 501-513</p> <p>Back of the building: utilities, kitchen, administrative offices, synagogue, main-dining room, staff dining room, nursing offices, and physical therapy room.</p> <p>The exterior 350 KW emergency generator, powers 100% of the building as per the Maintenance Director.</p> <p>The facility is licensed for 137 beds and at entrance was occupying: 114.</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/14/2024

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:  <b>315215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/21/2024</b>
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K 281 SS=E	<p><b>Illumination of Means of Egress</b> CFR(s): NFPA 101</p> <p><b>Illumination of Means of Egress</b> Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 8/15/24 in the presence of the <b>US FOIA (B) (6)</b> and <b>US FOIA (B) (6)</b> it was determined that the facility failed to provide emergency illumination that would operate automatically along the means of egress in accordance with NFPA 101:2012 Edition, Section 19.2.8 and 7.8.1.3* (2) . This deficient practice was observed in 2 of 4 occupied areas, had the potential to affect 40 residents, and was evidenced by the following:</p> <ol style="list-style-type: none"> <li>1. An observation at 11:10 AM, revealed in the b-wing dining/activities room that 2 wall light switches shut off all 9 ceiling light fixtures.</li> <li>2. An observation at 11:28 AM, revealed in the A-wing dining/activities room that 3 wall light switches shut off all 9 ceiling light fixtures.</li> </ol> <p>The areas were not provided with any illumination of the means of egress continuously in operation or capable of automatic operation without manual intervention.</p> <p>The <b>US FOIA</b> and <b>US FOIA (B) (6)</b> both confirmed the findings at the time of observations.</p>	K 281	<ol style="list-style-type: none"> <li>1. Contact the electrician to rewire the electrical system in the B-wing dining/activities room 2 wall light switches and the A-wing dining/activities room 3 wall light switches. The electrician is scheduled to come out on 9/18/2024 to correct the light fixtures. Two lamps have been placed in the B-wing &amp; A-wing dining/activities room to be left on at all times until the ceiling lights have been rewired.</li> <li>2. This deficient practice has the potential to affect 40 residents. No residents were negatively affected. The Director of Maintenance conducted a facility inspection of the means of egress areas. No further areas identified missing illumination.</li> <li>3. On 9/12/2024 the Administrator educated the <b>US FOIA (B) (6)</b> and all maintenance staff on ensuring that area's of means of egress have proper illumination. The measures put into place to ensure this deficient practice will not recur will be to have the Director of Maintenance conducted a building wide</li> </ol>	9/30/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET TRENTON, NJ 08628</b>		
(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 281	Continued From page 2 The <b>US FOIA (B) (6)</b> was informed of the deficient practice at the Life Safety Code survey exit conference on 8/15/24.  NJAC 8:39-31.2(e)	K 281	inspection of the means of egress areas to identify any other potential areas without illumination. No other areas were identified by the Director of Maintenance. The Director of Maintenance/designee will audit the means of egress lighting on a monthly basis.  4. The Director of Maintenance/designee will audit a sample of 4 means of egress illumination monthly for 3 months. The audit and any corrective actions will be shared at the quarterly QAPI meetings.  5. The completion date for this deficient practice is 9/30/2024.		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101  Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as	K 324		9/10/24	

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K 324	<p>Continued From page 3</p> <p>hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation on 8/15/24 in the presence of the <b>US FOIA (B) (6)</b> and <b>US FOIA (B) (6)</b> it was determined that the facility failed to provide the required instructional signage above the Class K portable fire extinguisher to ensure all portable fire extinguishers were ready for use in accordance with the requirements of NFPA 101: 2012 Edition, Section 19.3.5.12, 9.7.4.1 and NFPA 10: 2010 Edition. This deficient practice had the potential to affect 25 residents in the facility and was evidenced by the following:</p> <p>At approximately 11:28 AM during the kitchen tour, the surveyor observed one K-type fire extinguisher that did not have the required instructional placard indicating: "Warning in case of appliance fire, use this extinguisher only after fixed suppression system has been activated."</p> <p>The <b>US FOIA</b> was interviewed at the time of the observation and stated that he was unaware of this requirement.</p> <p>The <b>US FOIA (B) (6)</b> was informed of the deficient practice at the Life Safety Code exit conference on 8/15/24.</p> <p>NJAC 8:39-31.2(e)</p>	K 324	<p>The corrective action put into place to rectify the deficient practice identified during the facility annual life safety survey was to:</p> <ol style="list-style-type: none"> <li>The Director of Maintenance ordered the instructional signage indicating the "Warning in case of appliance fire, use this extinguisher only after fixed suppression system has been activated." The signage was placed in a visible area by the K-type fire extinguisher located in the kitchen.</li> <li>The deficient practice had the potential to affect all residents in the facility. The Director of Maintenance did not identify any other K-type fire extinguishers in the facility.</li> <li>On 8/21/2024 the Administrator provided education to the <b>U.S. FOIA (b) (6)</b> and all maintenance staff on ensuring proper emergency signage is in place for k-type fire extinguisher. The Director of Maintenance/designee will audit the K-type fire extinguishers on a monthly basis and ensure proper signage is posted.</li> </ol>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET TRENTON, NJ 08628</b>		
(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 324	Continued From page 4 NFPA 10 2010 edition 5.5.5.3(a)	K 324	4. The Director of Maintenance/designee will report the results of the audit and the corrective actions during the quarter QAPI meetings.  5. The completion of this deficient practice is 9/10/2024.		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In	K 363		9/10/24	

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NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET TRENTON, NJ 08628</b>	
(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 363	<p>Continued From page 5</p> <p>sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 8/15/24 in the presence of the <b>US FOIA (B) (6)</b> and <b>US FOIA (B) (6)</b> it was determined that the facility failed to ensure that corridor doors were able to resist the passage of smoke in accordance with the requirements of NFPA 101: 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5.</p> <p>This deficient practice was identified for 6 of 43 resident rooms observed and had the potential to affect 30 residents in the facility and was evidenced by the following:</p> <p>Observations from 9:15 AM to 12:45 PM in the presence of the <b>US FOIA</b> and <b>US FOIA (B) (6)</b> revealed the following compromised resident room doors in the following areas:</p> <p>Wing #5: # 500 resident room door gets stuck into its frame</p> <p>Wing #3: # 331 resident room door gets stuck into its frame # 329 resident room door gets stuck into its frame # 327 resident room door gets stuck into its frame # 325 resident room door gets stuck into its frame # 319 resident room door gets stuck into its frame</p>	K 363	<ol style="list-style-type: none"> <li>The Director of Maintenance fixed the doors for residents #500, 331, 329, 327, 325, 319 to avoid the room door getting stuck into the frame. The Director of Maintenance adjusted the hinges on the door to prevent the door from getting stuck into the frame. The doors now close appropriately.</li> <li>The deficient practice had the potential to affect 30 residents. The Director of Maintenance did a check of all resident room doors and found no other doors with this deficient practice.</li> <li>On 9/3/2024 the Administrator educated the <b>US FOIA (B) (6)</b>, all maintenance staff, and the <b>US FOIA (B) (6)</b> on ensuring corridor doors are able to resist the passage of smoke, in accordance with the requirements. The Director of Maintenance fixed the doors in question. The Director of Maintenance/designee will add to the monthly facility rounds schedule a check of all resident room doors. After the 1st month, the maintenance director/designee will pick 5 doors from each resident unit to</li> </ol>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HOUSE HOME FOR THE JEWISH AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>53 WALTER STREET TRENTON, NJ 08628</b>	
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K 363	Continued From page 6  At the time of observations, the surveyor interviewed the <b>US FOIA (B) (6)</b> who confirmed the above findings.  The <b>US FOIA (B) (6)</b> was informed of the deficient practice at the Life Safety Code exit conference on 8/15/24.  NJAC 8:39-31.1(c), 31.2(e)	K 363	audit. This will be completed x3 months with a rotation of doors each month.  4. The Director of Maintenance/designee will monitor the monthly door checks for 3 months. The checks will be reviewed at the quarterly QAPI meeting. The door checks will be part of the monthly maintenance rounds.  5. The completion date for this deficient practice was 9/10/2024.	
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101  Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 8/15/24 in the presence of the <b>US FOIA (B) (6)</b> and <b>US FOIA (B) (6)</b> it was determined that the facility failed to ensure the guarding of live parts of electrical equipment and controls within unlocked panels in resident accessible areas in accordance with NFPA 101: 2012 Edition, Section 19.5.1, 19.5.1.1, 9.1, 9.1.2, NFPA 99: 2012 Edition, Section 6.3.2.1, 15.5.1.2 and NFPA 70: 2011 Edition, Section 110.26, 110.27 and 110.16. This deficient practice of electrical panels not guarded against accidental contact by approved enclosures and unlocked panels in	K 911	1. The Director of Maintenance obtained the key to the 7 electrical panels from the electrician. The 7 opened electrical panels located throughout the facility were all locked appropriately. A copy of the key was given to the Administrator, Director of Maintenance and behind the North Nurses station.  2. This deficient practice had the potential to affect all residents in the facility. No residents were negatively affected.	9/10/24

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K 911	Continued From page 7 resident accessible areas for 7 of 7 open electrical panels observed. This deficient practice had the potential to affect all residents in the facility and was evidenced by the following:  Observations from approximately 10:45 AM. to 1:45 PM. in the presence of the [US FOIA (b)(6)] and [US FOIA (b)(6)], revealed 7 open electrical wall panels in the resident exit/egress corridors throughout the facility.  The observations were confirmed by the [US FOIA (b)(6)] and [US FOIA (b)(6)] during the tour of the facility. The [US FOIA (b)(6)] indicated he was aware of the unlocked electrical panels and indicated he could no longer get parts for the original panel locks.  The [NJ Ex Order 26.4b1] was informed of the deficient practice at the Life Safety Code exit conference on 8/15/24.  NJAC 8:39-31.2(e) NFPA 70, 99	K 911	3. The Administrator educated the [U.S. FOIA (b) (6)], all maintenance staff and [US FOIA (b)(6)] on the locking of the electrical panels on 8/21/2024. The Director of Maintenance locked all of the electrical panels once the key was obtained by the electrician. The Director of Maintenance/designee will conduct a weekly check of the electrical panel doors to ensure they are locked for 4 weeks. After the 4-week period, the Director of Maintenance/designee will audit the locks monthly as part of the monthly building inspections.  4. The results of the audit will be reported in the quarterly QAPI meeting by the Director of Maintenance/designee.  5. The completion date for this deficient practice was 9/10/2024.	
K 918 SS=E	Electrical Systems - Essential Electric System 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	K 918		9/30/24

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K 918	Continued From page 8 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 observation, interview and record review on 8/15/24 in the presence of the <b>US FOIA (B) (6)</b> and <b>US FOIA (B) (6)</b> , a), it was determined that the facility failed to certify the time needed by their generator to transfer power to the building was within the required 10-second time frame in accordance with NFPA 99 for emergency electrical generator systems. b), it was determined that the facility failed to ensure a remote manual stop station for their exterior 350 KW diesel generator was installed in accordance with the requirements of NFPA 110: 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1.	K 918	1. The Director of Maintenance performed a generator test transfer of power which showed the generator transferred power at 9 seconds. The Administrator contacted the electrician to order a manual stop station for the exterior 350 KW diesel generator. The electrician ordered the manual stop station button and will be coming to install the button on 9/18/2024.  2. This deficient practice has the potential to affect all residents in the facility.		

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K 918	<p>Continued From page 9</p> <p>This deficient practice had the potential to affect all residents in the facility and was evidenced for 1 of 1 generators by the following:</p> <p>a), At 9:44 AM, a review of the generator records for the previous twelve (12) months did not reveal documented certification that the generator would start and transfer power to the building within ten seconds for 12 of 12 times for the facility generator. Currently, the [US FOIA] was performing monthly generator load testing, but did not indicate the required transfer times on the following log dates:</p> <p>Facility Generator (350 KW): 8/8/23, 9/20/23, 10/17/23, 11/28/23, 12/13/23, 1/31/24, 2/14/24, 3/21/24, 4/11/24, 5/14/24, 6/25/24 and 7/31/24.</p> <p>An interview was conducted with the [US FOIA] during document review where he stated that he was not putting the transfer times on the provided generator monthly load test log.</p> <p>b). At 10:40 AM, the surveyor, [US FOIA], and [US FOIA (B) (6)] observed the exterior 350 KW (kilowatt) diesel generator. The observation revealed that there was no remote manual stop station outside the area of the generator location.</p> <p>An interview was conducted during the time of the observation with the [US FOIA] and [US FOIA (B) (6)], who both stated and confirmed that the generator did not have a remote manual stop station to prevent inadvertent or unintentional operation, that was located outside the area of the enclosure housing the prime mover for the current generator in service.</p> <p>The [US FOIA (B) (6)] was informed of the deficient</p>	K 918	<p>3. On 9/12/2024 the Administrator educated the [US FOIA (B) (6)] on recording the time needed for transfer power, that it is meeting the 10 sec time frame, and is documented monthly. The Director of Maintenance performed the generator transfer of power test to show that the 10-second time frame in electrical generator system was satisfied. The electrician ordered a manual stop station button to be installed on 9/18/2024. The Director of Maintenance/designee will conduct a monthly generator power transfer test and document the time frame observed to transfer power. If the time frame is more than the 10-second requirement, the Director of Maintenance/designee will correct the action accordingly. The manual stop station will be audited in the annual generator test.</p> <p>4. The Director of Maintenance/designee will report the generator power transfer seconds monthly in the monthly generator test. The information will be reviewed in the quarterly QAPI meeting.</p> <p>5. The completion date for this deficient practice is 9/30/2024.</p>	

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

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FORM APPROVED  
OMB NO. 0938-0391

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K 918	Continued From page 10 practice at the Life Safety Code exit conference on 8/15/24.  NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110 NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1.	K 918			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315215	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 10/16/2024	Y3
NAME OF FACILITY GREENWOOD HOUSE HOME FOR THE JEWISH AGED			STREET ADDRESS, CITY, STATE, ZIP CODE 53 WALTER STREET TRENTON, NJ 08628		

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 K0281	Correction Completed 09/30/2024	ID Prefix _____ Reg. # NFPA 101 LSC K0324	Correction Completed 09/10/2024	ID Prefix _____ Reg. # NFPA 101 LSC K0363	Correction Completed 09/10/2024
ID Prefix _____ Reg. # NFPA 101 LSC K0911	Correction Completed 09/10/2024	ID Prefix _____ Reg. # NFPA 101 LSC K0918	Correction Completed 09/30/2024	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 _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/21/2024

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