STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315459	A. BUILDING _____ B. WING _____	C 05/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW JERSEY VETERANS MEMORIAL HOME MENLO	132 EVERGREEN RD EDISON, NJ 08818

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ 146095, 149085, 153879 Census: 187 Sample Size: 4 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the	F 609		7/1/22

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

Electronically Signed | 06/10/2022

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 609	Continued From page 1 incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: C # : NJ00146095 Based on interviews, record review, as well review of pertinent facility documents on 5/26/22 and 5/27/22, it was determined that the facility failed to report to the Administrator/designee an injury of unknown origin and follow the facility's policy on "ABUSE INVESTIGATION" and "UNUSUAL INCIDENTS" for 1 of 2 residents (Resident [redacted]), reviewed for allegation of abuse investigation. This deficient practice is evidenced by the following: 1. According to the "RESIDENT FACESHEET (RF)", Resident [redacted] was admitted to the facility on [redacted] and discharged on [redacted] with diagnosis that included but was not limited to: [redacted]. The Minimum Data Set (MDS) an assessment tool dated [redacted] showed that Resident [redacted] cognition was [redacted] and required limited assistance with Activities of Daily Living. Resident [redacted]'s Care Plan dated on [redacted], showed that the Resident had [redacted] to [redacted] and [redacted] The "Incident Case Report (ICR)," showed that on [redacted] at 2:00 am, the facility investigated an incident involving Resident [redacted] The ICR showed that Certified Nursing Assistant (CNA #1) saw [redacted] on Resident [redacted] and [redacted] and reported to the nurse on duty. The ICR	F 609	1) Resolution of deficient practice specified in 2567: CNA #2 will be held accountable with documentation to HR File and receive re-education regarding timely reporting of injuries or unusual occurrences. LPN #1 is no longer employed by NJ Veterans Memorial Home – Menlo Park therefore accountabilities and re-education could not be delivered. Allegation was reported to administration [redacted] and regulatory on [redacted] 2) Identification of individuals at risk for deficient practice: Any resident may be at risk for this practice. 3) Systematic change to ensure compliance: The Staff Development Coordinator/designee will ensure certified and licensed staff will receive re-education related to reporting requirements for unusual occurrences, injuries of unknown origin, and abuse prohibition. The Administrator/designee will ensure new, highly visible signage identifying the Abuse Officer (DON), Grievance Officer, Compliance Officers and their designees with concise reporting requirements and contact information will posted in a highly visible area at each Nurse Station, in the main Staff Break Area and in the Main	

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F 609	Continued From page 2 further showed that there was no witness how Resident [redacted] obtained the aforementioned bruises and that the Resident could not explain what happened too. The Facility Reportable Event (FRE), dated 6/10/21 at 2:00 pm, showed the aforementioned incident. Attached with the FRE, the statement from CNA [redacted] (another CNA assigned to the Resident) dated [redacted]. The CNA stated that on [redacted] she saw a [redacted] on the Resident (location was not specified). Attached with the FRE, the statement from Licensed Practical Nurse (LPN #1), dated [redacted]. She stated that on [redacted] she noticed an [redacted] on Resident [redacted]. The LPN stated that she intended to investigate further, however, she forgot to check the Resident's medical records (MR). The MR from [redacted] to [redacted], showed no documented evidence that the [redacted] observed by CNA #2 and LPN #1 were reported to the Administration/designee which was according to their policy. The surveyor conducted an interview with Director of Nursing (DON) on 5/27/22 from 11:30 am to 1:25 pm. The DON stated that CNA #2 and LPN #1 should have reported the incident to the Administration/designee for further investigation. The surveyor attempted to conduct a telephone interview with LPN #1 on 5/31/22 at 11:42 am, however, she was not available.	F 609	common area of the building. The DON (Abuse Officer) /ADON will review incident reports and corresponding statements to ensure that the date the occurrence happened is reflected in the statements and incident report accurately. The DON (Abuse Officer)/ADON/designee will interview and seek clarification for witness statements that appear to contain conflicting or ambiguous information. 4) System to monitor compliance DON (Abuse Officer)/Designee will track the time/date of incident, the time/date of report to Administration/Designee, time/date of report to regulatory and whether the time frame meets regulatory requirements. A summary of findings will be reported to the Quality Assurance Committee monthly for 3 months, and quarterly thereafter for a period of 1 year.	

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F 609	Continued From page 3	F 609		

The surveyor conducted a telephone interview with CNA #2 on 5/31/22 at 1:34 pm she did not remember the aforementioned incident.

The facility's policy "UNUSUAL INCIDENTS" undated, showed "To initiate a process that facilitates the reporting, investigating, and remedy of unusual incidents, and to facilitate corrective actions designed to prevent and/or eradicate incidents of verbal, physical, emotional, financial or sexual abuse, neglect, exploitation or misappropriation of resident property...INTERNAL REPORTING RESPONSIBILITIES. A. All employees shall: 1. Immediately report unusual incident, suspected or alleged cases of abuse, exploitations...to their Supervisor or Department Head..."

The facility's policy "ABUSE INVESTIGATION", undated, showed "...The [facility] requires alleged/suspected event, occurrences, patterns, or trends that may constitute abuse to be investigated...This procedure serves to ensure the [facility] will investigate all alleged and /or suspected events, occurrences, patterns, or trends that may constitute abuse and an investigative report of the findings, disposition of the victim, conclusions and subsequent administrative actions filed as a matter or record...Any employee having knowledge of any unusual incident, event, or occurrences of alleged or suspected abuse, neglect, exploitation or misappropriation of a resident's personal belongings shall report all such matters to their immediate supervisor without delay to ensure a timely administrative intervention and investigation. Failure to report such incident may result in administrative/criminal penalties..."

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F 609	Continued From page 4 N.J.A.C. 8:39-4.1 (a) 5	F 609		