

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

PRINTED: 07/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2024
NAME OF PROVIDER OR SUPPLIER ROOSEVELT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837		
(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 #: #157139, # 157797, #159358, #167071, #171606 Survey Date: 04/22/2024 to 05/03/2024 Census: 153 Sample: 32 + 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the	F 550		5/30/24

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

TITLE

(X6) DATE

Electronically Signed

05/25/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 550	<p>Continued From page 1</p> <p>provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights.</p> <p>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:</p> <p>Based on observation, interview and review of other facility documentation, it was determined that the facility failed to protect resident's [REDACTED] and [REDACTED] in a [REDACTED] manner. This deficient practice was identified for one (1) of 30 residents reviewed for [REDACTED] and [REDACTED] (Resident #53).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 4/22/24 at 10:58 AM, the surveyor observed on the front of Resident #53's room door (hallway side) signage that read, "Attention, room [# redacted] [name redacted], needs to be [REDACTED] [REDACTED] ! Please read and take note: Nurse [REDACTED], room [# redacted], [name redacted], dated [REDACTED] [REDACTED] ." Another sign on the same door</p>	F 550	<p>Corrective Action:</p> <p>Resident #53</p> <p>The Assistant Director of Nursing (ADON) removed the two signs posted in the resident room and on the resident door which provided [REDACTED] and instruction for the [REDACTED].</p> <p>The Unit Manager updated the resident's care plan, and the aide's task for documentation.</p> <p>The center conducted a facility-wide audit by the Unit Managers and DON to ensure no other posting were noted on resident doors and in resident rooms. No other signs or notes were found.</p>	

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F 550	<p>Continued From page 3</p> <p>focus for NJ Ex Order 26.4b1 a goal for NJ Ex Order 26.4b1 [REDACTED] and an intervention to monitor NJ Ex Order 26.4b1 .</p> <p>On 4/30/24 at 9:08 AM, the surveyor interviewed the Licensed Practical Nurse (LPN). The LPN stated, "the nurse or certified nursing assistant is instructed to NJ Ex Order 26.4b1 and monitor the resident's [REDACTED] I do not know who put the signs on the door." The sign for the NJ Ex Order 26.4b1 is because the resident NJ Ex Order 26.4b1 and is detrimental for the residents NJ Ex Order 26.4b1</p> <p>On 4/30/24 at 9:16 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated "I round, twice a week, my rounds are looking for environmental issues, rooms issues, residents' issues, and I greet all new admissions. I trust my unit managers (UM) because they will let me know if there are any issues with staff or residents, and the environment. Then I will let the specific department know of the problem or give education and in services if needed." She further stated, "I did not see it. I would have taken it down immediately; it is not a good sign you should not be having a sign and the resident should have their remote. I will investigate this and let you know."</p> <p>On 4/30/24 at 10:16 AM, the surveyor interviewed the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) who both stated, "the sign on the door is against HIPAA (Health Insurance Portability and Accountability Act, federal law that requires the creation of national standards to protect sensitive patient health information from being disclosed). It should not be hung on the door like that."</p>	F 550	quarterly.

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F 550	<p>Continued From page 4</p> <p>A review of the "Residents Rights" policy, adopted 11/2018 and updated 10/2021, revealed policy interpretation and implementation #1 a.) a dignified existence, b.) be treated with respect, kindness, and dignity. #3) The unauthorized release, access, or disclosure of resident information is prohibited. All release, access, or disclosure of resident information must be in accordance with current laws governing privacy of information issues. All inquiries concerning the release of resident information should be directed to the HIPAA compliance officer.</p> <p>A review of the "Resident Room Posting" policy, dated 01/01/22, revealed:</p> <p>Policy: it is the policy of this facility to support a residents right to personal privacy and confidentiality in all aspects of care and services, to include personal and medical records.</p> <p>Definition: "confidentiality" is defined as safeguarding the content of information including video, audio, or other computer stored information from unauthorized disclosure without the consent of the resident and/or the individuals surrogate or representative.</p> <p>Policy explanation and compliance guidelines:</p> <p>1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups ...</p> <p>5) Documentation will be made in the resident's medical record should the facility decide that for the residents well being a visual cue as a reminder is necessary.</p> <p>7) Any use of a resident room posting(s) will be documented in the medical record.</p> <p>On 5/02/24 at 01:00 PM, the survey team met with the <u>U.S. FOIA</u>, <u>U.S. FOIA (b)</u> and <u>U.S. FOIA (b)</u>. The</p>	F 550		

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F 550	Continued From page 5 administration team acknowledged the regulatory issues with the signage and had no further information to provide.	F 550		
F 578 SS=D	<p>NJAC 8:39-17.2(e) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)</p> <p>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.</p> <p>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).</p> <ul style="list-style-type: none"> (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility 	F 578		5/30/24

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F 578	<p>Continued From page 7</p> <p>The surveyor reviewed the medical record for Resident #55.</p> <p>The Admission Record reflected that the resident was admitted to the facility with diagnoses that included but were not limited to; <small>NJ Ex Order 26.4b1</small> <small>NJ Ex Ord</small> [REDACTED]</p> <p>[REDACTED] <small>NJ Ex Order 26.4b1</small> [REDACTED] <small>NJ Ex Order 26.4b1</small> [REDACTED] <small>NJ Ex Order</small> [REDACTED] <small>NJ Ex Order 26.4b1</small> [REDACTED] <small>NJ Ex Order 26.4b1</small> and [REDACTED] <small>NJ Ex Order 26.4b1</small> <small>NJ Ex Order 26.4b1</small> [REDACTED]</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated <small>NJ Ex Order 26.4</small>, reflected that the resident had a brief interview for mental status (BIMS) score of <small>NJ</small> out of 15, indicating that the resident was <small>NJ Ex Order 26.4b1</small>.</p> <p>A review of the <small>NJ Ex Order 26.4b1</small> Order Summary Report (OSR) revealed a PO dated <small>NJ Ex Order 26.4</small> for a <small>NJ Ex Order 26.4</small> <small>NJ Ex Order</small> [REDACTED]</p> <p>[REDACTED]</p> <p>A review of Resident #55's Care Plan (CP) revealed a <small>NJ Ex Order 26.4b1</small> with an initiation date of <small>NJ Ex Order 26.4</small>.</p> <p>A review of the New Jersey Practitioner Orders for Life-Sustaining Treatment (POLST) revealed that the resident's family and the physician signed the signature section of the POLST on <small>NJ Ex Order 26.4</small> for the following areas:</p>	F 578	<p>the UM.</p> <p>The UM and/or their designee will update the physician's order.</p> <p>The Social Worker will update the care plan.</p> <p>The Interdisciplinary Team will review the resident's completed POLST form, orders, and care plan during care conferences.</p> <p>Monitoring:</p> <p>The Social Worker and/or her designee will audit ten (10) resident's POLST/Code Status, and care plan weekly for four (4) weeks, then 20 residents monthly for three (3) months.</p> <p>The Social Worker will present the audit findings to the center's QA Committee, which meets quarterly.</p>	

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F 578	<p>Continued From page 8</p> <p>- "Goals of Care" [REDACTED] [REDACTED]</p> <p>- "Medical interventions: [REDACTED] treatment [REDACTED] [REDACTED] [REDACTED], Transfer to hospital only if [REDACTED] can't be met at the current location, and additional orders: [REDACTED] and [REDACTED]</p> <p>- "Artificially administered [REDACTED] and [REDACTED] no [REDACTED]."</p> <p>- [REDACTED] [REDACTED]: Do not [REDACTED] [REDACTED] [REDACTED] [REDACTED]."</p> <p>On 04/24/24 10:31 AM, the surveyor in the presence of the U.S. FOIA (b) (6) [REDACTED] reviewed the resident's medical records. The U.S. FOIA (b) (6) acknowledge that the resident was a [REDACTED] according to the physician's order. The U.S. FOIA (b) (6) also acknowledged that the resident's care plan indicated that the resident was a [REDACTED] [REDACTED]. The surveyor requested the U.S. FOIA (b) (6) to check the resident's POLST which was under the miscellaneous tab of the computerized medical record. The U.S. FOIA (b) (6) opened the POLST form that had the family and physician's signature date of [REDACTED]. At that time, she acknowledged that the resident had a [REDACTED] and [REDACTED]. She told the surveyor that the procedure of a change of a POLST was for the physician to notify nursing regarding a change of order and, at that time, the physician's order and care plan would be updated with the new [REDACTED]. The U.S. FOIA (b) (6) further stated that the POLST was important because it was a [REDACTED] [REDACTED]</p> <p>On 4/24/24 at 11:05 AM, the surveyor interviewed</p>	F 578	

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F 578	<p>Continued From page 9</p> <p>the facility U.S. FOIA (b) (6) who confirmed that she met with the resident's family (NJ Ex Order 26.4b) [REDACTED] [REDACTED] on [REDACTED] and discussed the resident's current POLST. The [REDACTED] stated that the [REDACTED] manager was present at the meeting. The new POLST with a [REDACTED] change of [REDACTED] and [REDACTED] was signed by the family in front of the [REDACTED] and the [REDACTED]. The [REDACTED] further stated that the [REDACTED] who was at the facility, came to the meeting and signed the POLST. Once both parties sign the POLST the [REDACTED] was supposed to initiate a change of a [REDACTED] and update the care plan. The [REDACTED] stated once the POLST signed by both parties (family and physician) it (the [REDACTED]) should have been initiated immediately.</p> <p>On 5/1/23 at 1:00 PM, the surveyor presented the above concern to the facility administration team which included the U.S. FOIA (b) (6) [REDACTED], the U.S. FOIA (b) (6) [REDACTED] and the U.S. FOIA (b) (6) [REDACTED].</p> <p>There was no additional information provided.</p> <p>A review of the facility's policy for "Advance Directives" revised on 12/2023, and was provided by the VPC revealed the following:</p> <p>"18. The interdisciplinary team will review annually with the resident his or her advance directives to ensure that such directives are still the wishes of the resident. Such reviews will be made during the annual assessment process and recorded on the resident assessment instrument (MDS).</p> <p>"19. The care plan team will be informed of such changes and/or revocations so that appropriate</p>	F 578		

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F 578	Continued From page 10 changes can be made in the resident assessment (MDS) and care plan." "20. The Director of Nursing services or designee will notify the attending physician of advance directives so that appropriate orders can be documented in the resident's medical record and plan of care. The attending physician will not be required to write orders for which he or she has an ethical or conscientious objection."	F 578		
F 609 SS=D	NJAC 8:39-4.1(a)2 Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(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	F 609		5/30/24

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F 609	<p>Continued From page 11</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint # 171606</p> <p>REPEAT DEFICIENCY</p> <p>Based on interviews, review of the medical records (MRs) and other facility documentation, it was determined that the facility failed to report an NJ Ex Order 26.4b1 to the New Jersey Department of Health (NJDOH) as required and according to the facility's policy for 2 of 3 residents (Resident #210 and # 211) reviewed for NJ Ex Order 26.4b1.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. According to the admission record (AR), Resident #210 was admitted to the facility with diagnosis which included but were not limited to: NJ Ex Order 26.4b1 NJ Ex Order 26.4b1) and NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1 .</p> <p>A review of the quarterly Minimum data set (MDS) an assessment tool, dated NJ Ex Order 26.4b1, revealed the resident had a brief interview of mental status (BIMS) of N out of 15 which indicated that the resident was NJ Ex Order 26.4b1. Further review revealed the resident had NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1.</p>	F 609	<p>Corrective Action: Residents # 210 and 211 The Administrator reported the incident; however, it was not within the time frame.</p> <p>The VP of Clinical Services provided the reeducation on the reporting timelines immediately to both the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6). All staff were also in serviced by the Risk Manager/Facility Educator on reportable events timelines.</p> <p>Residents affected: All residents have the potential to be affected by this practice.</p> <p>Measures/Systematic Changes: The Risk Manager/Facility Educator will provide in service to all the nurses and social work staff on Federal Guidelines F609 related to Incident/Accident/Investigation reporting.</p> <p>Incidents of unknown origin, and allegations of abuse will be flagged from NJ Exec Order 26.4b1 for immediate corporate review by the DON; Regional Clinical Supervisor; and/or VP of Clinical Services. In real time, contact will be made with center staff including, but not limited to the Administrator; DON; Unit</p>	

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NAME OF PROVIDER OR SUPPLIER ROOSEVELT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837		
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F 609	<p>Continued From page 12</p> <p>A review of the Care Plan (CP) revealed a Focus of an ADL NJ Ex Order 26.4b1 [REDACTED] Date [REDACTED]. Initiated: NJ Ex Order 26.4b1.</p> <p>A review of progress notes dated NJ Ex Order 26.4b1 at 07:56 AM revealed a "General Note, Note Text: The writer was notified by Nurse that resident NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1. Immediately went to resident room. Upon assessment NJ Ex Order 26.4b1 noted at NJ Ex Order 26.4b1. [REDACTED]. MD and family notified. NJ Ex Order 26.4b1 ordered. NJ Ex Order 26.4b1 given for NJ Ex Order 26.4b1 as well as NJ Ex Order 26.4b1 applied. U.S. FOIA made aware."</p> <p>On 04/24/24 at 11:06 AM, the surveyor interviewed the U.S. FOIA (b) (6) [REDACTED] in the presence of the survey team. The U.S. FOIA (b) (6) stated that an allegation of NJ Ex Order 26.4b1 or NJ Ex Order 26.4b1 [REDACTED] would be reported to the Interdisciplinary Team and or the U.S. FOIA (b) (6) [REDACTED] immediately. She stated we have a concern form and we start an investigation. The U.S. FOIA stated that NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 residents were interviewed and asked, "have you been treated in NJ Ex Order 26.4b1 manner". She further stated if there was an allegation of NJ Ex Order 26.4b1 the staff member was removed from the schedule immediately.</p> <p>On 04/24/24 at 1:25 PM, the U.S. FOIA (b) provided the surveyor with an investigation for an NJ Ex Order 26.4b1 [REDACTED] for Resident # 210. A review of the Investigation revealed an "Incident Report" dated NJ Ex Order 26.4b1 at 03:45, "Incident Description: The writer was notified by the aide at 3:45 am that resident NJ Ex Order 26.4b1 is NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 [REDACTED]</p>	F 609	<p>Manager; Center Supervisor on nights and weekends to ensure timely reporting.</p> <p>Monitoring: The Administrator and/or their designee will audit two (2) resident incident/accident reports weekly for four (4) weeks. Then, five (5) resident incident/accident reports monthly for three (3) months will be reviewed by the DON and Regional Clinical Supervisor for determination of appropriate reporting.</p> <p>The Administrator will present the audit results to the Center's QA Committee which meets quarterly.</p>	

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F 609	<p>Continued From page 13</p> <p>"Immediate Action Taken: Description: Call made to supervisor and came down to do assessment with the writer. Upon assessment noted at the [REDACTED] [REDACTED] PRN [REDACTED] [REDACTED] given for [REDACTED] and it was [REDACTED] Resident [REDACTED] in bed after care given with [REDACTED] [REDACTED]. [REDACTED] [REDACTED] applied to the [REDACTED] and was [REDACTED]. Message left for MD's answering service to call back and the [REDACTED] too made aware."</p> <p>... "Notes: [REDACTED] On investigation, at around 11 pm of [REDACTED] the 3 to 11 Nurse said he did his rounds and observed that the resident's [REDACTED] were [REDACTED] [REDACTED]. He assisted the resident's [REDACTED] and the resident became [REDACTED] and [REDACTED] and [REDACTED]. The nurse called the resident's [REDACTED] no further complaints or [REDACTED] issues documented. This nurse obtained an order for [REDACTED] (NJ Ex Order 26.4b1) for [REDACTED] At the change of shift, the 3 to 11 shift nurse endorsed to 11-7 nurse about the resident's behavior, the 11-7 nurse did her rounds and noted that the resident was in his/her bed, not in any from of distress. At 0345 was when the CNA informed her about the resident having [REDACTED] [REDACTED]."</p> <p>On 04/26/24 at 10:24 AM, the surveyor interviewed the U.S. FOIA (b) (6) [REDACTED] and the U.S. FOIA (b) (6) [REDACTED] (US FOIA (b) (6)) regarding the above incident. The [REDACTED] stated the process for NJ Ex Order 26.4b1 was to immediately investigate and start taking statements from all of staff that took care of the resident for the past 48 hours. He stated, "they do a reenactment, so I am clear what happened." He</p>	F 609	

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F 609	<p>Continued From page 14</p> <p>further stated, "if the resident was [REDACTED] and [REDACTED] [REDACTED] we interview them, we notify the family and the physician." The [REDACTED] stated that the U.S. FOIA (b) (6) interviews the residents. He stated, "if it involved a staff member, we remove them immediately and they are suspended while the investigation was ongoing." He further stated, "We report it to the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6). If it was a definite allegation of [REDACTED] [REDACTED] we report it within 2 hours, if not, we report within 24 hours."</p> <p>At that time, the [REDACTED] stated that "we did not report it initially because we knew the cause (of [REDACTED])." He then stated, "we reconvened on [REDACTED] when we heard from the hospital that the resident's condition had [REDACTED] at that point, so we called it (the incident) to the [REDACTED] on [REDACTED] at 12:15 PM." The [REDACTED] stated, "On [REDACTED], after receiving an email from the resident's [REDACTED] [REDACTED] that the resident stated that a nurse caused the [REDACTED] we (the facility) called it in again at 5:20 PM."</p> <p>A review of the above-mentioned email dated [REDACTED] at 03:18 PM revealed: "On Friday, [REDACTED] {name redacted} (Resident # 210) was [REDACTED] ...Naming {name redacted} (night nurse 3:00PM-11:00pm) as the person who [REDACTED]." A review of the facility investigation revealed that the facility immediately removed the nurse in question from the schedule and conducted a complete investigation.</p> <p>2. According to the AR, Resident #211 was admitted to the facility with diagnosis which included but were not limited to: [REDACTED] [REDACTED] (NJ Ex Order 26.4b1)</p>	F 609		

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F 609	<p>Continued From page 15</p> <p>NJ Ex Order 26.4b1) and NJ Ex Order 26.4b1 [REDACTED]</p> <p>A review of the admission MDS, dated NJ Ex Order 26.4b1, revealed the resident had a BIMS of NJ Ex Order 26.4b1 out of 15 which indicated that the resident was NJ Ex Order 26.4b1. Further review, revealed the resident was independent with activities of daily living.</p> <p>A review of the Care Plan (CP) revealed a "Focus: [name redacted] is on NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 [REDACTED] which put him/her at risk for NJ Ex Order 26.4b1, date initiated NJ Ex Order 26.4b1."</p> <p>A review of the progress note dated NJ Ex Order 26.4b1 at 12:11 pm revealed: "Note text: Around 9:45am it was brought to my attention by MD resident has a NJ Ex Order 26.4b1. Upon assessment NJ Ex Order 26.4b1 but refused to be NJ Ex Order 26.4b1 or for NJ Ex Order 26.4b1. NJ Ex Order 26.4b1 ordered called in done by [name redacted] NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 Family NJ Ex Order 26.4b1 is aware of NJ Ex Order 26.4b1 order ..."</p> <p>On 04/24/24 at 1:25 PM, the I.S. FOIA (b) provided the surveyor with an investigation for an NJ Ex Order 26.4b1 [REDACTED] for Resident # 211. A review of the incident report dated NJ Ex Order 26.4b1 at 12:00 revealed: "Incident Description: I writer was called to the room by Dr. [name redacted] on NJ Ex Order 26.4b1 noted on resident NJ Ex Order 26.4b1. Unable to NJ Ex Order 26.4b1 as resident refused. Resident Description: Statement happen during NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1 ...Notes NJ Ex Order 26.4b1 Interviewed the NJ Ex Order 26.4b1 staff. Interviewed EMS transporters. Will do NJ Ex Order 26.4b1 assessment upon return from NJ Ex Order 26.4b1 ..."</p> <p>On 04/26/24 at 10:52 AM, the surveyor</p>	F 609		

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F 609	<p>Continued From page 16</p> <p>interviewed the [U.S. FOIA (b)] and the [U.S. FOIA] regarding the above incident. The [U.S. FOIA] stated, "after our investigation, we determined that the [NJ Ex Order 26.4b1] was from the [NJ Ex Order 26.4b1] being put on over the resident's [NJ Ex Order 26.4b1] during [NJ Ex Order 26.4b1]. She also stated that the resident was on an [NJ Ex Order 26.4b1]. The [U.S. FOIA (b)] confirmed the incident was called in to the [U.S. FOIA] on [NJ Ex Order 26.4b1] at 8:30 PM. He then stated, "It was over the time limit, it should have been called in before 12:00 that day [NJ Ex Order 26.4b1]."</p> <p>On 5/1/24 at 1:00 PM, during a meeting with the survey team, the [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)], the [U.S. FOIA (b) (6)], the [U.S. FOIA (b) (6)], and the [U.S. FOIA (b) (6)] the surveyor presented the above concerns for Resident #210 and #211.</p> <p>On 5/2/24 at 11:07 AM, during a meeting with the survey team, the [U.S. FOIA (b)] the [U.S. FOIA] and the [U.S. FOIA (b)] in regard to reporting [NJ Ex Order 26.4b1] to the [U.S. FOIA (b)] the [U.S. FOIA] acknowledged they (incident for Resident #210 and #211) were reported late. She stated "they need to make sure anytime there was an [NJ Ex Order 26.4b1], if the cause was unknown, it must be reported immediately. The [U.S. FOIA] stated the purpose was because it was a requirement and "we need to make sure we follow it to rule out [NJ Ex Order 26.4b1] start investigation immediately to make sure that if an employee needs to be removed, they are removed from the schedule and to make sure it was addressed timely."</p> <p>A review of the facility's policy titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating" dated 9/2023, revealed "All reports of resident abuse (including injuries of unknown origin), neglect, exploitation,</p>	F 609		

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F 609	Continued From page 17 or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Finding of all investigations are documented and reported...Reporting Allegations to the Administrator and Authorities 1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to the state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies; a. The state licensing/certification agency responsible for surveying/licensing the facility; b. The local/state ombudsman...3. 'Immediately' is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury. 4. Verbal/written notices to agencies are submitted via carrier, fax, e-mail, or by telephone..." NJAC 8:39-9.4 (f) Accuracy of Assessments CFR(s): 483.20(g)	F 609		
F 641 SS=C	§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on the interview, record review, and review of pertinent facility documentation it was determined that the facility failed to accurately code the Minimum Data Set (MDS) for one (1) of	F 641	Corrective Action: Resident #147 The MDS was modified and transmitted to the Centers for Medicare and Medicaid	5/30/24

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F 641	<p>Continued From page 18</p> <p>the 28 residents reviewed, Resident #147.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 4/22/24 at 9:49 AM, the surveyor interviewed the U.S. FOIA (b) (6) [REDACTED]. The [REDACTED] informed the surveyor that Resident #147 was on NJ Ex Order 26.4b1 [REDACTED] is a NJ Ex Order 26.4b1 that causes NJ Ex Order 26.4b1 [REDACTED] (NJ Ex Order 26.4b1).</p> <p>On 4/22/24 at 10:04 AM, the surveyor observed Resident #147's room with a posted sign for NJ Ex Order 26.4b1 and PPE (personal protective equipment) hung outside the door. The resident was seated in a wheelchair with a responsible party (RP) inside the room wearing gloves and a gown. The resident had [REDACTED].</p> <p>During an interview, the RP informed the surveyor that he/she visits the resident daily. The RP was aware of the resident's [REDACTED] and the NJ Ex Order 26.4b1. The RP further stated that the resident had been in the room with no other residents, not sure exact date, but "probably" beginning of [REDACTED].</p> <p>The surveyor reviewed the hybrid (combination of paper and electronic) medical records of Resident #147 as follows:</p> <p>According to the Admission Record (admission summary), Resident #147 was admitted to the facility with a diagnosis that included but was not limited to NJ Ex Order 26.4b1 [REDACTED] [REDACTED], NJ Ex Order 26.4b1 [REDACTED] (NJ Ex Order 26.4b1).</p>	F 641	<p>Services.</p> <p>Residents Affected: ALI residents have the potential to be affected by this practice. This plan applies to all residents.</p> <p>Systematic Changes/Measures: The MDS Clinical Coordinator will in service the per diem MDS staff on the Federal Regulation F641, accuracy of assessment.</p> <p>Monitoring: The MDS Clinical Coordinator and/or their designee will audit five (5) completed scheduled MDSs weekly for four (4) weeks, then ten (10) completed scheduled MDSs monthly for three (3) months.</p> <p>The MDS Clinical Coordinator will present the audit findings to the center's QA Committee which meets quarterly for further review.</p>	

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F 641	<p>Continued From page 19</p> <p>NJ Ex Order 26.4b1 [REDACTED] [REDACTED] NJ Ex Order 26.4b1 [REDACTED] [REDACTED] NJ Ex Order 26.4b1 [REDACTED] NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1 [REDACTED] [REDACTED] NJ Ex Order 26.4b1 [REDACTED]</p> <p>A review of the resident's Progress Notes (PN) showed the following information: Created date [REDACTED] at 8:00 PM by Licensed Practical Nurse (LPN) included that Resident #147 NJ Ex Order 26.4b1 maintained. Created date [REDACTED] at 7:16 AM by Registered Nurse #1 (RN#1) included that [REDACTED] maintained. Created date [REDACTED] at 9:43 AM by the U.S. FOIA (b) (6) included in the documentation that the patient (also known as the resident) seen for [REDACTED]. The Impression and Plan included: NJ Ex Order 26.4b1 oral [REDACTED] [REDACTED] q6hrs (every 6 hours) x 2 weeks then tid (3 x a day), bid (twice a day) and daily 1 week each. Created date [REDACTED] at 6:24 PM by RN#2 documented that resident NJ Ex Order 26.4b1 result showed NJ Ex Order 26.4b1, RP and physician were made aware. It also included in the documentation of RN#2 that the physician ordered to start NJ Ex Order 26.4b1 and the resident was transferred to a [REDACTED] room. A review of the resident's NJ Ex Order 26.4b1 reports showed that on [REDACTED] at 01:59 PM, the final NJ Ex Order 26.4b1 was called and read to the facility. The resident's quarterly MDS (qMDS), an assessment tool used to facilitate the management of care, with an assessment</p>	F 641	

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F 641	<p>Continued From page 20</p> <p>reference date (ARD) of [REDACTED] revealed in Section C Cognitive Status with a BIMS (Brief Interview for Mental Status) score of [REDACTED] which reflected that the resident's [REDACTED] status was NJ Ex Order 26.4b1. The qMDS in Section O Special Treatments, Procedures, and Programs: [REDACTED] or [REDACTED] was coded no which indicated that the resident was not in [REDACTED] or [REDACTED]</p> <p>On 5/01/24 at 9:44 AM, the surveyor interviewed the U.S. FOIA (b) (6) [REDACTED]. The U.S. FOIA (b) (6) informed the surveyor that the facility did not have a policy for MDS, instead, the facility followed the RAI (Resident Assessment Instrument) Manual. The U.S. FOIA (b) (6) stated that [REDACTED] would be coded in MDS Section O when the criteria were met for [REDACTED] during the lookback period. She further stated that she looked at the resident's medical records for the documentation with regard to the [REDACTED] of nurses, physicians, and another interdisciplinary team (IDT) like the social workers, dietitians, and therapists. She also stated that the criteria were resident in a single room, NJ Ex Order 26.4b1 that included [REDACTED] and [REDACTED], and [REDACTED] diagnosis of [REDACTED] (NJ Ex Order 26.4b1 [REDACTED]).</p> <p>On that same date and time, the surveyor notified the U.S. FOIA (b) (6) of the above findings and concerns that the [REDACTED] qMDS was not coded for [REDACTED]. The U.S. FOIA (b) (6) stated that the resident did not meet the criteria for [REDACTED] according to the RAI Manual. The surveyor then asked the U.S. FOIA (b) (6) to provide a copy of the RAI Manual that reflected that [REDACTED] should not be coded for [REDACTED] and the U.S. FOIA (b) (6) stated that</p>	F 641		

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F 641	<p>Continued From page 21</p> <p>she would get back to the surveyor. She further stated that she would also have to call the US FOIA (b)(6) person.</p> <p>On 5/01/24 at 12:17 PM, the U.S. FOIA (b) (6) notified the surveyor that she provided a copy of the modified qMDS with an ARD of NJ Ex Order 26.1 to reflect the NJ Ex Order 26.4b in Section O of the MDS. The U.S. FOIA (b) (6) informed the surveyor that the NJ Ex Order 26.4b should have been captured in the NJ Ex Order 26.4qMDS. The U.S. FOIA (b) (6) acknowledged that the NJ Ex Order 26.4qMDS was not accurately coded.</p> <p>On 5/01/24 at 01:01 PM, the survey team met with the U.S. FOIA (b) (6), U.S. FOIA (b) (6), U.S. FOIA (b) (6), and U.S. FOIA (b) (6). The surveyor notified the facility management of the above concerns and findings.</p> <p>A review of the provided CMS's RAI Version 3.0 Manual dated October 2023 that was provided by the RN/MDSC included in O0110: Special Treatments, Procedures, and Programs, Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)</p> <p>Code only when the resident requires transmission-based precautions and single room isolation (alone in a separate room) because of active infection (i.e., symptomatic and/or have a positive test and are in the contagious stage) with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.</p> <p>Code for "single room isolation" only when all of the following conditions are met:</p> <ol style="list-style-type: none"> 1. The resident has active infection with highly transmissible or epidemiologically significant 	F 641		

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F 641	<p>Continued From page 22</p> <p>pathogens that have been acquired by physical contact or airborne or droplet transmission.</p> <p>2. Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.</p> <p>3. The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.</p> <p>On 5/02/24 at 9:52 AM, the survey team met with the [REDACTED] and the [REDACTED]. The [REDACTED] stated that the MDS of Resident #147 should have been coded for [REDACTED]</p> <p><small>NJ Exec Order 26.4</small></p>	F 641		
F 686 SS=D	<p>NJAC 8:39-11.2(e)(1,2)</p> <p>Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity</p> <p>§483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 686		5/30/24

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F 686	<p>Continued From page 23</p> <p>by:</p> <p>REPEAT DEFICIENCY</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to a.) follow physician's orders (PO), b.) ensure an individualized comprehensive care plan and interventions were developed and implemented, c.) ensure that the weekly ^{NJ Ex Order 26.4b1} review assessment was accurate, and d.) appropriately perform ^{NJ Ex Order 26.4b1} control practices during ^{NJ Ex Order 26.4b1} observation in accordance to standards of clinical practice, CDC (Centers for Disease Control and Prevention) guidelines, and facility's policy and procedure. This deficient practice was identified for one (1) of five (5) residents (Resident # 122) reviewed for ^{NJ Ex Order 26.4b1}.</p> <p>The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states:</p>	F 686	<p>Corrective Action:</p> <p>Resident #122</p> <p>The Assistant Director of Nursing (ADON) and Unit Manager (UM) immediately reviewed the resident's medical record.</p> <p>The ADON and UM assessed the ^{NJ Ex Order 26.4b1} on the resident's ^{NJ Ex Order 26.4b1} and there were no signs or symptoms of ^{NJ Ex Order 26.4b1}</p> <p>The ADON and UM immediately ^{NJ Ex Order 26.4b1} according to the new physician's orders.</p> <p>The ^{U.S. FOIA (b)} immediately given 1:1 written education regarding physician's order; hand hygiene; and ^{NJ Ex Order 26.4b1} treatment competency training.</p> <p>The ADON immediately reviewed the corrected weekly ^{NJ Ex Order 26.4b1} and updated the findings.</p> <p>The UM immediately updated the care plan on the ^{NJ Ex Order 26.4b1} location and treatment.</p> <p>Residents Affected:</p> <p>All residents may be affected by this practice. This plan applies to all residents.</p> <p>Systematic Changes/Measures:</p> <p>The Risk Manager/Facility Educator and the ADON will in service all nurses on Federal Guidelines F686 related to pressure ulcers, treatment, dressing changes, hand hygiene, physician's orders, weekly skin assessments, and</p>	

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F 686	<p>Continued From page 24</p> <p>"The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>According to CDC Hand Hygiene in Healthcare Settings, Hand Hygiene Guidance, Last Reviewed: January 30, 2020. The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations include the following strong recommendations for hand hygiene in healthcare settings.</p> <p>Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications:</p> <p>Immediately before touching a patient</p> <p>Before moving from work on a soiled body site to a clean body site on the same patient</p> <p>After touching a patient or the patient's immediate environment</p> <p>After contact with blood, body fluids, or contaminated surfaces</p> <p>Immediately after glove removal.</p> <p>On 4/22/24 at 9:49 AM, the surveyor interviewed the U.S. FOIA (b) (6). The U.S. FOIA (b) (6) informed the surveyor that Resident # 122 had a NJ Ex Order 26.4b1 to the NJ Ex Order 26.4b1. The U.S. FOIA (b) (6) stated that the resident was also on NJ Ex Order 26.4b1 Precautions (NJ Ex Order 26.4b1) wherein the staff and visitors were expected to use PPE when providing direct care like NJ Ex Order 26.4b1 care, and NJ Ex Order 26.4b1. She further</p>	F 686	<p>care plans.</p> <p>The UM or her designee will review the treatment order and update the care plan with the specific location of the wound and interventions.</p> <p>The ADON or designee will have a weekly wound meeting with the Interdisciplinary Team to ensure care plan interventions and wound treatment orders are documented in a timely manner.</p> <p>Monitoring:</p> <p>The ADON and/or designee will audit 3 nurses for treatment pass competencies weekly for four (4) weeks and then 5 nurses monthly for three (3) months.</p> <p>The ADON and or designee will audit five (5) resident's weekly skin assessments weekly for 4 weeks and then ten (10) residents monthly for three (3) months.</p> <p>The ICP and/or designee will audit five (5) staff's hand hygiene weekly for 4 weeks, and then 10 staff monthly for 3 months.</p> <p>The ADON will present the audit findings related to Wound Treatment Competencies and skin assessments reports to the center's QA Committee, which meets quarterly.</p> <p>The ICP will present the audit reports related to Hand Hygiene to the center's QA Committee, which meets quarterly.</p>	

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F 686	<p>Continued From page 26</p> <p>BIMS (Brief Interview for Mental Status) score of [REDACTED] which reflected that the resident's [REDACTED] status was NJ Ex Order 26.4b1.</p> <p>A review of the facility's [REDACTED] Investigation Report [REDACTED] that was provided by the [REDACTED] [REDACTED] revealed that the facility discovered Resident #122's [REDACTED] [REDACTED] with [REDACTED] (NJ Ex Order 26.4b1) [REDACTED]</p> <p>[REDACTED] (NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1) [REDACTED] The [REDACTED] also included that the [REDACTED] was [REDACTED] due to NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1. The resident was also in [REDACTED] care.</p> <p>Further review of the [REDACTED] showed that the [REDACTED] was being monitored weekly as seen on dates [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. The [REDACTED] weekly monitoring revealed that the [REDACTED] was [REDACTED], NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, and receiving [REDACTED]</p> <p>[REDACTED].</p> <p>The [REDACTED] care visit note that was electronically signed by U.S. FOIA (b) (6) [REDACTED] on [REDACTED] at 5:51 PM included that the NJ Ex Order 26.4b1 was [REDACTED] no [REDACTED] was performed as the resident received NJ Ex Order 26.4b1.</p> <p>A review of the personalized Care Plan (CP) revealed that the [REDACTED] was not</p>	F 686	

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F 686	<p>Continued From page 27</p> <p>identified, there was no target goal, and no interventions that focused on the [REDACTED]</p> <p>[REDACTED]</p> <p>The facility's Weekly [REDACTED] Review [REDACTED] that was provided by the [REDACTED] included the following:</p> <p>[REDACTED] condition: NJ Ex Order 26.4b1 [REDACTED] ongoing.</p> <p>[REDACTED] condition: NJ Ex Order 26.4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>treatment in place.</p> <p>Further review of the above [REDACTED] showed that the NJ Ex Order 26.4b1 was not included.</p> <p>A review of the Order Summary Report (OSR) that was provided by the [REDACTED] for [REDACTED] included the following PO:</p> <p>Active order [REDACTED] Resident requires [REDACTED] for a diagnosis of [REDACTED] every shift.</p> <p>Active order [REDACTED]</p> <p>[REDACTED])</p> <p>[REDACTED] shift for [REDACTED] NJ Ex Order 26.4b1 [REDACTED] NJ Ex Order 26.4b1</p> <p>[REDACTED] NJ Ex Order 26.4b1 [REDACTED])</p> <p>[REDACTED] NJ Ex Order 26.4b1 [REDACTED])</p> <p>[REDACTED] NJ Ex Order 26.4b1 [REDACTED])</p> <p>NJ Ex Order 26.4b1 [REDACTED] NJ Ex Order 26.4b1 [REDACTED])</p> <p>), and NJ Ex Order 26.4b1 [REDACTED] .</p> <p>The above PO for the NJ Ex Order 26.4b1 and [REDACTED] were transcribed in the [REDACTED] electronic Treatment Administration Record (eTAR).</p>	F 686		

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F 686	<p>Continued From page 28</p> <p>On 4/25/24 at 10:26 AM, the surveyor observed Registered Nurse #1 (RN#1) perform a [REDACTED] to Resident #122's [REDACTED] with the assistance of RN#2. There was an [REDACTED] posted sign and PPE hung outside the resident's room. RN#1 entered the resident's room without performing hand hygiene as instructed in the posted sign to perform hand hygiene before entering the room. RN#1 informed the resident of the procedure [REDACTED] care) and assessed for [REDACTED]. Both RN#1 and #2 entered the resident's room with [REDACTED] gowns and gloves. RN#1 prepared all the supplies and medications (meds) for [REDACTED] tx while RN#2 [REDACTED] the resident. RN#1's [REDACTED] gown was not properly tied at the back, when RN#1 [REDACTED] toward the resident, RN#1's back exposed uniform directly touched the side of the table where the clean field was with tx supplies and meds that included the [REDACTED]. [REDACTED] in a [REDACTED] cup and [REDACTED] in a [REDACTED] cup.</p> <p>Then, RN#1 took [REDACTED], and [REDACTED] twice. RN#1's gloves were [REDACTED] from [REDACTED] and [REDACTED] with another [REDACTED]. After [REDACTED], RN#1 did not change gloves and did not perform hand hygiene, immediately took the [REDACTED] to get the [REDACTED], applied the [REDACTED] to the [REDACTED] applied the [REDACTED], and [REDACTED] it with an [REDACTED]. RN#1 doffed off (removed) gloves, disposed of all supplies in the garbage, and performed hand hygiene.</p> <p>Afterward, RN#1 while inside the room informed the resident that RN#1 returned the resident's [REDACTED] and a cup of water to the top of the [REDACTED]</p>	F 686		

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F 686	<p>Continued From page 29</p> <p>resident's table and placed them near the resident's bed easily accessible to the resident. The surveyor observed RN#1 place the [REDACTED] [REDACTED] and water container with her bare hands. RN#1 exited the resident's room without performing hand hygiene after touching the resident's personal items, directly went to the computer just outside the resident's room in the tx cart, signed the eTAR, and documented the NJ Ex Order 26.4b1 done to Resident #122.</p> <p>RN#1 did not follow the [REDACTED] posted sign that everyone must clean their hands, including before entering and when leaving the room.</p> <p>RN#1 did not follow the PO to apply [REDACTED] to the NJ Ex Order 26.4b1.</p> <p>On 4/25/24 at 10:53 AM, the surveyor interviewed RN#1 outside the resident's room and RN#1 informed the surveyor that she was done with [REDACTED]. While interviewing RN#1, RN#2 came back and joined the interview. During an interview, RN#1 informed the surveyor that she was an [REDACTED] NJ Exec Order 26.4b1 nurse, and usually worked in the facility [REDACTED]. RN#1 stated that today she came to work because she was available. RN#1 stated that she received in-service, education about infection control that included PPE, hand hygiene, and [REDACTED] by the facility's U.S. FOIA (b) (6) [REDACTED] and U.S. FOIA (b) (6) [REDACTED]. RN#1 also stated that she was aware and as per education, hand hygiene should be done before and after PPE use and donning (putting on) and doffing of gloves.</p> <p>At that same time, the surveyor notified the nurses (RN#1 and #2) of the above findings and</p>	F 686		

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F 686	<p>Continued From page 30</p> <p>concerns. Both nurses acknowledged that RN#1 should have done hand hygiene before and after removing gloves, and when RN#1 ^{NJ Exec Order 26.4b1} the nurse should have removed gloves and performed hand hygiene. RN#1 acknowledged also that the ^{NJ Ex Ord} sign should have been followed to perform hand hygiene before and after entering the room.</p> <p>Furthermore, RN#1 stated that the ^{NJ Ex Order 26.4b1} was considered ^{NJ Ex Order 26.4b1}, with preventative ^{NJ Ex Order 26} care prior to the development of the ^{NJ Ex Order 26}, being followed by the ^{NJ Ex Order 26} team, and that the ^{NJ Ex Order 21} was getting better.</p> <p>On 4/25/24 at 11:36 AM, the surveyor asked RN#1 regarding the PO for ^{NJ Ex Order 26.4b1} to the ^{NJ Ex Order 26.4b1} and why she did not follow the order to apply ^{NJ Ex Order 26.4b1} to ^{NJ Ex Order 26.4b1} prior to ^{NJ Ex Order 26.4b1} with an ^{NJ Ex Order 26.4b1}. RN#1 checked the order on the computer and stated that she should have followed the order for ^{NJ Ex} but it was missed. She acknowledged that ^{NJ Ex Order 26.4} was part of the order for ^{NJ Ex Order 26.4b1} and it was missed.</p> <p>On 4/29/24 at 9:18 AM, the surveyor interviewed the ^{U.S. FOIA (b) (6)} in the presence of the survey team. The surveyor notified the ^{U.S. FOIA (b) (6)} of the above findings and concerns. The ^{U.S. FOIA (b) (6)} stated that it was an expectation for RN#1 to perform hand hygiene after ^{NJ Ex Order 26.4b1}, after touching the resident's personal items, and followed the PO for ^{NJ Ex Order 26.4}. She further stated that RN#1 should have followed the ^{NJ Ex Ord} posted sign that they should perform hand hygiene before and after exiting the resident's room according to the facility's practice and policy.</p>	F 686		

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F 686	<p>Continued From page 31</p> <p>On 5/01/24 at 9:35 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] regarding CP. The [U.S. FOIA (b) (6)] informed the surveyor that the CP initiation and revision was her responsibility including the resident's [U.S. FOIA (b) (6)] and other care areas. The [U.S. FOIA (b) (6)] stated that the CP should be initiated at the time of identification of the [NJ Ex Order 26.4b1] and revised or updated when the [NJ Ex Order 26.4b1] was resolved. She further stated that at most should be initiated on the same date, the following day, or if on a weekend, on Monday when I come in I will update or initiate the care plan.</p> <p>On that same date and time, the surveyor notified the [U.S. FOIA (b) (6)] of the above findings regarding the resident's CP and that there was no care plan for the [NJ Ex Order 26.4b1] of the resident. The [U.S. FOIA (b) (6)] showed in the electronic medical record the focus CP for [NJ Ex Order 26.4b1] and at risk for [NJ Ex Order 26.4b1] related to [NJ Ex Order 26.4b1] that was initiated on [NJ Ex Order 26.4b1] and revised on [NJ Ex Order 26.4b1]. The surveyor asked the [U.S. FOIA (b) (6)] why there was no CP focus on the [NJ Ex Order 26.4b1] identified on [NJ Ex Order 26.4b1], and the [U.S. FOIA (b) (6)] had no response.</p> <p>Later on, the [U.S. FOIA (b) (6)] stated that she acknowledged that the CP should have been personalized, and with goals and interventions according to the identified problem.</p> <p>On 5/01/24 at 01:01 PM, the survey team met with the [U.S. FOIA (b) (6)], [U.S. FOIA (b) (6)], [U.S. FOIA (b) (6)], and [U.S. FOIA (b) (6)]. The surveyor notified the facility management of the concerns with Resident #122.</p>	F 686		

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F 686	<p>Continued From page 32</p> <p>A review of the provided facility's Care Plans, Comprehensive Person-Centered policy that was provided by the U.S. FOIA (b) with an updated date of 10/2023 included that a comprehensive, person-centered care plan includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. The comprehensive, person-centered care plan will: incorporate problem areas; incorporate risk factors associated with identified problems; and reflect treatment goals, timetables, and objectives in measurable outcomes. The areas of concern that are identified during the resident assessment will be evaluated before interventions are added to the care plan. When possible, interventions address the underlying source(s) of the problem area(s), not just addressing only symptoms or triggers.</p> <p>A review of the provided facility's Enhanced Barrier Precautions Policy and Procedure with a revision date of 7/22/23 that was provided by the U.S. FOIA (b) included that EBP will be implemented (when contact precautions do not otherwise apply) for residents with any of the following: wounds or indwelling medical devices, regardless of MDRO (Multidrug-resistant organisms) colonization status and infection or colonization with an MDRO. EBP expands the use of PPE and refers to the use of gowns and gloves during high-contact resident care activities that provide opportunities for the transfer of MDROs to staff hands and clothing. MDROs may be indirectly transferred from resident to resident during these high-contact care activities. Implementation</p>		F 686	

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F 686	<p>Continued From page 33</p> <p>(where applicable): clear signage must be posted on the door or wall outside of the resident room indicating the type of Precautions and required PPE (e.g. gown and gloves). For EBP, signage should also clearly indicate the high-contact resident care activities that require the use of gowns and gloves. PPE, including gowns and gloves, must be available immediately outside of the resident room. Access to alcohol-based hand rub is required in every resident room (ideally both inside and outside of the room). A trash can must be positioned inside the resident's room and near the exit for discarding PPE after removal, prior to exit of the room, or before providing care for another resident in the same room.</p> <p>On 5/02/24 at 9:12 AM, the surveyor notified the [REDACTED] in the presence of the [REDACTED] and [REDACTED] regarding [REDACTED] for NJ Ex Order 26.4b1 and [REDACTED] discrepancy and non-identification of [REDACTED]</p> <p>[REDACTED]</p> <p>On 5/02/24 at 9:52 AM, the survey team met with the [REDACTED] (U.S. FOIA (b) (6)) [REDACTED], [REDACTED] and [REDACTED] The [REDACTED] acknowledged the above findings and concerns. The [REDACTED] stated that the [REDACTED] was being done by nurses during the shower schedule of the resident once a week, the nurse does [REDACTED] assessment, and notes if the nurse found new [REDACTED] including the existing [REDACTED] The [REDACTED] stated that the [REDACTED] should be accurate.</p> <p>At that same time, the [REDACTED] acknowledged that the CP should be specific because the resident had NJ Ex Order 26.4b1, and the [REDACTED] were other NJ Ex Order 26.4b1 [REDACTED] NJ Ex Order 26.4b1, and [REDACTED] that included the [REDACTED] NJ Ex Order 26.4b1.</p>	F 686		

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F 686 F 688 SS=D	<p>Continued From page 34</p> <p>NJAC 8:39-27.1 (a)(e), 33.2(d)</p> <p>Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)</p> <p>§483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, review of the medical record and review of other facility documentation, it was determined that the facility failed to ensure that residents with [REDACTED] [REDACTED] and [REDACTED] received treatments to prevent [REDACTED] or further [REDACTED] specifically by a) not following a [REDACTED] [REDACTED] recommendation for [REDACTED] for 1 of 3 residents reviewed for [REDACTED] (Resident #20); and b) not following a [REDACTED] recommendation for [REDACTED] for 1 of 3 resident's reviewed for [REDACTED] (Resident #112).</p>	F 686 F 688	<p>Corrective Action: Resident #20 The Director of Nursing (DON), Unit Manager (UM), and Director of Rehab (DoR) reviewed the medical record of the resident.</p> <p>The DoR provided immediately the [REDACTED] recommendation to the UM. The UM immediately updated the order task, and care plan of the resident.</p> <p>Resident #25 The DON, UM, and DoR reviewed the</p>	5/30/24

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F 688	<p>Continued From page 35</p> <p>The deficient practice was evidenced by the following:</p> <p>1. On 4/22/24 at 10:50 AM, the surveyor observed Resident #20 seated in a [REDACTED] wheelchair in the [REDACTED] floor unit dayroom. The surveyor observed that Resident #20's [REDACTED] and [REDACTED] were [REDACTED] (NJ Ex Order 26.4b1) [REDACTED] [REDACTED]). The surveyor did not observe any [REDACTED] on the resident's [REDACTED] or [REDACTED].</p> <p>On 4/22/24 at 10:52 AM, the surveyor interviewed Resident #20's [REDACTED] who stated that the resident resided at the facility for [REDACTED] or [REDACTED]. Resident #20's [REDACTED] stated that the resident had [REDACTED] but was not sure when [REDACTED] came to put them on. Resident #20's [REDACTED] pointed to [REDACTED] that were on the bottom shelf of a shelving unit across from the end of Resident #20's bed.</p> <p>A review of Resident #20's Admission Record (AR) face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to: [REDACTED] (NJ Ex Order 26.4b1) [REDACTED] [REDACTED] (NJ Ex Order 26.4b1) [REDACTED] [REDACTED].</p> <p>A review of Resident #20's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED], reflected that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated that Resident #20's [REDACTED] was [REDACTED]. Further review of the MDS did</p>	F 688	<p>medical resident of the resident. The UM provided a 1:1 education to the assigned [REDACTED] on their responsibility in providing [REDACTED] to the resident, and POC task documentation.</p> <p>Residents affected: All residents have the potential to be affected by this practice. This plan applies to all residents.</p> <p>for</p> <p>Systematic Changes/Monitoring: The Risk Manager/Facility Educator and the DoR will provide an in service to all staff on the Federal Regulation F688 related to treatment/services equipment, supplies, and/or assistance to prevent reduction of range of motion and/or mobility status of the residents.</p> <p>The Administrator, DON, and DoR changed the process of placing the and confirming the order in PCC.</p> <p>The DoR and/or their designee will cue the order in PCC, and nursing will confirm the order.</p> <p>The UMs and/or their designee will update the Care Plan and the Task for the aides related to Functional Maintenance Program order.</p> <p>The DoR and/or their designee will notify the UM in writing of any Functional Maintenance Program recommendations.</p> <p>The DON and UMs will have a Functional Maintenance Program Meeting monthly.</p>	

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F 688	<p>Continued From page 36</p> <p>not indicate the resident had NJ Ex Order or NJ Ex Order assistance.</p> <p>A review of Resident #20's NJ Ex Order 26.4b1 Medication Administration Record and Treatment Administration Record (MAR/TAR) included the following orders:</p> <p>NJ Ex Order NJ Ex Order 26.4b1 Maintenance Program): Apply NJ Ex Order 26.4b1 - On in PM; off in AM. As Tolerated. Check NJ Ex Order prior to application and when removing. every evening and night shift with an order date of NJ Ex Order 26.4b1.</p> <p>NJ Ex Order Apply NJ Ex Order 26.4b1 - On in AM; off in PM. As Tolerated. Check NJ Ex Order prior to application and when removing. every day and evening shift with an order date of NJ Ex Order 26.4b1.</p> <p>On 4/24/24 at 11:46 AM, the surveyor interviewed Resident #20's Certified Nursing Assistant (CNA) #1. CNA #1 stated that Resident #20 had NJ Ex Order 26.4b1 and wore NJ Ex Order 26.4b1 on the NJ Ex Order 26.4b1 CNA placed on the resident. CNA #1 stated that she did not apply or remove Resident #20's NJ Ex Order 26.4b1.</p> <p>On 4/24/24 at 01:48 PM, the surveyor interviewed the U.S. FOIA (b) (6). The U.S. FOIA (b) (6) stated that the process for a resident that had a NJ Ex Order 26.4b1 or had a NJ Ex Order 26.4b1 that was getting NJ Ex Order 26.4b1 would be that nursing would send a referral and that (b), NJ Ex Order would perform an evaluation and then give a recommendation. The U.S. FOIA (b) (6) then stated that the NJ Ex Order 26.4b1 would attempt to NJ Ex Order 26.4b1 during treatment and that if the resident could tolerate the NJ Ex Order 26.4b1 then the NJ Ex Order 26.4b1 would educate the staff. The U.S. FOIA (b) (6) stated that when the resident was discharged from NJ Ex Order 26.4b1 that nursing would follow up. She added that nursing put the order in the computer. The U.S. FOIA</p>	F 688	<p>Monitoring:</p> <p>The UMs will audit five (5) resident's Functional Maintenance Programs weekly for four (4) weeks, and then then ten (10) residents monthly for (3) months.</p> <p>The DON will present the result of these audit reports to the center's QA Committee, which meets quarterly.</p>	

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F 688	<p>Continued From page 37</p> <p><u>U.S. FOIA (b) (6)</u> stated that the <u>NJ Ex Order 26.4b1</u> would be done by the CNA and that the facility's <u>NJ Ex Ord</u> CNA did not <u>NJ Ex Order 26.4b1</u>. The <u>U.S. FOIA (b) (6)</u> stated that Resident #20 had been referred for <u>NJ Ex Order 26.4b1</u> recently and that the resident was discharged on <u>NJ Ex Order 26</u>. She added that a <u>NJ Ex Ord</u> form was given to nursing which provide information on <u>NJ Ex Order</u></p> <p>On 4/24/24 at 01:55 PM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u>. The <u>U.S. FO</u> stated that Resident #20 was recently seen for the goal of call bell access. He added that historically Resident #20 was seen for <u>NJ Ex Order 2</u> but the last time was not for <u>NJ Ex Order 26</u>. The <u>U.S. FO</u> stated that we make nursing aware that the resident has them if the resident used them previously. He added that we communicate to the staff how to put them on and how often they were to be applied. The <u>U.S. FO</u> stated that we give a <u>NJ Ex Ord</u> form and have the nurse sign it. He added that the order for <u>NJ Ex Order 2</u> should be implemented as soon as the resident is discharged from services.</p> <p>On 4/25/24 at 9:05 AM, the surveyor interviewed Registered Nurse (RN) #1. RN #1 stated that <u>NJ Ex Ord</u> documentation would be in the electronic medical record and that there was not a separate paper binder. RN #1 stated that for <u>NJ Ex Order 26</u> the <u>NJ Exec 6</u> CNA and the nurse would apply them.</p> <p>On 4/25/24 at 9:15 AM, the surveyor interviewed the <u>NJ Ex Ord</u> CNA. <u>NJ Ex Ord</u> CNA stated that after a resident finished <u>NJ Ex Order 26.4b1</u> services that she would walk with residents. She stated that the nurses would apply the <u>NJ Ex Order 2</u> and that she would check and if the nurse did not apply the <u>NJ Ex Order</u> then she would apply the <u>NJ Ex Order</u> <u>NJ Ex Ord</u>. CNA stated that she would document in the electronic medical record for the <u>NJ Ex Order 26</u></p>	F 688		

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F 688	<p>Continued From page 38</p> <p>On 4/25/24 at 9:25 AM, the surveyor interviewed CNA #2. CNA #2 stated that Resident #20 had [REDACTED] and had a [REDACTED] for the [REDACTED] applied in the morning. CNA #2 stated that she would apply the [REDACTED] if the [REDACTED] CNA or nurse did not apply [REDACTED] splint. CNA #2 stated that she would document in the electronic medical record for the [REDACTED]</p> <p>[REDACTED]</p> <p>On 4/25/24 at 10:50 AM, the [U.S. FOIA (b) (6)] provided the surveyor Resident #20's [REDACTED] forms and Discharge Summaries. The [U.S. FOIA (b) (6)] stated that Resident #20 had the [REDACTED] discontinued during the last [REDACTED] skilled [REDACTED] service so the resident could use the call bell. The surveyor asked how soon after the date on the [REDACTED] form should the order and application of splint be. The [U.S. FOIA (b) (6)] stated that we put a start date on the [REDACTED] form and they should start it within a day or two. She added that staff were inserviced and that a nurse and CNA would sign the form.</p> <p>A review of the facility provided [REDACTED] Discharge Summary indicated Resident #20 had received [REDACTED] services from [REDACTED] to [REDACTED] and included the following:</p> <p>Discharge Recommendations and Status: [REDACTED] Maintenance, [REDACTED] and [REDACTED]</p> <p>Program Established/Trained: [REDACTED] [REDACTED] and [REDACTED]. The [REDACTED] form, with a start date of [REDACTED], included the following:</p> <p>[REDACTED] [REDACTED] and [REDACTED] [REDACTED] (on am off pm)</p> <p>[REDACTED] (on pm off am)</p> <p>The form was signed by a [REDACTED] a [REDACTED] and a [REDACTED]</p>	F 688	

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F 688	<p>Continued From page 39</p> <p>nurse on [REDACTED].</p> <p>A review of the facility provided [REDACTED] Discharge Summary indicated Resident #20 had received [REDACTED] services from [REDACTED] to [REDACTED]. The [REDACTED] nursing instruction form, with a start date of [REDACTED], included the following:</p> <p>[REDACTED], [REDACTED], [REDACTED] and [REDACTED]</p> <p>The form was signed by a [REDACTED] a CNA and a nurse on [REDACTED].</p> <p>A review of Resident #20's [REDACTED], [REDACTED] and [REDACTED] MAR/TAR did not include an order for [REDACTED] for [REDACTED] during the time period that the resident was not receiving [REDACTED] services which was [REDACTED] to [REDACTED]</p> <p>On 4/25/24 at 11:42 AM, in the presence of another surveyor, the surveyor interviewed the U.S. FOIA (b) (6) and [REDACTED] regarding the [REDACTED] program in regards to [REDACTED] for [REDACTED]. The [REDACTED] stated that the facility had a [REDACTED] program for residents after the resident was discharged from [REDACTED] services to make sure the resident does not [REDACTED] and the [REDACTED] continued. The [REDACTED] stated that the [REDACTED] CNA and nurse apply the [REDACTED] and that they are trained. The [REDACTED] stated that when a resident was finished with [REDACTED] services, the [REDACTED] would give an alert form for [REDACTED] to the US FOIA (b)(6) which would have directions for the [REDACTED]. The [REDACTED] stated that CNAs were trained and that they would sign a paper for the training. The [REDACTED] stated that there would be an order for the [REDACTED]</p>	F 688	

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F 688	<p>Continued From page 40</p> <p>[REDACTED] in the electronic medical record and it would also be in the "Task" section for the CNAs. The surveyor asked if a [REDACTED] order would be continued when a resident was on [REDACTED] services. The [U.S. FOIA] stated that it would be discussed with the [U.S. FOIA (b) (6)]. She added that [REDACTED] was usually discontinued during the [NJ Ex Order 26.4b1] service time period. The [U.S. FOIA] then stated that when the services were discontinued the [REDACTED] department would give the [REDACTED] form for [REDACTED] and it should be done in one or two days if we need to clarify anything. The [U.S. FOIA (b) (6)] added that if there is any confusion it may not be done right away but there should be documentation.</p> <p>A review of the facility provided Documentation Survey Report (documentation of the Intervention(s)/Task(s) performed by the CNA for each day of the month) for [REDACTED] for Resident #20 included the following:</p> <p>Apply [REDACTED] device(s), per order [REDACTED] Apply [REDACTED] [REDACTED] on in PM, off in AM or as tolerated The intervention/task was started on [REDACTED].</p> <p>Apply [REDACTED] [REDACTED] [REDACTED] NJ Ex Order 26.4b1 -on in AM, off in PM, as tolerated ...The intervention/task was started on [REDACTED].</p> <p>There was no documentation that Resident #20 had any [REDACTED] applied from [REDACTED] to [REDACTED]. Further review of the facility provided Documentation Survey Report for Resident #20 for [REDACTED] and [REDACTED] did not include any intervention/task for [REDACTED] to be applied. There was no documentation that Resident #20 had any [REDACTED] applied for the time period that the resident was not receiving [REDACTED] services ([REDACTED] to [REDACTED]).</p>	F 688		

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F 688	<p>Continued From page 41</p> <p>On 4/25/24 at 01:04 PM, the surveyor interviewed the agency LPN. The agency LPN stated that she had one resident that had a [REDACTED] ^{NJ Ex Order}. She added that she would apply the [REDACTED] ^{NJ Ex Order} to the resident. The agency LPN stated that when the resident was discharged from services, [REDACTED] ^{NJ Ex Order 26} department would give us a form and we would sign off on the form.</p> <p>On 4/25/24 at 01:09 PM, the surveyor interviewed the U.S. FOIA (b) (6) [REDACTED] of the [REDACTED] ^{NJ Ex Order} floor unit. The [REDACTED] ^{U.S. FOIA (b) (6)} stated that [REDACTED] ^{NJ Ex Order} application would be done by [REDACTED] ^{NJ Ex Order} CNA or the resident's CNA and the nurse would have to check the [REDACTED] ^{NJ Ex Order}. She added that both CNAs and nurses had to "sign off on" [REDACTED] ^{NJ Ex Order 26.4b1}. The [REDACTED] ^{U.S. FOIA (b) (6)} stated that she would receive a form from the [REDACTED] ^{NJ Ex Order 26.4b} and that she would put the order in the computer, update the task section and update the care plan. The surveyor asked the [REDACTED] ^{U.S. FOIA (b) (6)} the reason why there was a delay in Resident #20's [REDACTED] ^{NJ Ex Order} for [REDACTED] ^{NJ Ex Order} order placed in the computer. The [REDACTED] ^{U.S. FOIA (b) (6)} stated that she did not agree with the [REDACTED] ^{NJ Ex Order} order and that she needed the order clarified. The [REDACTED] ^{U.S. FOIA (b) (6)} stated that she originally had received a different alert form that had the timing of both [REDACTED] ^{NJ Ex Order 2} to be placed in the AM and that they both could not be applied at the same time. The [REDACTED] ^{U.S. FOIA (b) (6)} stated that she received the new form on Monday [REDACTED] ^{NJ Ex Order 26.4} and placed the order in the computer. She added that the form still had the original date [REDACTED] ^{NJ Ex Order 26.4} on it. The surveyor asked if there was any documentation that the order had to be clarified. The [REDACTED] ^{U.S. FOIA (b) (6)} stated that she did not document anywhere that she had to clarify the order. The surveyor then asked the [REDACTED] ^{U.S. FOIA (b) (6)} the reason why there was not an order for [REDACTED] ^{NJ Ex Order} for</p>	F 688		

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F 688	<p>Continued From page 42</p> <p>splint(s) for the time period of [REDACTED] to [REDACTED] when Resident #20 was not receiving [REDACTED] services. The [U.S. FOIA (b) (6)] stated that she did not remember the issue. The surveyor asked if there should be an order for [REDACTED] for that time period. The [U.S. FOIA (b) (6)] stated that there would not be if we did not receive a recommendation. She added that she did not remember if she received one. The [U.S. FOIA (b) (6)] then stated that she was supposed to sign the bottom of the form but that she did not sign the [REDACTED] form.</p> <p>On 5/01/24 at 8:12 AM, the surveyor interviewed the [U.S. FOIA] regarding Resident #20 and [REDACTED]. The [U.S. FOIA] stated that she talked to the [U.S. FOIA (b) (6)] and that she was not able to put the order in when given the recommendation because she had questions about the order. The [U.S. FOIA] stated that the [REDACTED] took a while to get back to the [REDACTED] but that it should not have taken that long. The surveyor asked the [U.S. FOIA] what the importance of [REDACTED] was. The [U.S. FOIA] stated that it was to prevent [REDACTED] or if there already was a [REDACTED] to prevent [REDACTED] and maintain the [REDACTED]</p> <p>On 5/01/24 at 01:04 PM, in the presence of the survey team, the surveyor told the [U.S. FOIA (b) (6)] [REDACTED], [U.S. FOIA] and [U.S. FOIA (b) (6)] the concern that Resident #20 did not have an order for [REDACTED] and there was no documented evidence that the resident had any [REDACTED] applied when the resident was not receiving [REDACTED] services.</p> <p>On 5/02/24 at 9:52 AM, in the presence of the survey team, [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] [U.S. FOIA] and [U.S. FOIA (b) (6)]</p>	F 688		

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F 688	<p>Continued From page 43</p> <p>U.S. FOIA (b) (6) the U.S. FOIA stated that [REDACTED] was working with the resident until the resident was discharged from services on [REDACTED]. The U.S. FOIA stated that nursing did not sign for the [REDACTED] because they were clarifying the order. The U.S. FOIA stated that they were trying to see if a [REDACTED] could be used for the [REDACTED] since the [REDACTED] NJ Ex Order 26.4b1 when [REDACTED] were applied to [REDACTED]. He added that we then decided to do an alternate schedule. The surveyor then asked about the time period of [REDACTED] to [REDACTED] where there was no order for [REDACTED] or documented evidence that the [REDACTED] were applied. The U.S. FOIA confirmed that there was not any order for the [REDACTED] or any documentation that the [REDACTED] were applied and that there should have been. The U.S. FOIA also confirmed that in [REDACTED] [REDACTED], there was a verbal discussion about the clarification of the order but that there was no documentation of the discussion. She added that there should have been documentation in the medical record for the clarification.</p> <p>The facility did not provide any additional information.</p> <p>2. On 04/22/24 at 11:48 AM, during the initial tour of the NA 2nd floor unit, the surveyor observed Resident #25 in the activity room. The resident's [REDACTED] NJ Ex Order 26.4b1. The surveyor was unable to interview the resident.</p> <p>On 04/24/24 at 9:52 AM, the surveyor observed Resident #25 out of bed in a [REDACTED] NJ Ex Order 26.4b1 in the activity room. The resident was unavailable for interview.</p>	F 688		

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F 688	<p>Continued From page 44</p> <p>The surveyor reviewed Resident #25's electronic Medical Record (eMR).</p> <p>A review of the AR revealed that the resident was admitted to the facility with diagnoses which included but were not limited to:</p> <p>NJ Ex Order 26.4b1, NJ Ex Order 26.4b1</p> <p>and NJ Ex Order 26.4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]).</p> <p>A review of the quarterly MDS, dated [REDACTED], revealed the resident had a BIMS of [REDACTED] out of 15, which indicated that the resident's cognition was NJ Ex Order 26.4b1. Further review revealed the resident had [REDACTED] of the NJ Ex Order 26.4b1 [REDACTED] and NJ Ex Order 26.4b1 [REDACTED].</p> <p>A review of the physician's "Order Summary Report" revealed a physician's order (PO) dated [REDACTED] NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1) to NJ Ex Order 26.4b1 [REDACTED] for [REDACTED] as tolerated.</p> <p>A review of the ongoing care plan (CP) revealed a "Focus: [name redacted] will maintain current NJ Ex Order 26.4b1 through the [REDACTED] review date. Date Initiated: [REDACTED], Revision on [REDACTED]."</p> <p>Further review of the CP revealed a "Focus: [name redacted] on NJ Exec Order 26.4b1 [REDACTED] Date Initiated [REDACTED]" and a "Focus: [name redacted] will NJ Ex Order 26.4b1 [REDACTED]"</p>	F 688		

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F 688	<p>Continued From page 46</p> <p>interviewed Resident # 25's assigned CNA#3, who stated that the resident was [REDACTED] dependence for activities of daily living. She was unable to explain what the resident's [REDACTED] was or why she checked that the resident had actively participated. She stated that the [REDACTED] [REDACTED] was done by the [REDACTED] aide.</p> <p>On 4/25/24 at 10:38 AM, the surveyor interviewed the U.S. FOIA (b) (6) [REDACTED] [REDACTED] who stated that the [REDACTED] aid was responsible for the [REDACTED] for the residents. She was unable to explain why "not applicable" was checked or if the [REDACTED] was performed on those days.</p> <p>On 04/25/24 10:50 AM, the surveyor interviewed the [REDACTED] CNA [REDACTED] [REDACTED] who stated she was responsible for [REDACTED] the residents. She stated she does not do the resident's [REDACTED] and that the assigned CNA does it.</p> <p>On 04/25/24 at 11:42 AM, the surveyors interviewed the U.S. FOIA (b) (6) [REDACTED] and the U.S. FOIA (b) (6) [REDACTED]. The [REDACTED] stated that the [REDACTED] program had a dedicated [REDACTED] that was responsible for [REDACTED]. She stated that [REDACTED] was done by the assigned CNA not the [REDACTED]. The [REDACTED] stated the [REDACTED] was part of the CNA's "tasks." The [REDACTED] stated, "after [REDACTED] [REDACTED] services they put residents on [REDACTED] to make sure they do not [REDACTED]."</p> <p>On 4/29/24 at 11:15 AM, the surveyor interviewed CNA #4 in regard to what "not applicable meant." CNA #4 stated, "if you select not applicable, it means you're not doing what you're supposed to</p>	F 688		

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F 688	<p>Continued From page 47</p> <p>do. I would never say I didn't do it." When the surveyor reviewed the above dates that she checked "not applicable", she stated, "it was a big error, it was a mistake." She was unable to explain the required [REDACTED] ^{NJ Ex Order 26.4b1} exercises for the resident.</p> <p>On 4/29/24 at 12:22 PM, during an interview with the U.S. FOIA (b) (6) [REDACTED] and the [REDACTED] ^{U.S. FOIA}, the [REDACTED] stated "we have identified areas that need improvement." She further stated, "not applicable should not be there, it should not be checked."</p> <p>On 5/1/24 at 1:00 PM, during a meeting with the survey team, the U.S. FOIA (b) (6) [REDACTED] ^{U.S. FOIA (b) (6)}, the [REDACTED] ^{U.S. FOIA (b) (6)}, the [REDACTED] ^{U.S. FOIA (b) (6)}, and the [REDACTED] ^{U.S. FOIA (b) (6)} the surveyor presented the above concerns for Resident #25.</p> <p>On 5/2/24 at 10:03 AM, during a meeting with the survey team, the [REDACTED] ^{U.S. FOIA (b) (6)} the [REDACTED] ^{U.S. FOIA} the [REDACTED] ^{U.S. FOIA (b) (6)} and the [REDACTED] ^{U.S. FOIA} the [REDACTED] ^{U.S. FOIA} stated, "they (the facility) could not validate if it ([REDACTED] ^{NJ Ex Order 26.4b1}) was getting done."</p> <p>A review of the facility "Master Signature Sheet", "Topic of Inservice": [REDACTED] ^{NJ Ex Order 26.4b1} [REDACTED] ^{NJ Ex Order} [REDACTED] ^{NJ Ex Order 26.4b1} [REDACTED] ^{NJ Ex Order 2} dated [REDACTED] ^{NJ Ex Order 26.4b1} revealed that CNA #3, the [REDACTED] ^{U.S. FOIA (b) (6)}, the [REDACTED] ^{U.S. FOIA (b) (6)}, LPN #1, and RN#1 attended the 45 minute inservice.</p> <p>A review of the facility provided policy that was untitled with an updated date of 10/2021 included the following:</p> <p>Policy: Splints/Adaptive Devices are to be applied as ordered by physiatrist/attending physician/nurse practitioner. After a clinical review is completed the resident will be provided with an appropriate device as needed.</p>	F 688		

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F 688	<p>Continued From page 48</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. MD orders PT/OT evaluation to determine the type of splint/adaptive device needed. Nursing may also ask for a screen to therapy to take a look at the resident. 2. Therapist contacts vendor to order splint/adaptive device. 3. Therapist obtains Physician order for splint/adaptive device application and fitting. 4. Therapist fits/adjust splint/adaptive devices. 5. Order is written for splint application/schedule-whether in therapy or on unit. Application is individualized after review with the Clinical team to include therapist, MD, nurse/CNA. The therapist will recommend a device as appropriate for resident. 6. Therapy in-services CNA's and Nursing Staff. A copy of the inservice is placed in the chart. Physiatrist/physician/nurse practitioner writes the order for the splint/adaptive device which is transcribed onto the POS/treatment record. 7. Splint schedule is made up in accordance with the order. This is based on the clinical need of such a device. 8. Splint/adaptive devices will be listed on the CA assignment also on Resident Care Plan. 9. The CNA's assigned to the unit are to monitor the splint application along with the nurses. 10. The nursing staff must monitor the residents with adaptive devices (devices) for signs of redness/skin breakdown etc. and report abnormal findings to physician/nurse practitioner immediately for appropriate interventions. <p>A review of the facility's untitled policy, revised April 2023, revealed:</p> <p>"Procedure: For active range of motion exercises, follow the same procedure as passive range of motion exercises instructing the resident to</p>	F 688		

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F 688	Continued From page 49 perform the activities independently ...Assist the resident as necessary and asses the resident's ability to perform active range of motion exercises." "Documentation Guidelines" " Date, time, range of motion: part(s) exercised and type of range of motion. " Amount of resident participation in procedure " Notification of the physician of any condition changes " Resident's progress toward care plan goals NJAC 8:39-27.1 (a) Dialysis CFR(s): 483.25(l)	F 688		
F 698 SS=D	§483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of other pertinent documents, it was determined that the facility failed to ensure that staff provided adequate routine monitoring for a resident after returning from receiving offsite NJ Ex Order 26.4b1 and provided care and services in accordance with professional standards clinical practice for one (1) of three (3) residents (Resident #22), reviewed for NJ Ex Order 26. services. The deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title	F 698	Corrective Action: Resident #22 The Unit Manager (UM) and Director of Nursing (DON) immediately reviewed the resident's medical record and updated the order of vital signs and assessments of access line upon return from the center. Resident #22 The DON immediately reviewed the resident's medical record, and the resident was discharged home on NJ Ex Order 26.4 . [REDACTED]	5/30/24

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F 698	<p>Continued From page 50</p> <p>45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 4/22/24 at 10:18 AM, the surveyor interviewed the U.S. FOIA (b) (6) of the N3 unit. The U.S. FOIA (b) (6) informed the surveyor that Resident #22 was a [REDACTED] (b) (6) resident. The [REDACTED] (b) (6) stated that Resident #22 was out for [REDACTED] (b) (6) the [REDACTED] was every [REDACTED] (b) (6) at [REDACTED] (b) (6) pick-up time and comes back around [REDACTED] (b) (6)</p> <p>The surveyor reviewed the hybrid (combination of paper and electronic) medical records of</p>	F 698	<p>Residents affected: All residents on dialysis have the potential to be affected by this practice. This plan applies to all dialysis residents.</p> <p>Systematic Changes/Measures: The Risk Manager / Facility Educator will provide facility-wide in service to all nurses on Federal Regulation F698 related to dialysis.</p> <p>The Unit Managers will audit all dialysis residents and update the orders of vital signs and assessment of the access line upon return.</p> <p>The DON added the vitals signs and assessment of the access line upon return from dialysis to the order set.</p> <p>The Unit Managers will audit all the residents on Midodrine order and will update the order with parameter orders.</p> <p>The Unit Managers and/their designees will review all the new admission and readmission orders.</p> <p>Monitoring: The Unit Managers and/or their designees will audit weekly all dialysis residents x four (4) weeks, and monthly x three (3) months.</p> <p>The Unit Managers and/or their designees will audit weekly all the residents on Midodrine orders x four (4) weeks and</p>	

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F 698	<p>Continued From page 51 Resident #22.</p> <p>According to the Admission Record (admission summary), Resident #22 was admitted to the facility with a diagnosis that included but was not limited to NJ Ex Order 26.4b1 [REDACTED] [REDACTED], NJ Ex Order 26.4b1 [REDACTED] [REDACTED] NJ Ex Order 26.4b1 [REDACTED] [REDACTED] NJ Ex Order 26.4b1 [REDACTED] [REDACTED]) NJ Ex Order 26.4b1 [REDACTED] [REDACTED] NJ Ex Order 26.4b1 [REDACTED] [REDACTED]), and NJ Ex Order 26.4b1 [REDACTED].</p> <p>The resident's comprehensive Minimum Data Set (cMDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of NJ Ex Order 26.4b1 [REDACTED] revealed in Section NJ Ex Order 26.4b1 [REDACTED] Status with a BIMS (Brief Interview for Mental Status) score of NJ Ex Order 26.4b1 [REDACTED] which reflected that the resident's NJ Ex Order 26.4b1 [REDACTED] status was NJ Ex Order 26.4b1 [REDACTED]. The cMDS revealed that the resident was on NJ Ex Order 26.4b1 [REDACTED].</p> <p>A review of the Nursing Facility/NJ Ex Order 26.4b1 [REDACTED] Center Communication Record (NJ Ex Order 26.4b1 [REDACTED]) that was in the NJ Ex Order 26.4b1 [REDACTED] nursing station that was provided by the U.S. FOIA (b) (6) showed the following: NJ Ex Order 26.4b1 [REDACTED], NJ Ex Order 26.4b1 [REDACTED], and NJ Ex Order 26.4b1 [REDACTED] did not include NJ Ex Order 26.4b1 [REDACTED]. vital signs (v/s, measure the basic functions of body. They include body temperature, blood pressure, pulse, and respiratory). There was no NJ Ex Order 26.4b1 [REDACTED] status documentation upon return from NJ Ex Order 26.4b1 [REDACTED]. NJ Ex Order 26.4b1 [REDACTED], NJ Ex Order 26.4b1 [REDACTED], and NJ Ex Order 26.4b1 [REDACTED] did not include NJ Ex Order 26.4b1 [REDACTED].</p>	F 698	<p>monthly x three (3) months.</p> <p>The DON will present the audit results to the center's QA Committee which meets quarterly for further review as needed.</p>	

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F 698	<p>Continued From page 52</p> <p>NJ Ex Order 26.4b1 status documentation upon return from [REDACTED]</p> <p>The Weights & Vitals (W&V) records in the electronic Medical Record (eMR) included the blood pressure summary for the following dates and times:</p> <p>[REDACTED] at 4:59 AM, [REDACTED] at 02:34 PM, and [REDACTED] at 9:31 PM</p> <p>[REDACTED] at 01:06 PM and [REDACTED] at 3:07 PM</p> <p>[REDACTED] at 4:08 AM, [REDACTED] at 01:16 PM, [REDACTED] at 5:47 PM, and [REDACTED] at 8:45 PM</p> <p>[REDACTED] at 3:10 AM, [REDACTED] at 11:35 AM, [REDACTED] at 02:55 PM, and [REDACTED] at 4:35 PM</p> <p>[REDACTED] at 4:56 AM, [REDACTED] at 4:04 PM, and [REDACTED] at 6:29 PM</p> <p>[REDACTED] at 5:12 AM, [REDACTED] at 4:09 PM, and [REDACTED] at 4:39 PM</p> <p>[REDACTED] at 4:20 AM, and [REDACTED] at 4:11 PM</p> <p>A review of the Progress Notes (PN) revealed the following:</p> <p>Created date: [REDACTED] at 10:41 AM and electronically signed by the Licensed Practical Nurse (LPN) and documented that Temp (temperature): T [REDACTED] 17:33 (5:33 PM) Route: P [REDACTED] 17:33</p> <p>[REDACTED] 17:33, NJ Exec Order 26.4b1 [REDACTED] 04:20 (4:20 AM) Position: [REDACTED] 13:08 (01:08 PM) NJ Ex Order 26.4b1 [REDACTED] 17:33 Method: [REDACTED]</p> <p>Resident back from [REDACTED] at 10:40 AM.</p> <p>Created date: [REDACTED] at 10:49 AM and electronically signed by LPN and documented that Temp: T [REDACTED] 14:09 (02:09 PM) Route: NJ Exec Order 26.4b1 [REDACTED]</p>	F 698	

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F 698	<p>Continued From page 53</p> <p>NJ Ex Order 26.4b1 14:09 NJ Ex Order 26.4b1 Type: NJ Ex Order 26.4b1 NJ Ex Order 26.4b1</p> <p>NJ Ex Order 26.4b1 - NJ Ex Order 26.4b1 14:09: NJ Ex Order 26.4b1 NJ Ex Order 26.4b1</p> <p>NJ Ex Order 26.4b1 04:56 (4:56 AM) Position: NJ Ex Order 26.4b1 NJ Ex Order 26.4b1</p> <p>NJ Ex Order 26.4b1 - NJ Ex Order 26.4b1 13:08 (01:08 PM). NJ Ex Order 26.4b1</p> <p>NJ Ex Order 26.4b1 - NJ Ex Order 26.4b1 14:55 (02:55 PM) Method: NJ Ex Order 26.4b1</p> <p>NJ Ex Order 26.4b1 . Resident back from NJ Ex Order 26.4b1 at 10:45 AM.</p> <p>On 4/23/24 at 01:33 PM, the surveyor interviewed the LPN in the NJ Ex Order 26.4b1 unit. The LPN informed the surveyor that she was the agency nurse assigned to Resident #22, "usually" assigned in the NJ Ex Order 26.4b1 unit, and knew the resident. The surveyor asked the LPN about the facility's practice and protocol with regard to communication between NJ Ex Order 26.4b1 and facility staff. The LPN informed the surveyor that the facility utilized the NJ Ex Order 26.4b1 wherein the top part of the paper was being documented by the facility's sending nurse the v/s, the condition of the resident, and NJ Ex Order 26.4b1 of NJ Ex Order 26.4b1 any medications administered, and condition of the resident relevant for the NJ Ex Order 26.4b1 nurse to know. The LPN stated that then the middle part of the paper was for the NJ Ex Order 26.4b1 Center nurse's documentation, and the bottom part of the NJ Ex Order 26.4b1 paper was to be filled out by the receiving facility nurse's signature.</p> <p>On that same date and time, the surveyor asked the LPN what was the responsibility of the receiving facility nurse when the resident returned from NJ Ex Order 26.4b1. The LPN stated that the nurse should immediately check v/s, and assess the NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 for NJ Ex Order 26.4b1 when the resident returns from NJ Ex Order 26.4b1. The surveyor asked where the nurse should document, the LPN stated that it should be documented in the W&V tab in the eMR and those v/s will automatically transferred to the NJ Ex Order 26.4b1 when the nurse documents the assessment and other relevant information.</p>	F 698		

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F 698	<p>Continued From page 54</p> <p>At that same time, the LPN showed the W&V records and did not reflect v/s for [REDACTED] when the resident came back from [REDACTED]. The LPN informed the surveyor that she was the assigned nurse on the 7-3 shift when the resident came back from [REDACTED] at 10:40 AM. LPN checked also the [REDACTED] on [REDACTED] and showed that the v/s that were reflected were from [REDACTED] at 01:08 PM, [REDACTED] at 5:33 PM, and [REDACTED] at 4:20 AM. The LPN had no response when the surveyor asked the LPN why there was no documented v/s on [REDACTED] on her 7-3 shift.</p> <p>Later on, the surveyor asked the LPN if it was necessary to check the v/s and assess the resident upon return from [REDACTED] and the LPN stated "yes" because the resident might [REDACTED] after [REDACTED].</p> <p>On 4/23/24 at 02:22 PM, the surveyor interviewed the U.S. FOIA (b) (6) in the presence of the survey team regarding the facility's policy and practice for [REDACTED] communication. The [REDACTED] stated that as per policy and expectation, the nurses take and document the resident's v/s in the [REDACTED] communication paper [REDACTED] and the electronic Medication Administration Record (eMAR) or electronic Treatment Administration Record (eTAR) that they (nurses) checked the [REDACTED] for [REDACTED] immediately when the resident comes back from [REDACTED]. The [REDACTED] further stated that the order for [REDACTED] check should be separate from every shift [REDACTED] check. The [REDACTED] further stated that it was important to check v/s and the [REDACTED] because of possible [REDACTED] and [REDACTED] after [REDACTED].</p> <p>At that time, the surveyor notified the [REDACTED] of the</p>	F 698	

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F 698	<p>Continued From page 55</p> <p>above concerns and findings regarding the resident's ^{NJ Ex 1} communication paper with no v/s and ^{NJ Ex Order 26.4b1} documentation for seven (7) out of 10 ^{NJ Ex C} days in ^{NJ Ex Order 26.4b1}.</p> <p>On 5/01/24 at 01:01 PM, the survey team met with the ^{U.S. FOIA (b) (6)} ^{U.S. FOIA}, ^{U.S. FOIA (b) (6)} ^{U.S. FOIA}, and the ^{U.S. FOIA (b) (6)} ^{U.S. FOIA}. The surveyor notified the facility management of the above concerns and findings with Resident #22.</p> <p>A review of the facility's Dialysis Patients Policy with a revised date of 11/2023 that was provided by the ^{U.S. FOIA} included post-dialysis protocol: Review transfer forms for any pertinent information.</p> <p>Blood pressure prn (as needed)/daily or as the physician orders.</p> <p>Check the fistula for bruit (listening to the fistula) or feel for a thrill (by touching the fistula).</p> <p>On 5/02/24 at 9:52 AM, the survey team met with the ^{U.S. FOIA (b) (6)}, ^{U.S. FOIA (b) (6)} ^{U.S. FOIA} and ^{U.S. FOIA (b)}. The ^{U.S. FOIA (b)} stated that prior to the surveyor's inquiry, the facility's process regarding ^{NJ Ex Order 26.4b1} communication between ^{NJ Ex 1} and the facility, the nurses were documenting in the ^{NJ Ex Order 26.4b1} and eMR the v/s upon return from ^{NJ Ex 1} and found out that it was not being done routinely. She further stated that there were inconsistencies with the documentation of v/s and assessment of the ^{NJ Ex Order 26.4b1}, and the policy was not specific on what the nurses should be doing. The ^{U.S. FOIA (b)} also stated that moving forward, the v/s and ^{NJ Ex Order 26} ^{NJ Ex Order 26} assessment will be documented in the eMAR.</p> <p>NJAC: 8:39-11.2(b), 27.1(a)</p>	F 698		

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F 755 F 755 SS=F	<p>Continued From page 56</p> <p>Pharmacy Svcs/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> <p>§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.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§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</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>This REQUIREMENT is not met as evidenced by: Refer to F-760</p> <p>Based on observations, interviews, record review,</p>	F 755 F 755	Corrective Action: Resident #12 The DON and Unit Manager (UM)	5/30/24

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F 755	<p>Continued From page 57</p> <p>and review of other facility documents, it was determined that the facility failed to provide NJ Ex Order 26.4b1 services in accordance with professional standards to ensure a.) accurate documentation of the removal of a NJ Ex Order 26.4b1 for 1 of 5 residents (Resident #12), reviewed for an as needed (PRN) NJ Ex Order 26.4b1 NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, b.) accurate reconciliation and administration of NJ Ex Order 26.4b1 medication with potential for NJ Ex Order 26.4b1 for 2 of 5 residents (Resident #12 and #212) reviewed for a PRN NJ Ex Order 26.4b1 medicine, c.) discontinued NJ Ex Order 26.4b1 medications were removed from active inventory and disposed of after being discontinued on NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 for Resident #80. This deficient practice was observed during the inspection of one (1) of three (3) medication rooms, d.) a stored NJ Ex Order 26.4b1 medication was maintained with the safety tamper seal (Resident #8), which was identified for one (1) of six (6) medication carts inspected, e.) clarify and accurately administer a medication NJ Ex Order 26.4b1 according to a physician's order identified for one (1) of seven (7) residents, (Resident# 148) reviewed for medication regimen review and f.) remove and dispose of NJ Ex Order 26.4b1 from active inventory when discontinued. This was identified for one (1) of seven (7) residents, (Resident #52) observed during medication administration.</p> <p>The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered</p>	F 755	<p>immediately reviewed the Individual Patient's NJ Ex Order 26.4b1 Record NJ Ex Order 26.4b1 log against the Electronic Medication Administration Record (EMAR).</p> <p>The DON verified the missing signature of the NJ Ex Order 26.4b1 on the EMAR against the NJ Ex Order 26.4b1 sheet.</p> <p>The physician is notified. She assessed the resident and documented that there were no NJ Ex Order 26.4b1 or NJ Ex Order 26.4b1.</p> <p>The DON immediately notified the Medical Director and the Pharmacy Consultant of the reconciliation, administration, and documentation of NJ Ex Order 26.4b1.</p> <p>The Risk Manager/Facility Educator immediately in serviced the two (2) nurses involved on Federal Guidelines F755 related to administration, reconciliation, and administration of NJ Ex Order 26.4b1.</p> <p>The Administrator and the DON immediately initiated a facility wide quality assurance performance improvement program.</p> <p>Resident #12</p> <p>The DON and the UM immediately reviewed the NJ Ex Order 26.4b1 log against the EMR.</p> <p>The DON and the UM verified that the 13 NJ Ex Order 26.4b1 was given by the 6 nurses but forgot to sign the EMAR</p>	

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F 755	<p>Continued From page 58</p> <p>professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well being, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. On 4/29/24 at 11:34, the surveyor and the Licensed Practical Nurse (LPN #1) began the [REDACTED] medication inspection, which was stored in a mounted, double locked portion of the medication cart ([REDACTED] box), located in the [REDACTED] side of the [REDACTED] floor</p> <p>At that time, in the presence of LPN #1, the surveyor observed the [REDACTED] Sheet Tally ([REDACTED]); a shift-to-shift count/signature for [REDACTED] accountability) was signed daily until the day shift of [REDACTED].</p> <p>At 11:50 AM, LPN #1 and the surveyor observed Resident #12's bingo card (blister packet which contains the medication) with a pharmacy label</p>	F 755	<p>due to the inability to sign the EMAR in the laptop due to the need to use the desktop.</p> <p>The Administrator immediately notified the center's IT vendor, [REDACTED] NJ Exec Order 26.4b1 technical support regarding the glitch specific to the lap tops, and the correction was made immediately.</p> <p>The DON immediately notified the primary care physician, the medical director, and the pharmacy consultant on reconciliation and missing documentation of NJ Ex Order 26.4b1 on EMAR and [REDACTED] NJ Exec Order 26.4b1</p> <p>The Risk Manager/Facility Educator immediately serviced the 6 nurses on the Federal Guidelines F755 related to administration, reconciliation, and administration and documentation of NJ Ex Order 26.4b1</p> <p>Resident #80 The DON and UM immediately removed the discontinued NJ Ex Order 26.4b1 [REDACTED] from active inventory, witnessed the proper disposal, and documented as per our policy.</p> <p>The DON and Administrator notified immediately the Medical Director and the Pharmacy Consultant and addressed the concern with the US FOIA (b) (6) and his responsibility as outlined in the policy and procedure.</p> <p>Resident #8 The DON and UM immediately removed</p>	

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F 755	<p>Continued From page 59</p> <p>for NJ Ex Order 26.4b1 [REDACTED] tablets. The bingo card contained 7 tablets.</p> <p>At that time, in the presence of LPN #1, the surveyor compared the bingo card against Resident #12's Individual Patient's NJ Ex Order 26.4b1 [REDACTED] Record [REDACTED]; declining inventory sheet used to track removal of a NJ Ex Order 26.4b1 from inventory) for the NJ Ex Order 26.4b1. The NJ Ex Order 26.4b1 log reflected a documented quantity of eight.</p> <p>At 11:53 AM, during an interview with the surveyor, LPN #1 stated she did not administer the medication that day. The surveyor asked why the missing tablet for Resident #12 was not identified during the NJ Ex Order 26.4b1 review between the two nurses that morning. LPN #1 stated "I missed it".</p> <p>At 12:04 PM, during an interview with the surveyor, the U.S. FOIA (b) (6) stated that the quantity in the bingo card should have matched the NJ Ex Order 26.4b1 for the resident.</p> <p>At 12:15 PM, during an interview with the surveyor, the U.S. FOIA (b) (6) stated that after the shift-to-shift count, the NJ Ex Order 26.4b1 and bingo card inventory count of the NJ Ex Order 26.4b1 medication should match.</p> <p>At 12:17 PM, in the presence of LPN #1 and the U.S. FOIA (b) (6), the surveyor interviewed Resident #12. The Resident was observed awake, lying in bed, and NJ Ex Order 26.4b1. The resident stated that he/she often had NJ Ex Order 26.4b1 but tried not to take his/her NJ Ex Order 26.4b1 often. The resident stated he/she had NJ Ex Order 26.4b1 that day</p>	F 755	<p>the NJ Ex Order 26.4b1 with a missing tamper seal from the active inventory, witnessed the proper disposal, and documented per our policy.</p> <p>The UM ordered the replacement for the medication from the pharmacy.</p> <p>The DON and Administrator notified immediately the Medical Director and the Pharmacy Consultant and addressed the concern the U.S. FOIA (b) (6) and his responsibility as outlined in the policy and procedure.</p> <p>Resident #212</p> <p>The DON and UM immediately reviewed the NJ Ex Order 26.4b1 and the medication against the EMAR.</p> <p>The DON verified the missing signature of the NJ Ex Order 26.4b1 5/325mg on EMAR against the NJ Ex Order 26.4b1.</p> <p>The physician notified. She assessed the resident and documented that there were no NJ Ex Order 26.4b1 or NJ Ex Order 26.4b1.</p> <p>The DON immediately notified the Medical Director and the Pharmacy Consultant of the reconciliation, administration, and documentation of NJ Ex Order 26.4b1.</p> <p>The Risk Manager/Facility Educator immediately in serviced the nurse involved on Federal Guideline F755 related to administration, reconciliation, and administration of NJ Ex Order 26.4b1.</p>	

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F 755	<p>Continued From page 60</p> <p>but had taken the medication once ^{NJ Exec Order 26.4b1} [REDACTED] and once the ^{NJ Exec Order 26.4b1} [REDACTED].</p> <p>The resident had requested to also speak with the physician for a different matter.</p> <p>At that time, the ^{U.S. FOIA (b) (6)} [REDACTED] stated that she would inform the ^{U.S. FOIA (b) (6)} [REDACTED].</p> <p>At 12:40 PM, during a meeting with the ^{U.S. FOIA (b) (6)} [REDACTED] and the ^{U.S. FOIA} [REDACTED], the surveyor discussed the concerns regarding the one (1) missing tablet of ^{NJ Ex Order 26.4b1} [REDACTED] for Resident #12 on the ^{NJ Exec Order} [REDACTED] floor.</p> <p>At that time, the ^{U.S. FOIA} [REDACTED] stated that Resident #12's missing ^{NJ Ex Order 26.4b1} [REDACTED] tablet from the bingo card should have been identified during the shift-to-shift count of the outgoing shift nurse (LPN #2) and the incoming shift nurse (LPN #1).</p> <p>On 4/30/23 at 9:40 AM, during a follow up interview with two surveyors and the ^{U.S. FOIA (b) (6)} [REDACTED], the ^{U.S. FOIA} [REDACTED] explained the process for the shift-shift count. The ^{U.S. FOIA} [REDACTED] stated that the outgoing (end of shift) nurse and the incoming (start of shift) nurse compared the ^{NJ Ex Order 26} [REDACTED] against the bingo card for the inventory of each ^{NJ Ex Order 26.4} [REDACTED] medication located in the ^{NJ Ex Order 26.4} [REDACTED] box. The signatures on the shift-to-shift log meant that the on-hand inventory was correct. In the event, a ^{NJ Ex Order 26.4} [REDACTED] count was incorrect the staff "must notify the supervisor and me" [the ^{U.S. FOIA (b) (6)} [REDACTED] when I am here, so we can investigate and ensure all the narcotics are accounted for".</p> <p>At that time, the ^{U.S. FOIA} [REDACTED] stated that when a ^{NJ Ex Order 26.4} [REDACTED] medication was to be administered, the nurse had to sign the ^{NJ Ex Order 26} [REDACTED] for the removal of the ^{NJ Ex Order 26.4} [REDACTED] medication from the bingo card, and after the</p>	F 755	<p>Resident #148</p> <p>The DON and UM immediately reviewed the resident's physician order and EMAR and updated the ^{NJ Ex Order 26.4b1} [REDACTED] order with added supplemental order of ^{NJ Ex Order} [REDACTED].</p> <p>The UM assessed the resident and there were no documented ^{NJ Exec Order 26.4b1} [REDACTED].</p> <p>The DON and Administrator immediately notified the Medical Director and the Pharmacy Consultant and addressed the concern with the ^{U.S. FOIA (b) (6)} [REDACTED] services, and his responsibility as outlined in the policy and procedure.</p> <p>Resident #52</p> <p>The DON and UM immediately reviewed the orders and removed the discontinued ^{NJ Ex Order 26.4b1} [REDACTED] and ^{NJ Ex Order 26.4b1} [REDACTED] and witnessed the proper disposal and documented as per our policy.</p> <p>The DON and Administrator notified immediately the Medical Director and Pharmacy Consultant and addressed the concern with the ^{U.S. FOIA (b) (6)} [REDACTED] Services and his responsibility as outlined in the policy and procedure.</p> <p>Residents Affected:</p> <p>All residents have the potential to be affected by this practice. This plan applies to all residents.</p> <p>Systematic Changes/Measures:</p> <p>The Risk Manager/Facility Educator</p>	

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F 755	<p>Continued From page 61</p> <p>administration to the resident, the eMAR had to be signed.</p> <p>At that time, the ^{U.S. FOIA} stated the ^{U.S. FOIA (b) (6)} [REDACTED] visited the facility and checked the ^{NJ Ex Order 26.4b1} once a month.</p> <p>At that time, the ^{U.S. FOIA} informed the surveyors that based on her investigation, she learned that the outgoing nurse was looking at the ^{NJ Ex Order 26} log only while the incoming Nurse LPN #1 who also admitted to only looking at the bingo card. Both nurses did not compare the ^{NJ Ex Order 26} against the bingo card to check that the signature and the inventory count had matched. The ^{U.S. FOIA} submitted the signed document from both nurses attesting to the ^{U.S. FOIA (b) (6)} explanation to the surveyors.</p> <p>At that time, the ^{NJ Ex Order} stated that both nurses were given education, a facility wide ^{NJ Ex Order 26.4} inventory for each medication storage was conducted, and a QAPI (Quality Assurance and Performance Improvement, a data driven and proactive approach to quality improvement) was initiated after surveyor inquiry.</p> <p>At that time, the ^{U.S. FOIA} stated that the outgoing nurse (LPN #2) wrote a statement that she had administered the ^{NJ Ex Order 26.4b1} to Resident #12 on ^{NJ Ex Order 26} at 1:55 AM and forgot to sign the ^{NJ Ex Order 23} log but signed the eMAR.</p> <p>On 5/1/24 at 1:03 PM, during a meeting with the survey team, the ^{U.S. FOIA (b) (6)} [REDACTED] the ^{U.S. FOIA (b) (6)} [REDACTED], the ^{U.S. FOIA} [REDACTED] and the ^{NJ Ex Order} [REDACTED] the surveyors discussed the concern regarding the failure of the facility's system of record keeping,</p>	F 755	<p>and/or designee will in service all nurses on Federal Guideline F755 related to medication storage; narcotic reconciliation, disposal documentation, physician orders, narcotic documentation, an added supplemental documentation necessary for medication administration.</p> <p>The DON and Administrator met with the US FOIA (b) (6) and reviewed his job description and clarified expectations</p> <p>The Pharmacy Consultant and or their designee will do a random competency on medication pass for two (2) nurses every month.</p> <p>The ADON will evaluate the medication pass competency of all nurses upon hire and at least once per year annually.</p> <p>Monitoring: The UMs and/or designee will audit five (5) resident's narcotic order, EMAR, and IPCDR documentation, removal and disposal of discontinued medications, supplemental orders, and narcotic tamper seal weekly x 4 weeks and 10 residents monthly x 3 months.</p> <p>The DON or designee will audit 4 charts that have an order for medication with a hold parameter a week for 4 weeks and then 4 charts monthly for 3 months. results will be presented to the administrator at the QAPI meeting that meets quarterly.</p> <p>The Pharmacy Consultant will audit the</p>	

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F 755	<p>Continued From page 63</p> <p>mouth every 6 hours as needed for ^{NJ Ex Order 26.4b1} to ^{NJ Ex Order 26.4b1} to ^{NJ Ex Order 26.4}. started on ^{NJ Ex Order 26}.</p> <p>A review of the eMAR against the ^{NJ Ex Order 26} log for ^{NJ Ex Order 26.4b1} reflected that the ^{NJ Ex Order 26.4b1} was removed 13 times from inventory, logged as removed on the ^{NJ Ex Order 26} however was not documented as administered on the eMAR on the following dates:</p> <ol style="list-style-type: none"> 1) On ^{NJ Ex Order 2} at 1:00 AM, one (1) pill was documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #2 and was not reflected as administered on the eMAR. 2) On ^{NJ Ex Order 2} at 1:00 AM, one (1) pill was documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #2 and was not reflected as administered on the eMAR. 3) On ^{NJ Ex Order 2} at 5:00 PM, one (1) pill was documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #1 and was not reflected as administered on the eMAR. 4) On ^{NJ Ex Order 26.4} at 1:30 PM, one (1) pill was documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #2 and was not reflected as administered on the eMAR. 5) On ^{NJ Ex Order 26} at 11:00 PM, one (1) pill was documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #1 and was not reflected as administered on the eMAR. 6) On ^{NJ Ex Order 26.4} at 10:00 PM, one (1) pill was documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #1 and was not reflected as administered on the eMAR. 7) On ^{NJ Ex Order 26.4} at 12:30 AM, one (1) pill was documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #2 and was not reflected as administered on the eMAR. 8) On ^{NJ Ex Order 26.4} at 10:00 AM, one (1) pill was 	F 755		

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F 755	<p>Continued From page 64</p> <p>documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #3 and was not reflected as administered on the eMAR.</p> <p>9) On ^{NJ Ex Order 26} at 8:00 PM, one (1) pill was documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #2 and was not reflected as administered on the eMAR.</p> <p>10) On ^{NJ Ex Order 26} at 2:30 PM, one pill (1) was documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #1 and was not reflected as administered on the eMAR.</p> <p>11) On ^{NJ Ex Order 26} at 2:00 AM, one pill (1) was documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #5 and was not reflected as administered on the eMAR.</p> <p>12) On ^{NJ Ex Order 26} at 8:20 PM, one pill (1) was documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #6 and was not reflected as administered on the eMAR.</p> <p>13) On ^{NJ Ex Order 26} at 1:00 AM, one pill (1) was documented as removed on the ^{NJ Ex Order 26} from the bingo card by LPN #2 and was not reflected as administered on the eMAR.</p> <p>Further review of the eMAR also revealed that the medication was documented as administered on ^{NJ Ex Order 26}, but was not documented as removed from the ^{NJ Ex Order 26} and included the following:</p> <p>On ^{NJ Ex Order 26} at 1:55 AM, one pill (1) was signed on the eMAR but was not documented as removed on the ^{NJ Ex Order 26} from the bingo card at that time.</p> <p>A review of the ^{NJ Ex Order 26} for Resident #12 reflected 13 doses were removed from the bingo card by 6 different nurses.</p> <p>On 4/30/24 at 9:40 AM, during an interview with two surveyors, the ^{U.S. FOIA} informed the surveyors</p>	F 755		

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F 755	<p>Continued From page 65</p> <p>that there was not a process in place prior to surveyor inquiry to ensure that the medication removed from the bingo card was in fact administered to the resident for whom the medication was prescribed for and was then documented on the eMAR.</p> <p>The surveyors discussed the concern regarding the discrepancy between the eMAR against the ^{NJ Ex Order 26.4} [REDACTED] that resulted in 13 doses of a ^{NJ Ex Order 26.4} [REDACTED] medication that was not accounted, and properly reconciled by 6 different nurses.</p> <p>On 4/30/23 at 11:17 AM, during a telephonic interview with the surveyors, the ^{U.S. FOIA} [REDACTED] stated that he conducted routine spot checks of the ^{NJ Ex Order 2} [REDACTED] and the ^{NJ Ex Order 26} [REDACTED] as part of the monthly visit for the facility.</p> <p>On 4/30/23 at 2:35 PM, during a telephonic interview with the survey team, LPN #1 confirmed worked on ^{NJ Ex Order 2} [REDACTED], ^{NJ Ex Order 26} [REDACTED], ^{NJ Ex Order 26.4} [REDACTED] and ^{NJ Ex Order 26} [REDACTED].</p> <p>At that time, the LPN stated that when it was time to administer the ^{NJ Ex Order 26.4b1} [REDACTED] to Resident #12, she opened the ^{NJ Ex Order 26.4} [REDACTED] box within her cart, removed the medication, signed the ^{NJ Ex Order 26} [REDACTED] but at times she had a problem signing the eMAR on the laptop located on her medication cart because of technical computer issues.</p> <p>At that time, the LPN #1 admitted that she was able to sign the eMAR on the desktop computer located at the nurses' station but at times forgot. LPN #1 stated she had not informed the managers regarding the issues with the laptop on the medication cart.</p>	F 755		

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F 755	<p>Continued From page 66</p> <p>On 4/30/23 at 2:45 PM, the surveyor left a message for LPN #3.</p> <p>On 5/1/24 at 9:12 AM, during a meeting with the survey team, and the ^{U.S. FOIA} the ^{U.S. FOIA} stated that she had completed the investigation after surveyor inquiry regarding the 13 doses administered that were not signed on the eMAR by the 6 different nurses. The ^{U.S. FOIA} stated the following:</p> <p>1) LPN #1 who had worked on ^{NJ Ex Order 26.4}, ^{NJ Ex Order 26.4}, ^{NJ Ex Order 26.4}, and ^{NJ Ex Order 26.4}. The LPN#1 signed a statement that she had forgotten to sign the eMAR on the laptop due to a pop-up blocker. The ^{U.S. FOIA} had a signed statement from LPN #1.</p> <p>2) LPN #2 worked on ^{NJ Ex Order 26.4}, ^{NJ Ex Order 26.4}, ^{NJ Ex Order 26.4}, ^{NJ Ex Order 26.4}, and ^{NJ Ex Order 26.4}. LPN #2 did not sign the eMAR because of the pop-up blocker on the laptop located on her medication cart and forgot to sign the eMAR on the desktop computer located at the nurses' station. LPN #2 confirmed she administered the medication on those days. The ^{U.S. FOIA} had a signed statement from LPN #2.</p> <p>3) LPN #3 worked on ^{NJ Ex Order 26.4} and administered the medication at 10:00 AM, that day. LPN #3 forgot to document the administration on the eMAR. The ^{U.S. FOIA} had a signed statement.</p> <p>4) LPN #4 worked on ^{NJ Ex Order 26.4} and administered the medication at 8:00 PM and admitted to not signing the eMAR. The ^{U.S. FOIA} had a signed statement.</p> <p>5) LPN #5 worked on ^{NJ Ex Order 26.4} and administered the medication at 2:00 AM and forgot to sign the eMAR. The ^{U.S. FOIA} had a signed statement.</p>	F 755		

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F 755	<p>Continued From page 67</p> <p>6) LPN #6 worked on ^{NJ Ex Order 26.4} and administered the medication at 8:20 PM and tried to sign the eMAR on the laptop but the signature did not go through. LPN #3 forgot to sign on the desktop located at the nurses' station.</p> <p>At that time, the ^{U.S. FOIA} stated that the resident was assessed by the Nurse Practitioner and there was no change to the resident's PRN ^{NJ Exec Order 26.4b1} since the resident was content with her ^{INDEX OF} medication regimen.</p> <p>At that time, the ^{U.S. FOIA} stated that education was given to the nurses that reviewed the process for the shift-to shift count of ^{NJ Ex Order 26.4} medications, signing of the ^{NJ Ex Order 26} and the eMAR to ensure no discrepancy occurred.</p> <p>At that time, the ^{U.S. FOIA} stated that the technical support team, for the facility's laptop computer were informed of the issue.</p> <p>At that time, the ^{U.S. FOIA} stated that they had checked the laptop to ensure the technical issue was resolved.</p> <p>On 5/1/24 at 1:03 PM, during a meeting with the survey team, the ^{U.S. FOIA (b)} the ^{U.S. FOIA} the ^{U.S. FOIA (b)} and the ^{U.S. FOIA (b)} the surveyors discussed the concern regarding the inaccurate reconciliation of ^{NJ Ex Order 26.4} medication of the ^{NJ Ex Order 26} and the eMAR for Resident #12's ^{NJ Ex Order 26.4b1}.</p> <p>3.) On 4/29/24 at 10:36 AM, the surveyor and LPN #7 began the ^{NJ Exec Order 26.4b1} unit inspection of the refrigerator on the ^{NJ Exec 0} floor.</p> <p>At 10:43 AM, in the presence of LPN #7, the</p>	F 755		

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F 755	<p>Continued From page 68</p> <p>surveyor observed a ^{NJ Ex Order 26.4} medication for Resident #80 with a pharmacy label of NJ Ex Order 26.4b1. The ^{NJ Ex Order 26.4} bottle was sealed and dated ^{NJ Ex Order 26.4}.</p> <p>At that time, the surveyor and LPN #7 reviewed the electronic Medical Record (eMR) which reflected that Resident #80's NJ Ex Order 26.4b1 was not part of the active orders for ^{NJ Ex Order 26.4}.</p> <p>Further review Resident #80's eMR revealed that the NJ Ex Order 26.4b1 order was ultimately discontinued on ^{NJ Ex Order 26.4b}, ^{NJ Exec Order} months before the surveyor's unit inspection.</p> <p>At that time, during an interview with the surveyor, LPN #7 stated that discontinued medication should have been removed from active inventory by the nurse and the U.S. FOIA (b)(6) should have been informed.</p> <p>LPN #2 stated it was important to remove discontinued medication from active inventory to prevent medication administration errors.</p> <p>At 10:57 AM, during an interview with the surveyor, the U.S. FOIA (b) (6) stated that the order for Resident #80 was a PRN (as needed order) that was automatically discontinued after 14 days. The U.S. FOIA (b)(6) could not explain the process how the medication cart nurse could be aware that a ^{NJ Ex Order 26.4} medication was automatically discontinued while checking the negative inventory log.</p> <p>At 12:40 PM, during a meeting with the U.S. FOIA (b)(6) and the U.S. FOIA (b)(6) the surveyor discussed the</p>	F 755		

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F 755	<p>Continued From page 69</p> <p>concerns regarding the discontinued [REDACTED] ^{NJ Ex Order 26.4b1} for Resident #80 on the [REDACTED] floor that was still in with the active inventory.</p> <p>On 05/01/24 at 9:12 AM, during a meeting with the survey team and the [REDACTED] ^{U.S. FOIA (b)} [REDACTED] ^{U.S. FOIA} confirmed that the discontinued [REDACTED] ^{NJ Ex Order 26.4} medication, [REDACTED] ^{NJ Ex Order 26.4b1} should have been removed from the active inventory to prevent medication administration errors and drug diversion.</p> <p>On 5/01/24 at 1:03 PM, during a meeting with the survey team, the [REDACTED] ^{U.S. FOIA (b)} [REDACTED] ^{U.S. FOIA} [REDACTED] and the [REDACTED] ^{U.S. FOIA (b)} the surveyors discussed the concern regarding the failure to remove and dispose discontinued [REDACTED] ^{NJ Ex Order 26.4} medication from active inventory after being discontinued on [REDACTED] ^{NJ Ex Order 26.4b}, [REDACTED] ^{NJ Ex C} months before the medication storage inspection, for Resident #80.</p> <p>4.) On 4/29/24 at 11:34, the surveyor and LPN #1 began the [REDACTED] ^{NJ Ex Order 26.4} medication inspection, which was stored in a mounted, double locked portion of the medication cart ([REDACTED] ^{NJ Ex Order 26.4} box), located in the [REDACTED] ^{NJ Exec Ord} side of the [REDACTED] ^{NJ Exec Ord} floor.</p> <p>At that time, in the presence of LPN #1, the surveyor observed the [REDACTED] ^{NJ Ex Order} was signed daily until the day shift of [REDACTED] ^{NJ Ex Order 26.4b1}.</p> <p>At 11:42 AM, the surveyor and LPN #1 observed the safety tamper seal (provides visual evidence of any attempt to open or manipulate the packaged medication) was missing for Resident #8's [REDACTED] ^{NJ Ex Order 26.4b1}, dated [REDACTED] ^{NJ Ex Order 26.4b}. The content reflected [REDACTED], and the [REDACTED] ^{NJ Ex Order 26} did not reflect when the medication was opened, why it was opened, or that an attempt to administer</p>	F 755		

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F 755	<p>Continued From page 70</p> <p>the medication had occurred. The reverse side of the ^{NJ Ex Order 26} did not have a documentation that any dose was wasted.</p> <p>At that time, LPN #1 stated she did not break the seal for Resident #8's ^{NJ Ex Order 26.4b1}</p> <p>[REDACTED]</p> <p>On 4/29/24 at 12:04 PM, during an interview with the surveyor the ^{U.S. FOIA (b) (6)} confirmed the patient safety tamper seal for the resident's ^{NJ Ex Order 26.4b1} should not have been missing since the medication was not documented as administered, refused, or damaged. The ^{U.S. FOIA (b) (6)} stated she was not sure of the facility policy, procedure, or process for when a safety tamper seal for the ^{NJ Ex Order 26.4b1} was accidentally removed.</p> <p>[REDACTED]</p> <p>At 12:40 PM, during a meeting with the ^{U.S. FOIA (b) (6)} and the ^{U.S. FOIA (t)} the surveyor discussed the concerns regarding the unadministered ^{NJ Ex Order 26.4b1} for Resident #8 that had a missing safety tamper seal.</p> <p>On 4/30/23 at 9:40 AM, during a meeting with the surveyors and the ^{U.S. FOIA (b) (6)} the ^{U.S. FOIA} stated that when a medication was received from the pharmacy provider the ^{NJ Ex Order 26.4} medication was checked by the receiving nurse for integrity and accurate quantity. The ^{U.S. FOIA} was unable to identify when the safety tamper seal was missing.</p> <p>At that time, the ^{U.S. FOIA} stated she had given an in-service regarding the identification of a missing safety tamper seal.</p> <p>On 5/1/24 at 9:12 AM, during meeting with survey team and the ^{U.S. FOIA (b) (6)} the ^{U.S. FOIA} stated that during the shift-to shift count, once a safety tamper seal</p>	F 755		

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F 755	<p>Continued From page 71</p> <p>was identified as missing, the supervisor and the [REDACTED] ^{U.S. FOIA} must be notified, medication removed, followed by the destruction/disposition of the medication. The [REDACTED] ^{U.S. FOIA} and [REDACTED] ^{U.S. FOIA} stated that the maintenance of the safety tamper seal was important to avoid drug diversion and ensure the medication was not tampered with.</p> <p>On 5/1/24 at 1:03 PM, during a meeting with the survey team, the [REDACTED] ^{U.S. FOIA (b)} the [REDACTED] ^{U.S. FOIA} the [REDACTED] ^{U.S. FOIA (b)} and the [REDACTED] ^{U.S. FOIA (b)} the surveyor discussed the concern for the received and stored [REDACTED] ^{NJ Ex Order 26.4} medication was maintained with the safety tamper seal for Resident #8 and the failure to identify the concern during the shift to shift review.</p> <p>On 5/2/24 at 9:52 AM, during a meeting with the survey team, the [REDACTED] ^{U.S. FOIA (b)} the [REDACTED] ^{U.S. FOIA} the [REDACTED] ^{U.S. FOIA (b)} the [REDACTED] ^{U.S. FOIA (b)} , the [REDACTED] ^{U.S. FOIA} acknowledged the concerns.</p> <p>5.) The surveyor reviewed the electronic Medical Record (eMR) for Resident #212.</p> <p>According to the AR, Resident #212 was admitted to the facility with diagnoses which included but were not limited to: NJ Ex Order 26.4b1 [REDACTED] ^{NJ Ex Order 26.4b1} [REDACTED] ^{NJ Ex Order 26.4b1} [REDACTED] ^{) and NJ Ex Order 26.4b1} [REDACTED] ^{NJ Ex Order 26.4b1} [REDACTED] .</p> <p>A review of Resident #212's Admission MDS dated [REDACTED] ^{NJ Ex Order 26.4b1}, revealed that the resident had a brief interview of mental status score of [REDACTED] ^{NTE} of 15, which indicated the resident had a [REDACTED] ^{NJ Ex Order 26.4b1}</p>	F 755		

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F 755	<p>Continued From page 72</p> <p>NJ Ex Order 26.4b1. Further review of the MDS, revealed the resident was receiving an [REDACTED] medication.</p> <p>A review of the physician "Order Summary Report" revealed physician orders (PO) for NJ Ex Order 26.4b1 [REDACTED], Give 1 tablet by mouth every 6 hours as needed for [REDACTED] to [REDACTED] [REDACTED] -Order Date [REDACTED] 1040 (10:40 AM).</p> <p>A review of the eMAR against the [REDACTED] log for NJ Ex Order 26.4b1 [REDACTED] revealed that on [REDACTED] at 10:30 PM the NJ Ex Order 26.4b1 [REDACTED] was removed from inventory, logged as removed on the [REDACTED] by LPN #8 however was not documented as administered on the eMAR for [REDACTED] at 10:30 PM.</p> <p>On 4/30/24 at 3:45 PM, the above concern was presented to the [REDACTED] who stated would investigate it.</p> <p>On 5/1/24 at 9:36 AM, during a meeting with the surveyors and the [REDACTED] to review the [REDACTED] investigation for the above concern, the [REDACTED] stated LPN NJ Ex Order 26.4b1 [REDACTED] to sign the eMAR after she administered the medication to the resident.</p> <p>On 5/1/24 at 1:03 PM, during a meeting with the [U.S. FOIA] the [REDACTED] the [REDACTED] and the [REDACTED] the surveyors discussed the concern regarding the inaccurate reconciliation of [REDACTED] medication of the [REDACTED] and the eMAR for Resident #212's NJ Ex Order 26.4b1 [REDACTED].</p> <p>On 5/2/24 at 9:52 AM, during a follow up meeting with the survey team, the [U.S. FOIA] the [REDACTED] the [REDACTED]</p>	F 755	

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F 755	<p>Continued From page 73</p> <p><small>U.S. FOIA(b) the U.S. FOIA (b) (6) (b), the U.S. FOIA</small> acknowledged the above concerns.</p> <p>6). On 4/22/24 at 11:04 AM, the surveyor observed Resident #148, who was seated in a wheelchair and was watching television. The resident was <small>NJ Ex Ord</small> and <small>NJ Ex Order 26.4b</small> and was able to be interviewed. The surveyor interviewed the resident regarding his/her care at the facility and the resident had <small>NJ Ex Order 26.4b1</small></p> <p>The surveyor reviewed the medical record for Resident #148.</p> <p>A review of the resident's AR revealed the resident was admitted to the facility with diagnoses which included but were not limited to: <small>NJ Ex Order 26.4b1</small> <small>NJ Ex Order 26.4b1</small> <small>), NJ Ex Order 26.4b1 (a</small> <small>NJ Ex Order 26.4b1</small> <small>, and NJ Ex Order 26.4b1</small> <small>NJ Ex Order 26.4b</small></p> <p>A review of the admission MDS dated of <small>NJ Ex Order 26.4b1</small>, reflected the resident had a BIMS score of <small>NJ Ex Order 26.4b1</small> out of 15, indicating that the resident was <small>NJ Ex Order 26.4b1</small>.</p> <p>A review of the <small>NJ Ex Order 26.4b1</small> Order Summary Report (OSR) revealed a physician's order (PO) dated <small>NJ Ex Order 26.4b1</small> for <small>NJ Ex Order 26.4b1</small> give 1 tablet by mouth three times a day for <small>NJ Ex Order 26.4b1</small> <small>(N</small> <small>J Ex Order 26.4b1</small>), hold for <small>NJ Ex Order 26.4b1</small> <small>(N</small> <small>J Ex Order 26.4b1</small>) greater than <small>NJ Ex Ord</small></p> <p>A review of the <small>NJ Ex Order 26.4b1</small> eMAR revealed a PO</p>	F 755	

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F 755	<p>Continued From page 74</p> <p>dated [REDACTED] for NJ Ex Order 26.4b1 give 1 tablet by mouth three times a day for [REDACTED] hold for NJ Ex Order 26.4b1 [REDACTED] (NJ Ex Order 26.4b1) greater than [REDACTED] with an administration time of 1000 (10:00 AM), 1400 (2:00 PM), and 2000 (8:00 PM). A further review of the eMAR revealed that the resident's medication administration times were adjusted on [REDACTED]. At that time, the area to document the resident's NJ Ex Order 26.4b1 was x out in the EMAR. A further review of the eMAR revealed that the resident's [REDACTED] was not documented in the eMAR from 10:00 AM of [REDACTED] until 10:00 AM on [REDACTED], after surveyor inquiry. Further review revealed there were 63 administration times in which the medication was administered when the [REDACTED] was not documented.</p> <p>On 4/24/24 at 10:35 AM, in the presence of a Registered Nurse (RN) #1, the surveyor reviewed the resident's Pos. RN#1 acknowledged that the resident had an order for [REDACTED] with a perimeter to hold the medication when the resident [REDACTED] was [REDACTED]. At that time, review of the eMAR revealed the resident's [REDACTED] was not being documented under [REDACTED]. The RN stated that the [REDACTED] should have been recorded every time that [REDACTED] was administered. In the presence of the surveyor, RN #1 adjusted the eMAR documentation that would allow the [REDACTED] to be recorded. The RN was unable to answer why the EMAR was not adjusted earlier.</p> <p>On 5/1/24 at 1:00 PM, the surveyor presented the above concern to the administration team which included the [REDACTED] the [REDACTED] the [REDACTED] and the U.S. FOIA (b) (6) [REDACTED].</p> <p>On 5/2/24 at 11:30 AM, as part of the facility</p>	F 755	

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F 755	<p>Continued From page 75</p> <p>response, the ^{NJ Ex Order 26.4} stated that when the resident's medication times were adjusted for ^{NJ Ex Order 26.4} purposes and the nurse should have documented in the eMAR that the resident's vitals had to be recorded, this would have allowed for nurses to document the resident's ^{NJ Ex Order 26.4}. She acknowledged that this was not done when the medication times were adjusted.</p> <p>7). On 4/30/24 at 9:00 AM, during morning medication pass, the surveyor observed a Licensed Practical Nurse (LPN# 9) preparing medications for Resident #52. The surveyor observed LPN #9 open the medication cart, unlock the ^{NJ Ex Order 26.4} lock box and pull out a bingo card ^{NJ Ex Order 26.4b1} capsules. The bingo card contained twenty (20) capsules of ^{NJ Ex Order 26.4b1}. The surveyor observed LPN #7 look at the resident's eMAR and she stated that the resident is on ^{NJ Ex Order 26.4b1}. She then investigated the medication cart ^{NJ Ex Order 26.4} lock box and found a bingo card for ^{NJ Ex Order 26.4b1} that contained six (6) capsules. At that time, LPN#? stated that after she finished medication pass, she was going to investigate to see if the resident was still being administered ^{NJ Ex Order 26.4b1}.</p> <p>On 4/30/24 at 9:30 AM, during medication pass reconciliation the surveyor reviewed Resident #52's physician's orders which revealed that the resident's ^{NJ Ex Order 26.4b1} capsules were discontinued on ^{NJ Ex Order 26.4}.</p> <p>The surveyor reviewed the medication record for Resident #52.</p> <p>A review of the resident's AR revealed the resident was admitted to the facility with diagnoses which included but were not limited to:</p>	F 755		

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F 755	<p>Continued From page 76</p> <p>NJ Ex Order 26.4b1 [REDACTED] [REDACTED], NJ Ex Order 26.4b1 [REDACTED] [REDACTED], NJ Ex Order 26.4b1 [REDACTED] [REDACTED], NJ Ex Order 26.4b1 [REDACTED] [REDACTED], and NJ Ex Order 26.4b1 [REDACTED] [REDACTED] [REDACTED]</p> <p>A review of the admission MDS dated [REDACTED] [REDACTED], reflected the resident had a BIMS score of [REDACTED] out of 15, indicating that the resident was [REDACTED]</p> <p>A review of the [REDACTED] OSR revealed a PO dated [REDACTED] for [REDACTED] oral capsule [REDACTED] give 1 capsule by mouth two times a day for [REDACTED] (NJ Ex Order 26.4b1) [REDACTED] The [REDACTED] OSR report also showed that the resident had the following discontinued PO's: [REDACTED] oral capsule [REDACTED] give 1 capsule by mouth two times a day for [REDACTED] which had a start date of [REDACTED] and a discontinued date of [REDACTED]. The resident also had a discontinued PO for [REDACTED] oral capsule [REDACTED] give 1 capsule by mouth two times daily for [REDACTED] for three days with a start date of [REDACTED] and a discontinued date of [REDACTED].</p> <p>On 4/30/24 at 9:40 AM, the surveyor interviewed LPN #9 who acknowledge that the resident's [REDACTED] was discontinued and should have been removed from the medication cart immediately. She stated that by leaving a discontinued medication with active medication could have led to a medication error or drug diversion. She stated that she gave the discontinued [REDACTED] to her supervisor and</p>	F 755		

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F 755	<p>Continued From page 77</p> <p>that she was destroying the medication with another nurse.</p> <p>On 4/30/24 at 9:45 AM, the surveyor interviewed the U.S. FOIA (b) (6) who acknowledge that both U.S. FOIA (b) (6) (20 capsules) and NJ Ex Order 26.4b1 (1 capsule) were both discontinued and should have been removed from the medication cart after being discontinued. She further stated that leaving discontinued medication with active medication could have the potential to cause a medication error or diversion. The U.S. FOIA (b) (6) made the surveyor a copy of the NJ Ex Order 26 form which showed that both NJ Ex Order 26.4b1 (20 capsules) and NJ Ex Order 26.4b1 (1 capsule) were destroyed in the presence of two nurses.</p> <p>On 5/1/24 at 1:00 PM, the surveyor discussed the above concern with the facility administration team which included the U.S. FOIA (b) (6) the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6)</p> <p>No further information was provided.</p> <p>A review of the undated facility policy provided, Controlled Substance Administration and Accountability included the following:</p> <p>Policy: It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion, or accidental exposure.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1. General Protocols:</p> <p>Section F, subsection ii. All controlled substance obtained from non-automated medication cart or cabinet are recorded on designated usage form.</p>	F 755		

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F 755	<p>Continued From page 78</p> <p>Written documentation must be clearly legible with all applicable information provided.</p> <p>Section I.</p> <p>The Controlled Drug record is a permanent medical record document and in conjunction with the MAR is the source for documenting any specific narcotic dispensed from the pharmacy.</p> <p>3. Obtaining/Removing/Destroying Medications</p> <p>a. The entire amount of controlled substance obtained or dispensed is accounted for.</p> <p>Discrepancy Resolution</p> <p>a. Any discrepancy in the count of controlled substance or disposition of the narcotic keys is resolved by the end of the shift during which it is discovered.</p> <p>"j. The charge nurse or other designee conducts a random visual audit of the required documentation of controlled substances. Spot checks are performed to verify:</p> <p>i. Controlled substances that are destroyed appropriately documented; and</p> <p>ii. Medications removed from either the automated dispensing system or medication cart/cabinet have a documented physician order."</p> <p>A review of the undated facility policy, Controlled Substance:</p> <p>Policy Statement</p> <p>The facility shall comply with all laws, regulations and other requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances.</p> <p>A review of the facility's policy for "Administering Medications" revised on 10/2023, and was provided by the VPC revealed the following:</p> <p>"6. The following information must be</p>	F 755		

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F 755	Continued From page 79 checked/verified for each resident prior to administering medications: a. Allergies to medications; and b. Vital signs, if necessary." NJAC 8:39-27.1(a), 29.2(b)(d), 29.4(g)(h)(k), 29.7(c)	F 755		
F 760 SS=F	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Refer to F 755 Based on interviews, record review, and review of pertinent facility documentation, it was determined that the facility failed to ensure that a resident received as needed (prn) ^{NJ Exec Order 26} (a NJ Exec Order 26.4b1) that produces ^{NJ Exec} relief medication in accordance with the prescriber's orders and accepted professional standards. The deficient practice was identified for 1 of 5 residents (Resident #212) reviewed for prn NJ Exec Order 26 administration. The deficient practice was evidenced by the following: On 04/30/24 at 10:35 AM, the surveyors requested a list of all residents receiving the prn NJ Exec Order 26.4b1 mg (milligrams) from U.S. FOIA (b) (6). On 04/30/24 at 11:20 AM, the ^{U.S. FOIA} provided the	F 760	Corrective Action: Resident #212 The ^{U.S. FOIA} and ^{U.S. FOIA (b) (6)} immediately reviewed the Individual Patient's ^{NJ Ex Order 26.4b1} Record log ^{NJ Ex Order 26.4b1} against the electronic Medication Administration Record (EMAR). The ^{U.S. FOIA} completed the medication error form for the 6 wrong PRN doses of ^{NJ Ex Order 26.4b1} The physician is notified. She assessed the resident and documented that there were ^{NJ Ex Order 26.4b1} . The ^{U.S. FOIA} immediately notified the ^{U.S. FOIA (b) (6)} and the ^{U.S. FOIA (b) (6)} of the reconciliation, administration, and documentation of ^{NJ Ex Order 26.4b1} .	5/30/24

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F 760	<p>Continued From page 80</p> <p>surveyors with a list of the residents receiving prn NJ Exec Order 26.4b1 [REDACTED] combination medication used for NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1. A review of the list revealed Resident #212 was receiving the above-mentioned medication.</p> <p>The surveyor reviewed the electronic Medical Record (eMR) for Resident #212.</p> <p>According to the Admission Record, Resident #212 was admitted to the facility with diagnoses which included but were not limited to: NJ Ex Order 26.4b1 [REDACTED] [REDACTED] and NJ Ex Order 26.4b1 [REDACTED] [REDACTED].</p> <p>A review of Resident #212's Admission Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4b1, revealed that the resident had a brief interview of mental status score of NJ Ex Order 26.4b1 of 15, which indicated the resident had a NJ Ex Order 26.4b1 [REDACTED]. Further review of the MDS, revealed the resident was receiving an NJ Ex Order 26.4b1 [REDACTED] medication.</p> <p>A review of the resident's care plan revealed a "Focus: [name redacted] has Potential for NJ Ex Order 26.4b1 Process. Date Initiated: NJ Ex Order 26.4b1." "Interventions: ... Assess my medications and adjust as needed Date Initiated: NJ Ex Order 26.4b1 ... NJ Ex Order 26.4b1 every shift, Date Initiated: NJ Ex Order 26.4b1 ... Monitor/record/report to Nurse resident NJ Exec Order 26.4b1 or requests for NJ Ex Order 26.4b1 treatment. Date Initiated: NJ Ex Order 26.4b1."</p> <p>A review of the physician "Order Summary</p>	F 760	<p>The Risk Manager/Facility Educator immediately in serviced the 4 nurses involved on Federal Guidelines F760 and F755 related to administration, reconciliation, administration of NJ Ex Order 26.4b1 storage, disposal, and medication error.</p> <p>The Administrator and DON immediately initiated a facility-wide Quality Assurance Performance Improvement Plan to be proactive and audited all NJ Ex Order 26.4b1 orders.</p> <p>Residents Affected: All residents have the potential to be affected by this practice. This plan applies to all residents.</p> <p>Monitoring: The Risk Manager / Facility Educator and/or their designee will in service all nurses on F760 related to the administration, Medication errors, and removal of discontinued medications.</p> <p>The DON and UMs audited all residents on NJ Ex Order 26.4b1. No other errors noted.</p> <p>The Pharmacy Consultant and/or their designee will complete a medication pass competency for 4 nurses involved in the medication error monthly x 3 months.</p> <p>The Pharmacy Consultant and/or their designee will complete as a new procedure additional medication pass competencies for 3 nurses monthly.</p>	

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F 760	<p>Continued From page 81</p> <p>Report" revealed physician orders (PO) for NJ Ex Order 26.4b1, Give 1 tablet by mouth every 12 hours as needed for NJ Ex Order 26.4b1 -Order Date NJ Ex Order 26.4b1 2300 (11:00 PM) -D/C (discontinued) Date NJ Ex Order 26.4b1 2048 (8:48 PM) and NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 Give 1 tablet by mouth every 6 hours as needed for NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1 (scale 4-10) -Order Date NJ Ex Order 26.4b1 1040 (10:40 AM).</p> <p>A review of Resident #212's NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 Tablet Individual Patient NJ Ex Order 26.4b1 Record NJ Ex Order 26.4b1, a declining inventory sheet signed by the nurse to account for NJ Ex Order 26.4b1 tablets being removed from the medication cart) Date received NJ Ex Order 26.4b1, amount received 30 (tablets) revealed the following tablet removal entries:</p> <p>NJ Ex Order 26.4b1 at 10 AM, no other tablets were signed as removed for this date.</p> <p>NJ Ex Order 26.4b1 no tablets were signed as being removed</p> <p>NJ Ex Order 26.4b1 no tablets were signed as being removed</p> <p>NJ Ex Order 26.4b1 at 4 PM and 9 PM</p> <p>A review of the NJ Ex Order 26.4b1 electronic Medication Administration Record (eMAR) (used by the nurse to account for the medication being administered to the resident) for NJ Ex Order 26.4b1, Give 1 tablet by mouth every 6 hours as needed for NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 -Order Date NJ Ex Order 26.4b1 1040 (10:40 AM) revealed the tablets were signed as being as administered as following:</p> <p>NJ Ex Order 26.4b1 at 0841(8:41 AM) and 1802 (6:02 PM)</p>	F 760	<p>Monitoring: The UMs and/or their designee will audit all discontinued narcotics weekly x 4 weeks, and then monthly x 3 months.</p> <p>The UMs will audit 5 PRN narcotics in active inventory weekly x 4 weeks, and 8 narcotics monthly for 3 months.</p> <p>The ADON and/or their designee will conduct medication pass competencies on 3 nurses weekly for 4 weeks, and then 5 nurses monthly for 6 months.</p> <p>The DON will present the results of these audits and competencies to the center's QA Committee, which meets quarterly, for further review as appropriate.</p>	

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F 760	<p>Continued From page 82</p> <p><small>NJ Ex Order 26.4b1</small> at 0032 (12:32 AM), 1516 (3:16 PM) and 1800 (6:00 PM)</p> <p><small>NJ Ex Order 26.4b1</small> at 1958 (7:58 PM)</p> <p><small>NJ Ex Order 26.4b1</small> at 0815 (8:15 AM), 1557 (3:57 AM), and 22:03 (10:03 PM)</p> <p>On 04/30/24 at 3:45 PM, the surveyor presented the above-mentioned discrepancies to the <small>U.S. FOIA</small> [REDACTED]. The <small>U.S. FOIA</small> [REDACTED] stated a full investigation would be completed.</p> <p>A review of the facility provided investigation for the above investigation completed by the <small>U.S. FOIA</small> [REDACTED] revealed the following:</p> <p>"On <small>NJ Ex Order 26.4b1</small>, in the eMAR it was documented that it was given at 8:41 AM and 18:02 pm. As per the declining sheet <small>NJ Ex Order 26.4b1</small>, it was noted that it (<small>NJ Ex Order 26.4b1</small>) was given at 10 am by [name redacted] (RN#2). The 18:02 pm dose was given by Licensed Practical Nurse (LPN) #1. NJ Ex Order 26.4b1 [REDACTED] was given instead of NJ Ex Order 26.4b1 [REDACTED]."</p> <p>"On <small>NJ Ex Order 26.4b1</small>, in the eMAR documentation, medication was administered at 12:32 am, 15:16 pm, and 1800 pm. It can be found on the declining sheet for NJ Ex Order 26.4b1 [REDACTED] was given instead of NJ Ex Order 26.4b1 [REDACTED] and was signed at 12:32 am, 12 pm, and 6 pm by [name redacted] (LPN #1), [name redacted] (LPN #2), and [name redacted] (LPN#3)."</p> <p>"On <small>NJ Ex Order 26.4b1</small>, it was documented in the eMAR at 19:58 pm in the declining sheet for NJ Ex Order 26.4b1 [REDACTED] instead of NJ Ex Order 26.4b1 [REDACTED] was</p>	F 760	

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F 760	<p>Continued From page 83</p> <p>documented that it was administered at 8 pm by [name redacted] (LPN #4)."</p> <p>"On 04/25/24, in the eMAR it was documented that medication was administered at 8:15 am. Documentation in the declining sheet can be found in NJ Ex Order 26.4b1 by [name redacted] (LPN#4)."</p> <p>On 05/01/24 at 9:36 AM, the ^{U.S. FOIA} and ^{U.S. FOIA} reviewed the results of the above-mentioned investigation with the surveyors. The ^{U.S. FOIA} stated they compared the days and time documented in the eMAR and upon investigation, "We found that there was a medication error." She further stated there was an initial order for NJ Ex Order 26.4b1 [] that was discontinued, and Registered Nurse (RN) #1 confirmed the new order for NJ Ex Order 26.4b1 []. The ^{U.S. FOIA} stated that when the NJ Ex Order 26.4b1 order was discontinued and the "bingo card" (a bubble packaging used for medication) for the NJ Ex Order 26.4b1 tablets should have been removed from the narcotic drawer. The ^{U.S. FOIA} confirmed that the NJ Ex Order 26.4b1 bingo card and the ^{U.S. FOIA} NJ Ex Order 26.4b1 bingo cards were both in the ^{U.S. FOIA} [] drawer. The ^{U.S. FOIA} then stated, " [name redacted] (RN#1) did not remove the ^{U.S. FOIA} [] bingo card and the ^{U.S. FOIA} [] mg bingo card was added and the nurses were administering the wrong dose." The ^{U.S. FOIA} further stated "they (the nurses) did not follow the 5 rights of medication administration: right resident, right medication, right dosage, right route and right time." She then confirmed "4 different nurses gave the wrong dose 6 times".</p> <p>A review of the facility provided "Medication Pass Observations Worksheet" (a sheet used to evaluate a nurse during medication</p>	F 760		

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F 760	<p>Continued From page 84</p> <p>administration) revealed that the observations were completed as follows:</p> <p>-On ^{NJ Ex Order 26.4b1} at 8 AM, RN# 2 received a check under the yes column for "9. Medication Administration: a. Medications removed from container properly, b. Label x 3 ...f. Medications administered at correct time ...h. correct dose administered."</p> <p>-On ^{NJ Ex Order 26.4b1} at 8:00 AM, LPN #1 received a check under the yes column for "9. Medication Administration: a. Medications removed from container properly, b. Label x 3 ...f. Medications administered at correct time ...h. correct dose administered."</p> <p>-On ^{NJ Ex Order 26.4b1} at 8:00 AM, LPN #2 received a check under the yes column for "9. Medication Administration: a. Medications removed from container properly, b. Label x 3 ...e. If necessary, NJ Ex Order 26.4b1 Log signed f. Medications administered at correct time ...h. correct dose administered."</p> <p>-On ^{NJ Ex Order 26.4b} at 9:00 AM, LPN #3 received a check under the yes column for "9. Medication Administration: a. Medications removed from container properly, b. Label x 3 ...f. Medications administered at correct time ...h. correct dose administered."</p> <p>-On ^{NJ Ex Order 26.4b1} at 8:00 AM, LPN #4 received a check under the yes column for "9. Medication Administration: a. Medications removed from container properly, b. Label x 3 ...f. Medications administered at correct time ...h. correct dose administered."</p>	F 760		

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F 760	Continued From page 85 A review of the facility policy "Medication Errors" dated 1/1/2022, revealed "Policy: It is the policy of this facility to provide protections for the health, welfare, rights of each resident by ensuring residents receive care and services safely in an environment free of significant medication errors." "Policy Explanation and Compliance Guidelines: 1. The facility shall ensure medications will be administered as follows: a. according to physician's orders...c. In accordance with accepted standards and principles which apply to professionals providing services...4. The facility will consider factors indicating errors in medication administration, including, but not limited to, the following: a. Medication administered not in accordance with the prescriber's order. Examples include, but not limited to: i. incorrect dose, route of administration, dosage form, time of administration; ii. medication omission; iii. incorrect medication...c. Medication administered not in accordance with professional standards and principles...7. To prevent medication errors and ensure safe medication administration, nurses should verify the following information: a. Right medications, dose, route and time of administration; b. right resident and right documentation." N.J.A.C.: 8.39-29.2 (d)	F 760		
F 812 SS=F	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal,	F 812		5/30/24

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F 812	<p>Continued From page 86</p> <p>state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and review of documentation provided by the facility, it was determined that the facility failed to a) maintain proper kitchen sanitation practices and clean equipment, b) properly store foods in a safe manner to prevent the development of food borne illness, c) maintain 4 of 4 nursing unit kitchenettes used for residents in a sanitary manner, and d) properly dispose of used cooking oil according to regulations. These deficient practices observed as evidenced by the following:</p> <p>On 04/22/24 at 09:42 AM, in the presence of the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6), the surveyor toured the kitchen and observed the following:</p> <p>1. In the walk-in freezer, the surveyor observed several boxes of opened food items that were opened, unlabeled and exposed to freezer with freezer burn and frost on them. Those items were as follows: fish fillets, breaded chicken patties, turkey burgers, Salisbury beef steaks, opened</p>	F 812	<p>CORRECTIVE ACTION:</p> <p>Food observed open and unlabeled in the walk-in freezer including the fish fillets; breaded chicken patties; turkey burgers; salisbury beef steaks; opened loose corn, and tater tots were discarded by the Food Service Director.</p> <p>The cooktop food catch tray noted with hard, thick, flakey black sediment on the pan along with visible burnt food debris was immediately cleaned and sanitized by the Executive Chef.</p> <p>The fryer was drained of the oil and cleaned by the Cook. The fryer was then taken out of service by the Food Service Director until the oil disposal system was implemented.</p> <p>The fryer oil noted with heavy sediment and debris was drained from the fryer, and stored in a container for disposal.</p>	

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F 812	<p>Continued From page 87</p> <p>loose corn, and tater tots. All listed items were opened, unsealed, unlabeled with open date or expiration dates. The ^{U.S. FOIA} (b) (6) was unable to say when the packages were opened.</p> <p>2. The cooktop food catch tray had hard, thick, flakey black sediment on the pan along with visible food debris that were burnt. The ^{U.S. FOIA} and ^{U.S. FOIA} acknowledged that it needed to be thoroughly cleaned. The ^{U.S. FOIA} also stated, "it did not meet his expectations of his staff."</p> <p>3. The fryer oil was heavily laden with sediment that was floating on the surface. There was a thick rim of sediment on the edges of the oil and the fryer wall. The ^{U.S. FOIA} and ^{U.S. FOIA} acknowledged that it needed to be thoroughly drained and is supposed to be drained, cleaned and replaced weekly. The ^{U.S. FOIA} also stated, "he was unsure of the last time it was drained or cleaned. But they do not use it regularly." Surveyor asked if he would want to eat food that was fried in that oil? The ^{U.S. FOIA} stated, "no, it is unsanitary."</p> <p>4. The fryer oil cleaning, disposal draining and schedule: the surveyor observed a heavily sedimented dark colored oil in the fryer with a lot of debris floating on top and caked around the rim and sides of the fryer oil. The ^{U.S. FOIA} was unable to provide an oil disposal policy or oil disposal pickup invoices for the last 12 months.</p> <p>On 4/25/24 at 12:08 PM the surveyor observed 4 of 4 kitchenettes, one on each nursing unit. The purpose of the kitchenette was for residential use. Each kitchenette was equipped with a refrigerator, microwave, sink and ice machine/water dispenser. The surveyor observed the following:</p>	F 812	<p>All kitchenettes on units NA; N2; N3; and N4 were promptly cleaned by housekeeping staff. Visible soil including white and brown sediment around the internal and external rim of each dispensing shoot for ice and water was removed and surfaces disinfected by housekeeping staff.</p> <p>In addition, the kitchenette ice machines were professionally cleaned and descaled by Complete Mechanical on 5-17-24. Ice machine grills on NA; N2; and N3 were discarded and replaced with new grills.</p> <p>All microwaves on units NA; N2; N3; and N4 were discarded and replaced with microwave units by the Maintenance Director.</p> <p>The NA Unit refrigerator was discarded and replaced with a new refrigerator by the Maintenance Director. The N2 refrigerator was cleaned and sanitized by housekeeping staff, and gaskets were assessed for repair by maintenance staff and cleaned by housekeeping staff. The N3 refrigerator was cleaned and sanitized by housekeeping, and the gasket was discarded and replaced with a new gasket by maintenance staff. The N4 refrigerator was discarded and replaced with a new one by the Maintenance Director.</p> <p>RESIDENTS AFFECTED: All residents have the potential to be affected by this practice. This plan</p>	

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F 812	<p>Continued From page 88</p> <p>5. The kitchenette refrigerator/freezer units to be filled with debris in the gaskets around the door of the refrigerator and freezer on the 2nd floor unit, the NA unit, the 3rd floor unit, and the 4th floor unit.</p> <p>6. The kitchenette freezer unit on the 3rd floor nursing unit had a build-up of icicles on the interior door. The gasket on the top of the freezer top was visibly torn and cracked.</p> <p>7. The 4th floor unit kitchenette: - the microwave with heavily crusted sediment in different colors on the inside of the microwave. -there was a lot of debris on the counter, under and around the microwave of crumbs, colored flakes, and substances of unknown origin. -there was a black discolored sediment behind the sink in the kitchenette where the backsplash and counter met for the length of the sink.</p> <p>8. The kitchenette ice machine/water dispenser on 4 of 4 nursing units (2nd floor unit, the NA unit, the 3rd floor unit, and the 4th floor) to be visibly dirty with white sediment heavily around the internal and external rim of each dispensing shoot for ice and water.</p> <p>9. The kitchenette ice machine/water dispenser on 2 of 4 nursing units (NA unit and the 3rd floor unit) to be visibly dirty with brown sediment in the interior of the ice and water dispenser shoot.</p> <p>On 04/22/24 at 10:15 AM, the surveyor interviewed the  who stated, "that labeling of food is a requirement in his kitchen. The food should be labeled with expiration date and if opened it should be labeled with open date and</p>	F 812	<p>applies to all residents.</p> <p>SYSTEMATIC CHANGES/MEASURES: All dietary staff were re-in serviced on the proper labeling; dating; and storage of food in the kitchen. All dietary staff were re-in serviced on kitchen sanitation and cleaning and emphasis placed on the importance of cleaning and maintaining a clean safe cook top by the Food Service Director.</p> <p>The opening and closing kitchen checklist will be revised to include a walk-in freezer check for storing; dating; and labeling of all freezer contents 2x daily. Once in the AM opening, and once for PM closing.</p> <p>A new cooktop cleaning log will be instituted by the Food Service Director to be completed by each cook 2x daily, once after AM shift, and once after PM shift.</p> <p>All kitchen staff were in serviced on the oil disposal procedure after using the fryer. When oil is changed, the oil is emptied into a disposal container. The staff person emptying the oil completes the Oil Disposal Log and attaches their signature. The disposal log is then completed by the ISCC vendor pick up driver once the oil is picked up for disposal.</p> <p>All housekeeping staff will be in serviced on the specific cleaning details and cleaning expectations of the kitchenettes on all units NA; N2; N3; and N4 by the Director of Housekeeping.</p>	

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F 812	<p>Continued From page 89</p> <p>the package should be resealed to keep the contents fresh. Labeling allows for first in first out concept which saves food integrity, prevents freezer burn, and waste production." He further stated, "The cooking equipment is on a cleaning schedule and the findings of the kitchen equipment (fryer, catch tray, side of oven and griddle) should have all been cleaned. Cleaning is to prevent illness, cross contamination, pest, and rodents. We do not use the fryer that often but it should be changed monthly." He further stated, "that proper cleaning of the catch tray is to prevent flare fires, hazardous food preparation causing bacteria and can attract pests. It should be cleaned daily after use and preparation of meals."</p> <p>On 04/25/24 at 09:47AM, the surveyor interviewed the U.S. FOIA for the process of cooking oil disposal. The U.S. FOIA stated, "we put in the container and the oil guy picks it up. We might have not used it this month, we change it monthly." The surveyor requested 12 months of records for fryer oil disposal (approx. 8 gallons each use). The U.S. FOIA was unable to provide documentation citing that maintenance disposed of it.</p> <p>On 04/25/24 at 09:55 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated, "the staff drains the oil back into the containers the oil came in. Then I notify the maintenance department to call the guy that picks it up for disposal. I do not have any accountability logs on when it was picked up or disposal done monthly."</p> <p>On 04/25/24 at 10:03 AM, the surveyor interviewed the U.S. FOIA (b) (6), who stated, "I am responsible for the building, but I have only</p>	F 812	<p>The Housekeeping Director will create a new weekly rounding form detailing the cleaning of each kitchenette (refrigerator; microwave; ice machine; sink; and counter top). The Director of Housekeeping will round with the Administrator; AIT; and ICP weekly on each of these units for kitchenette inspections.</p> <p>Policy for Ice Machines will be updated to include daily cleaning of ice machines by housekeeping staff; bi-monthly filter changed by maintenance and bi-annual cleaning and descaling by professional contractor.</p> <p>MONITORING: Monitoring of new kitchen procedures of 1. New Opening and Closing Checklist; 2. New Cooktop-specific cleaning log; 3. New Oil Disposal pick-up log will be monitored daily x 3 months by the Executive Chef and the Food Service Director. The results of the 3 month daily audit will be presented to the QA Committee quarterly by the Food Service Director for further review as appropriate.</p> <p>The Director of Housekeeping with the Administrator; AIT; and/or ICP will perform weekly kitchenette inspections as an on-going practice.</p> <p>Audit results will be presented for 6 months by the Director of Housekeeping to the QA Committee quarterly for further review as appropriate.</p>	

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F 812	<p>Continued From page 90</p> <p>been here a year. I have never called a company to come pick up frying oil and we do not have a collection container on site to my knowledge. I am unaware of any contracted company for oil pick up with this facility."</p> <p>On 04/25/24 at 10:18 AM, the surveyor interviewed the U.S. FOIA (b) (6) [REDACTED] who stated, "there is not a process or policy available for the fryer and its contents at this time. We contract a company that runs the facility kitchen. I must call for the policy. We do not have anything to provide."</p> <p>On 04/25/24 at 12:21 PM, the surveyor interviewed the U.S. FOIA (b) (6) [REDACTED] for the NJ Exec Order 26.4b1, who stated, "I acknowledge the ice buildup on the freezer door, the debris on the gaskets of the refrigerator and freezer. I also acknowledge the white and brown sediment on the ice/water dispenser shoots. The staff is supposed to alert me to any issues, and I will direct the concern to the appropriate department. We also have a maintenance log that has a copy receipt system for the maintenance department to acknowledge and respond to the concern."</p> <p>On 04/25/24 at 12:34 PM, the surveyor interviewed the U.S. FOIA (b) (6) [REDACTED] on the NJ Exec Order 26.4b1, who stated, "I acknowledge the debris on the gaskets of the refrigerator and freezer. I see and acknowledge the black sediment behind the sink on counter and the wall. I see and acknowledge the debris and stuck on sediment on the interior of the microwave. It all should be reported to me and cleaned by housekeeping. It can cause illness and attract rodents and pests."</p>	F 812		

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F 812	<p>Continued From page 91</p> <p>On 04/25/24 at 12:48 PM, the surveyor interviewed the U.S. FOIA (b) (6) who stated, "the reason to have a clean and unsoiled kitchenette is to prevent pest, rodents, and bacteria. It should be maintained and clean for the residents because this is their home."</p> <p>On 04/25/24 at 12:51 PM, the surveyor conducted an interview with the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6). The U.S. FOIA (b) (6) stated, "the facility is contracted with an outside company that comes in to descale the ice machines on the units bi-annually (2 times a year). External cleaning is done by the housekeeping department. If there is a reported issue, we can descale more often." The US FOIA (b)(6) stated, "I was unaware of any issues. There were not any reported to my department or on the maintenance log."</p> <p>On 04/25/24 at 01:07 PM, the surveyor interviewed the U.S. FOIA (b) (6), who stated, the kitchenettes are scheduled weekly. He stated that the cleaning consists of disinfecting and wiping down the refrigerator inside and out, wiping the interior and exterior of the microwave, and cleaning the counters. He further stated, "the facility has a floor steward who does the mopping on each unit." The U.S. FOIA (b) (6) stated, "if there are any noticeable issues that cannot be cleaned correctly, my staff is to report it to me and I will forward to the correct department." The U.S. FOIA (b) (6) further stated, "The rationale for this cleaning schedule for the kitchenette is because the resident's food gets stored in the refrigerator and gets warmed up in the microwave. It can cause cross contamination issues and bacterial microorganisms. For aesthetics it is to prevent</p>	F 812		

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F 812	<p>Continued From page 92</p> <p>and create a safe and clean environment for staff and visitors. It is also to prevent rodents and pest."</p> <p>On 04/29/24 at 12:02 PM, the surveyor met with the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6), who provided a filter log for the ice machines and water dispenser. A review of the logs revealed that the filters were being changed 2 times a month. The surveyor asked if the filter provided descaling and disinfection of the ice/water dispenser? They both stated, "it did not clean, disinfect, or descale the unit."</p> <p>The surveyor reviewed an undated job description of "Cook", job code "R-7" (35 hours), which revealed:</p> <p>Essential job function:</p> <ul style="list-style-type: none"> ~maintains food storage area and kitchen in a clean and sanitary manor. ~stores food and defrosts meats according to prescribed sanitation techniques. <p>The surveyor reviewed "HCSG policy 027, Equipment," dated original 5/2014, revised 9/2017, which revealed:</p> <ol style="list-style-type: none"> 3. All food contact equipment will be cleaned and sanitized after every use. 4. All non-food contact equipment will be cleaned and free of debris. <p>The surveyor reviewed 'HCSG policy 019, Food storage: cold foods, "dated original 5/2014, Revised 2/2023, which revealed:</p> <p>Policy statement:</p> <p>all time/temperature control for safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with</p>	F 812		

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F 812	<p>Continued From page 93</p> <p>guidelines of the FDA food code.</p> <p>Procedures:</p> <p>5. All foods will be stored wrapped or in a covered container, labeled, dated, and arranged in a manner to prevent contamination.</p> <p>The surveyor reviewed the undated, "routine cleaning and disinfection" policy which revealed:</p> <p>Policy: It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible.</p> <p>Definitions:</p> <p>Cleaning- refers to the removal of visible soil from objects and surfaces and is normally accomplished manually or mechanically using water and detergents or enzymatic products.</p> <p>Disinfection- refers to thermal or chemical destruction of pathogenic and other types of microorganisms.</p> <p>Policy explanation and compliance guidelines:</p> <p>4. Routine surface cleaning and disinfection will be conducted with a detailed focus on visibly soiled surfaces and high touch areas to include, but not limited to; j. sink and faucets.</p> <p>12. Horizontal surfaces with frequent hand contact in routine resident care areas should be cleaned: a) on a regular basis, b) when soiling and spills occur.</p> <p>The surveyor reviewed an undated "Refrigerator" policy which revealed Policy Statement:</p> <p>Refrigerators will be monitored following these guidelines to ensure the avoidance of practices that could result in foodborne illness.</p> <p>Cleaning: Refrigerators are cleaned weekly by housekeeping.</p>	F 812		

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F 812	<p>Continued From page 94</p> <p>The surveyor reviewed an undated "Ice machine" policy, which revealed, it is the policy of this facility to ensure that the ice machines/carts are working in proper order, cleaned, and maintained as per Federal, State, local, or facility guidance, according to manufactures instructions and current standards of practice.</p> <p>The surveyor reviewed "Emergency water management" policy updated 11/7/23. which revealed section "Control Measures & Corrective Actions:</p> <p>1)Ice Machines: The ice machine is cleaned and disinfected quarterly.</p> <p>4) Water Coolers: The water cooler is cleaned and disinfected quarterly.</p> <p>Reference: P.L. 2020, c.24 (N.J.S.A. 13:1E-99.122) requires large food waste generators who generate an average projected volume of 52 tons of food waste or more per year to source separate and recycle their food waste. Large food waste generators must comply with the Law if they are located within 25 road miles of an authorized food waste recycling facility, generates a projected average of 52 tons or more of food waste per year, and fit into one of the following categories: commercial food wholesaler, distributor, industrial food processor, supermarket, resort, conference center, banquet hall, restaurant, educational or religious institution, military installation, prison, hospital, medical facility, or casino.</p> <p>Food waste is defined as: Food processing vegetative waste, food processing residue generated from processing and packaging operations, overripe produce, trimmings from food, food product over-runs from food processing, soiled and unrecyclable paper</p>	F 812		

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F 812	Continued From page 95 generated from food processing, and used cooking fats, oil, and grease. Plate waste and food donated by the establishment is not considered food waste and shall not be included when estimating or measuring the amount of food waste generated. NJAC 8:39-17.2(g)	F 812		
F 849 SS=D	, Hospice Services CFR(s): 483.70(o)(1)-(4) §483.70(o) Hospice services. §483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer. §483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice	F 849		5/30/24

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F 849	<p>Continued From page 96</p> <p>that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following:</p> <p>(A) The services the hospice will provide.</p> <p>(B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter.</p> <p>(C) The services the LTC facility will continue to provide based on each resident's plan of care.</p> <p>(D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day.</p> <p>(E) A provision that the LTC facility immediately notifies the hospice about the following:</p> <p>(1) A significant change in the resident's physical, mental, social, or emotional status.</p> <p>(2) Clinical complications that suggest a need to alter the plan of care.</p> <p>(3) A need to transfer the resident from the facility for any condition.</p> <p>(4) The resident's death.</p> <p>(F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.</p> <p>(G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs.</p> <p>(H) A delineation of the hospice's responsibilities,</p>	F 849		

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F 849	<p>Continued From page 97</p> <p>including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.</p> <p>(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.</p> <p>(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.</p> <p>(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.</p> <p>§483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a</p>	F 849		

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F 849	<p>Continued From page 98</p> <p>clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident.</p> <p>The designated interdisciplinary team member is responsible for the following:</p> <ul style="list-style-type: none"> (i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services. (ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family. (iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians. (iv) Obtaining the following information from the hospice: <ul style="list-style-type: none"> (A) The most recent hospice plan of care specific to each patient. (B) Hospice election form. (C) Physician certification and recertification of the terminal illness specific to each patient. (D) Names and contact information for hospice personnel involved in hospice care of each patient. (E) Instructions on how to access the hospice's 24-hour on-call system. (F) Hospice medication information specific to each patient. (G) Hospice physician and attending physician (if any) orders specific to each patient. 	F 849		

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F 849	<p>Continued From page 99</p> <p>(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.</p> <p>§483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, review of the medical record and other facility documentation, it was determined that the facility failed to ensure that the documented coordination/communication was consistent and was provided between facility staff and [REDACTED] staff for one (1) of three (3) residents reviewed for [REDACTED] and [REDACTED] (Resident #93).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 4/29/24 at 11:51 AM, the surveyor observed Resident #93 asleep in their bed.</p> <p>The surveyor reviewed the medical records of Resident #93.</p> <p>Resident # 93's Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to [REDACTED] [REDACTED] NJ Ex Order 26.4b1</p>	F 849	<p>Corrective Action: Resident #93 The DON and Unit Manager (UM) immediately reviewed the resident's medical record, and [REDACTED] services were discontinued on [REDACTED], and the resident's overall condition had [REDACTED]</p> <p>Residents affected: All residents have the potential to be affected by this practice. This plan applies to all residents.</p> <p>Systematic Changes/ Measures: The DON and Risk Manager/Facility Educator will provide in services to all the nurses and hospice providers on Federal Regulation F849 related to Hospice services and center collaboration.</p> <p>The DON, UMs, and the Hospice nurses reviewed all the hospice residents for the accuracy of hospice documentation, and</p>	

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F 849	<p>Continued From page 100 and NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1 [REDACTED]).</p> <p>A review of Resident #93's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26.4b1, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated that Resident #93's NJ Ex Order 26.4b1 was NJ Ex Order 26.4b1. Further review of the MDS indicated Resident #93 received NJ Ex Order 26.4b1 services.</p> <p>On 4/29/24 at 11:53 AM, the surveyor interviewed the Licensed Practical Nurse (LPN). The LPN stated that Resident #93 was previously on NJ Ex Order 26.4b1 services but that the resident was NJ Ex Order 26.4b1 from NJ Ex Order 26.4b1 services on NJ Ex Order 26.4b1. She added that the nurse visited one time a week when the resident was on NJ Ex Order 26.4b1 services. The LPN stated that there was a binder at the nurse's station that had documentation from the [REDACTED] staff. She added that the [REDACTED] nurse would verbally tell her if there were any recommendations.</p> <p>A review of Resident #93's NJ Ex Order 26.4b1 provider binder included a NJ Ex Order 26.4b1 summary note dated NJ Ex Order 26.4b1 by the NJ Ex Order 26.4b1 nurse. There were no subsequent summary notes written by a nurse in the binder. A review of the hybrid medical record indicated that there were two NJ Ex Order 26.4b1 summary notes dated NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 written by the U.S. FOIA (b) (6). There were no weekly NJ Ex Order 26.4b1 summary notes written by the nurse in the hybrid medical record.</p> <p>On 4/29/24 at 12:12 PM, the surveyor asked the LPN the reason there were no subsequent nurse</p>	F 849	<p>communication with facility staff.</p> <p>The Hospice nurse revised the form reflecting visitation, documentation, and communication of the hospice nurse and the center staff.</p> <p>The social workers and/or their designee assigned to each resident receiving hospice services will send a written invitation to the hospice nurse for attendance at the IDT quarterly meeting.</p> <p>The DON and/or their designee will conduct a monthly meeting with the hospice provider.</p> <p>Monitoring: The UMs and/or their designee will audit the hospice visitation and documentation for two (2) residents weekly for four (4) weeks, and then three (3) residents monthly for (3) months.</p> <p>The DON will present the results of these audits to the center's QA Committee which meets quarterly.</p>	

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F 849	<p>Continued From page 101</p> <p>visit documentation after [REDACTED] ^{NJ Ex Order 26.4b1}. The LPN stated that she could not answer why there were no other nurse visit summary notes. She added that Resident #93 did not have any [REDACTED] in the last few months.</p> <p>On 4/29/24 at 12:26 PM, the surveyor interviewed the U.S. FOIA (b) (6) [REDACTED]. The [REDACTED] ^{U.S. FOIA} stated that Resident #93 had been on [REDACTED] ^{NJ Ex Order 26.4} services since [REDACTED] ^{NJ Ex Order 26.4b1} until [REDACTED] ^{NJ Ex Order 26.4} when the resident was discharged from [REDACTED] ^{NJ Ex Order 26.4} services. She added that the [REDACTED] ^{NJ Ex Order 26.4} provider told her verbally that Resident #93 was "[REDACTED] [REDACTED]."</p> <p>A review of the facility provided Physician Order Report included an order to Admit to [name redacted] ^{NJ Ex Order 26.4} DX (diagnosis): [REDACTED] ^{NJ Ex Order 26.4b1} [REDACTED] ^{NJ Ex Order 26.4b1} with an order date of [REDACTED] ^{NJ Ex Order 26.4b1} and a discontinued date of [REDACTED] ^{NJ Ex Order 26.4}.</p> <p>On 4/30/24 at 10:13 AM, the surveyor interviewed the U.S. FOIA (b) (6) [REDACTED] ^{U.S. FOIA (b) (6)} for the [REDACTED] floor unit. The [REDACTED] ^{U.S. FOIA (b) (6)} stated that she did not currently have any residents on [REDACTED] ^{NJ Ex Order 26.4} services. She added that Resident #93 had been on [REDACTED] ^{NJ Ex Order 26.4b1} services but was discharged from the services because the resident [REDACTED] ^{NJ Ex Order 26.4b1} and [REDACTED] ^{NJ Ex Order 26.4} any longer. The [REDACTED] ^{U.S. FOIA (b) (6)} stated that [REDACTED] ^{NJ Ex Order 26.4} nurse would visit one time a week and that they could call the nurse if the resident needed additional visits. The [REDACTED] ^{U.S. FOIA (b) (6)} stated that the [REDACTED] ^{NJ Ex Order 26.4} provider had their own binder and that if there were any changes then the nurse would communicate with us.</p> <p>At that same time, the LPN and [REDACTED] ^{U.S. FOIA (b) (6)} confirmed that Resident #93 did not have any</p>	F 849		

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F 849	<p>Continued From page 102</p> <p>[REDACTED] summary notes by a nurse after the [REDACTED] visit. The [REDACTED] stated that the [REDACTED] nurse called the facility [REDACTED] to let her know the resident was being discharged from services on [REDACTED] night ([REDACTED]). She added that the [REDACTED] informed "me" and that she contacted the primary physician and discontinued the order.</p> <p>A review of Resident #93's Progress Notes included the following notes:</p> <p>[REDACTED] 12:30 General Note: Effective [REDACTED] mid(midnight) res (resident) no longer on [REDACTED] care, over-all condition [REDACTED] [REDACTED] /family/[REDACTED] [REDACTED] [REDACTED] redacted] made aware.</p> <p>[REDACTED] 13:31 [REDACTED] Note: [REDACTED] placed a call to resident's [REDACTED] [REDACTED] [REDACTED] to clarify residents' [REDACTED]. Resident recently discharged from [REDACTED] as of [REDACTED] midnight. Responsible party wishes for resident to be a [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Healthcare documentation uploaded into [REDACTED]. [REDACTED] and care plan updated. No other issues. Team notified.</p> <p>The two above Progress Notes were written after surveyor inquiry on [REDACTED] at 11:53 AM.</p> <p>Further review of Resident #93's Progress Notes included a care plan note dated [REDACTED] which included the following: Quarterly note: Team met ...Currently on [REDACTED] care with [REDACTED] [REDACTED] daily; [REDACTED] care and [REDACTED] management in place and was [REDACTED] Plan of care reviewed and ongoing. [REDACTED] and supportive of his/her care....The note listed the facility staff that attended the meeting and Resident #93's responsible party via phone.</p>	F 849		

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F 849	<p>Continued From page 103</p> <p>There was no documentation that a representative of Resident #93's ^{NJ Ex Order 26.4} provider attended the meeting.</p> <p>There were no weekly notes by the facility nurses to document any verbal discussions with the ^{NJ Ex Order 26.4} nurse.</p> <p>On 5/01/24 at 8:24 AM, the surveyor interviewed the <u>U.S. FOIA</u> (b) (6) ^{NJ Ex Order 26.4} regarding ^{NJ Ex Order 26.4} services. The ^{U.S. FOIA} stated that if a resident qualifies for ^{NJ Ex Order 26.4} services then a resident will be admitted to the ^{NJ Ex Order 26.4} services a ^{NJ Ex Order 26.4} nurse visits two to three times a week. The ^{U.S. FOIA} stated that the ^{NJ Ex Order 26.4} nurse would talk to the facility nurse and sometimes they document in the medical record. She added that if there is a recommendation then the nurse would document in the Progress Notes.</p> <p>On that same date and time, the ^{U.S. FOIA} stated that ^{NJ Ex Order 26.4} staff attend the quarterly care plan meeting. The ^{U.S. FOIA} stated that there would be a communication form when the ^{NJ Ex Order 26.4} services was terminated. The surveyor notified the ^{U.S. FOIA} the concern that there was documentation from the nurses and no documentation of the termination in Resident #93's medical record. The ^{U.S. FOIA} stated that she would have to find out if it was done verbally. She then added if it was done verbally then it should have been documented by the nurse. The surveyor asked if there should be documentation regarding the visits. The ^{U.S. FOIA} stated that quarterly was fine. She added that if there were no changes or recommendations then they "don't sign."</p> <p>On 5/01/24 at 9:25 AM, the surveyor interviewed</p>	F 849		

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F 849	<p>Continued From page 104</p> <p>Resident #93's [REDACTED] provider's [REDACTED] [U.S. FOIA (b)(6)]</p> <p>[REDACTED], via telephone, regarding the process for hospice services. The [REDACTED] [U.S. FOIA (b)(6)] stated that a [REDACTED] US FOIA (b)(6) alternated with a [REDACTED] [U.S. FOIA (b)(6)] and visited the resident at least one time per week and that the frequency would increases if needed for [REDACTED] [U.S. FOIA (b)(6)] or [REDACTED]. She added that if the facility had a meeting and we were invited then we would send someone to represent. The [REDACTED] stated that each resident on hospice services had a binder which included the certification for services, medicine profile, plan of care and a [REDACTED] [U.S. FOIA (b)(6)] summary note that is filled out by the nurse at each visit.</p> <p>She added that her nurse would also document in the hospice's electronic medical record and that would include who the nurse spoke with at the facility. The surveyor then asked why there was no documentation of any visits by a nurse since [REDACTED] [U.S. FOIA (b)(6)] for Resident #93. The [REDACTED] [U.S. FOIA (b)(6)] stated that she did not know why the binder did not have the visits but that there should have been sheets in the binder. She added that Resident #93 had weekly visits by the nurse and communication with the facility's nurses. The [REDACTED] [U.S. FOIA (b)(6)] stated that discharge paperwork should be in the binder or the medical chart.</p> <p>On 5/01/2024 at 12:09 PM, the surveyor received an email from Resident #93's [REDACTED] provider's [REDACTED] [U.S. FOIA (b)(6)] which included the following:</p> <p>"The RN had the communication forms with her. I reminded her to leave a copy in the facility binder".</p> <p>The email also included the documentation of the weekly visits.</p>	F 849	

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F 849	<p>Continued From page 105</p> <p>On 5/01/24 at 01:05 PM, in the presence of the survey team, the surveyor notified the ^{U.S. FOIA (b) (6)} [REDACTED], ^{U.S. FOIA (b) (6)} [REDACTED], ^{U.S. FOIA (b) (6)} [REDACTED], and ^{U.S. FOIA (b) (6)} [REDACTED] the concern that Resident #93 did not have documentation for any nursing visits from ^{NJ Ex Order 26.4} [REDACTED] since ^{NJ Ex Order 26.4b} [REDACTED], there was no documentation regarding the discontinuation of ^{NJ Ex Order 26.4} [REDACTED] services and that a representative from ^{NJ Ex Order 26.4} [REDACTED] was not part of the care plan meeting on ^{NJ Ex Order 26.4b} [REDACTED].</p> <p>On 5/02/24 at 9:52 AM, in the presence of the survey team, ^{U.S. FOIA (b) (6)} [REDACTED], ^{U.S. FOIA (b) (6)} [REDACTED], and ^{U.S. FOIA (b) (6)} [REDACTED], the ^{U.S. FOIA (b) (6)} [REDACTED] stated that Resident #93 was discharged from ^{NJ Ex Order 26.4} [REDACTED] and that the ^{U.S. FOIA (b) (6)} [REDACTED] received an email notification on ^{NJ Ex Order 26.4} [REDACTED] that the resident was being discharged from ^{NJ Ex Order 26.4} [REDACTED] on ^{NJ Ex Order 26.4} [REDACTED]. The surveyor asked if the communication should have been in the medical record. The ^{U.S. FOIA (b) (6)} [REDACTED] stated "yes."</p> <p>Furthermore, the ^{U.S. FOIA (b) (6)} [REDACTED] stated that when the resident was started on ^{NJ Ex Order 26.4b} [REDACTED] the ^{NJ Ex Order 26.4} [REDACTED] representative was included in the meeting but that there was a change and the new person that started did not respond regarding the care plan meeting. The ^{U.S. FOIA (b) (6)} [REDACTED] further stated that the care plan meeting had acknowledgement from facility staff that the resident was receiving ^{NJ Ex Order 26.4} [REDACTED] services but that there was no documentation of ^{NJ Ex Order 26.4} [REDACTED] staff being present. The ^{U.S. FOIA (b) (6)} [REDACTED] also stated that they did not have the weekly visits documented in the medical record and that they should have been documented.</p> <p>The facility did not provide any additional information.</p>	F 849		

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F 849	<p>Continued From page 106</p> <p>A review of the facility provided written agreement between Resident #93's <small>NJ Ex Order 26.4</small> provider and the facility included the following:</p> <p>Article 5 Mutual Responsibilities & Coordination of Services</p> <p>5.1 Manner of Communication. To ensure the needs of the patients are met twenty-four (24) hours a day, <small>NJ Exec Order 26.4b1</small> and FACILITY shall communicate orally with each other, in person or by telephone, as needed, and document such communication in the applicable Residential <small>NJ Exec Order 26</small> Patient's chart and via facsimile, email, or first class mail.</p> <p>A review of the facility provided policy titled, "Hospice Program" with an updated date of 1/2023, included the following:</p> <p>10. In general, it is the responsibility of the facility to meet the resident's personal care and nursing needs in coordination with the hospice representative and ensure that the level of care provided is appropriately based on the individual resident's needs. These include: ...</p> <p>d. Communicating with the hospice provider (and documenting such communication) to ensure that the needs of the resident are addressed and met 24 hours per day; ...</p> <p>NJAC 8:39-27.1(a)</p>	F 849		
F 880 SS=E	<p>Infection Prevention & 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 designed to provide a safe, sanitary and comfortable environment and to help prevent the</p>	F 880		5/30/24

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NAME OF PROVIDER OR SUPPLIER ROOSEVELT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837		
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F 880	<p>Continued From page 107</p> <p>development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>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> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. 	F 880		

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F 880	<p>Continued From page 108</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 the facility provided documents, it was determined that the facility failed to ensure: a) the staff handled, stored, and processed linens and other supplies in a clean manner and to prevent possible contamination for two (2) of two (2) rooms (Laundry and Linen Storage) according to facility's policy and Centers for Disease Control and Prevention (CDC) guidelines, b) routine, ongoing, and systematic monitoring and tracking of facility's water management, and c) policy was reviewed and updated to reflect and address the need of the facility according to clinical standard of practice and CDC guidelines, d) maintain the resident's NJ Ex Order 26.4b1 with proper NJ Ex Order 26.4b1 practices for one (1) of five (5) residents reviewed for NJ Ex Order 26.4b1, and e) a</p>	F 880	<p>Corrective Action: Laundry Room:</p> <p>The Director of Housekeeping and Infection Prevention Nurse (IPN) will re in service all staff on the centers Linen Policy, and Water Management Plan.</p> <p>The washer in the laundry room was permanently removed from the center.</p> <p>The towels (big and small) noted on top of the table near the paper were placed in the soiled linen container for return to the laundry vendor for cleaning.</p> <p>AN area was designated in the clean linen</p>	

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F 880	<p>Continued From page 109</p> <p>NJ Ex Order 26.4b1 and a NJ Ex Order 26.4b1 were maintained and stored in a manner to prevent the NJ Ex Order 26.4b1 for one (1) of two (2) residents reviewed for NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 (), Resident # 105.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the CDC, Appendix D - Linen and laundry management, last reviewed May 4, 2023, Best practices for management of clean linen: Sort, package, transport, and store clean linens in a manner that prevents risk of contamination by dust, debris, soiled linens or other soiled items. Each floor/ward should have a designated room for sorting and storing clean linens.</p> <p>According to the CDC, What Owners and Managers of Buildings and Healthcare Facilities Need to Know about Legionella Water Management Programs, Page last reviewed: April 30, 2018, included, How to Develop a Legionella Water Management Program</p> <p>Developing and maintaining a water management program is a multi-step process that requires continuous review. Below are steps to building an effective Legionella water management program:</p> <ul style="list-style-type: none"> -Establish a water management program team -Identify areas where Legionella could grow and spread Identify where potentially hazardous conditions could occur in your building water systems, such as areas where water temperature could promote Legionella growth or where water flow might be low. -Decide where you need to apply control measures and how to monitor them 	F 880	<p>room for towels.</p> <p>The long table holding clothing labeling equipment was cleaned and sanitized of the white and blackish substances. Resident clothes noted to be in close proximity were sent to the outside laundry vendor for cleaning.</p> <p>The dryer was also permanently removed from the laundry room. The entire laundry room was cleaned and sanitized, and the floors, walls, and floor were painted.</p> <p>Eyewash stations and shower heads were cleaned and sanitized throughout the center.</p> <p>Linen Room:</p> <p>The pile of blankets found to be not properly stored were placed in soiled linen container and returned to the laundry vendor for cleaning.</p> <p>The linen room was emptied, and the entire room was cleaned and sanitized.</p> <p>All staff were in serviced on infection control procedures outlined in Federal Guidelines F880 and sanitation with regard to linens including the handling, storage, process and transport of linens to prevent the spread of infection.</p> <p>The center will initiate an annual review of its Infection Prevention and Control Policy, and update as appropriate.</p> <p>Resident #105</p>	

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F 880	<p>Continued From page 110</p> <p>-Make sure the program is running as designed and is effective</p> <p>Establish procedures, both initially and on an ongoing basis, to verify that your team is implementing the water management program as designed.</p> <p>-Document and communicate all activities on a continual basis.</p> <p>1. On 4/25/24 at 11:41 AM, the surveyor toured the Laundry area in the presence of the [U.S. FOIA (b) (6)]. The [U.S. FOIA (b) (6)] informed the surveyor that the facility's laundry was being outsourced (obtain (goods or a service) from an outside). He also stated that the things being laundered at the facility were the tablecloths, curtains, and some residents' clothing in case of emergency.</p> <p>On that same date and time, the surveyor in the presence of the [U.S. FOIA (b) (6)] observed in the Laundry Room the following:</p> <p>The inside part of the washer had white dried substances. The [U.S. FOIA (b) (6)] stated that was from the residue of chemicals used in laundry. The surveyor asked the [U.S. FOIA (b) (6)] how often the washer was being cleaned or should be cleaned. The [U.S. FOIA (b) (6)] stated that it was not being cleaned.</p> <p>There were towels (big and small) folded on top of table with paper near the puncher, and a stapler. The [U.S. FOIA (b) (6)] stated that those towels were considered clean. The surveyor asked if those towels were clean, why it was exposed to the environment (not properly stored), and the [U.S. FOIA (b) (6)] had no answer.</p> <p>Later on, the [U.S. FOIA (b) (6)] asked the surveyor "Where do you want me to put the towels?" He further stated</p>	F 880	<p>The Unit Manager (UM) immediately placed the [NJ Ex Order 26.4b1] in side the [NJ Ex Order 26.4b1] and on the [NJ Ex Order 26.4b1]</p> <p>The Infection Prevention Nurse (IPN) immediately serviced the nurse and the certified nursing assistant (CNA).</p> <p>The UM immediately separated the [NJ Ex Order 26.4b1] and the [NJ Ex Order 26.4b1].</p> <p>The UM immediately placed an order for the [NJ Ex Order 26.4b1] on the [NJ Ex Order 26.4b1] to prevent [NJ Ex Order 26.4b1]</p> <p>Resident #105</p> <p>The UM immediately discarded the [NJ Ex Order 26.4b1].</p> <p>The IPN nurse immediately serviced the nurse on administration and care of the [NJ Ex Order 26.4b1] after [NJ Ex Order 26.4b1] of the [NJ Ex Order 26.4b1] is completed.</p> <p>Residents Affected:</p> <p>All residents have the potential to be affected by this practice. This plan applies to all residents.</p> <p>Systematic Changes/Measures:</p> <p>The delineation of responsibility has been redistributed regarding eyewash stations and shower heads. Eyewash stations will now be cleaned weekly and as-needed by maintenance staff on a newly created weekly eyewash cleaning log, and shower heads will be cleaned weekly and as-needed by housekeeping staff using a newly created shower head weekly</p>	

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F 880	<p>Continued From page 111</p> <p>that there was not enough place in the laundry room which was why the clean towels were placed next to the working supplies.</p> <p>The long table where there was an equipment for naming clothes had dried whitish color and blackish substances and there was a file of clothes. The ^{U.S. FO} considered the residents clothes clean and waiting to be tagged with residents' names. The surveyor asked if that should be stored or kept in a bag and the ^{U.S. FO} had no answer. The surveyor also asked what were those dried substances on top of the table near the clean clothing and the ^{U.S. FO} did not respond.</p> <p>At that same time, the surveyor asked the ^{U.S. FO} when the laundry room was last cleaned, and if there was an accountability log for cleaning, the ^{U.S. FO} did not respond.</p> <p>On 4/25/24 at 11:57 AM, the surveyor and the ^{U.S. FO} then went to the room across from the Laundry area which was the Linen Storage Room. The ^{U.S. FO} claimed that the linen storage room was considered a clean area where the clean linens, bedsheets, gowns, blankets, and towels were located.</p> <p>Upon entry to the door, the surveyor observed a metal rack that was covered and the top portion had files of blankets that were not properly stored and left open to the surrounding environment.</p> <p>At that same time, the ^{U.S. FO} stated that those were clean blankets and "they were delivered like that" with no plastic. The surveyor asked the ^{U.S. FO} if that was appropriate or should the blankets stored properly and the ^{U.S. FO} stated the same "They were delivered like that." The surveyor then asked the</p>	F 880	<p>cleaning log. Cleaning logs will be maintained by each department.</p> <p>The Laundry Room has been permanently decommissioned, and is now designated as Housekeeping Storage. Housekeeping Storage Room will be monitored weekly by the Director of Housekeeping on the newly created Housekeeping Storage Room Cleaning Log.</p> <p>The Linen Room will be monitored weekly for proper storage of clean linens by the Director of Housekeeping on the newly created Linen Room Check Log.</p> <p>^{U.S. FOIA (b) (6)} has been contacted regarding proper receiving and covering of clean linen before return to the center.</p> <p>The IPN and the Risk Manager/Facility Educator will in service all the nursing staff on Federal Guideline F880 related to care of the foley catheter and gastrostomy tube and spread of infection.</p> <p>Accountability logs will be implemented to regularly and periodically monitor the Water Management Plan by Operations Director and Director and Maintenance.</p> <p>Monitoring:</p> <p>The Housekeeping Director will monitor/audit weekly cleaning of shower heads x 8 weeks. The Housekeeping Director will audit the Linen Room and storage of clean linens, and the Housekeeping Storage Cleaning Log also</p>	

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F 880	<p>Continued From page 112</p> <p>U.S. FOIA (b) (6) for the facility's policy regarding cleaning the laundry area and environment.</p> <p>A review of the provided facility's Handling Clean Linen Policy dated 01/01/2022 that was provided by the U.S. FOIA (b) (6)</p> <p>included that it is the policy of the facility to handle, store, process, and transport clean linen in a safe and sanitary method to prevent contamination of the linen, which can lead to infection. Definition of Linen, included sheets, blankets, pillows, towels, washcloths, and similar items from departments such as nursing, dietary, rehabilitative services, beauty shops, and environmental services. Policy Explanation and Compliance Guidelines:</p> <p>4. Clean linens must be transported by methods that ensure cleanliness and protect from dust and soil during intra or inter-facility loading, transport, and unloading, such as:</p> <ul style="list-style-type: none"> a. Placing clean linen in a hamper lined with a previously unused liner, which is then closed or covered. b. Placing clean linen in a properly cleaned cart and covering the cart with disposable material or a properly cleaned reusable textile material that can be secured to the cart. c. Wrapping the individual bundles of clean textiles in plastic or other suitable material and sealing or taping the bundles. <p>5. Guidelines for the storage of clean linen include, but are not limited to, the following:</p> <ul style="list-style-type: none"> a. Clean linen shall be delivered to the resident care unit on covered linen carts with covers down. Nothing shall be kept on top of linen carts. Only rolls of bags used for linen cart transport may be kept on the carts, in the designated pockets only. 	F 880	<p>x 8 weeks. Results of the audits will be sent to the Administrator and the Operations Director.</p> <p>The Maintenance Director will monitor/audit the weekly cleaning of eyewash stations x 8 weeks. The audits will be sent to the the Administrator and Director of Operations.</p> <p>The results of the 8 week audit will be presented to the center's QA Committee, which meets quarterly, by the Director of Operations for further review as appropriate.</p>	

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F 880	<p>Continued From page 113</p> <p>2. A review of the facility's Water Management Policy that was updated on 11/07/23 was provided by the Vice President of Clinical (VPoC) included the identified areas possibly subject to Legionella (bacteria can cause a serious type of pneumonia (lung infection) called Legionnaires' disease) and the control measures & corrective actions:</p> <ul style="list-style-type: none"> a. ice machines: the ice machine is cleaned and disinfected quarterly. b. dead legs: tour the building semi-annually to locate any discontinued or changed plumbing. c. less frequently used areas: both the hot and cold water are run for not less than 1 minute in all areas less used on a weekly schedule. d. water coolers: the water cooler is cleaned and disinfected quarterly. e. respiratory therapy equipment: used equipment is cleaned and disinfected weekly. f. HVAC_PTAC units: HVAC (heating, ventilation, and air conditioning is the use of various technologies to control the temperature, humidity, and purity of the air in an enclosed space) filters are cleaned quarterly. PTAC (a packaged terminal air conditioner is a type of self-contained heating and air conditioning system intended to be mounted through a wall) filters are cleaned monthly and a yearly schedule for complete unit cleaning for ten units a month. g. juice machine: juice gun is cleaned and disinfected daily by dietary. h. eyewash systems: these systems are checked weekly and run for less than 1 minute. 9. hot water holding tanks: the hot water holding tanks are flushed monthly. 10. faucet aerators & shower heads: these items are cleaned and disinfected semi-annually. <p>On 4/29/24 at 9:31 AM, the U.S. FOIA (b) (6)</p>	F 880		

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F 880	<p>Continued From page 114</p> <p>U.S. FOIA (b) (6)) and U.S. FOIA (b) (6) [REDACTED] informed the surveyor in the presence of the survey team that the facility was responsible for checking and monitoring water temperature. The [REDACTED] also stated that the rest of the water management areas were managed by the county. The [REDACTED] further stated that they had provided the water temperature accountability log as part of the surveyor's inquiry for what the facility was doing with regard to water management.</p> <p>On that same date and time, the surveyor asked the [REDACTED] and the [REDACTED] where were the control measures and corrective actions accountability log that the facility did as per facility's policy stipulated on 11/07/23 for water management. Both the facility management stated that they will get back to the surveyor.</p> <p>On 4/29/24 at 10:00 AM, two surveyors met with the [REDACTED] and the [REDACTED] The [REDACTED] informed the surveyor that the facility had no accountability log for HVAC and PTAC because it was an outside contractor's responsibility who comes to the facility every first of the month. The [REDACTED] stated that there was no dead leg (a section of potable water pipe which contains water that has no flow or does not circulate) and no hot water tanks in the facility.</p> <p>On that same date and time, the surveyor asked the facility management if the facility did not have HVAC and PTAC as part of the facility's responsibility for water management and there were no dead leg and hot water tanks, why there were still at the facility's policy if they were not applicable. The [REDACTED] stated that the the water management policy was just handed to them [REDACTED] and [REDACTED] by regional corporate team and</p>	F 880	

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F 880	<p>Continued From page 115</p> <p>was not aware of the facility's policy. The ^{U.S. FOIA} [REDACTED] further stated that he can not answer who and when the water management policy was handed to them.</p> <p>At that same time, both facility management stated that there were no accountability log that the facility can provide with regard to the control measures & corrective actions that were stipulated in the 11/07/23 water management policy except for the water temperature log that was previously provided.</p> <p>On 4/29/24 at 10:48 AM, the surveyor interviewed the ^{U.S. FOIA} [REDACTED] in the presence of the survey team. The surveyor asked if there was an accountability log for checking shower rooms and the ^{U.S. FOIA} [REDACTED] stated that "yes," and it was being checked by the ^{U.S. FOIA} [REDACTED] and the ^{U.S. FOIA (b) (6)} [REDACTED] weekly and there was a sheet that was being signed/checked off which the ^{U.S. FOIA (b) (6)} [REDACTED] was taking care of when they do the rounds.</p> <p>Furthermore, the ^{U.S. FOIA} [REDACTED] stated that it was not housekeeping department's responsibility to clean routinely the eye wash stations and the shower heads, and he did not know who was responsible for it.</p> <p>On 4/29/24 at 11:11 AM, the ^{U.S. FOIA (b) (6)} [REDACTED] provided to another surveyor a copy of the Environmental Rounds Worksheet for Infection Prevention (EPRWFIP).</p> <p>A review of the provided EPRWFIP dated 4/17/24, area inspected was N3, by ^{U.S. FOIA (b) (6)} [REDACTED] and ^{U.S. FOIA} [REDACTED], revealed that the that the 1st page was filled out while the pages 2, 3, 4, 5, and 6 was left</p>	F 880		

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F 880	<p>Continued From page 116 blank.</p> <p>Further review of the EPRWfIP revealed that there was no accountability for checking the shower heads/shower room.</p> <p>According to another surveyor, the ^{U.S. FOIA (b) (6)} informed the surveyor that the EPRWfIP was being done weekly together with the ^{U.S. FOIA (b) (6)}. The ^{U.S. FOIA (b) (6)} further stated that she was probably called to do something else that was why it was not completed the 4/17/24 inspection, and should have been completed.</p> <p>On 5/01/24 at 8:19 AM, the surveyor interviewed the ^{U.S. FOIA (b) (6)}. The ^{U.S. FOIA (b) (6)} stated that she was made aware during their exit meeting with facility management about the surveyor's concerns and findings. The ^{U.S. FOIA (b) (6)} further stated that "we should have gone over with the policy over with staff designated for the water management and we should have a better understanding of each person's role."</p> <p>At that same time, the ^{U.S. FOIA (b) (6)} stated that it was important to follow the water management policy, to monitor monthly and as required, to ensure that no organism that will infect the building. The surveyor then asked the ^{U.S. FOIA (b) (6)} what happened why there was no accountability and the facility did not follow the facility's policy. The ^{U.S. FOIA (b) (6)} responded "I don't know what happened, I can't answer that." The ^{U.S. FOIA (b) (6)} acknowledged that the facility's policy was based from the regulation, and the policy should have been followed.</p> <p>On 5/01/24 at 12:23 PM, the survey team met with the ^{U.S. FOIA (b) (6)}, also act as an ^{U.S. FOIA (b) (6)} of the facility). The</p>	F 880		

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F 880	<p>Continued From page 117</p> <p>surveyor asked the [U.S. FOIA (b)] if he was made aware of the surveyors' concerns and findings about infection control and he stated "yes," and the facility were looking at those concerns with water management and accountability. The [U.S. FOIA (b)] also stated that the "as he remembered," issue with infection control about water management were not discussed and identified in the QAPI (Quality Assurance and Performance Improvement, focuses on performance within a healthcare organization relative to clinical or non-clinical processes or outcomes).</p> <p>On 5/01/24 at 01:01 PM, the survey team met with the [U.S. FOIA (b) (6)], [U.S. FOIA (b)], and [U.S. FOIA (b) (6)]. The surveyor notified the facility management of the above concerns and findings regarding the laundry area and water management.</p> <p>On 5/02/24 at 9:52 AM, the survey team met with the [U.S. FOIA (b) (6)], [U.S. FOIA (b) (6)], [U.S. FOIA (b) (6)], and [U.S. FOIA (b)]. The [U.S. FOIA (b)] acknowledged the above findings and concerns regarding the laundry area and water management. The [U.S. FOIA (b)] stated that the facility's policy was based on the regulation, and that the maintenance department did not follow the facility's policy with regard to water management. She further stated that the facility should have an accountability log for water management. The [U.S. FOIA (b)] also acknowledged that the facility had dead leg that should have been monitored in accordance to facility's water management policy.</p> <p>3) On 4/22/23 at 10:14 AM, the surveyor observed a signage outside Resident #105's room for [U.S. FOIA (b)]. Outside the resident's living space was a drawer stocked with masks. Above the</p>		F 880	

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F 880	<p>Continued From page 118</p> <p>drawer contained surgical gloves and next to the bin were two waste bins.</p> <p>On 4/22/23 at 10:16 AM, the surveyor entered the resident's room, and observed Resident #105 asleep, NJ Ex Order 26.4b1 and the head of the bed was elevated. The left-hand side of the resident's bed was NJ Ex Order 26.4b1 and on the right-hand side of the resident's bed was an NJ Ex Order 26.4b1. Hanging on the NJ Ex Order 26.4b1 was a labeled NJ Ex Order 26.4b1 that contained, NJ Ex Order 26.4b1, and an NJ Ex Order 26.4b1 that contained, NJ Ex Order 26.4b1. The NJ Ex Order 26.4b1 was NJ Ex Order 26.4b1 at NJ Ex Order 26.4b1, r, had administered NJ Ex Order 26.4b1 at that time, and was set to NJ Ex Order 26.4b1 with NJ Ex Order 26.4b1.</p> <p>At 10:18 AM, the Certified Nursing Assistant (CNA) had walked into the NJ Ex Order 26.4b1 of the resident's room. The CNA informed the surveyor that she was assigned to Resident #105 on that day but had not given morning care to the resident. The CNA had informed the surveyor that the morning care included NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1.</p> <p>At that time, Registered Nurse (RN) had entered the room and informed the surveyor she was not assigned to the resident. The RN stated "we fill" the NJ Ex Order 26.4b1 with NJ Ex Order 26.4b1 and confirmed the NJ Ex Order 26.4b1 should have been NJ Ex Order 26.4b1. The RN left the room to locate the nurse assigned to the resident and inform the unit manager of the concern.</p> <p>4) On 4/22/23 at 10:32 AM, on the right-hand side of the resident's bed, the surveyor observed the NJ Ex Order 26.4b1 was on the floor without a NJ Ex Order 26.4b1 and contained a</p>	F 880		

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F 880	<p>Continued From page 120</p> <p>[REDACTED] [REDACTED] and [REDACTED].</p> <p>Review of the quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care, dated [REDACTED], reflected a Brief Interview for Mental Status (BIMS) score of [REDACTED] which indicated that the resident was [REDACTED]. Section [REDACTED] [REDACTED] indicated the resident had an [REDACTED]</p> <p>[REDACTED]</p> <p>Further review of the qMDS dated [REDACTED], included Section [REDACTED] [REDACTED] reflected the resident had a [REDACTED] and [REDACTED] [REDACTED] that required change in [REDACTED] of [REDACTED] [REDACTED] and [REDACTED] [REDACTED] and [REDACTED] [REDACTED]). Section [REDACTED] [REDACTED] revealed that the average [REDACTED] per day by [REDACTED] was [REDACTED] [REDACTED] [REDACTED] per day.</p> <p>A review of the Order Summary Report included the following orders:</p> <p>-[REDACTED] every hour provide [REDACTED] [REDACTED] via [REDACTED] [REDACTED] at [REDACTED] until [REDACTED] [REDACTED] was completed, started on [REDACTED]</p> <p>-[REDACTED] in the evening for [REDACTED] [REDACTED] [REDACTED] until [REDACTED] [REDACTED] of [REDACTED] [REDACTED] was completed ...started on [REDACTED]</p> <p>-Check [REDACTED] placement to secure [REDACTED] [REDACTED] and prevent [REDACTED] of [REDACTED] and [REDACTED] [REDACTED] stated on [REDACTED]</p>	F 880	

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F 880	<p>Continued From page 121</p> <p>A review of the resident's Care Plan included a focus that the resident required [REDACTED] related to [REDACTED] [REDACTED] and [REDACTED] initiated on [REDACTED]. The interventions included educate [REDACTED] resident, family, and care givers on [REDACTED]</p> <p>[REDACTED] and [REDACTED] initiated on [REDACTED].</p> <p>On 4/23/24 at 11:59 AM, during an interview with the surveyor, the [U.S. FOIA (b) (6)] stated that during each feeding a [REDACTED] was hung on the [REDACTED] [REDACTED] and filled with [REDACTED] to the graduated measurement on the [REDACTED] and the [REDACTED] was set to the physician ordered [REDACTED] amount. The closure on top of the [REDACTED] had to snap in to ensure it was closed. The [U.S. FOIA (b) (6)] confirmed the cover should have been closed to ensure no [REDACTED] occurred and for [REDACTED] precaution.</p> <p>At 12:06 PM, the [U.S. FOIA (b) (6)] stated that the [REDACTED] should have had a [REDACTED] for the resident's dignity and should have been off the floor for proper [REDACTED] practices.</p> <p>At that time, the [U.S. FOIA (b) (6)] also stated that the [REDACTED] should have also been off the floor, and not intertwined with the [REDACTED] and [REDACTED] for proper [REDACTED] practices.</p> <p>On 4/25/24 at 10:18 AM, during an interview with the surveyor, the [REDACTED] was informed of the concerns regarding the [REDACTED] [REDACTED] the [REDACTED] on the floor, the [REDACTED] on the floor while intertwined with the [REDACTED] [REDACTED] and [REDACTED].</p>	F 880		

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F 880	<p>Continued From page 122</p> <p>At that time, the [REDACTED] ^{U.S. FOIA} stated when the incident occurred, she had been informed and the staff was instructed to discard the [REDACTED] ^{NJ Ex Order 26.4b1} and was replaced. The [REDACTED] ^{U.S. FOIA} also stated the [REDACTED] ^{NJ Ex Order 26.4b1} and [REDACTED] ^{NJ Ex Order 26.4b1} should not have been on the floor to ensure they are [REDACTED] ^{NJ Ex Order 26.4b1}</p> <p>On 5/01/24 at 01:03 PM, in the presence of the survey team, the [REDACTED] ^{U.S. FOIA (b) (6)} the [REDACTED] ^{U.S. FOIA (b) (6)} the [REDACTED] ^{U.S. FOIA (b) (6)} and the [REDACTED] ^{U.S. FOIA} the surveyor discussed the concerns regarding Resident #105's [REDACTED] ^{NJ Ex Order 26.4b1} [REDACTED] ^{NJ Ex Order 26.4b1}, the [REDACTED] ^{NJ Ex Order 26.4b1} on the floor, the [REDACTED] ^{NJ Ex Order 26.4b1} on the floor while intertwined with the [REDACTED] ^{NJ Exec Order 26.4b1} and [REDACTED] ^{NJ Exec Order 26.4b1}.</p> <p>A review of the facility provided Policy for Enteral Nutrition dated/revised November 2023 did not included a process to ensure the TF hydration bag was capped to prevent contamination or infection.</p> <p>A review of the undated facility provided policy for Catheter Indwelling Urinary Care, included the following:</p> <p>13. Secure catheter tubing to keep the drainage bag below the level of the patient's bladder and off the floor. Position catheter for straight drainage and keep catheter and tubing free from kinks.</p> <p>On 5/02/24 at 9:52 AM, in the presence of the survey team, the [REDACTED] ^{U.S. FOIA (b) (6)} the [REDACTED] ^{U.S. FOIA (b) (6)} the [REDACTED] ^{U.S. FOIA (b) (6)} and the [REDACTED] ^{U.S. FOIA (b) (6)}, the [REDACTED] ^{U.S. FOIA (b) (6)} acknowledged the [REDACTED] ^{NJ Ex Order 26.4b1} concerns for Resident #105.</p> <p>NJAC 8:39-19.1(a), 19.4(a)(1), 21.1(a,d,g), 27.1(a)</p>	F 880		

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F 921 F 921 SS=E	<p>Continued From page 123</p> <p>Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)</p> <p>§483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent documents, it was determined that the facility failed to maintain a safe and sanitary environment for: a) two (2) of two (2) rooms (Laundry and Linen Storage) and b) two (2) of two (2) shower rooms.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 4/25/24 at 11:41 AM, the surveyor in the presence of the U.S. FOIA (b) (6) observed in the Laundry Room the following: Upon entry, there was a puddle of water near the door and the washer. There was one towel heavily wet with puddle water. The ^{U.S. FOIA (b) (6)} informed the surveyor that the puddle of water was from the washer and it was reported already to the maintenance department last week.</p> <p>The laundry room had one big garbage open container with stagnant water blackish in color with garbage and used surgical mask.</p> <p>One small garbage open container with stagnant black in color water with grayish substances. The ^{U.S. FOIA (b) (6)} stated that the grayish substance was a collection of lint.</p> <p>There was a big open pipe directly to the open</p>	F 921 F 921	<p>The puddle of water was immediately wet vacuumed near the door and the washer by the maintenance and housekeeping staff. The washer was permanently removed from the center by the Director of Maintenance. The towel heavily wet with puddle water was discarded by the Director of Housekeeping.</p> <p>The large garbage open container with blackish stagnant water with trash and surgical mask inside was emptied and discarded by the Director of Housekeeping.</p> <p>The small garbage open container with stagnant water black in color with grayish substances was emptied and discarded by the Director of Housekeeping.</p> <p>The ceiling leak was repaired and the brownish ceiling tiles were replaced by maintenance staff.</p> <p>The dryer and washer were permanently removed off premises and the wall pipe connections were sealed, and the pipes were permanently removed by the Director of Maintenance.</p>	5/30/24

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F 921	<p>Continued From page 124</p> <p>small garbage container. The big open pipe was attached to the ceiling. There were three ceiling tiles next to a big open pipe, with brownish-dried discoloration. The ^{U.S. FOIA} stated that the ceiling tiles were being changed every two weeks because there was a leak in the ceiling.</p> <p>The laundry floor with blackish stains in the surrounding area, and some scattered grayish and whitish dried substances. The ^{U.S. FOIA} had no response when asked what those stains and scattered dry substances were.</p> <p>On 4/25/24 at 01:32 PM, the surveyor notified another surveyor about the above concern regarding an open pipe.</p> <p>On 4/25/24 at 01:37 PM, according to another surveyor, the open pipe should have been closed when the old dryer was removed. The other surveyor acknowledged the laundry condition and environment as mentioned above the concerns and findings of the surveyor.</p> <p>On 4/25/24 at 01:46 PM, the surveyor notified the U.S. FOIA (b) (6) and ^{U.S. FOIA (b)} regarding the above concern and findings.</p> <p>On 4/25/24 at 02:21 PM, the surveyor in the presence of the survey team interviewed the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6). The ^{U.S. FOIA} informed the surveyor that the open pipe in the laundry room was a connection from a previously removed dryer. The ^{U.S. FOIA} was unable to state when the old dryer was removed to determine how long the open pipe should have been removed and fixed.</p>	F 921	<p>The Laundry Room floor was scrubbed and sanitized and then painted by maintenance staff.</p> <p>The 3N shower heads in shower room#1, cubicles #1,#2,#2 were cleaned. The 3N shower heads in shower room #2, cubicles #1 and#2 were cleaned. The vent in the ceiling was cleaned.</p> <p>All staff will be in serviced on the renaming of the room from Laundry Room to Housekeeping Storage Room, and on the maintenance of the Linen Room and Housekeeping Storage Area and maintenance of shower heads and vents.</p> <p>All residents have the potential to be affected by this practice.</p> <p>Accountability Logs will be implemented by the Housekeeping Director and Operations Director to regularly monitor the Linen Storage area to ensure linens are stored in an clean and sanitary method, consistent with center policy.</p> <p>The washer and dryer were permanently removed from the center, and the "Laundry Room" was decommissioned, and is now designated as the Housekeeping Storage Room.</p> <p>Accountability Logs will be implemented by the Housekeeping Director and Operations Director to regularly monitor the Housekeeping Storage Room for Cleanliness; proper storage; and sanitation.</p>	

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F 921	<p>Continued From page 125</p> <p>On that same date and time, the surveyor notified the facility management of the above findings and concerns. The ^{U.S. FOIA} stated that "it is what it is," and that they will fix everything. He further stated that it was the responsibility of the ^{U.S. FOIA} and Maintenance Department to report it to the ^{U.S. FOIA} because there was nothing he can do if it was not reported to his attention.</p> <p>Furthermore, the surveyor also asked the facility management if there were accountability log for the abovementioned concerns. The ^{U.S. FOIA} responded that those concerns that were identified by the surveyor did not need a log or routine check to be fixed, they should have been reported to the ^{U.S. FOIA} "so I can do something about it." The ^{U.S. FOIA} also stated that there was a breakdown of communication and "now being addressed." He further stated that there was no accountability on cleaning and checking the laundry area, and even if there was a monitoring or log, the ^{U.S. FOIA} should not wait a day or so to report the problem.</p> <p>On 4/29/24 at 9:16 AM, the ^{U.S. FOIA} provided a typewritten information that included the issue was the condensate pipe (which is designed to release water once the volume hits a certain threshold. occurs when the air around your pipes is significantly warmer than the water running through them) in the laundry room and not a leak. It also included in the typewritten information that a contractor would have to come to wrap the lines that were producing the moisture to try to eliminate any additional issues.</p> <p>The ^{U.S. FOIA} did not provide information on when the old washer was previously removed which caused an open pipe and condensate pipes in the</p>	F 921	<p>Audit Monitoring, Accountability Logs and policy review monitoring will be implemented by the Operations Director for the following areas for review monthly x 6 months:</p> <ol style="list-style-type: none"> 1. The Linen Area 2. Housekeeping Storage Room - Formerly Laundry Room 3. Shower room shower heads and vents for hard water stains <p>Results of these audits will be presented to the Center's QA Committee quarterly by the Housekeeping Director for further review as appropriate.</p>	

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F 921	<p>Continued From page 126 laundry room.</p> <p>2. On 4/29/24 at 10:20 AM, the surveyor toured the 3N shower room #1 (left side upon exit the elevator) with U.S. FOIA (b) (6) [REDACTED]. Both the surveyor and [REDACTED] observed shower cubicle#1, #2, and #3 with shower heads that had a dried brownish discoloration around the shower head side and the middle part with whitish substances. The [REDACTED] stated the dried brownish discoloration and whitish substances in the shower head was a hard water. The [branded] bath tub (built to help senior care communities and caretakers offer the best in bathing) was inside the shower room #1 and the [REDACTED] was unable to determine when was the last time the tub was serviced and monitored or used.</p> <p>Afterward, both the surveyor and the [REDACTED] went to the 3N shower room#2 (right side upon exit the elevator). The shower cubicle#1 and 2 were both with hard water residue on all shower heads. The vent in the ceiling with accumulation of grayish substances which the [REDACTED] claimed dust. He stated that it was the responsibility of the housekeeping department to clean the vent.</p> <p>On 4/29/24 at 10:48 AM, the surveyor interviewed the [REDACTED] in the presence of the survey team. The [REDACTED] informed the surveyor that there were two housekeeping staff that were responsible for each shower rooms. He further stated that it was not his department's responsibility to clean the shower heads.</p> <p>On 4/29/24 at 11:02 AM, the surveyor interviewed US FOIA (b)(6) Both the surveyor and the [REDACTED] went to shower room #2. In the shower room both the surveyor and the [REDACTED] observed the shower</p>	F 921		

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

PRINTED: 07/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2024
NAME OF PROVIDER OR SUPPLIER ROOSEVELT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837		
(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 921	<p>Continued From page 127</p> <p>heads and the ceiling vent. The ^{U.S. FOIA} [REDACTED] stated that she was responsible for cleaning the shower room daily but there was no accountability log. She indicated that she knew it was her responsibility to clean the shower head and the vent. She further stated that the grayish substances on the vent was accumulation of dust which probably been not cleaned for at least three days.</p> <p>On 5/01/24 at 01:01 PM, the survey team met with the U.S. FOIA (b) (6) [REDACTED], U.S. FOIA (b) (6) [REDACTED], [REDACTED] ^{U.S. FOIA} [REDACTED], and U.S. FOIA (b) (6) [REDACTED]. The surveyor notified the facility management of the above concerns and findings regarding the laundry area and N3 unit shower rooms.</p> <p>On 5/02/24 at 9:52 AM, the survey team met with the U.S. FOIA (b) (6), [REDACTED] ^{U.S. FOIA (b)} [REDACTED] U.S. FOIA (b) (6) [REDACTED] and [REDACTED] ^{U.S. FOIA (b)} [REDACTED]. The [REDACTED] acknowledged the above findings and concerns regarding the laundry area and N3 unit shower rooms.</p> <p>NJAC 8:39-31.4 (a)(b)(f)</p>	F 921		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 021203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2024
NAME OF PROVIDER OR SUPPLIER ROOSEVELT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837		
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S 000	Initial Comments Complaint: #157139, #157797, #159358 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint: #157139, #157797, #159358 Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey for 28 of 56 day shifts and 1 of 14 evening shifts reviewed. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "Compliance with N.J.S.A. (New Jersey Statutes Annotated)	S 560	Corrective Action: The Administrator will in service the Staffing Coordinator and Human Resources Coordinator in reference NJ State guideline S 560. Residents Affected: All the residents may be affected by the short staff as required by NJ DOH. Systematic Changes/Measures: The staffing Coordinator will share the daily staffing schedule at the close of business each day, with the DON and Administrator, for the next day's schedule	5/30/24

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

Electronically Signed

TITLE

(X6) DATE

05/25/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 021203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2024
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S 560	<p>Continued From page 1</p> <p>30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/21:</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>The survey team requested staffing for the following weeks:</p> <ol style="list-style-type: none"> For the 2 weeks of Complaint staffing from 07/31/2022 to 08/13/2022, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts as follows: <p>-08/01/22 had 19 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p> <p>-08/06/22 had 18 CNAs for 163 residents on the day shift, required at least 20 CNAs.</p> <p>-08/07/22 had 14 CNAs for 163 residents on the day shift, required at least 20 CNAs.</p> <p>-08/08/22 had 14 CNAs for 163 residents on the day shift, required at least 20 CNAs.</p> <p>-08/09/22 had 17 CNAs for 163 residents on the</p>	S 560	<p>to ensure staffing ratios are scheduled.</p> <p>The Staffing Coordinator will prepare each day a call sheet for available PRN and agency staff willing to work to cover unplanned call outs.</p> <p>Human Resources and the Center's HR external recruiting Platform vendor will continue to post the vacancies in all 3 shifts, as appropriate.</p> <p>Human Resources will schedule open houses at selected times throughout the year, and the center will post these Open House notices locally in the community.</p> <p>The Administrator will boost the agency rate, if needed, to cover call outs on weekends when PRN staff are not available.</p> <p>The Administrator will inquire with partner agencies about block scheduling for vacancies until filled.</p> <p>Monitoring: The Staffing Coordinator will audit the staffing weekly for 4 weeks and monthly for 3 months, and share the results with the DON and ADON.</p> <p>The DON and the Staffing Coordinator will present these audit results to the center's QA Committee, which meets quarterly, for further review as appropriate.</p> <p>The DON and Staffing Coordinator will present the audit report to the center's Quality Assurance Improvement</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 021203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2024
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S 560	<p>Continued From page 2</p> <p>day shift, required at least 20 CNAs. -08/11/22 had 17 CNAs for 164 residents on the day shift, required at least 20 CNAs. -08/12/22 had 17 CNAs for 164 residents on the day shift, required at least 20 CNAs. -08/13/22 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>2. For the 2 weeks of Complaint staffing from 08/28/2022 to 09/10/2022, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts and deficient in CNAs to total staff on 1 of 14 evening shifts as follows:</p> <p>-08/28/22 had 11 CNAs for 166 residents on the day shift, required at least 21 CNAs. -08/29/22 had 20 CNAs for 166 residents on the day shift, required at least 21 CNAs. -08/31/22 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs. -09/02/22 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs. -09/03/22 had 13 CNAs for 162 residents on the day shift, required at least 20 CNAs. -09/04/22 had 12 CNAs for 167 residents on the day shift, required at least 21 CNAs. -09/04/22 had 14 CNAs to 30 total staff on the evening shift, required at least 15 CNAs. -09/05/22 had 19 CNAs for 166 residents on the day shift, required at least 21 CNAs. -09/06/22 had 19 CNAs for 166 residents on the day shift, required at least 21 CNAs. -09/08/22 had 20 CNAs for 165 residents on the day shift, required at least 21 CNAs. -09/09/22 had 19 CNAs for 165 residents on the day shift, required at least 21 CNAs. -09/10/22 had 18 CNAs for 165 residents on the day shift, required at least 21 CNAs.</p> <p>3. For the 2 weeks of Complaint staffing from</p>	S 560	Committee, which meets quarterly for further review as appropriate.	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 021203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2024
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S 560	<p>Continued From page 3</p> <p>10/30/2022 to 11/12/2022, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -10/30/22 had 12 CNAs for 160 residents on the day shift, required at least 20 CNAs. -11/04/22 had 19 CNAs for 159 residents on the day shift, required at least 20 CNAs. -11/06/22 had 17 CNAs for 165 residents on the day shift, required at least 21 CNAs. -11/07/22 had 18 CNAs for 163 residents on the day shift, required at least 20 CNAs. -11/08/22 had 18 CNAs for 160 residents on the day shift, required at least 20 CNAs. -11/09/22 had 15 CNAs for 160 residents on the day shift, required at least 20 CNAs. -11/12/22 had 16 CNAs for 160 residents on the day shift, required at least 20 CNAs. <p>4. For the 2 weeks of staffing prior to the survey from 04/07/2024 to 04/20/2024, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -04/07/24 had 17 CNAs for 158 residents on the day shift, required at least 20 CNAs. -04/14/24 had 19 CNAs for 158 residents on the day shift, required at least 20 CNAs. <p>On 05/01/24 at 10:38 AM, the surveyor interviewed the Staffing Coordinator (SC), who acknowledged she was aware of the state minimum staffing ratios and that the facility usually meets the ratios unless there had been call outs.</p> <p>A review of the facility's policy "Staffing" updated 1/2023 revealed "Policy Statement: Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and</p>	S 560		

New Jersey Department of Health

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S 560	<p>Continued From page 4</p> <p>services for all residents in accordance with resident care plans and facility assessment...Policy Interpretation and Implementation: 1. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services. 2. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care ...4. Direct care staffing information per pay (including agency and contract staff) is submitted to the CMS payroll-based journal system on the schedule specified by CMS, but no less than once a quarter."</p> <p>The facility provided policy did not include the required minimum direct care staff to resident ratios.</p>	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315039	MULTIPLE CONSTRUCTION A. Building B. Wing Y1	DATE OF REVISIT Y2 6/25/2024 Y3
NAME OF FACILITY ROOSEVELT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837

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		ITEM Y4		ITEM Y4	
DATE Y5		DATE Y5		DATE Y5	
ID Prefix Reg. # LSC	F0550 483.10(a)(1)(2)(b)(1)(2) 05/30/2024	Correction Completed	ID Prefix Reg. # LSC	F0578 483.10(c)(6)(8)(g)(12)(i)-(v) 05/30/2024	Correction Completed
ID Prefix Reg. # LSC	F0641 483.20(g) 05/30/2024	Correction Completed	ID Prefix Reg. # LSC	F0686 483.25(b)(1)(i)(ii) 05/30/2024	Correction Completed
ID Prefix Reg. # LSC	F0698 483.25(l) 05/30/2024	Correction Completed	ID Prefix Reg. # LSC	F0755 483.45(a)(b)(1)-(3) 05/30/2024	Correction Completed
ID Prefix Reg. # LSC	F0812 483.60(i)(1)(2) 05/30/2024	Correction Completed	ID Prefix Reg. # LSC	F0849 483.70(o)(1)-(4) 05/30/2024	Correction Completed
ID Prefix Reg. # LSC	F0921 483.90(i) 05/30/2024	Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	
FOLLOWUP TO SURVEY COMPLETED ON 5/2/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 021203	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 6/25/2024
NAME OF FACILITY ROOSEVELT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837

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
ID Prefix S0560	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed
LSC _____	05/30/2024	LSC _____	LSC _____
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	LSC _____
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	LSC _____
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	LSC _____
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	LSC _____

REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE
FOLLOWUP TO SURVEY COMPLETED ON 5/2/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

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NAME OF PROVIDER OR SUPPLIER ROOSEVELT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837		
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E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 04/25/24. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 04/25/24 and was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Roosevelt Care Center is a four-story building built in 2004 and is composed of Type II protected construction. The facility is divided into 18 - smoke zones. The generator does approximately 90 % of the building per the U.S. FOIA (b) (6) [REDACTED]. The current occupied beds are 158 of 180.	K 000		
K 311 SS=F	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6	K 311		5/17/24

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

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Electronically Signed

05/21/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 311	<p>Continued From page 1</p> <p>If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview, the facility failed to ensure four out of four stairways were fire rated in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 8.6.5. This deficient practice had the potential to affect all 158 residents who resided at the facility.</p> <p>Findings include:</p> <p>Observations on 04/25/24 from 11:30 AM to 2:20 PM revealed the heaters recessed in the the fire rated walls of the stairways were not sealed properly with fire rated material.</p> <p>During an interview at the time of observation, the U.S. FOIA (b) (6) confirmed the stairway heaters were not sealed properly.</p> <p>NJAC 8:39-31.2(e)</p>	K 311	<p>The stariwell heaters recessed in the fire rated walls were sealed properly with NJ Ex Order 26.4b1 and the fire barrier sealant, NJ Ex 1 Fire Barrier Sealant CP 25 WB+.</p> <p>All maintenance personnel were re inserviced on this procedure and were trained to observe this area for proper sealing on routine maintenance rounds.</p> <p>All residents have the potential to be affected by this practice.</p> <p>heaters sealing will be added to the monthly maintenance preventive checklist. The checklist will ensure maintenance staff check the recessed heaters monthly for appropriate sealing with the appropriate fire rated barrier sealant.</p> <p>The revised monthly preventive maintenance checklist will be audited by the Maintenance Director and Operations Director for four months. The results of these monthly audits will be presented in person to the center's QA Committee by the Maintenance Director and the Operations Director quarterly for further review as appropriate</p> <p>Photos send separately</p>	

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NAME OF PROVIDER OR SUPPLIER ROOSEVELT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837		
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K 351 K 351 SS=F	<p>Continued From page 2</p> <p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure the concealed sprinkler escutcheons caps were not painted in accordance with NFPA 13 Standard for the Installation of Sprinkler Systems (2010 Edition) section 6.2.7.2. This deficient practice had the potential to affect all 158 residents who resided at the facility.</p> <p>Findings include: Observations on 04/25/24 at 12:00 PM revealed six out of six escutcheon caps on the concealed sprinkler heads in front of the elevators on the first floor were painted.</p>	K 351 K 351	<p>The six escutcheon caps on the concealed sprinkler heads in front of the first floor elevators were replaced.</p> <p>All maintenance staff were in serviced on identification of painted or sealed escutcheon caps throughout the center for preventive maintenance rounds.</p> <p>All residents have the potential to be affected by this practice.</p> <p>All concealed sprinkler escutcheon caps were added to the monthly preventive maintenance checklist to ensure</p>	5/17/24

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: 315039	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER ROOSEVELT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837		
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K 351	Continued From page 3 During an interview at the time of the observations, the U.S. FOIA (b) (6) confirmed the escutcheon caps were painted. NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25	K 351	identification, and to ensure they are not sealed by painting or other barriers. The revised monthly preventive maintenance checklist will be audited by the Maintenance Director and the Operation Director for four months. The results of these audits will be presented in person by the Maintenance Director and the Operations Director quarterly to the centers QA Committee for further review as appropriate.	
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.	K 914	Photos send separately	5/24/24

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K 914	<p>Continued From page 4</p> <p>6.3.4 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on document review and interview, the facility failed to ensure annual electrical outlet testing was conducted on the electrical system in accordance with NFPA 99 Health Care Facilities Code (2012 edition) Section 6.3.4.1.3. This deficient practice had the potential to affect all 158 residents who resided at the facility.</p> <p>Findings include:</p> <p>A review of the facility's "Fire Safety Folder," for years 2023 and 2024, provided by the U.S. FOIA (b) (6), revealed the electrical outlet testing was not completed on the electrical outlets.</p> <p>During an interview on 04/25/24 at 11:47 AM, the U.S. FOIA (b) (6) confirmed that the electrical outlet testing was not completed on the electrical system.</p> <p>NJAC 8:39-31.2(e) NFPA 70</p>	K 914	<p>Electrical Outlet tension testing was conducted and completed on all center electrical outlets on 4-26-24 by <small>NJ Ex Order 26.4b</small> [REDACTED].</p> <p>The center purchased its own Electrical Testing Tension device on 5-1-24.</p> <p>All maintenance staff were serviced on the usage of the electrical tension testing device, and instructed to conduct the test monthly on all center electrical outlets.</p> <p>All residents have the potential to be affected by this practice.</p> <p>Monthly electrical outlet tension testing completion was added to the monthly preventive maintenance rounds form was was also added to the center's Fire Safety Folder. Monthly electrical outlet tension testing will also be added to the annual Maintenance Survey Book.</p> <p>Monthly electrical outlet tension testing will be added to the centers monthly maintenance QA program, and audited 2x each year in April and December by the Maintenance Director and Operations Director. The bi annual audit will be presented in person by the Maintenance Director and Operations Director to the center's QA Committee which meets quarterly.</p> <p>Photos sent separately</p>	

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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315039	MULTIPLE CONSTRUCTION A. Building 02 - ROOSEVELT CARE CENTER B. Wing	DATE OF REVISIT Y2 6/25/2024 Y3
NAME OF FACILITY ROOSEVELT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837

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	
ID Prefix _____	Correction	ID Prefix _____	Correction	
Reg. # _____	NFPA 101	Reg. # _____	NFPA 101	
LSC _____	Completed 05/17/2024	LSC _____	Completed 05/17/2024	
ID Prefix _____	Correction	ID Prefix _____	Correction	
Reg. # _____	Completed	Reg. # _____	Completed	
LSC _____		LSC _____		
ID Prefix _____	Correction	ID Prefix _____	Correction	
Reg. # _____	Completed	Reg. # _____	Completed	
LSC _____		LSC _____		
ID Prefix _____	Correction	ID Prefix _____	Correction	
Reg. # _____	Completed	Reg. # _____	Completed	
LSC _____		LSC _____		
ID Prefix _____	Correction	ID Prefix _____	Correction	
Reg. # _____	Completed	Reg. # _____	Completed	
LSC _____		LSC _____		
ID Prefix _____	Correction	ID Prefix _____	Correction	
Reg. # _____	Completed	Reg. # _____	Completed	
LSC _____		LSC _____		
ID Prefix _____	Correction	ID Prefix _____	Correction	
Reg. # _____	Completed	Reg. # _____	Completed	
LSC _____		LSC _____		
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	
FOLLOWUP TO SURVEY COMPLETED ON 5/2/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		