

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

PRINTED: 01/25/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER OUR LADYS CENTER FOR REHABILITATION & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(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 STANDARD SURVEY: CENSUS: 135 SAMPLE: 32 + 2 closed records The facility was not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 550 SS=E	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 provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F 550		2/25/22	

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

TITLE

(X6) DATE

Electronically Signed

02/23/2022

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

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F 550	<p>Continued From page 1</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 interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to ensure that residents were provided with the assurance of receiving care and related services per the Federal and State laws and regulations by: 1.) having residents sign a NJ EX Order, 264b1 - New Jersey" to waive care and services and 2.) failing to have a policy, procedure and process in place for the use of the NJ EX Order, 264b1 New Jersey". This deficient practice occurred for 38 of 135 residents (Resident #107, #108, #224, #225 and #475, and 36 unsampled residents who were admitted between NJ EX Order, 264b1 and NJ EX Order, 264b1, 2, and 2 residents who presently resided at the facility (Resident #1 and #71). The deficient practice was evidenced by the following:</p> <p>On 01/31/22, the facility provided the survey team with an Admission/Discharge To/From Report, Admissions NJ EX Order, 264b1. The report was Dated: NJ EX Order, 264b1 and Timed: 11:25:37.</p>	F 550	<p>F550 Resident Rights/Exercise of Rights</p> <p>a. Our immediate corrective action was to have the NJ EX Order, 264b1 removed from the facility admissions agreement. The facility policy was changed to not include the rider in the admissions agreement. The rider was taken out of the resident's charts for all residents identified to have had it signed and have been thrown away. Administrator/designee notified residents/family.</p> <p>b. All residents had the ability to be affected.</p> <p>c. Admissions director and concierge have been in serviced on the new facility policy of not including the rider.</p> <p>d. Administrator or designee will audit 3 admissions agreements weekly for 4 weeks, then monthly for 3 months, then quarterly times 2 quarters and report to</p>		

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F 550	<p>Continued From page 2</p> <p>On 01/31/22 at 11:30 AM, the Surveyor reviewed the electronic medical record (EMR) for Resident #225 and observed the following document which was included with the facility admission documents and was signed by the resident's Responsible Party.</p> <p>NJ EX Order, 264b1 - New Jersey</p> <p>THIS RIDER PROVIDES CONSENTS OF LEGAL SIGNIFICANCE AND LIMITS FACILITY LIABILITY.</p> <p>PLEASE CONSULT WITH LEGAL COUNSEL, AND IF YOU DO NOT DESIRE COUNSEL, PLEASE CAREFULLY REVIEW AND ENSURE THAT YOU UNDERSTAND THE SAME BEFORE SIGNING.</p> <p>As you are aware, we are in the midst of a COVID-19 Pandemic. Nursing Homes are not designed to identify, prevent, treat, or cure mass infections. Nursing Homes do not have the medical, environmental, personnel, or financial capabilities of hospitals and hospitals are struggling to identify, contain, and treat the virus as are state governments and our Federal system. Those politicians, advisors and appointees charged with protecting the public health safety and welfare have changed their guidance over time, sometimes without pointing out those changes for fear of having to admit their prior guidance was ineffective or found to create harm. They have sometimes and will likely in the future make wrong decisions that contribute to the lack of ability of the skilled nursing facility to care for residents to the best of their ability. Guidance and directives are vague, inconsistent, and cannot be verified as being effective,</p>	F 550	QA x 2.		

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F 550	<p>Continued From page 3</p> <p>ineffective, helpful, or harmful. Nursing homes have also found that in many cases financial resources, supplies, equipment, and staff are being diverted to Hospitals and others. The forgoing said, guidance and directives promulgated do not require the Facility to meet pr NJ EX Order 35491 standards in many instances as facilities and other health systems are overwhelmed, underfunded, and undersupplied.</p> <p>The virus is not understood, except we know it is not visible to the eyes and there may be carriers who can transmit the virus but are not themselves seemingly ill. It has spread throughout most of the world and has reportedly contributed to hundreds of thousands of deaths. It easily spreads in Nursing Homes. The symptoms, modes of transmission, disease progression, and so much more is not understood.</p> <p>Guesses are rampant but contradictory and cannot in real time be evaluated with the resources that this Facility has at its disposal. We need you to understand that while we will make efforts, the Facility is not likely to stop the virus, always be able to accurately identify it, or effectively treat it.</p> <p>If a resident can secure more optimal conditions, we recommend doing the so. For example, with unlimited funds a person could hire and house around the clock quarantined staff and a single resident in a private area so that staff and the resident quarantine together. Our Facility cannot provide this environment. That said, while a skilled nursing facility is by definition an imperfect care environment, that is without known effective standards to provide housing, personal and nursing care in a NJ EX Order 35491 infected world, its failure to try would likely create much more harm.</p>	F 550			

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F 550	<p>Continued From page 4</p> <p>The Resident and Responsible Party acknowledge and contractually agree that the Facility and each of its agents and employees are not liable for any injury sustained by the Resident or any other by reason of services it provides to the Resident as the services provided are in support of the state's response to the N.J. EX-100-2007 pandemic . The Resident and Responsible Party acknowledge that this immunity exists regardless of how or under what circumstances or by what cause those injuries are sustained, unless it is established that such injury or death was caused by the gross negligence, as defined in N.J.S.A. 26:13-19, of such health care professional or designated health care facility.</p> <p>_____ Resident Responsible</p> <p>The Resident and Responsible Party acknowledge and contractually agree that the Facility should under the circumstances be treated as a "Good Samaritan" when it admits residents. While it will receive some reimbursement for the same, the reimbursement has not been adequately adjusted to reflect the conditions. The significance of this designation is that neither the Resident, Responsible Party, nor the Resident's heirs or family may sue the Facility for negligence as the Facility is acting in large part without adequate resources or compensation for the common good.</p> <p>_____ SIGNED by Responsible Party (RP)</p> <p>_____ Resident Responsible Party</p> <p>The Resident and/or Responsible Party expressly recognizes and understands that there have</p>	F 550			

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F 550	<p>Continued From page 5</p> <p>been, or will be, shortages in Medicine, all types of supplies, Medical Equipment, Staff and the like. At some point food may be in short supply. Likewise, there have been or will be difficulties with shippers and timely obtaining goods and services from outside vendors who are sometimes key to the success of our Facility. Visitation may not be possible due to facility governmental or facility restrictions and what would typically be a Resident or family right may be restricted during this time of crisis. Likewise, negative Residents will likely become ill, positive residents will likely have negative outcomes including in some cases, expiration. Because of the crisis and the Facility's part in the response, there is a risk that any Resident, regardless of diagnosis or need, may not have the same standard of care that predated [REDACTED]. The Resident and/or Responsible Party acknowledges and understands the challenges and knowingly accepts the risk of injury as a result of the foregoing.</p> <p>____SIGNED by Responsible Party (RP)</p> <p>_____ Resident Responsible Party</p> <p>The Resident and/or the Responsible Party expressly recognizes and understands that there are not currently any universally accepted or FDA approved ways to care for those infected with [REDACTED]. There is not even currently consensus on symptoms or testing protocols. As a result of the novel nature of this virus and disease Facility staff and the Medical Director may strive to provide care or treatment which is ineffectual and/or harmful. While in retrospect the best courses may become apparent, the Facility may in the interim act too soon upon rumors or false</p>	F 550			

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F 550	<p>Continued From page 6</p> <p>suppositions and/or too late on adopting true advancements. It is also probable under the circumstances that the Facility and/or its employees, contractors and agents will misallocate resources and therefore not provide all residents with enough to support all his or her needs.</p> <p>The Resident and Responsible Party understand and assume the risk of each of the foregoing and more generally that the Facility, and its employees, contractors, and agents will make mistakes and that those mistakes will cause injury to the Resident, the Responsible Party or any other. The Resident and Responsible Party also hereby consent to care and treatment which has not been approved to the extent such consent is required, but do not hereby require the facility or the Medical Director to engage in any particular course of treatment.</p> <p>_____ SIGNED by Responsible Party (RP)</p> <p>_____ Resident Responsible Party</p> <p>The Resident and/or the Responsible Party recognize and understand that the Facility may, and likely will not be able to, obtain or retain, stable, trained licensed staff at rates which are commiserate with reimbursement. The Resident and Responsible Party hereby acknowledge that s/he or they are aware that there may be diminished staffing numbers, an increase in agency staff that are unfamiliar with the residents and/or the policies and/or procedures. As Good Samaritans the Facility may elect to pay bonuses and/or increase staffing rates, and/or pay rates to staffing agencies who charge a significant mark-up for providing a staff member which typically exceeds 125% of the traditional rate, but</p>	F 550			

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F 550	<p>Continued From page 7</p> <p>in crisis has exceeded 200% of the staff member's typical rates or to provide financial incentives to their employees, which prior to the Pandemic would have been unusual. The Resident and/or Responsible Party hereby agree that the Facility shall not be required to increase its pay rates or pay multiples for agencies beyond what was traditional prior to the outbreak. It is understood that there likely will be less staff than the facility previously enjoyed and such staff may at times, or consistently, be considered by some to be inadequate and/or to have caused harm. The Resident and/or the Responsible Party recognizes and understand and assumes the foregoing risks.</p> <p>_____ SIGNED by Responsible Party (RP)</p> <p>_____ Resident Responsible Party</p> <p>The Resident and/or Responsible Party acknowledges and agrees that the Facility may utilize un-licensed or minimally licensed or inexperienced staff or volunteers in place of fully licensed, and/or experienced staff to the extent permitted by law. This does not create a duty of the Facility to utilize unlicensed or inexperienced staff, or volunteers, but only an acknowledgement of understanding and assumption of all risks associated therewith. By executing at this paragraph, this also constitutes permission, to the extent the same is required. Resident and/or Responsible Party also acknowledge and assume the risk that there will be reduced staff and many will come from agencies or be newly recruited which creates difficulty with continuity and training. The Resident and/or the Responsible Party will not look to the Facility, or its employees, contractor or agents to warrant that such staff will be trained adequately or not make mistakes due</p>	F 550			

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F 550	<p>Continued From page 8</p> <p>to their newness. To the contrary, under the emergency conditions that exist, the undersigned expects and assumes the risk that mistakes will be made.</p> <p>_____ SIGNED by Responsible Party (RP)</p> <p>_____</p> <p>Resident Responsible Party</p> <p>The Resident and/or the Responsible Party recognize and anticipated that the Facility will not be able to meet all requirements for documentation. Documentation may be missing or inaccurate, which is to be expected in an emergency and under the condition which exist today and are anticipated to continue to exist. In cases that have existed in the past, parties often disagree about the relevance of missing documentation with Plaintiffs arguing that missing means it was not done and the Defense saying otherwise. During the emergency condition caused by the COVID-19 Crisis, the Resident and Responsible Party hereby agree that neither they nor their assigns or heirs shall claim that missing or inaccurate documentation is evidence or wrongdoing.</p> <p>_____</p> <p>Resident Responsible</p> <p>To the extent the Facility, in conjunction with its employees, contractors and agents, does have liability, including without limitation for intentional or reckless acts or otherwise, its collective liability shall be limited to the lesser of the amount charged for the length of the Resident's stay or one month's care.</p> <p>_____ SIGNED by Responsible Party (RP)</p> <p>_____</p> <p>Resident Responsible Party</p>	F 550			

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F 550	<p>Continued From page 9</p> <p>In the event any provision, clause or application of this Rider is invalidated or found unreasonable or unenforceable by a court of competent jurisdiction for any reason whatsoever, it is the intention of the parties that such invalidated, unreasonable, or unenforceable provision, clause or application may be modified or amended by the court to render it enforceable to the maximum extent permitted by the laws of that state. If a court declines to amend this Rider as so provided herein, the invalidity or unenforceability of any provision, clause or application of this Rider shall not affect the validity or enforceability of the remaining provisions, clauses or application, which shall be enforced as if the offending provision had not been included in this Rider.</p> <p>_____ SIGNED by Responsible Party (RP)</p> <p>_____ Resident Responsible Party."</p> <p>On 02/03/22 at 9:48 AM, Surveyor #1 interviewed the facility Admission Director (AD), in the presence of Surveyor #2 & Surveyor # 3. Surveyor #1 inquired to the AD regarding the admission process. The AD stated she had worked at the facility for 6 years. The AD stated the admission process was that the new admissions would be admitted and the entire admission packet for each resident would be entered into a digital signing program and would be signed digitally by the resident using a transportable tablet, or it would be sent via email to the resident representative. The AD stated she did not provide the resident with any paper copies of the documents and would only provide paper copies "if they request it". She stated that she would provide the short version verbally to some residents and stated that some residents would</p>	F 550			

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F 550	<p>Continued From page 10</p> <p>want to read every single word before they signed the documents.</p> <p>During an interview with Surveyor #3 on 02/03/22 at 9:47 AM, the AD stated all the admission agreements were done via docu-sign and the resident would only need to sign the document in three areas because the signatures would wrap into every paper. The AD further stated the NJ EX Order. 26461 informed the resident of the limits of the facility's liability. The AD confirmed the forms were not dated and added "I am sure it means we have a NJ EX Order. 26 wing so they are not mixed in with NJ EX Order. 26461 patients, a PUI green zone and yellow zone. The AD stated she had been told to explain it that way by the previous administration.</p> <p>At 9:56 AM, Surveyor #1 inquired to the AD regarding the NJ EX Order. 26461. The AD stated the document explained that the facility had limited legal liability and it was not dated because she thought it was newer and was from when NJ EX Order. 26 started. She stated she was pretty sure it meant that the facility had a NJ EX Order. 26 wing and for the residents to understand the virus. The AD stated the former Administration told her to explain about NJ EX Order. 26. Surveyor #1 asked the AD to read the last paragraph of the NJ EX Order. 26461 NJ EX Order. 26 "In the event any provision, clause or application of this Rider is invalidated or found unreasonable or unenforceable by a court of competent jurisdiction for any reason whatsoever, it is the intention of the parties that such invalidated, unreasonable, or unenforceable provision, clause or application may be modified or amended by the court to render it enforceable to the maximum extent permitted by the laws of that state. If a court declines to amend this Rider</p>	F 550			

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F 550	<p>Continued From page 11</p> <p>as so provided herein, the invalidity or unenforceability of any provision, clause or application of this Rider shall not affect the validity or enforceability of the remaining provisions, clauses or application, which shall be enforced as if the offending provision had not been included in this Rider" and to explain what it meant. The AD stated "it is a legal document", and she was not sure where it came from and stated she was not sure if there was a policy for the [REDACTED] [REDACTED] She stated that if the resident refused to sign the [REDACTED] r, the former Administrator (ADM #1) would go see the resident and would talk to the resident and get the resident to sign it. She stated that it happened two times to her knowledge and was unable to recall the residents who refused to sign and were spoken to by ADM #1. The AD stated that the residents that resided in the facility the longest, would not have the document signed and stated it was only for the new patients. The AD stated that her employee, the Admission Concierge (AC) would also have residents complete the admissions packet and the AD stated that there was no process in writing regarding the admission process, and the only new form was the [REDACTED] NJ EX Order. 264b1 that was added into the electronic documents.</p> <p>On 02/03/22 at 10:58 AM, Surveyor #3 interviewed the AC in the presence of Surveyor #1 & # 2 regarding the [REDACTED] RIDER. The AC stated she would start the admission process with the [REDACTED] Rider and would tell the resident they could have copy of the document. The AC indicated that in middle of pandemic, or if the facility was short or "something" and things may happen that was out of facility's control that they would try their best to fix it. The AC stated an example could be staffing shortages related to</p>	F 550			

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F 550	<p>Continued From page 12</p> <p>NJ EX Order. 264b1, and stated that she only offered a copy of the NJ EX Order. 264b1, if resident asked for one. She stated that if someone refused to sign that she would contact the facility Administrator and would refer any questions or concerns to the Administrator or the AD and that it would be done electronically. The AC stated "I was told by administration to explain the NJ EX Order. 264b1 as NJ EX Order. 264b1 information."</p> <p>On 02/03/22 at 11:50 AM, Surveyor #3, in the presence of the survey team, interviewed the current facility Administrator (Administrator #2), regarding the NJ EX Order. 264b1 that was provided to the residents. Administrator #2 stated that from his understanding, the NJ EX Order. 264b1 RIDER started with the inception of NJ EX Order. 264b1 but was not sure when it took effect. He stated it was put into place when the past Regional Administrator was there and it was through the facility compliance law firm. The survey team inquired if the NJ EX Order. 264b1 was a legal document and the Administrator #2 stated "I'm assuming so". The survey team inquired to the Administrator #2 if there was a policy for using the NJ EX Order. 264b1 9 NJ EX Order. 264b1. The Administrator #2 stated "not that I know of" and stated the purpose was "facility liability" and he thought the idea was that if there was a shortage of supplies and things to treat patients during a crisis that the facility "should not be liable". He stated a resident could refuse to sign it and that the facility could not force anyone to sign anything. The Administrator #2 stated "I will have to call the law group" to see if they have anything on the NJ EX Order. 264b1</p> <p>On 02/03/22 at 1:58 PM, the Administrator #2 informed Surveyor #3 that he had spoken with the compliance firm and they were the ones who</p>	F 550			

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F 550	<p>Continued From page 13</p> <p>suggested to have the NJ EX Order. 264b1 put into the admission agreement.</p> <p>On 02/03/22 at 2:46 PM, the survey team inquired to Administrator #2 regarding what circumstances would the NJ EX Order. 264b1 be in effect. He stated it would take effect in the most extreme event possible and was created when Covid started and to protect the facility. He further stated that if something happened that was outside factors contributed to, " we are not going to be liable for it", if there was no food delivery, if things come to that we should not be liable for it and reiterated that there was "no" facility policy related to the waiver. The survey team inquired to the Administrator #2 if the NJ EX Order. 264b1 infringed on resident rights. He looked at the document and stated that all he could say was "our lawyers looked through it and they requested that the residents sign it". He stated that he has not delved into it other than today, and stated he knew there was a rider and he never looked at it as an infringement on resident rights.</p> <p>On 02/03/22 at 11:54 AM Surveyor #2, interviewed Resident #71 about signing a COVID-19 Rider. Resident #71 stated that he/she had not signed or had been presented with information regarding a COVID-19 Rider.</p> <p>02/03/22 at 11:58 AM, Surveyor #2 interviewed, Resident #1 regarding a NJ EX Order. 264b1. Resident #1 stated that he/she had lived in the facility for years. Resident #1 stated that she was not provided with any information regarding a NJ EX Order. 264b1. Resident #1 stated that he/she would not sign any form without reading it thoroughly. The resident asked the surveyor to explain what the NJ EX Order. 264b1 was. After the</p>	F 550			

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F 550	Continued From page 14 surveyor provided an explanation, the resident stated, "I would never sign something like that." The Resident Rights Policy, Effective Date: 4/2016, Revised 10/2018, revealed "Federal and state laws guarantee certain basic rights to all resident of this facility. These rights include the resident's right to: ...f. communication with and access to people and services, both inside and outside the facility, g. exercise his or her rights as a resident of the facility and as a resident or citizen of the United States, i. exercises his or her rights without interference, coercion, discrimination or reprisal from the facility...	F 550			
F 658 SS=D	N.J.A.C. 8:39-4.1(a)8, 34, 35(b) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent documentation, it was determined that the facility failed to ensure that 1) assistive devices to protect the NJ EX Order: 26461 NJ EX Order: 26461 were in place as required by the physician's order, and 2) assistive devices were in place prior to signing the Treatment Administration Record (TAR). This deficient practice was identified for Resident #22, one of the 32 sampled residents reviewed for care and services and was evidenced by the following:	F 658	F658: Services Provided Meet Professional Standards a. Our immediate corrective action was to: " Splint for resident #22 was obtained from therapy and placed on resident " Licensed Nurse/CNA were in-serviced on the importance of placing assistive devices/splints on residents " CNA in-serviced on notifying nursing staff of missing NJ EX Order: 26461 immediately to obtain a replacement	2/25/22	

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F 658	<p>Continued From page 15</p> <p>Reference: New Jersey Statutes, 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 or 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 regimes as prescribed by a licensed otherwise legally authorized physician or dentist:</p> <p>Reference New Jersey Statutes, 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 task and responsibilities within the framework of case finding; reinforcing patient family teaching, health counseling and provision of supportive and restorative care, under the duration of a registered nurse or licensed or otherwise legally authorized physician or dentist. Per professional standard, medication/ treatment are supposed to be signed after nurse have administered medications/treatment.</p> <p>Resident #22 was admitted to the facility with diagnoses which included but not limited to, NJ EX Order, 264b1</p> <p>The significant Minimum Data Set (MDS) an assessment tool to prioritize residents needs dated NJ EX Order, 264b1 coded Resident #22 as scoring an NJ EX Order, 264b1 on the Brief Interview for Mental</p>	F 658	<p>b. Any resident who utilizes an assistive device such as a NJ EX Order, 264b1 has the potential to be affected.</p> <p>c. The following measures were put into place to ensure this does not recur:</p> <ul style="list-style-type: none"> * Unit managers will audit placement of NJ EX Order, 264b1 on residents that have orders for them on a weekly basis. * List obtained from the therapy department to capture all residents utilizing NJ EX Order, 264b1 * In-Service to nursing staff on Importance of Splinting to Reduce Contractures and Promote Quality of Life * In-service to Licensed Nurses on Proper Procedure Signing Out Medications/Treatment on MARS/TSRS * Root Cause Analysis conducted <p>d. Audits will be conducted by Nursing Administration on Bracing/Splinting, weekly x4, monthly x3, quarterly x2. Findings will be reported to QA quarterly x 2.</p>		

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F 658	<p>Continued From page 16</p> <p>Status (BIMS) which indicated that Resident #22 had some NJ EX Order, 264b1. Section NJ EX Order, 264b1 of the MDS which referred to Activities of daily living (ADL's), revealed that Resident #22 was totally dependent on staff for all activities of daily living. Section NJ EX Order, 264b1 which addressed NJ EX Order, 264b1 limitation in NJ EX Order, 264b1, revealed that Resident #22 had impairment on one side in NJ EX Order, 264b1.</p> <p>The comprehensive care plan dated 10/16/2020, documented Resident #22 with ADL self-care deficit related to NJ EX Order, 264b1. The care plan also addressed alteration in skin integrity related to: NJ EX Order, 264b1</p> <p>The goal: Will receive assistance necessary to meet ADL needs through next review date.</p> <p>Some of the interventions to manage the goal included:</p> <p>Assist of 1 person with ADL's.</p> <p>Assist to bathe/shower as needed</p> <p>Assist with daily hygiene, grooming, dressing, oral care, and eating as needed.</p> <p>NJ EX Order, 264b1 NJ EX Order, 264b1.</p> <p>One of the intervention to address NJ EX Order, 264b1 integrity include the following intervention:</p> <p>Encourage and assist to reposition, use assistive devices as needed.</p> <p>An observation of Resident #22 on 01/31/2022 at 9:54 AM, revealed the resident was lying in bed. The NJ EX Order, 264b1 of the resident's NJ EX Order, 264b1 were observed curled into the NJ EX Order, 264b1 that NJ EX Order, 264b1 Resident #22 did not have a hand roll or any other type of assistive device placed in the NJ EX Order, 264b1 to prevent NJ EX Order, 264b1.</p> <p>Another observation on 02/01/2021 at 9:25 AM, revealed Resident #22 lying in bed. NJ EX Order, 264b1</p>	F 658			

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F 658	<p>Continued From page 17</p> <p>[REDACTED] was in place and [REDACTED] was observed to prevent further [REDACTED] on the [REDACTED].</p> <p>On 02/02/2022 at 10:00 AM, the surveyor conducted a record review of Resident #22's electronic health record (EHR). Review of the Physician Order Sheet dated [REDACTED] with an original date of [REDACTED] revealed the following order, "Don resident's NJ EX Order. 264b1; [REDACTED] at [REDACTED] one time a day for [REDACTED] management and remove per schedule."</p> <p>On 02/02/2022 an interview at 10:30 AM with the Certified Nursing Assistant (CNA) who cared for Resident #22, revealed that Resident #22 was dependent on staff for all care. When inquired about if Resident #22 used any assistive device for the [REDACTED], the CNA stated that Resident #22 should have a splint to the [REDACTED]. The CNA further stated that Resident #22 was transferred to the [REDACTED] unit and since returning to the [REDACTED] Hall she could not locate the [REDACTED].</p> <p>An interview with the charge nurse that same day at 10:35 AM, revealed that Resident #22 returned to the [REDACTED] Hall on [REDACTED]. A review of the TAR revealed that the nurses had signed that the [REDACTED] had been applied even on the days the surveyor observed the [REDACTED] had not been on the resident's [REDACTED].</p> <p>On 02/02/22 at 10:49 AM, the surveyor conducted an interview with the Physical Therapist (PT) Director regarding the process for the [REDACTED] application. The PT/OT (Occupational Therapist) Director stated that Resident #22 was discharged from physical therapy on [REDACTED]. Prior to discharge, the staff (CNA and nurses) were</p>	F 658			

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F 658	<p>Continued From page 18</p> <p>educated on the schedule and application of the NJ EX Order. 264b1. She further stated that the order was entered in the EHR by the Therapist. The PT Director stated that she received a request from the Registered Nurse Unit Manager (RN/UM) this morning for a NJ EX Order replacement for Resident #22.</p> <p>On 02/02/22 at 11:36 AM, the surveyor reviewed the OT notes from 06/11/2021 through NJ EX Order. 264b1. The notes read: "Instruction in proper use, care and wearing time of device to nursing staff. NJ EX Order. 264b1 therapeutic exercise to facilitate ability to NJ EX Order. 264b1 device w/o complications, techniques to promote NJ EX Order. 264b1 to prevent NJ EX Order. 264b1, techniques to prevent further NJ EX Order. 264b1, to improve NJ EX Order. 264b1 techniques to improve NJ EX Order. 264b1 and therapeutic NJ EX Order. 264b1.</p> <p>On 02/02/2022 at 12:30 PM, the surveyor returned to the NJ Hall and again inquired about the splint. The RN/UM informed the surveyor that she was on vacation and returned today. She stated that during rounds she observed that Resident #22 did not have the NJ EX Order on. She searched the room and was unable to locate the NJ EX Order in the room. She informed the Therapy Department for a replacement.</p> <p>On 02/03/2022 at 12:30 PM, the surveyor conducted a simultaneous record review of Resident #22's EHR and interview with the charge nurse. The Charge nurse navigated Resident #22's EHR and confirmed that the nurses had signed that the NJ EX Order had been on even on the days that Resident #22 did not have the NJ EX Order. 264b1. The Charge Nurse confirmed that</p>	F 658			

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F 658	<p>Continued From page 19</p> <p>she had been educated by the Physical Therapy (PT) Department on how and when to apply the splint.</p> <p>On 02/03/2022 at 1:15 PM, during a second interview with the RN/UM, she stated that she was not made aware by the CNA or the nurses that the [REDACTED] was missing. She further stated that the nurses were to ensure that the [REDACTED] was on prior to sign the TAR. The RN/UM acknowledged that all nursing staff had received in-service education from the PT Department.</p> <p>On 02/08/2022 at 10:50 AM, an interview with the CNA confirmed that she did not inform the RN/UM that the [REDACTED] was missing. The CNA also confirmed that she had been educated by the PT Department.</p> <p>The facility was made aware of the concerns with the [REDACTED] on [REDACTED] NJ EX Order: 28451. On 02/03/2022 at 8:50 AM, the facility provided the policy for "Assistive Devices and Equipment".</p> <p>The following were included:</p> <p>Policy Statement Our facility provided the use of assistive devices and equipment for residents.</p> <p>Policy Interpretation and Implementation Devices and equipment that assist with resident mobility, safety and independence are provided for residents. These include, but not limited to:</p> <ol style="list-style-type: none"> Wheelchairs (manual and powered) Walkers Canes Splints <p>2. Recommendations for the use of devices and equipment are based on the comprehensive</p>	F 658			

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F 658	Continued From page 20 assessment and documented in the resident's plan of care. 3. Staff will be trained on the use of devices and equipment prior to assisting or supervising residents. 4. The following factors will be addressed to the extent possible to decrease the risk of avoidable accidents associated with devices and equipment. a. Appropriateness for resident condition-... b. Personal fit-... c. Device condition-... Requests or the need for special equipment should be referred to the Therapy/ Social Services Department. On 02/09/2022 at 12:15 PM, the Nurse Educator provided the in-service done for the staff regarding the missing [REDACTED] and for not following the physician's order.	F 658			
F 677 SS=D	NJAC 8:39-11.2 (b) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and clinical record reviews, it was determined that the facility failed to provide personal care for 1 of 32 residents reviewed for their ability to independently carry out activities of daily living (ADL's), Resident # 22.	F 677	F677: ADL Care Provided for Dependent Residents a. Our immediate corrective action was to: * Educate CNA # 1 and CNA # 2 on [REDACTED] Care Policy and providing nail care as needed and document. [REDACTED] Care was rendered to Resident # 22		2/25/22

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F 677	<p>Continued From page 21</p> <p>The deficient practice was evidenced by the following:</p> <p>On 01/31/2021 at 9:54 AM, the surveyor toured the B Hall of the facility and observed Resident #22 lying in bed. The NJ EX Order. 264b1 of the resident's NJ EX Order. 264b1 were observed curled into the NJ EX Order. 264b1. The NJ EX Order. 264b1 of the NJ EX Order. 264b1 could not be observed. When the resident was asked if the NJ EX Order. 264b1 could be NJ EX Order. 264b1 and the NJ EX Order. 264b1 were observed to be NJ EX Order. 264b1 with a NJ EX Order. 264b1 approximately of NJ EX Order. 264b1 the NJ EX Order. 264b1.</p> <p>Another observation on 02/01/2021 at 9:25 AM, revealed Resident #22 lying in bed. The NJ EX Order. 264b1 of the resident's NJ EX Order. 264b1 were observed curled into the NJ EX Order. 264b1. The surveyor observed no palm protector in place or NJ EX Order. 264b1 applied to prevent further NJ EX Order. 264b1 on the NJ EX Order. 264b1.</p> <p>On 02/02/2022 at 9:30 AM, the surveyor with the assistance of surveyor #2, was able to further assess Resident #22's NJ EX Order. 264b1. The NJ EX Order. 264b1 and some NJ EX Order. 264b1 were present NJ EX Order. 264b1 the NJ EX Order. 264b1. When asked to open the NJ EX Order. 264b1, Resident #22 replied: " it is the same".</p> <p>On 02/02/2022 the surveyor reviewed Resident #22 clinical record. The Admission Face sheet revealed that Resident #22 was admitted to the facility with diagnoses which included but not limited to NJ EX Order. 264b1</p>	F 677	<p>the same day, NJ EX Order. 264b1 were cleaned and trimmed.</p> <p>b. All residents have the potential to be affected.</p> <p>" Nail audit conducted facility wide</p> <p>c. The following measures were put into place to ensure this does not recur:</p> <p>" CNAs/Licensed Nurses were in-serviced on Inspection of NJ EX Order. 264b1 and Personal Hygiene</p> <p>" Nail care will be provided on shower days weekly and as needed</p> <p>* Root Cause Analysis conducted.</p> <p>d. Audits will be conducted by Nursing Administration on Personal Hygiene weekly x4, monthly x3, and quarterly x2. Findings will be reported to QA quarterly x <input type="checkbox"/> s 2.</p>		

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F 677	<p>Continued From page 22</p> <p>NJ EX Order, 264b1</p> <p>The significant Minimum Data Set (MDS) an assessment tool dated NJ EX Order, 264b1 coded Resident #22 as scoring an NJ EX Order, 264b1 out of a possible NJ EX Order, 264b1 on the Brief Interview for Mental Status (BIMS) which indicated that Resident #22 had some NJ EX Order, 264b1. Section NJ EX Order, 264b1 the MDS which referred to ADL's, indicated that Resident #22 was totally dependent on staff for all activities of daily living. The MDS further coded Resident #22 with no rejection of care exhibited. NJ EX Order, 264b1</p> <p>An entry in the Progress Notes dated NJ EX Order, 264b1 documented that Resident #22 was awake and NJ EX Order, 264b1. He/she can make NJ EX Order, 264b1 by saying NJ EX Order, 264b1 which is NJ EX Order, 264b1.</p> <p>The comprehensive care plan dated NJ EX Order, 264b1 documented Resident #22 with ADL self-care NJ EX Order, 264b1.</p> <p>The goal: Will receive assistance necessary to meet ADL needs through next review. Some of the interventions to manage the goal included: Assist of 1 person with ADL's. Assist to bathe/shower as needed. Assist with daily hygiene, grooming, dressing, oral care, and eating as needed. NJ EX Order, 264b1</p> <p>The Certified Nursing Assistant (CNA) kiosk (a computer station CNA's use to document and see the Resident's assessed needs) was reviewed with CNA #1. CNA #1 was able to show to the surveyor how to access and document the care on the Kiosk. The documentation revealed that</p>	F 677			

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F 677	<p>Continued From page 23</p> <p>hygienic care was completed, but there was no specific entry for [REDACTED] care.</p> <p>An interview was conducted 02/02/2022 at 11:30 AM with the CNA #1 who cared for Resident #22 over the last [REDACTED] days. CNA #1 acknowledged Resident #22 was dependent on staff for care. CNA #1 stated that she provided care to Resident #22 this morning and she could not recall if the [REDACTED] needed to be [REDACTED].</p> <p>An interview with CNA #2 assigned to the [REDACTED] Hall on 02/02/2022 at 12:30 PM, revealed the following, "We try to do what we can. Make sure the residents are clean /dry, ensure that [REDACTED] and [REDACTED] care were done if residents permitted. We provide [REDACTED] care x 2 monthly and documented under personal care on the Kiosk.</p> <p>The surveyor reviewed the entries on the kiosk with CNA #2 and could not verified any entry regarding [REDACTED] care.</p> <p>On 02/02/2022 at 1:30 PM, the surveyor went to the room and observed CNA #1 assisted the resident with the lunch tray. The resident's [REDACTED] were observed in the same condition.</p> <p>On 02/02/2022 at 1:30 PM, the facility was made aware of the concerns with Resident #22's care.</p> <p>On 02/02/2022 at 1:40 PM during a second interview with CNA #1, she acknowledged that Resident #22's [REDACTED] were [REDACTED] and she would [REDACTED] and clean the [REDACTED].</p> <p>On 02/03/2022 at 10:53 AM, the surveyor returned to the [REDACTED] Hall and observed Resident #22 sitting in the wheelchair by the bedside. With CNA</p>	F 677			

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F 677	<p>Continued From page 24</p> <p>#1's assistance, the surveyor was able to visualize Resident #22's [REDACTED] [REDACTED] were [REDACTED] and cleaned. CNA #1 who cared for Resident #22, stated that she [REDACTED] [REDACTED] and provided [REDACTED] care yesterday evening. CNA#1 went on to state, "we are short of staff most of the time. Administrative staff are aware of the workload. It is a long process. We had to change the residents and check them. Even after lunch we are still doing morning care".</p> <p>On 02/03/2022 at 8:50 AM, the Director of Nursing (DON) provided an undated form titled, "Care of [REDACTED] which included the following:</p> <p>Purpose The purposes of this procedure are to clean the [REDACTED], to keep [REDACTED], and to prevent infections.</p> <p>Preparation</p> <p>Review the resident's care plan to assess for any special needs of the resident. Assemble the equipment and supplies as needed.</p> <p>General Guidelines</p> <ol style="list-style-type: none"> 1. [REDACTED] care includes cleaning and regular [REDACTED] 2. Proper [REDACTED] care can aid in the prevention of [REDACTED] problems around the [REDACTED] 3. [REDACTED] prevent the resident from accidentally [REDACTED] and injuring his/or her [REDACTED] 4. Watch for and report any changes in the color of the skin around the [REDACTED], [REDACTED] of the [REDACTED] 	F 677			

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F 677	<p>Continued From page 25</p> <p>■, any signs of poor circulation, cracking of the skin, any ■, etc.</p> <p>5. Stop and report to the nurse supervisor if there is evidence of ■, infections, pain, or if ■ are too ■ to cut with ease.</p> <p>Documentation</p> <p>The following information should be entered in the resident's clinical record:</p> <ol style="list-style-type: none"> 1. The date and time that ■ care was given. 2. The name and titled of the individual(s) who administered the nail care. 3. The condition of the resident's ■, including: <ol style="list-style-type: none"> a. Redness or irritation of ■; b. Breaks or cracks in skin, especially between ■; c. ■ discoloration of ■ d. ■ color of ■; e. ■; f. ■; g. Bleeding; and/ or h. Pain. 4. Any difficulties in cutting the resident's ■ 5. Any problems or complaints made by the resident with his/her hands or any complaints related to the procedure. <p>On 02/08/2022 at 9:30 AM, the surveyor reviewed the Progress notes from ■ to ■ could not find documentation regarding ■ care. The facility could not provide documentation to verify when ■ care was last provided to Resident #22. The policy was not being followed.</p> <p>On 02/08/2022 at 10:00 AM, the DON provided a</p>	F 677			

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F 677	Continued From page 26 form titled, "Clinical Practice Referral" regarding in service that was provided to the CNA.	F 677			
F 693 SS=D	NJAC 8:39-27.2 (g) Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to ensure a resident (Resident #19) received the ordered NJ EX Order. 264b1 according to the physician's order for 1 of 3 resident reviewed for NJ EX Order. 264b1 (Resident	F 693	NJ EX Order. 264b1 Management/Restore Eating Skills a. Our immediate corrective action was to: Resident #19: order verified in MAR, NJ EX Order. 264b1 changed to NJ EX Order. 264b1 . NJ EX Order. 264b1 label changed to reflect new order in MAR.	2/25/22	

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F 693	<p>Continued From page 27 #19).</p> <p>The deficient practice was evidenced by the following:</p> <p>On 1/31/22 at 10:57 AM, during the initial tour, Resident #19 was observed in bed receiving nutritional NJ EX Order. 264b1 p NJ EX Order. 264b1. The NJ EX Order. 264b1 electronic display showed the formula was being delivered at NJ EX Order. 264b1.</p> <p>On 2/1/22 at 9:25 AM, Resident #19 was observed in bed receiving NJ EX Order. 264b1 the NJ EX Order. 264b1. The NJ EX Order. 264b1 display showed the NJ EX Order. 264b1 was being delivered at NJ EX Order. 264b1.</p> <p>A review of the Electronic Medical Record (EMR) revealed under "Medical Diagnosis" revealed Resident #19 was diagnosed with but not limited to, NJ EX Order. 264b1) and NJ EX Order. 264b1.</p> <p>A review of Resident #19's EMR under "Orders" revealed a Physician's order with a start date of NJ EX Order. 264b1 to be delivered at NJ EX Order. 264b1 for a total volume of NJ EX Order. 264b1.</p> <p>A review of Resident #19's EMR revealed a progress note from the Dietician dated NJ EX Order. 264b1 indicating Resident #19 was dependent on NJ EX Order. 264b1 via NJ EX Order. 264b1 NJ EX Order. 264b1. The progress note also revealed that although</p>	F 693	<p>b. All residents who receive NJ EX Order. 264b1 have the potential to be affected.</p> <p>c. The following measures were put into place to ensure this does not recur: Dietician will verbally inform nursing staff that a potential order change will take place for the resident with altered nutrition. Licensed Nurses in-serviced on Importance of Order Verification 1:1 in-service with nurse 3 who started NJ EX Order. 264b1 with NJ EX Order. 264b1.</p> <p>* Root Cause Analysis was conducted.</p> <p>d. Audits will be conducted by Nursing Administration on residents receiving alternative nutrition to ensure that physician orders match the rate on the pump, weekly x4, monthly x3, and quarterly x2. Results will be brought to QAPI/QA quarterly x2.</p>		

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F 695	<p>Continued From page 29</p> <p>The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, medical record review and review of other facility documentation, it was determined that the facility failed to a) administer oxygen at the prescribed [REDACTED] per the physician's order, and b) contain NJ EX Order: 264b1 and medication delivery systems in protective coverings for 2 of 3 residents reviewed for [REDACTED] care, (Resident #9 and #24).</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 2/1/2022 at 11:29 AM, the surveyor observed Resident #24 sitting in their room in a wheelchair (w/c) watching television. The surveyor observed the resident was not wearing [REDACTED] and there was no [REDACTED] source in the room. The surveyor further observed the [REDACTED] NJ EX Order: 264b1 were draped across the dresser out of the resident's reach and not in a protective covering. At that time, Resident #24 stated the [REDACTED] was somewhere, but he/she was not sure where.</p> <p>A review of the facility provided medical records for Resident #24 included:</p> <p>An Admission Record that revealed Resident #24 was admitted with diagnoses which included</p>	F 695	<p>F695: Respiratory/Tracheostomy Care and Suctioning</p> <p>1. Our immediate corrective action:</p> <p>Resident #24 had NJ EX Order: 264b1 and [REDACTED] placed in room at bedside.</p> <ul style="list-style-type: none"> o Resident #24 had NJ EX Order: 264b1 dated and placed in bag at bedside o Resident #24 [REDACTED] order checked and NJ EX Order: 264b1 verified with physician orders o Resident #9 NJ EX Order: 264b1 replaced o Resident #9 NJ EX Order: 264b1 and dated o Resident #9 [REDACTED] placed in bag at bedside <p>2. Any resident who utilizes [REDACTED] therapy or [REDACTED] treatments can be affected.</p> <p>3. The following measures were put into place to ensure this does not recur:</p> <p>" Infection Control Nurse in-serviced all nursing staff on Label and Dating NJ EX Order: 264b1 Treatment and Infection Control Practices</p> <p>" Infection Control Nurse in-serviced all nursing staff on Verifying [REDACTED] Physician Orders with [REDACTED] Settings.</p> <p>" Competencies on [REDACTED]</p>		

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F 695	<p>Continued From page 30</p> <p>NJ EX Order. 264b1 .</p> <p>The Admission Minimum Data Set (MDS), an assessment tool dated NJ EX Order. 264b1, revealed a Brief Interview for Mental Status (BIMS) score of NJ EX Order. 264b1 which indicated the resident was NJ EX Order. 264b1. Section NJ EX Order. 264b1 revealed the resident required Activities of Daily Living (ADL) support provided over all shifts, to be one to two staff physical assistance. Section NJ EX Order. 264b1 revealed the resident had received NJ EX Order. 264b1 therapy while a resident and not a resident.</p> <p>The Order Recap Report which revealed a physician's order dated NJ EX Order. 264b1 for NJ EX Order. 264b1 continuously. A physician's order dated NJ EX Order. 264b1 to change and date NJ EX Order. 264b1 and NJ EX Order. 264b1 bottle weekly every evening shift on NJ EX Order. 264b1, and a physician's order dated NJ EX Order. 264b1 Clean or change NJ EX Order. 264b1 weekly every evening shift on NJ EX Order. 264b1.</p> <p>A review of the on-going Care Plan (CP) included but was not limited to the following: NJ EX Order. 264b1, dated NJ EX Order. 264b1 which included an intervention of NJ EX Order. 264b1 therapy per physicians order; and At risk for NJ EX Order. 264b1, dated NJ EX Order. 264b1 which included interventions of administer medications/treatments per physicians orders, administer NJ EX Order. 264b1 per physicians orders, and provide assistance with ADLs as needed to conserve energy.</p> <p>During an interview with the surveyor on 2/1/2022 at 11:33 AM, the Registered Nurse (RN #1) caring for Resident #24, stated the resident required set up for hygiene and extensive assistance for ADLs and was on NJ EX Order. 264b1.</p>	F 695	<p>Administration Policy and NJ EX Order. 264b1 Supplies/Equipment care and maintenance conducted to Licensed Nurses</p> <p>" Root Cause Analysis conducted</p> <p>4. Audits will be conducted by Nursing Administration on Proper NJ EX Order. 264b1 Administration and NJ EX Order. 264b1 Supplies/Equipment Care and Maintenance weekly x4, monthly x3 and ongoing thereafter as needed. All findings will be reported to the QAPI committee monthly and QA quarterly meeting x 2.</p>		

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F 695	<p>Continued From page 31</p> <p>NJ EX Order. 264b1.</p> <p>On 2/1/2022 at 11:37 AM, the surveyor went with RN #1 to the resident's room. RN #1 observed and acknowledged the resident was not on NJ EX Order. 264b1, there was no NJ EX Order. 264b1 source in the room, and that the NJ EX Order. 264b1 was not in any protective cover but was hanging on the dresser out of the resident's reach. RN #1 further stated the resident should be wearing the NJ EX Order. 264b1 and that the NJ EX Order. 264b1 should be in protective bag for infection control.</p> <p>On 2/1/2022 at 11:42 AM, RN #1 returned to Resident #24's room with a NJ EX Order. 264b1 and again acknowledged there had been no NJ EX Order. 264b1 or other source of NJ EX Order. 264b1 present.</p> <p>On 2/2/2022 at 1:02 PM, the surveyor observed Resident #24 sitting in their room in a w/c with a portable NJ EX Order. 264b1. The surveyor was unable to see the NJ EX Order. 264b1. RN #2 was in the hall. Resident #24 stated they had been sitting in the room only a few minutes.</p> <p>On 02/02/22 at 1:04 PM, RN #2 stated the resident just returned and she was going to change the NJ EX Order. 264b1 from the NJ EX Order. 264b1 to the NJ EX Order. 264b1. RN #2 entered the room with the surveyor. RN #2 unhooked the NJ EX Order. 264b1 from the NJ EX Order. 264b1 and connected it to the NJ EX Order. 264b1. RN #2 stated she was going to change the NJ EX Order. 264b1 because the resident stated a NJ EX Order. 264b1 in their NJ EX Order. 264b1 and she would also change the h NJ EX Order. 264b1 n bottle because it was almost empty.</p> <p>On 02/02/22 at 1:10 PM, RN #2 obtained new</p>	F 695			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/09/2022
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F 695	<p>Continued From page 32</p> <p>NJ EX Order. 264b1 and NJ EX Order. 264b1. RN #2 washed her hands, put on gloves, dated the NJ EX Order. 264b1, removed the NJ EX Order. 264b1, and placed the NJ EX Order. 264b1 in the resident's NJ EX Order. 264b1. RN #2 set the NJ EX Order. 264b1 at NJ EX Order. 264b1 and left the room.</p> <p>During an interview with the surveyor on 2/2/2022 at 1:15 PM, RN #2 stated when a resident returned to the facility, the nurse would remove the NJ EX Order. 264b1, place the resident on an NJ EX Order. 264b1 and set the NJ EX Order. 264b1 to the correct L/PM. RN #2 stated the facility process was to date the NJ EX Order. 264b1 and NJ EX Order. 264b1. RN #2 stated the purpose of dating was for infection control, "no germs". RN #2 stated Resident #24's NJ EX Order. 264b1 order was NJ EX Order. 264b1. RN #2 stated when she comes on shift, she checks the NJ EX Order. 264b1 date, and the resident's vital signs and that was the nurse's responsibility. RN #2 stated she checked Resident #24 this morning and the NJ EX Order. 264b1 was set at NJ EX Order. 264b1.</p> <p>On 2/2/2022 at 1:19 PM, RN #2, in the presence of the surveyor, checked Resident #24's NJ EX Order. 264b1 orders which revealed an order for NJ EX Order. 264b1. RN #2 stated that NJ EX Order. 264b1 provided over the prescribed amount could lead to NJ EX Order. 264b1 of a resident.</p> <p>On 2/3/2022 at 11:44 AM, the surveyor met the Director of Nursing (DON) and the Infection Preventionist (IP) in the DON's office. At that time, the surveyor made the DON and IP aware of Resident #24's missing NJ EX Order. 264b1 set on the incorrect NJ EX Order. 264b1 and NJ EX Order. 264b1 and NJ EX Order. 264b1 not in a protective covering. The DON stated the NJ EX Order. 264b1 "should not be like that" because of infection control and it was important</p>	F 695			

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F 695	<p>Continued From page 33</p> <p>that the staff follow the physician's orders. The DON further stated that education needed to be done.</p> <p>During an interview with the surveyor on 2/8/2022 at 10:49 AM, RN #3 working on Resident #24's unit, stated the facility process for a resident on oxygen would be to get report from the previous shift, go to those resident's first to check the [REDACTED] was secure, the [REDACTED] r was full, and the [REDACTED] matched the [REDACTED] order. RN #3 stated she would also check the resident's [REDACTED] NJ EX Order. 264b1. RN #3 stated it was important to have the [REDACTED] labeled and dated for infection control purposes.</p> <p>A review of the facility provided, "[REDACTED] Therapy", policy and procedure, revised 12/19, included but was not limited to: Purpose: to provide guidelines for safe [REDACTED] administration; Preparation: 1. Verify there is a physician's order for this procedure; Procedure: 4. Turn the [REDACTED] on. Start the [REDACTED] at the rate ordered.</p> <p>2. On 1/31/2022 at 11:14 AM, while on the initial tour of the facility, the surveyor observed a [REDACTED] on the floor and in front of the bedside table of Resident #9. The surveyor observed the [REDACTED] connected to a [REDACTED] machine ([REDACTED] r is an [REDACTED] machine that provides a [REDACTED] into the [REDACTED] through a [REDACTED]) on top of the bedside table. The [REDACTED] was not bagged and was in contact with the floor. The [REDACTED] NJ EX Order. 264b1, and [REDACTED] had no</p>	F 695			

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F 695	<p>Continued From page 34 dates.</p> <p>According to the annual MDS, an assessment tool, dated [REDACTED] Resident #9 had a Brief Interview for Mental Status score of [REDACTED], indicating he/she was [REDACTED]. According to Section [REDACTED], Resident #9 required extensive assist of one person for bed mobility, transfer, dressing, toilet use, and personal hygiene. In addition, Section [REDACTED] indicated that Resident #9 had an active diagnosis of [REDACTED] or [REDACTED] disease and Section [REDACTED] of the MDS revealed that Resident #9 had not received [REDACTED] while at the facility the past 14 days.</p> <p>During a review of the medical record (MR) it was revealed that Resident #9 had a care plan, revised on [REDACTED] addressing, "At risk for [REDACTED]. Interventions for the care plan included "administer medications/treatments as ordered per physician orders."</p> <p>During a review of the MR on [REDACTED] at 2:06 PM Resident #9 had the following orders, per the Order Summary Report:</p> <p>[REDACTED] at [REDACTED] for [REDACTED] [REDACTED], dated [REDACTED] and [REDACTED] [REDACTED] orally [REDACTED] every [REDACTED] as needed for [REDACTED] dated [REDACTED]</p> <p>On 2/1/2022 at 9:40 AM the surveyor observed Resident #9's [REDACTED] lying on top of an opened box of disposable gloves on the bedside table. The [REDACTED] was not bagged and was</p>	F 695			

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F 695	<p>Continued From page 35</p> <p>exposed. On 2/2/2022 at 9:24 AM the surveyor observed Resident #9's [REDACTED] lying on top of the bedside table in the same position as previously observed on [REDACTED]. The [REDACTED] was not bagged and was exposed.</p> <p>On 2/2/2022 at 10:18 AM the surveyor reviewed the [REDACTED] and [REDACTED] Treatment Administration Record (TAR). The [REDACTED] TAR revealed that Resident #9 received a [REDACTED] treatment on [REDACTED] " (an abbreviation in medical jargon that means "immediately") due to Resident #9 having an acute episode of [REDACTED] on [REDACTED], as described in a progress note in the medical record on [REDACTED] at 7:17 PM.</p> <p>On 2/2/2022 at 12:10 PM during a tour of C unit the surveyor overheard a Certified Nursing Assistant (CNA) in Resident #9's room. The CNA was heard to state the following, "(resident name) are you having [REDACTED] ? I am going to get the nurse." The CNA was observed to leave Resident #9's room and went to the [REDACTED] unit nursing station to alert the nurse. The nurse entered Resident #9's room at 12:11 PM with a wheeled [REDACTED] and what appeared to be a [REDACTED] (a [REDACTED] to sit just inside your [REDACTED] and are attached to an [REDACTED] source) and [REDACTED] in a clear plastic bag. The nurse was observed to administer [REDACTED] to Resident #9. Prior to episode, the surveyor had observed Resident #9's [REDACTED] on bedside table, un-bagged and exposed. Staff closed door at 12:12 PM and surveyor was unable to observe further treatment at the time.</p>	F 695			

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F 695	<p>Continued From page 36</p> <p>On 2/2/2022 at 12:20 PM the surveyor observed Resident #9 receiving a [REDACTED] treatment with the Licensed Practical Nurse (LPN #2) present sitting on Resident #9's bed. Resident #9 had the [REDACTED] on their [REDACTED] NJ EX Order: 264b1 and [REDACTED]. The resident was actively receiving a [REDACTED] treatment. The surveyor questioned LPN #2 if she had used the [REDACTED] that the surveyor had observed to be on the bedside table previously (un-bagged and exposed). LPN #2 responded, "I grabbed the [REDACTED] that was in here, I did not bring a new one." The surveyor made LPN #2 aware that the [REDACTED] had been observed by the surveyor prior to use, laying on the resident's bedside table un-bagged and exposed. LPN #2 responded, "I didn't know. I just put it on and administered his/her treatment." LPN #2 continued to deliver the [REDACTED] treatment after the surveyor made her aware of the possibly contaminated [REDACTED] that was not bagged prior to use on Resident #9. No date was observed on the [REDACTED] or [REDACTED] by the surveyor while in use.</p> <p>During an interview with the surveyor on 2/2/2022 at 12:32 PM the DON said, The [REDACTED] when not in use should be bagged. It should be bagged between uses after being cleaned, sanitized, and air dried. The surveyor then questioned for clarification, if not in use the [REDACTED] should be bagged. The DON responded, "Yes, the [REDACTED] should be bagged when not in use."</p> <p>On 2/2/2022 at 12:42 PM the surveyor observed Resident #9 seated in their wheelchair eating their lunch meal. Resident #9 had [REDACTED] in place [REDACTED] NJ EX Order: 264b1 Resident #9 did not appear to be in any [REDACTED] and was [REDACTED]</p>	F 695			

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F 695	<p>Continued From page 37</p> <p>eating without any difficulty. The surveyor observed a clear plastic bag that contained a new NJ EX Order: 26401 on the bedside table.</p> <p>During a follow-up interview with the surveyor on 2/2/2022 at 12:53 PM, LPN #2 was asked to explain what happened when providing Resident #9's NJ EX Order: 26401 treatment. LPN #2 responded, "I got the NJ EX Order: 26401 and placed it into the NJ EX Order: 26401. I applied the NJ EX Order: 26401 that was on the bedside table for the treatment." The surveyor questioned LPN #2 why the NJ EX Order: 26401 is to be cleaned and bagged between treatments. LPN #2 responded, "I am almost certain that the NJ EX Order: 26401 should have been bagged for infection control purposes. I was honestly just in a hurry and didn't realize the NJ EX Order: 26401 was not bagged prior to applying it to the residents NJ EX Order: 26401."</p> <p>On 2/9/2022 at 10:05 AM the DON, in the presence of the Regional Administrator and Regional Director of Clinical Services, explained why Resident #9 had a breach in NJ EX Order: 26401 equipment care. According to the DON "The reason is the nurses are in a hurry or they forgot to do it." The surveyor then questioned the DON if nursing staff are in-serviced or required to complete competency testing for NJ EX Order: 26401 equipment care. The DON responded, "It is reviewed on orientation but not part of our mandatory in-services."</p> <p>A review of a facility policy titled NJ EX Order: 26401 Equipment Care, with revised date of 10/2021, under the policy Objective read as follows:</p> <p>To help prevent introduction of infection in the respiratory system.</p>	F 695			

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F 695	Continued From page 38 The following was revealed under the heading Policy: When NJ EX Order: 26461 is used on a resident for PRN (as needed) purposes, it shall be kept in the resident's room, NJ EX Order: 26461 or NJ EX Order: 26461 will be kept (when not in use) in a plastic bag at resident's bed side until NJ EX Order: 26461 is removed, then it should be discarded. NJ EX Order: 26461 equipment to be dated when provided to resident and kept at bedside in bag (see below). NJ EX Order: 26461 delivery system to be washed after each use with soap and water and left on a paper towel to dry. Unit to be kept in plastic bag at bedside for individual pt. NJ EX Order: 26461 system to be changed weekly on 11-7 shift. Dated and placed in bag for patient use.	F 695			
F 812 SS=E	NJAC 8:39- 27.1 (a) 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, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812		2/25/22	

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F 812	<p>Continued From page 39</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. 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 handle potentially hazardous foods and maintain sanitation in a safe, consistent manner. This deficient practice was evidenced by the following:</p> <p>On 1/31/2022 from 9:38 to 10:27 AM the surveyor, accompanied by the Regional Director of Dietary (RDOD) observed the following in the kitchen:</p> <p>1. On a middle shelf in the walk-in freezer, a REDACTED style container was labeled REDACTED. The container had a label that read "5/18." The pork showed signs of freezer burn with excessive ice crystal buildup on the pork. On interview the RDOD stated, "That's old. We usually go 6 months on frozen foods. I'm throwing it in the trash."</p> <p>2. A cleaned and sanitized meat slicer on a prep shelf in the cook's area was uncovered and not in use. In addition, a cleaned and sanitized REDACTED chopper (a machine that chops or emulsifies food by rotating it in a bowl under spinning blades) was not in use and was not covered. Both pieces of equipment were exposed to possible contamination. Upon further observation of the meat slicer, it was determined to have tan/brownish unidentified food debris on the meat grip assembly and slicer base. On interview the RDOD stated, "Yeah, they should be covered when not in use. I'm gonna have the staff reclean</p>	F 812	<p>F812: Food Procurement, Store/Prepare/Serve/Sanitary</p> <p>a. 1: Pork from the walk in freezer was thrown out. 2: Meat slicer and buffalo chopper were cleaned and covered. 3: Sign on the wall in the pantry taken down. 4: Thermometer placed in the freezer that didn't have any. 5: Cream cheese was thrown out. 6: Fridge/freezer log updated to include freezer. 7: Chemical wipes were removed from the pantry and are not allowed in the pantry area.</p> <p>b. All residents have the ability to be affected.</p> <p>c. Dietary staff in-serviced on ensuring items in the freezer with excess ice should be thrown out. Dietary aides were in-serviced to ensure that meat slicer and buffalo chopper are cleaned properly and then covered after use. Dietary staff were re-educated on monitoring the labeling/dating policy for refrigerated and frozen foods. Nursing staff in-serviced to ensure all fridge and freezers have thermometers and that temperatures are logged for both daily. Nursing staff educated to ensure food out of the fridge is not sitting around. Nursing staff educated to not allow</p>		


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F 812	<p>Continued From page 40 and sanitize the equipment."</p> <p>On 2/3/2022 from 10:58 to 11:27 AM the surveyor, accompanied by the Registered Nurse/Unit Manager (RN/UM), observed the following in the [REDACTED] Unit pantry:</p> <ol style="list-style-type: none"> 1. The surveyor observed a container of Super [REDACTED] Germicidal Disposable wipes with its lid partially opened on the pantry counter. A sign on the wall above the counter stated the following: "March 21, 2020 (FROM THE UNIT MANAGER) DO NOT STORE OPEN BOXES OF GLOVES, BOXES OF TISSUES, SANIWIPIES IN THE PANTRY OR ON THE FILE CABINETS!! THANK YOU, UNIT MANAGER." 2. The freezer had no internal thermometer to measure freezer temperature. 3. A container of Philadelphia Whipped Buffalo Style cream cheese was on top of a 4-drawer file cabinet in the [REDACTED] pantry. The container was exposed to room temperature, warm to the touch and the lid was not completely sealed, exposing the product to the air. The container was dated on the bottom of the container as follows: "09 NOV 2021." 4. On 2/3/2022 at 11:16 AM the surveyor interviewed the RN/UM assigned to the [REDACTED] Unit. The surveyor questioned the RN/UM if the Super [REDACTED] container belonged on the pantry counter. The RN/UM responded, "The [REDACTED] [REDACTED] shouldn't be there according to the sign." When questioned concerning who is responsible for monitoring refrigerator and freezer temperatures the RN responded, "The 11-7 shift is responsible for taking temperatures. We are 	F 812	<p>chemical wipes in the pantry area.</p> <p>d. Dietary director will audit freezer, meat slicer, and [REDACTED] chopper in the kitchen weekly x 4 then monthly x 3 then quarterly x 2 and bring the results to QA x 2. Unit managers will audit the fridges and freezers to ensure thermometers are properly placed, temp logs properly completed, nourishment rooms are kept clean from food outside the fridge/freezer, weekly x 4 then monthly x 3 then quarterly x 2 and bring the results to QA x 2.</p>		

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F 812	<p>Continued From page 41</p> <p>not taking freezer temperatures just the refrigerator." The surveyor then asked the RN if the cream cheese was appropriately stored on the filing cabinet. The RN responded, "The cream cheese should not be there, I'm throwing it in the trash."</p> <p>On 2/3/2022 from 11:58 AM to 12:04 PM the surveyor, accompanied by the Unit Manager/Licensed Practical Nurse (UM/LPN) observed the following on the  Unit pantry:</p> <p>1. The Freezer/Refrigerator Temperature Log Sheet, dated "2/2022" recorded refrigerator temperatures only, no freezer temperatures were observed to be recorded on the log sheet. The surveyor observed the freezer, with the LPN/UM. No internal thermometer was present in the freezer on observation. The surveyor reviewed the "Freezer/Refrigerator Temperature Log Sheet" with the LPN/UM. When interviewed as to why no freezer temperatures were being recorded the LPN/UM stated, "The state said we don't need to do freezer temps before." The surveyor questioned the LPN/UM when the state had advised that freezer temperatures were not to be monitored and the LPN/UM could not remember. The surveyor questioned the LPN/UM whether freezer temperatures should be monitored and recorded as per the instructions on the log sheet. The LPN/UM responded, "I do agree we should be monitoring the freezer temps as well."</p> <p>A review of a facility policy titled USDA Policy freezer/refrigeration temperature log sheets, dated 2/2022, revealed the following:</p> <p>All refrigeratures (sic)/freezers containing USDA</p>	F 812			

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F 812	<p>Continued From page 42</p> <p>must maintain a temperature logged sheet.</p> <p>Each freezer and refrigerator containing USDA must have the temperature logged daily.</p> <p>Freezer temperature needs to be below Zero (0) degrees.</p> <p>Refrigerator temperature (sic) need to be between 32-40 degrees.</p> <p>A review of a facility policy titled "Department Sanitation", with an effective date: 12/12/21, revealed under the heading PURPOSE:</p> <p>To ensure food and beverages are stored, prepared, and served in a clean and sanitary environment.</p> <p>In addition, the policy revealed the following under the heading PROCESS:</p> <p>1. Food and Nutrition Services staff maintain the sanitation of department by assuring that:</p> <p>1.3 "Equipment is cleaned as soon after use as possible."</p> <p>1.4 "Cleaning schedules are followed, and cleaning procedures are utilized;"</p> <p>The facility was unable to provide a specific policy for the cleaning and storage of fixed equipment which would include the meat slicer and Buffalo chopper.</p> <p>N.J.A.C. 18:39-17.2 (g)</p>	F 812			
F 880 SS=D	Infection Prevention & Control	F 880		5/6/22	

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F 880	<p>Continued From page 43</p> <p>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 development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a</p>	F 880			

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F 880	<p>Continued From page 44</p> <p>resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility documentation, it was determined that the facility failed to properly wear Personal Protective Equipment (PPE) while on the [REDACTED] positive unit which the facility identified as the "[REDACTED]" unit. This deficient practice was identified for 2 staff members and was evidenced by the following:</p> <p>On 01/31/22 at 9:29 AM, the regional temporary</p>	F 880	<p>F880: Infection Prevention and Control</p> <p>A. Our immediate corrective action was:</p> <p>" Housekeeper was provided proper eye protection for the red zone</p> <p>" Admission Concierge was provided N95</p> <p>*Educate the housekeeper on proper use of PPE as per Policy, including wearing a N95 mask and Goggles while in the Red</p>		

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F 880	<p>Continued From page 45</p> <p>Licensed Nursing Home Administrator (LNHA) stated the required PPE in the facility on the NJ EX Order. 264b1, NJ EX ORDER 264b1 unit was that staff were to wear N95 masks, eye protection, and PPE gowns in the hall and were to wear gloves when entering the resident's rooms. On the Persons Under Investigation (PUI) RECEIVED ORDER 264b1 zone, staff were to wear eye protection, N95 mask, and gown and gloves when entering the resident's rooms. On the RECEIVED ORDER 264b1 zone well residents, staff were to wear surgical mask or N95 mask and eye protection.</p> <p>On 01/31/22 at 9:58 AM, the surveyor approached the closed double doors of the NJ EX Order. 264b1 Red Zone and observed through the glass, a housekeeper in the hall wearing a KN95 mask and personal eyeglasses. The housekeeper was moving supplies around.</p> <p>During an interview with the surveyor on 01/31/22 at 9:59 AM, the housekeeper stated she had worked at the facility for 24 years and was educated on PPE. The housekeeper stated she had left her eye protection in her car and that she should have worn eye protection and was aware of the available PPE bins inside and outside the unit, but stated it was "too hot" on the unit.</p> <p>On 01/31/22 at 10:03 AM, the surveyor interviewed a Registered Nurse who identified herself as the Unit Manager (RN/UM #4) on the NJ EX Order. 264b1 unit. RN/UM #4 stated anyone on the unit should wear goggles (eye protection) and a gown, and if going into a resident room should have gloves on. RN/UM #4 stated the housekeeper should have had all PPE on in the hall except gloves.</p>	F 880	<p>Zone and Yellow Zone.</p> <p>* Educate the Admission Concierge on proper use of PPE as per policy, including wearing a N95 mask properly to maintain the seal.</p> <p>B. All residents that staff work with have the potential to be affected.</p> <p>C. The following measures were put into place to ensure this does not recur:</p> <p>* Staff did not wear PPE appropriately due to PPE fatigue, forgetfulness.</p> <p>* Educated staff and completed competencies on Proper use of PPE (Mask, Goggles, Gloves, Gowns).</p> <p>* Long term care self assessment was completed.</p> <p>* Root Cause Analysis was conducted.</p> <p>The facility shall provide directed in-service training to appropriate staff, with staff competency validated by the Director of Nursing, Medical Director, or Infection Preventionist, as follows:</p> <p>↳ Nursing Home Infection Preventionist Training Course Module 1 - Infection Prevention & Control Program https://www.train.org/main/course/1081350/ Provide the training to: Top: Line staff and infection preventionist</p> <p>↳ CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out https://youtube/7SIWrF9MGdW Provide the training to: Frontline staff</p> <p>↳ CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Clean Hands https://youtube</p>		

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F 880	<p>Continued From page 46</p> <p>During an interview with the surveyor on 02/01/22 at 9:30 AM, the Housekeeping Director (HD) stated the housekeeping staff was educated on PPE. The HD stated that while staff were in the hallways, the staff should wear an N95 or surgical mask and goggles; on the PUI hall, the staff should wear a PPE gown in each room; and on the NJ EX Order. 264b1 unit, the staff should wear full PPE such as a gown, KN95 or N95 mask, eye protection and wear gloves in resident rooms. The HD stated this was done to stop the spread of NJ EX Order. 264b1.</p> <p>On 02/01/22 at 11:01 AM, the surveyor observed a staff member walking down the hall of the NJ EX Order. 264b1 unit wearing a surgical mask under an N95 mask and eye goggles. The staff member was identified as the Admissions Concierge (AC). The AC stated she had been educated on PPE and had been wearing the surgical mask under the KN95 because it was more comfortable.</p> <p>During an interview with the surveyor on 02/01/22 at 12:34 PM, the IP stated that while staff were in the green zone, they must wear a surgical mask and eye protection; while in the RESTROOM zone / PUI the staff must wear eye protection, N95 mask, and gown & gloves to enter a resident room; and while in the NJ EX Order. 264b1 the staff must wear N95 mask, eye protection, and gown and gloves to enter a resident room. The IP further stated the correct way to wear multiple masks would be to wear the KN95 or N95 mask first and the surgical mask on top to protect the fitted mask. The IP stated the surgical mask under the KN95 or N95 masks, which were fitted masks, had no purpose, and may alter the fit of the masks.</p>	F 880	<p>/xmYMUly7qiE Provide the training to: Frontline staff ¿ CDC covID-19 Prevention Messages for Front Line Long-Term Care Staff: Use PPE Correctly for COVID-19 https: / /youtube/YTATw9yav4 Provide the training to: Frontline staff ¿ Nursing Home Infection Preventionist; Training Course Module 5 - Outbreaks https: //www. train. org/cdctrain/course/1081803 / Provide the training to: Topline staff and infection preventionist Nursing Home Infection Preventionist ¿ Nursing Home Infection Preventionist Training Course Module 4 - Infection Surveillance https: / /www. train. org/cdctrain/course/1081802 / Provide the training to: Topline staff and infection preventionist ¿ Nursing Home Infection Preventionist Training Course Module 7 □ Hand Hygiene https: //www. train. org/main/course/1081806 / Provide the training to: All staff Including topline staff and Inflection preventionist ¿ Nursing Home Infection Preventionist Training Course Module 6A - Principles of Standard Precautions https: / /www. train. org/main/cour8e/1081804 / Provide the training to: All staff including topline staff and infection preventionist ¿ Nursing Home Infection Preventionist Training Course Module 6B - Principles of Transmission Based Precautions https: / /www. train. org/main/course/1081805/ Provide the training to: All staff including topline staff and infection preventionist</p>		

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F 880	Continued From page 47 A review of the facility provided, "Competency Assessment Personal Protective Equipment-Donning and Doffing", dated 11/2/21, revealed that the AC had been deemed competent in donning and doffing (applying and removing) PPE and included C) Procedure Guidelines, step 4. Put on N95 face mask. Nose piece should be fitted to the nose with both hands. Both your mouth and nose should be protected. A review of the facility provided, "Competency Assessment Personal Protective Equipment-Donning and Doffing", dated 12/28/21 revealed that the housekeeper had been deemed competent in donning and doffing PPE. A review of the facility provided, "Infection Control Staging Areas for NJ EX Order, 264b1 ", revised 6/21, included but was not limited to: Purpose to provide guidelines for maintaining staging areas in skilled facility to prevent the spread of NJ EX Order, 264b1 ; Process the facility will maintain 3 locations/zones utilizing recommended PPE for staff on resident units to minimize the spread of NJ EX Order, 264b1 Unit) or infection residents with a NJ EX Order, 264b1 and still within parameters of transmission-based precautions, PPE in use while in location or zone: 1) N95 mask 2) gown 3) gloves (in room) 4) Eye Protection. NJAC- 8:39: 19.4(a)(2)	F 880	d. Audits will be conducted by unit managers, Infection Preventionist, or designee on Proper use of PPE (Mask, Goggles, Gown, Gloves) weekly x4, monthly x3, then quarterly x2. Findings will be reported to QA quarterly x2.		
F 888 SS=D	COVID-19 Vaccination of Facility Staff CFR(s): 483.80(i)(1)-(3)(i)-(x) §483.80(i)	F 888		2/25/22	

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F 888	<p>Continued From page 48</p> <p>NJ EX CDR# 25409 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for NJ EX CDR# 25409. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for NJ EX CDR# 25409. The completion of a primary vaccination series for NJ EX CDR# 25409 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</p> <p>§483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents:</p> <ul style="list-style-type: none"> (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement. <p>§483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff:</p> <ul style="list-style-type: none"> (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i) (1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section. <p>§483.80(i)(3) The policies and procedures must</p>	F 888			

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F 888	Continued From page 49 include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines	F 888			

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F 888	<p>Continued From page 50</p> <p>and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p> <p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must</p>	F 888			

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F 888	<p>Continued From page 51</p> <p>be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; 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 ensure that mitigation measures were followed to prevent the potential spread of Covid-19 a contagious respiratory infection. This deficient practice was identified for 1 of 1 partially vaccinated staff, Licensed Practical Nurse (LPN #1) and was evidenced by the following:</p> <p>On 2/1/2022 at 11:10 AM, the surveyor observed Licensed Practical Nurse (LPN#1)wearing a KN95 mask as well eye protection. During an interview at that time, LPN #1 said this was her second day of work at the facility. She went on to say she was vaccinated 1 week ago and that she was due for her second vaccine on 2/13/2022.</p> <p>On the same day at 11:23 AM, LPN #1 was observed standing in the doorway of room B6. LPN #1 said she bought the KN95 by herself and that they (facility) gave her another mask to wear, but it gave her a migraine. She stated the mask she was wearing was like the surveyors (N95) with 2 straps. LPN #1 went to her locker to show it to the surveyor but couldn't find it.</p> <p>During an interview with the surveyor on 02/01/22 at 12:43 PM, the Infection Preventionist (IP) stated the staff who are not fully vaccinated, partially vaccinated or have religious or medical exemptions are required to wear an N95 mask and goggles any time they are in the building or providing care. The IP further said that she, the</p>	F 888	<p>F888: Covid-19 Vaccination of Facility Staff</p> <p>" Our immediate corrective action was to have the Infection Control Nurse educate</p> <p>1. LPN # 1 was re-educated on proper use of PPE, including wearing N95 mask and goggles at all times while in the facility except while alone in a private area or eating at social distance of 6 feet from other individuals until 14 days after she is fully vaccinated.</p> <p>2. No residents were affected by this deficient practice, but all residents have the potential.</p> <p>3. The following measures were put into place to ensure this does not recur:</p> <p>" Infection Control Nurse in-serviced all staff that are not fully vaccinated on wearing N95 mask and goggles at all times while in the facility except while alone in a private area or eating at social distance of 6 feet from other individuals until 14 days after she is fully vaccinated.</p> <p>" N95 masks will be available at Employee Entrance and within each department and nursing stations to ensure accessibility for all unvaccinated/partially vaccinated staff</p> <p>" Infection Control Nurse in-serviced all staff that has received exemption for the Vaccine on wearing N95 mask and goggles at all times while in the facility except while alone in a private area or</p>		

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER OUR LADYS CENTER FOR REHABILITATION & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(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 888	<p>Continued From page 52</p> <p>IP, Unit Managers (UM) and Director of Nursing (DON) are responsible to make sure that staff are wearing the proper Personal Protective Equipment (PPE). The IP said that during orientation the staff is fit tested and told what PPE they are required to wear. The IP said the staff are required to wear the N95 mask provided by the facility and yes it is made clear to them at orientation.</p> <p>A review of a Respirator Fit Test Record for LPN #1 revealed it was dated 2/1/22.</p> <p>A review of a facility policy titled Covid-19 Vaccination Mitigation for Exempted/Unvaccinated Healthcare staff with effective date of 2/1/2022 and revision date of 2/2/2022 revealed under the process section: Employees are expected to follow all Infection Prevention measures including: 1. Properly wear an N95 mask, face shield or goggles at all times while in the facility except while alone in a private area or eating at social distance of 6 feet from other individuals.</p> <p>NJAC 8:39-19.2</p>	F 888	<p>eating at social distance of 6 feet from other individuals.</p> <p>" Department heads were given the list of all employees who are not fully vaccinated and has received exemption for the vaccine and were re-educated by the Infection Control Nurse to enforce wearing of N95 mask and goggles to identified employees as per policy.</p> <p>" Facility wide (All Departments) in-servicing on Proper PPE Usage Based on Vaccination Status conducted by Infection Preventionist/Nursing Educator</p> <p>" Root Cause Analysis conducted.</p> <p>4. Observations and audits will be conducted by unit manager, department supervisors/managers, infection control nurse on all employees identified as not fully vaccinated or has received exemption for the vaccine, daily x2weeks, weekly x4, monthly x3 and ongoing thereafter as needed. The infection control nurse will ensure compliance is achieved. All findings will be reported to the QAPI committee monthly and QA quarterly meetings x2.</p>		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER OUR LADYS CENTER FOR REHABILITATION & HEAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(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) COMPLETE DATE
S 000	Initial Comments The facility was 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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the state of New Jersey. This was evident for 14 of 14 day shifts reviewed. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in	S 560	S560 Mandatory Access to Care I. Corrective action(s) accomplished for resident(s) affected: " Review daily schedules to evaluate staffing ratios II. Residents identified having the potential to be affected and corrective action taken: " The deficient practice has the potential to affect all residents residing in the facility. III. Measures will be put into place to ensure the deficient practice will not recur: " Daily staffing huddle with nursing administration and staffing coordinator	2/25/22

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

TITLE

(X6) DATE

Electronically Signed

02/23/22

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER OUR LADYS CENTER FOR REHABILITATION & HEAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
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S 560	<p>Continued From page 1</p> <p>nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every 8 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>As per the "Nursing Staffing Report" completed by the facility for the weeks of 01/16/22 and 01/23/22, the staffing to residents' ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below:</p> <p>The facility was deficient in CNA staffing for 14 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> - 01/16/22 had 15 CNAs for 138 residents on the day shift, required 18 CNAs. - 01/17/22 had 14 CNAs for 138 residents on the day shift, required 18 CNAs. - 01/18/22 had 16 CNAs for 138 residents on the day shift, required 18 CNAs. - 01/19/22 had 17 CNAs for 138 residents on the day shift, required 18 CNAs. - 01/20/22 had 17 CNAs for 138 residents on the day shift, required 18 CNAs. - 01/21/22 had 13 CNAs for 138 residents on the day shift, required 18 CNAs. 	S 560	<p>" Review of staff for projected staffing levels daily and on Friday for weekend coverage</p> <p>" On Call staffing made available to supplement call outs/deficient staffing levels</p> <p>" Daily bonuses are offered for double shifts, extra shifts, weekend shifts and staff recognition.</p> <p>" The staff has been re-educated on the call out and lateness policy.</p> <p>" The facility is recruiting on multiple employment search engines and multiple social media platforms.</p> <p>" Depending on the needs of the day Nursing management to include Unit Mangers, Supervisors and ADON will be evaluated to assist with resident care.</p> <p>" Multiple ads posted daily on multiple sites to assist in recruiting efforts.</p> <p>" Sign on bonuses</p> <p>" Rate audit for surrounding area</p> <p>" Agency contracts review to assist as needed.</p> <p>" Referral program to encourage staff to recruit CNA's and Nurses.</p> <p>IV. Corrective actions will be monitored to ensure the deficient practice will not recur: * The DON/Designee will conduct weekly C.N.A. staffing schedule audits x4 weeks, monthly x3, then quarterly x2. * The DON/Designee will report audit findings to the Administrator. The Administrator/Designee will analyze and trend findings and report outcomes quarterly to the QA Committee quarterly x2.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER OUR LADYS CENTER FOR REHABILITATION & HEAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(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) COMPLETE DATE
S 560	<p>Continued From page 2</p> <ul style="list-style-type: none"> - 01/22/22 had 11 CNAs for 140 residents on the day shift, required 18 CNAs. - 01/23/22 had 14 CNAs for 139 residents on the day shift, required 18 CNAs. - 01/24/22 had 14 CNAs for 136 residents on the day shift, required 17 CNAs. - 01/25/22 had 16 CNAs for 135 residents on the day shift, required 17 CNAs. - 01/26/22 had 14 CNAs for 135 residents on the day shift, required 17 CNAs. - 01/27/22 had 14 CNAs for 134 residents on the day shift, required 17 CNAs. - 01/28/22 had 14 CNAs for 134 residents on the day shift, required 17 CNAs. - 01/29/22 had 11 CNAs for 134 residents on the day shift, required 17 CNAs. <p>During an interview with the surveyor on 02/03/2022 at 10:53 AM, CNA #1 on B Hall stated, "we are short of staff most of the time. Administrative staff are aware of the workload. It is a long process. We had to change the residents and check them. Even after lunch we are still doing morning care".</p> <p>During an interview with the surveyor on 02/04/22 at 11:42 AM, the Staffing Coordinator (SC) said he does the schedule for the nursing staff including CNAs for the building. He also said he was aware of the staffing ratio requirements for CNAs: day shifts 1-8, evenings 1-10, and nights 1-14. When asked if they were meeting the minimum requirements the SC stated, "yes, for the most part."</p> <p>During an interview with the surveyors on 02/04/22 at 01:37 PM, the Director of Nursing (DON) and Administrator said yes they were aware of the requirements for CNA staffing. The DON stated they have hired 11 to 12 CNA's and</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER OUR LADYS CENTER FOR REHABILITATION & HEAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
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S 560	Continued From page 3 about 10 nurses recently. "It has been a challenge but we are getting CNAs." They went on to say they had enough staff scheduled for each shift but if someone calls outs at last minute... A review of a facility policy with the subject Staffing dated 02/2021, did not include information regarding the state mandated minimum direct care staff (CNA) to resident ratio.	S 560			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060106	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/31/2022
NAME OF FACILITY OUR LADYS CENTER FOR REHABILITATION & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232	

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/25/2022	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 2/9/2022		<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			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315054	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/31/2022
NAME OF FACILITY OUR LADYS CENTER FOR REHABILITATION & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0550	Correction	ID Prefix F0658	Correction	ID Prefix F0677	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(2)	Completed
LSC	02/25/2022	LSC	02/25/2022	LSC	02/25/2022
ID Prefix F0693	Correction	ID Prefix F0695	Correction	ID Prefix F0812	Correction
Reg. # 483.25(g)(4)(5)	Completed	Reg. # 483.25(i)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	02/25/2022	LSC	02/25/2022	LSC	02/25/2022
ID Prefix F0880	Correction	ID Prefix F0888	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # 483.80(i)(1)-(3)(i)-(x)	Completed	Reg. #	Completed
LSC	05/06/2022	LSC	02/25/2022	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 2/9/2022		<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			