

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

PRINTED: 05/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2024
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS Complaint#: NJ#170023 and #172045 Survey Date: 10/08/2024 Census: 277 Sample: 35 sample + 3 closed records = 38 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 565 SS=E	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response.	F 565		10/17/24	

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

TITLE

(X6) DATE

Electronically Signed

10/25/2024

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

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F 565	<p>Continued From page 1</p> <p>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews and a review of facility provided documents, it was determined that the facility failed to consistently respond to issues and concerns presented during resident council meetings and resident questionnaires obtained from residents in lieu of a formalized resident council meeting for two (2) of three (3) resident council minutes reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the Heritage Manor East (HME) Resident Council Meeting Minutes that was provided by the U.S. FOIA (b) (6) revealed:</p> <p>1. NJ Ex Order 26.4(b)(1) at 02:30 PM</p> <p>-Staff in attendance: U.S. FOIA (b) (6), U.S. FOIA (b) (6), U.S. FOIA (b) (6), U.S. FOIA (b) (6) Activities Assistant #1 (AA#1), and U.S. FOIA (b) (6).</p> <p>-Residents in attendance: 18</p> <p>-Dietary Committee Meeting: residents would like to know "could the supper be served at 5:45 PM</p>	F 565	<p>The facility remains deeply committed to providing our residents with the opportunity to express their concerns about the quality of care and services we deliver. We recognize that resident feedback is a vital part of our ongoing quality improvement process, and ensuring timely and appropriate follow-up is a top priority.</p> <p>On October 2, 2024, the Senior Director of Dietary and Nutrition Services met with Resident #167 and other participants from recent resident council meetings to discuss their feedback and review action plans from previous discussions. We value this input and are dedicated to ensuring all concerns are addressed efficiently.</p> <p>To further enhance our response process, effective October 2, 2024, feedback from resident council meetings will now be followed up in writing within two days. This new procedure ensures better</p>		

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F 565	Continued From page 3 On that same date and time, Resident #167 informed the surveyor that the above concerns with late delivery of meals for supper had been discussed as concerns to the facility management during Resident Council Meetings and there was no resolution. Resident #167 further stated that there was no consistency with meal deliveries. The resident also stated that the residents requested supper to be served before 6:00 PM. On 10/02/24 at 12:12 PM, the surveyor interviewed the U.S. FOIA (b) (6) who was present on 10/01/24 dinner time at HME. The U.S. FOIA (b) (6) informed the surveyor that she worked the 9-5 shift yesterday and had to work overtime until 7 PM last night. The U.S. FOIA (b) (6) stated that most of the time she was by herself serving the HME dining room for residents of 15 to 20. She further stated that at times a Certified Nursing Aide (CNA) will help her. The U.S. FOIA (b) (6) acknowledged that it took time to serve the 15-20 residents and would be helpful to have extra hands. On 10/02/24 at 12:21 PM, the surveyor interviewed the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) in the presence of another surveyor. The surveyor asked both U.S. FOIA (b) (6) and U.S. FOIA (b) (6) if they remembered that facility management or residents reported concerns that residents requested an earlier food truck delivery for dinner before 6:00 PM. Facility management responded that they did not recall that was discussed with them. The U.S. FOIA (b) (6) further stated that if it was discussed in the resident council meeting, the activity person should have documented that, and he would address it.	F 565			

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F 565	<p>Continued From page 4</p> <p>At that same time, the [U.S. FOIA (b) (6)] provided a copy of the Dining Room Schedule and he indicated from the paper, the supper at HME Great Room/Media Room delivery time was at 5:45 PM-6:45 PM. The surveyor asked the [U.S. FOIA (b) (6)] if that was considered late for the 6:45 PM dinner delivery and there was no response from the [U.S. FOIA (b) (6)].</p> <p>On 10/02/24 at 01:13 PM, the survey team met with the [U.S. FOIA (b) (6)] (also known as the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)]). The surveyor notified the facility management of the above concerns.</p> <p>On 10/03/24 at 12:32 PM, the survey team met with [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)]. The [U.S. FOIA (b) (6)] stated that the concerns regarding the Resident Council Meeting, "we will move it to 5:30 PM" and "we" spoke to the staff, it was an oversight.</p> <p>At that same time, the surveyor asked the reason why it was not acted upon the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] resident council meeting the residents' concerns with late meal delivery for supper and requested an earlier time to be delivered. The surveyor also asked what was the timeline that the facility should act upon on those requests and concerns and should the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] received those concerns. The [U.S. FOIA (b) (6)] stated that it was an expectation, same as grievances, concerns, and requests in the Resident Council Meeting of the residents should have a resolution. The [U.S. FOIA (b) (6)] further stated that we have a summary from resident council meetings that come out and distributed to those who attended, and he [U.S. FOIA (b) (6)] should receive a copy.</p> <p>A review of the facility's Diet Ordering Policy with</p>	F 565			

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F 565	<p>Continued From page 5</p> <p>an effective date of 01/24 that was provided by the [REDACTED] revealed: Procedure: J. If a client is in need of an altered schedule for meals or snacks, staff nurses and RD will make arrangements for accommodating the schedule for optimal intake.</p> <p>A review of the facility's Resident Council Meeting Policy with an effective date of 10/24 that was provided by the [REDACTED] showed: Policy: It is the policy of the facility to provide its' residents with the opportunity to meet in a group atmosphere, on a regular basis, to take an active role in discussing various community related topics/issues in a non-threatening environment and to present those topics to the appropriate administrative persons. Residents have the right to express concerns, have them heard & reviewed and when possible, resolved ... Procedure: B. If a resident in attendance brings up an issues/concern to be addressed by another Department, the appropriate department will receive a copy of the meeting minutes, indicating that a response is requested of them to address the issue. ...</p> <p>A review of the Grievance (complaint) Resolution Policy with an effective date of 10/24 that was provided by the [REDACTED] showed: Policy: The facility strives to provide quality care and satisfaction in the delivery of its services. We understand that there may be times when our customers may not be completely satisfied with the services provided. Under those circumstances, we encourage dissatisfied customers to notify our staff of their concerns and/or to contact appropriate public agent(s) in</p>	F 565			

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F 565	Continued From page 6 order to provide the opportunity to rectify the issue. Procedure: Responsibilities of: 1. Residents and/or their representatives can express their concerns in writing, by telephone, or in-person to members of the facility... 4. Appropriate department heads will follow through to seek resolution ... 8. It is the responsibility of the department head where the concern occurred in collaboration with concierge to discuss final outcomes will all interested parties inclusive of the resident representative. On 10/08/24 at 12:25 PM, the survey team met with the ^{U.S. FOIA (b) (6)} ^{U.S. FOIA (b) (6)} U.S. FOIA (b) (6), and the U.S. FOIA (b) (6) for an Exit Conference. The facility management did not provide additional information and did not refute the findings.	F 565			
F 576 SS=E	NJAC 8:39-4.1(a)(29) Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9) §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services;	F 576		10/18/24	

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F 576	<p>Continued From page 7</p> <p>(ii) The internet, to the extent available to the facility; and</p> <p>(iii) Stationery, postage, writing implements and the ability to send mail.</p> <p>§483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to:</p> <p>(i) Privacy of such communications consistent with this section; and</p> <p>(ii) Access to stationery, postage, and writing implements at the resident's own expense.</p> <p>§483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research.</p> <p>(i) If the access is available to the facility</p> <p>(ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident.</p> <p>(iii) Such use must comply with State and Federal law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews and a review of facility provided documents, it was determined that the facility failed to provide Saturday mail and package delivery services to residents. This deficient practice was identified for seven (7) of seven (7) residents interviewed during the resident council group meeting (Residents #10, #48, #167, #173, #212, #218, and 232) and was evidenced by the following:</p> <p>During the resident council meeting conducted by the surveyor on 10/02/24 at 10:29 AM with</p>	F 576	<p>The facility is committed to respecting each resident's right to receive mail and other materials in a timely manner. Residents #10, #48, #167, #173, #212, #218, and #232 are all receiving their mail and packages without delay.</p> <p>On October 16, 2024 education was provided to the staff of materials management, reception staff and to the activities department coordinators regarding the new process.</p>		

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F 576	<p>Continued From page 8</p> <p>Residents #10, #48, #167, #173, #212, #218, and #232, the surveyor asked the residents if they received mail on Saturdays. All residents stated that there was no mail or packages on Saturdays because the mail room was closed.</p> <p>On that same date and time, Resident #212 informed the surveyor that a couple of weeks ago the resident had a delivery from an outside vendor [name of company] that was returned which the resident had known because the resident's representative told them. Resident #212 stated that they notified the U.S. FOIA (b) (6) about it and the reason it was returned was because the packages were too many. The resident further stated that there was no mail and packages delivered to the residents on weekends because they (mail room) were closed.</p> <p>At that same time, Resident #167 informed the surveyor that "they do not accept packages on a weekend, which was written on some paper, and I have a problem getting things." The resident further stated since then the resident knew that there were no mail/packages delivered to the resident on weekends. The resident further stated that in order for the resident to get packages, they were sent to the resident's representative (RR) to make sure delivery was received and will be given to the resident once the RR visited the resident.</p> <p>On 10/03/24 at 10:50 AM, the surveyor interviewed the U.S. FOIA (b) (6) from Heritage Manor East (HME) unit regarding the facility's process and practice for receiving residents' mail and packages. The U.S. FO informed the surveyor that the mails and packages come from the Mail Room (MR) and "usually" the assigned person</p>	F 576	<p>Additionally, mail distribution was expanded to include Saturday deliveries alongside our regular Monday through Friday schedule as of October 19, 2024. The Commons main entrance receptionist now manages all Saturday mail and weekend packages, while Activities staff ensures delivery to residents within 24 hours of receipt. To improve accountability, tracking systems—including a Weekly Mail Tracker, a Package Receiving Tracker, and a Resident Receipt of Package Tracker—were implemented on October 18, 2024.</p> <p>The Director of Materials Management, or a designee, will oversee the weekend delivery process, which could benefit any resident receiving mail over the weekend. Results will be reviewed at the quarterly Quality Assurance and Performance Improvement (QAPI) Committee meetings for three months or until full compliance is achieved.</p>		

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F 576	<p>Continued From page 9</p> <p>from the MR delivers them to the unit and the [U.S. FO] will deliver them to the residents. The [U.S. FO] stated that she signed the log when she received the mail and packages from the MR. The [U.S. FO] stated that the MR was open Monday through Friday and closed on weekends.</p> <p>At that same time, the [U.S. FO] stated that sometimes delivery personnel from the community left packages in the loading dock. She further stated that "like two weeks ago" Resident # 228 had a package that was left in the loading dock, and she had to pick it up and give it directly to the resident.</p> <p>On 10/03/24 at 11:14 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who informed the surveyor that there was an assigned person also in the department that delivered mail and packages to the unit. The [U.S. FOIA (b) (6)] stated that the assigned person will hand over the mail and packages to the [U.S. FO] and the [U.S. FO] will sign the log that the mail and packages were received, and the [U.S. FO] will distribute them to the respective residents. He further stated that the MR and his department were open Monday through Friday and closed on weekends. The [U.S. FOIA (b) (6)] confirmed that was the facility's practice that the MR opened on weekdays and closed on weekends.</p> <p>On 10/03/24 at 12:32 PM, the survey team met with the [U.S. FOIA (b) (6)] and the [U.S. FOIA (b) (6)]. The surveyor notified the facility management of the above concerns.</p> <p>A review of the facility's POLICY: Requisition Ordering Process for Stock, Non-Stock Items,</p>	F 576			

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F 576	Continued From page 10 and Inventory Control Procedure with an effective date of 5/24 which the DON stated was the facility's policy for mail/packages and mail room, revealed: Procedure: The purpose of this policy is to identify the procedures used to properly acquire necessary supplies and place them into use in a timely manner ... 4. For non-stock items, this includes receiving non-stock requests, placing orders, receiving order items, verifying they are what was ordered and are in proper condition, and either delivering them to their intended recipient/department or returning them to the supplier if unsatisfactory... Definitions: d. Non-stock=items/goods or services that are non-inventory items for departments, patients/residents ... D. Non-stock purchase requisition process: 10. Materials management personnel will deliver the items to the intended recipient/department by the end of the day during normal business hours ... On 10/08/24 at 12:25 PM, the survey team met with the U.S. FOIA (b) (6) U.S. FOIA (b) (6) U.S. FOIA (b) (6), and the U.S. FOIA (b) (6) for an Exit Conference. The facility management did not provide additional information and did not refute the findings.	F 576			
F 578 SS=D	N.J.A.C. 8:39-4.1 (a)(19) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to	F 578		10/11/24	

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F 578	<p>Continued From page 11 formulate an advance directive.</p> <p>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.</p> <p>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review,</p>	F 578	The facility is dedicated to honoring the		

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F 578	<p>Continued From page 12</p> <p>and review of other facility documentation, it was determined the facility failed to ensure accurate documentation and review of a resident's advance directives for one (1) of five (5) residents (Resident #253) reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the hybrid (electronic and paper) medical records of Resident #253.</p> <p>The Resident Face Sheet (a summary of important information about the resident) documented the resident had diagnoses that included but were not limited to, [redacted] NJ Ex Order 26.4(b)(1) [redacted] ck), and NJ Ex Order 26.4(b)(1).</p> <p>A comprehensive Minimum Data Set (MDS) assessment, a tool to facilitate the management of care, dated [redacted] NJ Ex Order 26.4(b)(1), indicated the facility assessed the resident's [redacted] NJ Ex Order 26.4(b)(1) using a Brief Interview Mental Status (BIMS) test. Resident #253 scored a [redacted] NJ Ex Order 26.4(b)(1) out of 15, which indicated the resident had [redacted] NJ Ex Order 26.4(b)(1).</p> <p>A physician's order (PO) dated [redacted] NJ Ex Order 26.4(b)(1) read, 'NJ Ex Order 26.4(b)(1) [redacted]'</p> <p>A PO dated [redacted] NJ Ex Order 26.4(b)(1) read, 'NJ Ex Order 26.4(b)(1) [redacted]'.</p> <p>The resident's paper chart included a New Jersey [redacted] NJ Exec Order 26.4b1 [redacted] form, dated [redacted] NJ Ex Order 26.4(b)(1), which documented the resident had [redacted] NJ Ex Order 26.4(b)(1) that they desired [redacted] NJ Ex Order 26.4(b)(1) [redacted]</p>	F 578	<p>wishes of our residents and consumers as outlined in their Advance Directives, New Jersey Practitioner Orders for Life-Sustaining Treatment (POLST), and Emergency Orders. To ensure alignment with these important documents, we continuously review and update care plans as needed.</p> <p>On October 2, 2024, the physician's order for Resident #253 was updated to accurately reflect the resident's [redacted] NJ Exec Order 26.4(b)(1) form and advance directives. To strengthen our processes, Social Services developed and implemented an Advance Directives tracker on October 2, 2024, which was used to audit all current residents, ensuring that physician orders were in full alignment with each resident's documented preferences. Additionally, all social services and nursing staff across all shifts received education on the importance of maintaining accurate and up-to-date advance directives on October 9, 2024. These improvements will benefit all residents with advance directives by ensuring their care preferences are respected.</p> <p>To ensure ongoing compliance, the Assistant Director of Nursing (ADON) and Director of Social Services will audit five medical records weekly for four weeks, followed by monthly audits. Findings will be reported to the Director of Nursing and Administrator, with results evaluated by the Quality Assurance and Performance Improvement (QAPI) Committee at quarterly meetings until full compliance is</p>		

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F 578	<p>Continued From page 13</p> <p>NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)." The form was signed by the resident's representative (RR) and an advance practice nurse (APN).</p> <p>A review of progress notes revealed there was no documentation that indicated the resident desired to have a NJ Ex Order status.</p> <p>On 10/01/24 at 10:44 AM, the surveyor interviewed a US FOIA (b)(6) about AD protocol. The US FOIA stated nurses could find the resident's NJ Ex Order and code status in the electronic medical record (EMR). The US FOIA further explained on the main screen for a resident in the EMR, the code status would be indicated at the top of the screen and could also be found under the PO. The US FOIA stated the nurses, health care providers (physicians and APNs), and the US FOIA (b)(6) would follow up about NJ Ex Order.</p> <p>On 10/01/24 at 10:52 AM, the surveyor interviewed the U.S. FOIA (b) (6) about NJ Ex Order protocol. The U.S. FOIA (b) (6) stated upon admission the resident/RR would be asked to provide NJ Ex Order which would include living wills, and/or NJ Ex Order 26.4. The U.S. FOIA (b) (6) further explained if they had no NJ Ex Order staff would provide education and offer to complete a NJ Ex Order 26.4. The nurses and U.S. FOIA would follow up on a resident's NJ Ex Order. The physician would be notified, orders obtained for a resident's code status. Furthermore, a health care provider would review with the resident/RR the NJ Ex Order 26.4 and it would be signed. The U.S. FOIA (b)(6) stated the staff would make sure NJ Ex Order information in the EMR and provided NJ Ex Order documentation would match.</p> <p>The surveyor reviewed with the U.S. FOIA (b)(6) Resident #253's NJ Ex Order 26 and documentation in the EMR.</p>	F 578	consistently maintained.		

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F 578	<p>Continued From page 14</p> <p>The U.S. FOIA (b) (6) stated she would follow up and provide further information.</p> <p>On 10/01/24 at 11:57 AM, the surveyor requested from the U.S. FOIA (b) (6) the facility's NU Exec policy.</p> <p>On 10/01/24 at 01:14 PM, the U.S. FOIA (b) (6) provided the NU Exec Policy.</p> <p>On 10/01/24 at 01:26 PM, the U.S. FOIA (b) (6) informed the surveyor that she had confirmed with the RR the desired NU Exec. The U.S. FOIA (b) (6) stated they wished NU Exec Order 26.4b1 to be attempted and a NU Exec code status for the resident. The surveyor asked the U.S. FOIA (b) (6) why a NU Exec order was entered in Resident #253's EMR. The U.S. FOIA (b) (6) acknowledged the NU Exec Order 26 was correct and the NU Exec order should not have been entered in the resident's EMR.</p> <p>On 10/02/24 at 01:15 PM, the survey team met with the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6). The surveyor notified the facility management of the above concerns for Resident #253's NU Exec. There was no verbal response by the facility at this time.</p> <p>On 10/03/24 at 12:32 PM, the NU Ex Order and the NU Ex Order 26 met with the survey team. The NU Ex Order acknowledged the concern with Resident #253's NU Exec. The NU Ex Order stated an audit of other residents' medical records was conducted, and re-education was provided to the staff.</p> <p>A review of the facility provided policy titled, "Advance Directives, POLST, Emergency Orders" with an effective date of 10/23 read under Procedure, B. Choices and Orders for Emergency Care: "a. A completed and executed POLST is a legal physician/LIP [Licensed</p>	F 578			

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F 578	Continued From page 15 Independent Practitioner] order and is transferrable and immediately actionable ..."	F 578			
F 641 SS=D	N.J.A.C. 8:39-9.6 Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to accurately code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, for four (4) of 38 residents, (Residents #15, #153, #194, and #253) reviewed for accuracy for MDS coding. This deficient practice was evidenced by the following: According to the Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual October 2024, for Use Effective October 1, 2024, revealed: Section C Cognitive Patterns: C0100: Should Brief Interview for Mental Status Be Conducted? Coding Instructions o Code 1, yes: if the interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available.	F 641	The facility is committed to ensuring the accurate coding of the Minimum Data Set (MDS) and timely submission within 14 days of assessment. Following observations, interviews, and record reviews, the inaccurate MDS coding for residents #15, #153, #194, and #253 were corrected. a) On October 2, 2024, Resident #153's MDS was modified to correct Section [REDACTED], reflecting that the resident [REDACTED], sustained [REDACTED], and complained of [REDACTED] at the time of the [REDACTED]. The MDS Manager re-educated the MDS team on coding accurately and initiated an audit utilizing the MDS Resident level Quality report for Section [REDACTED] coding for [REDACTED]. b) On October 7, 2024, resident #194 MDS coding reflected in Section [REDACTED] that interview was updated to reflect the resident's current condition. c) On October 7, 2024, resident #253's MDS was modified to reflect the	10/31/24	

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F 641	<p>Continued From page 16</p> <p>Section J Health Conditions: J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment, whichever is more recent. Coding Instructions for J1900. Determine the number of falls that occurred since admission/entry or reentry or prior assessment and code the level of fall-related injury for each. Code each fall only once. If the resident has multiple injuries in a single fall, code the fall for the highest level of injury. Definitions: Injury (Except major) Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the resident to complain of pain. Section M-5, under M0210 (Unhealed Pressure Ulcers/Injuries) Coding Instructions read: "...Code 0, no: if the resident did not have a pressure ulcer/injury in the 7-day look-back period. Then skip to M1030, Number of Venous and Arterial Ulcers ...Code 1, yes: if the resident had any pressure ulcer/injury (Stage 1, 2, 3, 4, or unstageable) in the 7-day look-back period. Proceed to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage..." Chapter 3-page M-11, under M0300A (Number of Stage 1 Pressure Injuries) it read, "Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence ..."</p> <p>1. On 9/30/24 at 11:21 AM, Surveyor #1 (S#1) observed Resident #15 lying in their bed with a visitor at the bedside. The resident was [REDACTED] (NJ Ex Order 26.4(b)(1)) [REDACTED]</p> <p>On 10/02/24 at 12:47 PM, Surveyor #2 (S#2)</p>	F 641	<p>NJ Ex Order 26.4(b)(1) [REDACTED] was present at the time of MDS assessment. d) On October 8, 2024, resident #15's MDS coding reflected in Section NF [REDACTED] that interview was not conducted however in Section NF indicated that resident has the ability to NJ Ex Order 26.4(b)(1) [REDACTED]</p> <p>While no harm resulted from these coding issues, any resident with an MDS could be impacted by inaccurate coding. To prevent future issues, on October 2, 2024, the MDS Manager re-educated the MDS and Social Services teams on proper coding practices, as outlined in the Resident Assessment Instrument (RAI) Manual.</p> <p>Additionally, on October 9, 2024, the MDS Manager and Director of Nursing (DON) implemented an audit tracker using the MDS Resident-Level Quality report to monitor coding accuracy for resident cognition and acuities.</p> <p>To ensure ongoing compliance, the Director of Nursing and MDS Manager will audit five charts weekly for four weeks, followed by monthly audits. Audit results will be reported to the Administrator monthly, with findings evaluated by the Quality Assurance and Performance Improvement (QAPI) Committee at each quarterly meeting until full compliance is achieved.</p>		

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F 641	<p>Continued From page 17</p> <p>observed Resident #15 awake while resting in their bed. The surveyor greeted the resident.</p> <p>The surveyor reviewed the medical records of Resident #15 and revealed the following:</p> <p>A review of the Face Sheet (FS; an admission summary) reflected that the resident was admitted to the facility with a diagnoses that included but was not limited to: NJ Ex Order 26.4(b)(1) _____, and NJ Ex Order _____.</p> <p>A review of significant change in status MDS (SCMDS) with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b)(1) _____ under Section NJ Ex Order 26.4(b)(1) _____ - Ability to NJ Ex Order 26.4(b)(1) _____ and NJ Ex Order 26.4(b)(1) _____ consider both NJ Ex Order 26.4(b)(1) _____ - reflected Code NJ Ex Order 26.4(b)(1) _____ which indicated: NJ Ex Order 26.4(b)(1) _____ - ability is NJ Ex Order 26.4(b)(1) _____. Review of Section NJ Ex Order 26.4(b)(1) _____ did not reflect Resident #15's Brief Interview for Mental Status (BIMS) score. Further review of MDS question NJ Ex Order 26.4(b)(1) _____ Should BIMS NJ Ex Order 26.4(b)(1) _____ be conducted? Reflected Code NJ Ex Order 26.4(b)(1) _____ which indicated NJ Ex Order 26.4(b)(1) _____. NJ Ex Order 26.4(b)(1) _____</p> <p>On SMDS, Surveyor #2 observed that BIMS interview was not conducted.</p> <p>On 10/08/24 at 9: 47 AM, the surveyor met with U.S. FOIA (b) (6) _____) and notified the above findings and concerns.</p> <p>2. On 9/30/24 at 11:43 AM, during an initial tour, S#2 observed Resident #194 in Resident NJ Ex Order 26.4b1 _____. The resident was resting, with eyes closed in their NJ Ex Order 26.4(b)(1) _____.</p>	F 641			

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F 641	<p>Continued From page 18</p> <p>On 10/02/24 at 11:11 AM, S#2 observed resident asleep in their bed. There was an [redacted]-colored round sticker [dot] next to their name on the name plate.</p> <p>The surveyor reviewed the medical records of Resident #194 and revealed the following:</p> <p>A review of the FS reflected that the resident was admitted to the facility with a diagnoses that included but was not limited to [redacted], [redacted] and [redacted].</p> <p>A review of SCMDS with an ARD of [redacted] under Section [redacted], consider [redacted] - reflected Code [redacted] which indicated: [redacted] - ability is [redacted]. Review of Section [redacted] did not reflect Resident #15's BIMS score. Further review of MDS question [redacted] Should BIMS [redacted] be conducted? Reflected Code [redacted] which indicated [redacted]. On SCMDS, Surveyor #2 observed that BIMS interview was not conducted.</p> <p>During an interview with S#2 on 10/07/24 at 11:33 AM, Registered Nurse/MDS Coordinator #1 (RN/MDSC#1) stated that if a resident was coded as [redacted] in Section B, BIMS would be attempted.</p> <p>On 10/07/24 at 01:09 PM, the survey team met with [redacted] and [redacted] and notified the above findings</p>	F 641			

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F 641	<p>Continued From page 19 and concerns.</p> <p>3. On 9/30/24 at 11:29 AM, S#1 observed Resident #153 was not in their room. The room was observed with a [redacted] on top of the nightstand table and a [redacted]. The bed had a [redacted] NJ Exec Order 26.4b1</p> <p>S#1 reviewed the medical records of Resident #153 and revealed the following:</p> <p>The FS showed that the resident was admitted to the facility with a diagnosis that included but was not limited to [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), and [redacted] NJ Ex Order 26.4(b)(1).</p> <p>A review of the provided Matrix for Providers by the [redacted] U.S. FOIA (b) showed that the resident was triggered for [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1).</p> <p>A review of the provided [redacted] NJ Ex Order 26.4(b)(1) investigations by the [redacted] U.S. FOIA (b) revealed:</p> <p>[redacted] NJ Ex Order 26.4(b)(1) at 8:10 AM [redacted] NJ Ex Order 26.4(b)(1), and complaint (c/o) [redacted] NJ Ex Order 26.4(b)(1) of the [redacted] NJ Ex Order 26.4(b)(1) at 10:15 AM [redacted] NJ Ex Order 26.4(b)(1) and no injury. [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1), and [redacted] NJ Ex Order 26.4(b)(1) alarm was sounding off.</p> <p>The most recent SCMDS, with an ARD of [redacted] NJ Ex Order 26.4(b)(1), showed that the [redacted] NJ Ex Order 26.4(b)(1) were coded [redacted] NJ Ex Order 26.4(b)(1) which indicated that the resident had [redacted] NJ Ex Order 26.4(b)(1) Section J Health Conditions indicated that the resident had [redacted] NJ Ex Order 26.4(b)(1) incident with [redacted] NJ Exec Order 26.4b1</p>	F 641			

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F 641	<p>Continued From page 20</p> <p>The quarterly MDS (qMDS) with an ARD of [redacted] revealed that on Section J, the resident had [redacted] incident with [redacted].</p> <p>Further review of the above documents showed there were three [redacted] incidents with two with [redacted] and one with c/o [redacted] on [redacted]. The qMDS showed that Section J for [redacted] was coded for [redacted] even though the resident c/o [redacted].</p> <p>On 10/02/24 at 8:57 AM, S#1 in the presence of another surveyor interviewed the [redacted] U.S. FOIA (b) (6). The [redacted] U.S. FOIA (b) (6) stated "we follow the RAI manual" and that there was no separate policy for MDS. The [redacted] U.S. FOIA (b) (6) further stated "we" gather the information from the interviews, charts which included notes and orders when doing MDS. She also stated that for [redacted] "we" check the investigation.</p> <p>On that same date and time, the surveyor asked the [redacted] U.S. FOIA (b) (6) if the resident c/o [redacted] NJ Ex Order 26.4(b)(1) incident, would that be considered [redacted] NJ Ex Order 26.4(b)(1). The [redacted] U.S. FOIA (b) (6) stated "yes, [redacted] NJ Ex Order 26.4(b)(1) and should be coded in the MDS." S#1 then notified the [redacted] U.S. FOIA (b) (6) of the above findings and concerns regarding MDS accuracy for qMDS on [redacted] NJ Ex Order 26.4(b)(1). The [redacted] U.S. FOIA (b) (6) stated that she will get back to the surveyor.</p> <p>On 10/02/24 at 01:13 PM, the survey team met with the [redacted] U.S. FOIA (b) (6) and [redacted] U.S. FOIA (b) (6). The surveyor notified the facility management of the above findings and concerns.</p> <p>4. On 9/30/24 at 10:18 AM, Surveyor #3 (S#3) observed Resident #253 lying in their bed, [redacted] NJ Ex Order 26.4(b)(1).</p>	F 641		

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F 641	<p>Continued From page 21</p> <p>and NJ Ex Order 26.4(b)(1). The resident reported they had NJ Ex Order 26.4(b)(1). The resident stated the NJ Ex Order 26.4(b)(1) was being treated by the staff and a NJ Ex Order 26.4(b)(1) consultant who would visit.</p> <p>S#3 reviewed the electronic and paper medical record for Resident #253.</p> <p>The Resident FS documented that the resident had diagnoses that included but were not limited to, NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>A comprehensive MDS assessment with an ARD of NJ Ex Order 26.4(b)(1), indicated the facility assessed the resident's NJ Ex Order 26.4(b)(1) using a BIMS test. Resident #253 scored a NJ Ex Order 26.4(b)(1) out of 15, which indicated the resident had NJ Ex Order 26.4(b)(1). In Section NJ Ex Order 26.4(b)(1) of the MDS, the resident was coded as having NJ Ex Order 26.4(b)(1).</p> <p>An assessment dated NJ Ex Order 26.4(b)(1) which included a NJ Ex Order 26.4(b)(1) exam of the resident documented Resident #253 had NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1).</p> <p>On 10/03/24 at 01:56 PM, S#3 interviewed Registered Nurse/MDS Coordinator #2 (RN/MDSC#2) who stated a resident's medical records including but not limited to, assessments, physician orders, treatments and preventative measures would be reviewed. RN/MDSC#2 stated if a resident had NJ Ex Order 26.4(b)(1) within the look back period from the assessment reference date of the MDS, it should be coded in the assessment.</p> <p>S#3 reviewed the concern for Resident #253 who</p>	F 641			

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F 641	<p>Continued From page 22</p> <p>had NJ Ex Order 26.4(b)(1) at time of MDS assessment, and it was not coded. RN/MDSC#2 would review the medical record and provide further information.</p> <p>On 10/04/24 at 9:11 AM, the U.S. FOIA (b) (6) informed the surveyor that she audited with RN/MDSC#2 the MDS of Resident #253. The U.S. FOIA (b) (6) stated the NJ Ex Order 26.4(b)(1) should have been coded in the MDS assessment.</p> <p>On 10/07/24 at 01:10 PM, S#3, in the presence of the survey team, informed the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) of the concern for Resident #253's MDS accuracy. The U.S. FOIA (b) (6) stated RN/MDSC#2 modified the MDS assessment.</p> <p>On 10/08/24 at 12:25 PM, the survey team met with the U.S. FOIA (b) (6), U.S. FOIA (b) (6), and the U.S. FOIA (b) (6) for an Exit Conference. The facility management did not provide additional information and did not refute the findings.</p>	F 641			
F 658 SS=D	<p>NJAC 8:39-33.2 (d) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to consistently follow standards of clinical practice</p>	F 658	The facility's policy is to provide services as outlined in the comprehensive care plan, consistently meeting professional	10/9/24	

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F 658	<p>Continued From page 23</p> <p>with regards to ensuring completion of [redacted] after a resident had [redacted] for one (1) of three (3) residents (Resident #415) reviewed for [redacted]</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 10/01/24 at 11:57 AM, the surveyor requested from the U.S. FOIA (b) (6) [redacted] the [redacted] investigation for Resident #415.</p>	F 658	<p>quality standards. Resident #415 was discharged from the facility on [redacted]</p> <p>While no harm resulted, residents on neurological checks can benefit from the improved documentation of neuro check assessments.</p> <p>To ensure all residents requiring neurological checks receive the highest standard of care, we provided re-education to nursing staff on October 7, 2024, emphasizing to them the importance of thorough documentation of neuro check assessments following a fall. Additionally, on October 9, 2024, the Assistant Directors of Nursing initiated audits of current residents on neuro checks to reinforce compliance with established protocols. The neuro check protocol has been incorporated into the Fall Prevention Policy and Procedure.</p> <p>The ADON/Team Lead will conduct daily audits of neuro check documentation, as applicable, to ensure adherence to facility protocols. The Director of Nursing will monitor these audits weekly for four weeks and then monthly to maintain compliance. Monthly reports of audit findings will be submitted to the Administrator. The Quality Assurance and Performance Improvement Committee will evaluate the effectiveness of these measures at each quarterly meeting until we achieve 100% compliance.</p>		

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F 658	<p>Continued From page 24</p> <p>On 10/03/24 at 9:10 AM, the surveyor reviewed a [redacted] NJ Exec Order 26.4b1, dated [redacted] NJ Ex Order 26.4b1 for Resident #415. The resident had an [redacted] NJ Ex Order 26.4(b)(1) incident at approximately 3:00 AM in which Resident #415 was [redacted] NJ Ex Order 26.4(b)(1). The resident reported they [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1). The physician and the resident's representative were notified. The resident had an [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) [redacted] were initiated.</p> <p>The surveyor reviewed the paper and electronic medical record (EMR) of Resident #415.</p> <p>The Resident Face Sheet (a summary of important information about the resident) documented the resident had diagnoses that included but were not limited to, [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), and [redacted] NJ Ex Order 26.4(b)(1).</p> <p>A Minimum Data Set (MDS) assessment, a tool to facilitate the management of care, with an assessment reference date of [redacted] NJ Ex Order 26.4(b)(1) indicated the facility assessed the resident's [redacted] NJ Ex Order 26.4b1 using a Brief Interview Mental Status (BIMS) test. Resident #415 scored a [redacted] NJ Ex Order 26.4b1 out of 15, which indicated the resident had [redacted] NJ Ex Order 26.4(b)(1).</p> <p>A physician's order (PO) dated [redacted] NJ Ex Order 26.4b1 read, [redacted] NJ Ex Order 26.4(b)(1) every 30 minutes for an hour then every hour for 2 hours, and then every 4 hours for 24 hours.</p>	F 658			

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F 658	<p>Continued From page 25</p> <p>A nurse progress note (PN) by the [US FOIA (b)(6)] [redacted] dated [NJ Ex Order 26.4(b)(1)] [redacted] at 7:41 AM documented that the resident had [NJ Ex Order 26.4(b)(1)] [redacted] incident at three in which the resident was [NJ Ex Order 26.4(b)(1)] [redacted] with a [NJ Ex Order 26.4(b)(1)] [redacted].</p> <p>A PN by the LPN dated 9/27/24 at 7:41 AM, had a start date/time [NJ Ex Order 26.4(b)(1)] [redacted] 3:38 AM, documented a detailed [NJ Ex Order 26.4(b)(1)] [redacted] assessment and vital signs for resident. The other sections of the note included [NJ Ex Order 26.4(b)(1)] [redacted] assessments, [NJ Ex Order 26.4(b)(1)] [redacted] assessment, [NJ Ex Order 26.4(b)(1)] [redacted] assessment, and [NJ Ex Order 26.4(b)(1)] [redacted] were completed. In the section that read "time observed," the [US FOIA (b)(6)] [redacted] checked 3 AM, 4 AM, 5 AM and 6 AM. The note did not detail a [NJ Ex Order 26.4(b)(1)] [redacted] assessment for each time indicated that the resident was observed.</p> <p>A follow up PN by [US FOIA (b)(6)] [redacted] dated [NJ Ex Order 26.4(b)(1)] [redacted] at 7:46 AM documented that [NJ Ex Order 26.4(b)(1)] [redacted] were initiated, and the physician was notified.</p> <p>A PN dated [NJ Ex Order 26.4(b)(1)] [redacted] at 11:48 AM, included a detailed [NJ Ex Order 26.4(b)(1)] [redacted] assessment and vital signs with an observed time of 11:15 AM.</p> <p>A PN dated [NJ Ex Order 26.4(b)(1)] [redacted] at 4:27 PM included a detailed [NJ Ex Order 26.4(b)(1)] [redacted] assessment and vital signs with an observed time of 3:15 PM and 11:15 PM. The note did not detail a [NJ Ex Order 26.4(b)(1)] [redacted] assessment for each time the resident was observed.</p> <p>A PN dated [NJ Ex Order 26.4(b)(1)] [redacted] at 7:47 PM, included a detailed [NJ Ex Order 26.4(b)(1)] [redacted] assessment and vital signs with an observed time of 7:15 PM.</p>	F 658		

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F 658	<p>Continued From page 26</p> <p>A PN dated [redacted] at 4:58 PM, included a detailed [redacted] assessment and vital signs with an observed time of 7:15 AM.</p> <p>There were no other PN found that documented any other [redacted] assessment done after the resident's [redacted]</p> <p>On 10/03/24 at 10:56 AM, the surveyor interviewed the [redacted] about [redacted] and [redacted]. The [redacted] stated for [redacted] [redacted] would be initiated and the PO would be obtained. The [redacted] further explained the PO for [redacted] would outline the frequency it was to be done.</p> <p>On 10/03/24 at 11:24 AM, the surveyor interviewed the [redacted] about [redacted] confirmed [redacted] would be performed with [redacted]. The [redacted] reviewed in the EMR, the protocol of [redacted] orders to inform the surveyor of its frequency. The [redacted] stated [redacted] were to be completed every 15 minutes for one hour, every 30 minutes for one hour, every one for 2 hours, every four hours for 20 hours. The PO would prompt in the EMR for when the nurses were to document their [redacted] assessments.</p> <p>On 10/03/24 at 02:14 PM, the surveyor placed a call to the LPN who was assigned to care for Resident #415 at the time of [redacted] with no answer and a message to return the call was left. The surveyor did not receive a return call.</p> <p>On 10/04/24 at 02:40 PM, the surveyor informed the [redacted] of the concern regarding the [redacted] completed for</p>	F 658			

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

PRINTED: 05/23/2025
FORM APPROVED
OMB NO. 0938-0391

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F 658	Continued From page 27 Resident #415. The U.S. FOIA (b) (6) confirmed the PO for NJ Ex Order 26.4(b)(1) would specify the frequency for assessments and documentation to be completed. The U.S. FOIA (b) (6) stated would follow up and provide additional information. On 10/07/24 at 01:10 PM, the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) met with the survey team. The U.S. FOIA (b) (6) acknowledged the NJ Exec Order 26.4(b)(1) assessments were not complete and in-service education was being provided to the nurse about it. On 10/08/24 9:00 AM, the surveyor requested for any policy related to NJ Ex Order 26.4(b)(1) assessments. On 10/08/24 at 10:37 AM, the U.S. FOIA (b) (6) stated there was no policy related to NJ Ex Order 26.4(b)(1) found. On 10/08/24 at 12:04 PM, the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) met with survey team. The U.S. FOIA (b) (6) stated for education was being provided regarding NJ Ex Order 26.4(b)(1) protocols and they were working to optimize the documentation process. There was no additional information provided by the facility. The surveyor reviewed the facility provided policy titled, "Resident Safety Program- Fall Prevention" with a last reviewed date of 5/24. The policy did not address NJ Ex Order 26.4(b)(1) assessments or protocols.	F 658			
F 689 SS=D	NJAC 8:39-11.2 (b); 27.1 (a) Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that -	F 689		10/11/24	

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F 689	<p>Continued From page 28</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, record review and review of other pertinent facility provided documentation, the facility failed to provide appropriate interventions, implement interventions, and ensure that interventions to prevent further [REDACTED] were documented and monitored for one (1) of three (3) residents, Resident #153, reviewed for incident and accident.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 9/30/24 at 11:29 AM, the surveyor observed Resident #153 was not in their room. The room was observed with a [REDACTED] on top of the nightstand table and a [REDACTED] bed. The bed had a [REDACTED].</p> <p>The surveyor reviewed the medical records of Resident #153 and revealed the following:</p> <p>The Resident Face Sheet (an admission summary) showed that the resident was admitted to the facility with a diagnosis that included but was not limited to [REDACTED], [REDACTED], [REDACTED], and [REDACTED].</p>	F 689	<p>The facility's policy is to identify all residents at risk for falls through a comprehensive assessment process. This risk is addressed in each resident's individualized treatment plan and evaluated during interdisciplinary care meetings.</p> <p>We recognize that all residents utilizing safety devices as part of their fall prevention strategies may require ongoing monitoring to ensure optimal safety and can be impacted by this process.</p> <p>For Resident #153, immediate steps were taken on October 2, 2024 to ensure that the [REDACTED] intervention outlined in the care plan was properly implemented and the scoop mattress was in place. On October 2, 2024, the clinical team participated in a re-education session focused on the implementation of [REDACTED] interventions. Furthermore, on October 9, 2024, the nursing staff and interdisciplinary team were re-educated on the importance of updating aides' daily task assignments to reflect fall interventions.</p> <p>To ensure compliance, the ADON/Team Lead will conduct audits of five residents who experienced a fall in the past week to</p>	

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F 689	<p>Continued From page 29</p> <p>A review of the provided Matrix for Providers by the U.S. FOIA (b) (6) showed that the resident was triggered for NJ Ex Order 26.4(b)(1) and NJ Ex O</p> <p>A review of the provided fall investigations by the U.S. FOIA (b) (6) revealed: at 8:10 AM NJ Ex Order 26.4(b)(1) found resident in the NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1). The resident NJ Ex Order 26.4(b)(1) and complaint (c/o) NJ Ex Order 26.4(b)(1) NJ Exec Order 26.4b1. at 10:15 AM NJ Ex Order 26.4(b)(1) with NJ Ex resident was NJ Ex Order 26.4(b)(1), outside the NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1). The resident was NJ Ex Order 26.4(b)(1) by the NJ Ex Order 26.4(b)(1). The NJ Exec Order 26.4b1 was sounding. Resolution Comment: New intervention: NJ Ex Order</p> <p>The most recent Significant Change in status MDS, with an Assessment Reference Date of NJ Ex Order 26.4(b)(1) showed that the NJ Ex Order 26.4b1 skills for daily NJ Exec Order 26.4b1 were coded NJ Ex which indicated that the resident had NJ Ex Order 26.4(b)(1). Section J Health Conditions indicated that the resident had NJ Ex Order incident with NJ Ex Order 26.4(b)(1)</p> <p>A review of the personalized care plan (CP) revealed a focus on NJ Ex Order with interventions that included the following: -revised, effective date NJ Ex Order 26.4(b), offer NJ Ex Order 26.4(b) prior to breakfast meal. -revised, effective date NJ Ex Order 26.4(b) offer NJ Ex Order 26.4(b) after breakfast. -active, effective date NJ Ex Order 26.4(b), NJ Ex Order 26.4(b)(1) as indicated for safety.</p>	F 689	<p>verify that care plans and aides' daily tasks are accurately aligned with safety protocols. Furthermore, the ADON/Team Lead will perform fall safety rounds every Tuesday to ensure that safety devices are effectively secured. The Director of Nursing will oversee these audits weekly for four weeks and monthly thereafter to maintain compliance. Audit findings will be reported to the Administrator monthly. The effectiveness of these measures will be evaluated by the Quality Assurance and Performance Improvement Committee at each quarterly meeting, with adjustments made as necessary until we achieve 100% compliance.</p>		

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F 689	<p>Continued From page 30</p> <p>-resolved, effective date [redacted] tab alarm to w/c (wheelchair).</p> <p>Further review of the above CP showed that there was no CP intervention for [redacted] bed, bed alarm, and [redacted].</p> <p>On 10/01/24 at 12:03 PM, the surveyor interviewed the [redacted] U.S. FOIA (b) (6) from Heritage Manor East (HME). Afterward, both the surveyor and the [redacted] U.S. FOIA (b) (6) went to resident's room and the surveyor asked the [redacted] U.S. FOIA (b) (6) to check if the resident had [redacted] NJ Ex Order 26 mattress. The [redacted] U.S. FOIA (b) (6) pulled the foot part bedsheet and touched the mattress. The [redacted] U.S. FOIA (b) (6) then performed hand hygiene with use of [redacted] U.S. FOIA (b) (6) (alcohol base hand rub) that was inside the resident's room.</p> <p>On that same date and time, outside the resident's room the [redacted] U.S. FOIA (b) (6) confirmed that the resident had no [redacted] NJ Ex Order 26 mattress, and it was a [redacted] NJ Ex Order 26 mattress.</p> <p>Furthermore, inside the [redacted] U.S. FOIA (b) (6) office, the surveyor asked the [redacted] U.S. FOIA (b) (6) should the [redacted] NJ Ex 4 incidents be in the CP and why the [redacted] NJ Ex Order 26 mattress intervention was not followed. The [redacted] U.S. FOIA (b) (6) confirmed that the [redacted] NJ Ex Order 26 mattress was in the [redacted] NJ Ex 4 CP intervention. The [redacted] U.S. FOIA (b) (6) stated that she had to check why the [redacted] NJ Ex Order 26 mattress was not in use at the time of observation. She further stated that they did not CP the actual [redacted] NJ Ex 4 but update the current CP for [redacted] NJ Ex 4 interventions. The surveyor notified the [redacted] U.S. FOIA (b) (6) of the initial observation on 9/30/24 that the resident had no [redacted] NJ Ex Order 26 mattress.</p> <p>On 10/02/24 at 01:13 PM, the survey team met</p>	F 689			

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F 689	<p>Continued From page 31</p> <p>with the U.S. FOIA (b) (6) and U.S. FOIA (b)) and U.S. FOIA (b) The surveyor notified the facility management of the above findings and concerns.</p> <p>On 10/02/24 at 02:03 PM, the surveyor interviewed the U.S. FOIA (b) The surveyor asked the U.S. FOIA (b) how the facility know and determine that the fall CP interventions were followed and if there were an accountability that the resident was offered NJ Ex Order 26.4(b) before and after breakfast. The U.S. FOIA (b) acknowledged that there was no documented evidence that the resident was offered NJ Ex Order 26.4(b) according to NJ Ex Order 26.4(b) interventions. The U.S. FOIA (b) at that time checked the electronic medical records.</p> <p>At that same time, the U.S. FOIA (b) stated that there was no option for the electronic records in the CP to add actual NJ Ex Order 26.4(b) as the focus. The U.S. FOIA (b) further stated that what facility can do was to update CP in each NJ Ex Order 26.4(b) for new interventions and it was facility's process to update CP for new interventions for each NJ Ex Order 26.4(b)</p> <p>On 10/04/24 at 11:44 AM, the surveyor interviewed the assigned U.S. FOIA (b) of the resident. The U.S. FOIA (b) stated that Resident #153 was NJ Ex Order 26.4(b)(1) had periods of NJ Ex Order 26.4(b)(1) The U.S. FOIA (b) stated that she was NJ Ex Order 26.4(b)(1) if the resident had history of NJ Ex Order 26.4(b)(1) The surveyor asked the U.S. FOIA (b) how she would know what kind of assistance and NJ Ex Order 26.4(b)(1) the resident had. The U.S. FOIA (b) stated that it would be available in the kiosk (a small structure in public area used for providing information) where the U.S. FOIA (b) task and accountability can be found. She further stated that as for her a NJ Ex Order 26.4(b)(1) she relied on the kiosk and nurse's verbal instructions.</p>	F 689			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2024
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F 689	<p>Continued From page 32</p> <p>At that same time, the [US FOIA (b)] stated that she was unable to remember if the resident should be with tab alarm. The surveyor and the [US FOIA (b)] went to see the resident's mattress, the surveyor asked the [US FOIA (b)] what kind of mattress the resident had. The [US FOIA (b)] stated that it was not [NJ Ex Order 26.4] mattress, and it was a [NJ Ex Order 26.4] mattress.</p> <p>At that time, the [US FOIA (b)] was not able to identify the [NJ Ex Order 26.4] mattress which was in resident's bed.</p> <p>On 10/04/24 at 01:46 PM, the surveyor notified the [U.S. FOIA (b)] the concern about tab alarm observed on the 1st day of tour on 9/30/24 on top of the nightstand and the [NJ Ex Order 26.4(b)(1)] incident investigation that was mentioned about the [NJ Ex Order 26.4(b)(1)] alarm sounding off and that were not included in the active CP interventions. The [U.S. FOIA (b)] stated that the facility discontinued (d/c) tab alarms before and not sure why it was in the [NJ Ex Order 26.4(b)(1)] investigation and why it was in the resident's room on the time the surveyor observed the resident's room.</p> <p>On 10/08/24 at 9:58 AM, the surveyor reviewed and printed out the [US FOIA (b)] tab in the electronic medical records that included the aide's accountability and tasks and revealed: The electronic [NJ Exec Order 26.4b1] under Safety (searched data from [NJ Ex Order 26.4(b)(1)] through [NJ Ex Order 26.4(b)(1)] showed: [NJ Ex Order 26.4(b)(1)] at 6:06 PM, [NJ Ex Order 26.4(b)(1)] by [U.S. FOIA (b) (6)] [redacted], and the details were blank. [NJ Ex Order 26.4(b)(1)] at 9:38 AM, [NJ Ex Order 26.4(b)(1)] by [U.S. FOIA (b) (6)] Details: Notes changed from [NJ Exec Order 26.4b1], remind to call for assist to [NJ Exec Order 26.4b1], remind to call for assist, [NJ Ex Order 26.4(b)(1)] mattress.</p>	F 689			

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F 689	<p>Continued From page 33</p> <p>[REDACTED] 9:41 AM, [REDACTED] by [REDACTED] U.S. FOIA (b) (6) Details: [REDACTED] changed from NJ Ex Order 26.4(b)(1) to blank. Notes changed from NJ Exec Order 26.4b1 remind to call for assist, [REDACTED] mattress to offer [REDACTED] assist before and after breakfast, NJ Exec Order 26.4b1, remind to call for assist, [REDACTED] mattress.</p> <p>Further review of the above CNA Monitoring under Safety for the CNAs tasks and accountability revealed that the [REDACTED] interventions for offering [REDACTED] before and after breakfast were entered in the CNAs monitoring for safety not until 10/03/24, which was after surveyor's inquiry.</p> <p>On 10/08/24 at 10:30 AM, the surveyor showed to the [REDACTED] the history when the CP interventions for [REDACTED] incidents that happened on [REDACTED] and [REDACTED] for offer [REDACTED] before and after breakfast was entered to CNA task for monitoring for safety after surveyor's inquiry which was on 10/03/24. The [REDACTED] acknowledged the surveyor's concerns about CP interventions entered in the CNAs task after surveyor's inquiry.</p> <p>A review of the facility's Resident Safety Program-Fall Prevention Policy with an effective date of 5/24 that was provided by the [REDACTED] showed: Policy: All residents who are at risk for falls will be identified through a comprehensive assessment process. This risk will be addressed in the residents individualized treatment plan and be evaluated through the IDC (Interdisciplinary) Process. Procedure: 1. Interventions are implemented based on risk areas identified by the Falls Risk Assessment ...</p>	F 689			

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F 689	Continued From page 34 5. Safety devices (Physician Order is required) i.e. tab alarms to chair or bed or both, side rails up or down, self-release safety belt, wedge cushions, antitippers for wheelchairs. On 10/08/24 at 12:25 PM, the survey team met with the ^{U.S. FOIA (b)(6)} ^{U.S. FOIA (b)(6)} U.S. FOIA (b) (6) , and the U.S. FOIA (b) (6) for an Exit Conference. The facility management did not provide additional information and did not refute the findings.	F 689			
F 692 SS=D	NJAC 8:39-33.1(d) Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced	F 692		10/11/24	

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F 692	<p>Continued From page 35</p> <p>by: Based on observation, interview, record review, and review of other pertinent facility provided documentation, it was determined that the facility failed to ensure a.) complete documentation of NJ Ex Order 26.4(b)(1), for residents identified as at risk for NJ Ex Order 26.4(b)(1) according to the physician's order and care plan interventions for two (2) of four (4) residents, Residents #90 and #124, and b.) monitored NJ Ex Order 26.4(b)(1) according to the physician order for one (1) of four (4) residents, Resident #124, reviewed for NJ Ex Order 26.4(b)(1)</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 10/03/24 at 10:46 AM, the surveyor observed Resident #90 sitting up in bed, alert and verbally responsive. The resident stated that they would NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1) again. The resident stated recently they had a NJ Ex Order 26.4(b)(1) and did receive NJ Ex Order 26.4(b)(1) that they usually consumed. The resident had no concerns with their care.</p> <p>The surveyor reviewed the paper and electronic medical record (EMR) of Resident #90.</p> <p>The Resident Face Sheet (FS; a summary of important information about the resident) documented the resident had diagnoses that included but were not limited to, NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1)</p>	F 692	<p>The facility's policy is to provide supplemental caloric support, maintain nutrition and hydration for residents at risk of weight loss, and ensure that weight is monitored closely in alignment with dietitian and physician recommendations.</p> <p>All residents receiving supplements and on daily weights can benefit from improved documentation of this process.</p> <p>a) On October 2, 2024, a review of resident #124's electronic medical record was conducted, which highlighted areas of opportunity regarding documentation in the medication administration record (MAR) related to the NJ Ex Order 26.4(b)(1) order. To optimize care, the NJ Ex Order 26.4(b)(1) order was updated in collaboration with the dietitian and physician on October 3, 2024.</p> <p>b) On October 3, 2024, a review of resident #90's electronic medical record was performed, which identified opportunities for improved documentation of NJ Ex Order 26.4(b)(1) intake in the August MAR.</p> <p>To support all residents receiving supplements and daily NJ Ex Order 26.4(b)(1) we provided re-education to the nursing staff on October 3, 2024, emphasizing the importance of documenting NJ Ex Order 26.4(b)(1) intake accurately, recording daily NJ Ex Order 26.4(b)(1) in the MAR, and promptly notifying physicians of any refusals.</p> <p>To ensure compliance, The Director of Nursing and Dietitian Manager will</p>	

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F 692	<p>Continued From page 36</p> <p>A comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of [redacted], indicated the facility assessed the resident's [redacted] using a Brief Interview Mental Status (BIMS) test. Resident #90 scored a [redacted] out of 15, which indicated the resident had [redacted].</p> <p>A physician's order (PO) dated [redacted] read, [redacted], one [redacted] two times a day as [redacted] every day at 10 AM and 7 PM; please record amount taken in monitoring section.</p> <p>A care plan (CP) with a focus that read, at risk for [redacted] due to the following areas: [redacted]; at risk for [redacted] risk for [redacted]; recent [redacted]. The CP included goal, "[Resident] will [redacted] greater than [redacted] of [redacted]". Interventions included "Encourage [redacted]" and "provide [redacted] Ensure BID [two times a day]."</p> <p>A review of the [redacted] Medication Administration Record (MAR) and the monitoring section for [redacted] documentation in the EMR revealed there was no recorded amount of the [redacted] consumed by the resident on the following entries:</p> <p>[redacted] at 10 AM and 7 PM [redacted] at 10 AM [redacted] at 10 AM and 7 PM</p>	F 692	<p>conduct weekly audits of five medical records for residents with ordered supplements and weight management to ensure accurate documentation of supplement intake and daily weights. Furthermore, residents receiving supplements and daily weights will be included in the weekly Weight Management meetings with the clinical team, registered dietitians, and the Administrator. The Director of Nursing will monitor these audits weekly for four weeks and monthly thereafter to uphold compliance. Audit findings will be reported to the Administrator monthly. The effectiveness of these measures will be evaluated by the Quality Assurance and Performance Improvement Committee at each quarterly meeting, with adjustments made as necessary until we achieve 100% compliance.</p>		

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F 692	<p>Continued From page 37</p> <p>NJ Ex Order 26.4(b) at 10 AM and 7 PM NJ Ex Order 26.4(b) at 10 AM NJ Ex Order 26.4(b) at 10 AM NJ Ex Order 26.4(b) at 10 AM and 7 PM NJ Ex Order 26.4(b) at 10 AM NJ Ex Order 26.4(b) at 10 AM NJ Ex Order 26.4(b) at 10 AM and 7 PM NJ Ex Order 26.4(b) at 10 AM NJ Ex Order 26.4(b) at 10 AM and 7 PM NJ Ex Order 26.4(b) at 10 AM</p> <p>A review of the NJ Ex Order 26.4(b)(1) MAR and the monitoring section for NJ Ex Order 26.4(b)(1) documentation in the EMR revealed there was no recorded amount of the NJ Ex Order 26.4(b)(1) consumed by the resident on the following entries:</p> <p>NJ Ex Order 26.4(b) at 7 PM NJ Ex Order 26.4(b) at 7 PM NJ Ex Order 26.4(b) at 10 AM and 7 PM NJ Ex Order 26.4(b) at 10 AM and 7 PM NJ Ex Order 26.4(b) at 7 PM NJ Ex Order 26.4(b) at 7 PM NJ Ex Order 26.4(b) at 10 AM and 7 PM NJ Ex Order 26.4(b) at 7 PM NJ Ex Order 26.4(b) at 10 AM NJ Ex Order 26.4(b) at 10 AM and 7 PM NJ Ex Order 26.4(b) at 7 PM NJ Ex Order 26.4(b) at 10 AM and 7 PM NJ Ex Order 26.4(b) at 7 PM NJ Ex Order 26.4(b) at 7 PM NJ Ex Order 26.4(b) at 7 PM NJ Ex Order 26.4(b) at 10 AM and 7 PM NJ Ex Order 26.4(b) at 7 PM NJ Ex Order 26.4(b) at 7 PM NJ Ex Order 26.4(b) at 10 AM NJ Ex Order 26.4(b) at 10 AM and 7 PM</p> <p>A review of the U.S. FOIA (b) (6) progress note (PN),</p>	F 692			

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F 692	<p>Continued From page 38</p> <p>dated [redacted] indicated the resident had a [redacted] [redacted], and had [redacted] during a recent hospitalization. The resident [redacted] on [redacted] and [redacted] or [redacted]. The U.S. FOIA (b) (6) recommendations included but were not limited to, provide [redacted] two times a day and to monitor [redacted] [redacted] and [redacted].</p> <p>A follow up [redacted] PN, dated [redacted], revealed the resident had some [redacted], wanted to reduce the [redacted] to once a day, and had varying [redacted].</p> <p>On 10/03/24 at 10:56 AM, the surveyor interviewed the [redacted] assigned to care for Resident #90. The RN stated the resident's [redacted] and [redacted] varied. Additionally, the [redacted] stated the resident's [redacted] varied and they would refuse the [redacted] sometimes.</p> <p>On that same date and time, the surveyor asked about the documentation of the [redacted] by the resident. The [redacted] confirmed the [redacted] entry in the MAR would be signed and the [redacted] recorded. The [redacted] further explained when signing the entry, it would prompt the nurse to record the [redacted]. The surveyor asked about the blank entries observed in the MAR. The [redacted] acknowledged it was expected for the [redacted] amount consumed to be recorded in the EMR and that there were times the resident did not want to [redacted] at the time administered. The surveyor asked if the resident's [redacted] of the [redacted] was monitored and recorded later. The [redacted] stated "no."</p>	F 692			

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F 692	<p>Continued From page 39</p> <p>On 10/04/24 at 01:10 PM, the surveyor interviewed the U.S. FOIA (b) (6)) about supplement documentation. The U.S. FOIA (b) (6) stated the nurse would review the PO in the MAR, administer as ordered and record the NJ Ex Order 26.4(b)(1) the resident had NJ Ex Order 26.4(b)(1). The surveyor discussed the concern for entries identified in the EMR of the NJ Ex Order 26.4(b)(1) not be recorded by the nurses. The U.S. FOIA (b) (6) acknowledged it was expected for the NJ Ex Order 26.4(b)(1) to be documented and if it could not be entered at the time of administration a PN could be written by the nurses.</p> <p>On 10/07/24 at 01:10 PM, the surveyor, in the presence of the survey team, notified the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6)) of the identified in the EMR of the supplement amount consumed not be recorded by the nurses for a resident at risk for malnutrition.</p> <p>On 10/08/24 at 12:04 PM, the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) met with the survey team. The U.S. FOIA (b) (6) stated nursing staff were in-serviced about the NJ Ex Order 26.4(b)(1) omissions and would continue to monitor to optimize the documentation process. There was no additional information provided by the facility.</p> <p>2. On 9/30/24 at 11:34 AM, the surveyor observed Resident #124 lying on their NJ Ex Order 26.4(b)(1) mattress. The resident stated he/she was a NJ Ex Order 26.4(b)(1), " and aware that had NJ Ex Order 26.4(b)(1). The resident further stated that they were on NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1).</p> <p>On 10/02/24 at 8:30 AM, the surveyor interviewed</p>	F 692		

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F 692	<p>Continued From page 40</p> <p>the resident inside their room. The resident stated that the facility food was "okay" and had no concerns.</p> <p>The surveyor reviewed the medical records of Resident #124 and revealed:</p> <p>According to the Resident FS, the resident was admitted to the facility with a diagnosis that included but was not limited to [redacted] NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>The resident's most recent quarterly MDS (qMDS) with an ARD of [redacted] NJ Ex Order 26.4(b)(1) revealed in Section [redacted] NJ Ex Order 26.4(b)(1) with a BIMS score of [redacted] NJ Ex Order 26.4(b)(1) out of 15 which reflected that resident was [redacted] NJ Ex Order 26.4(b)(1). The qMDS Section [redacted] revealed that the resident had a [redacted] NJ Ex Order 26.4(b)(1) or more in the last month or a [redacted] NJ Ex Order 26.4(b)(1) in the last six months.</p> <p>The personalized CP with a focus on [redacted] NJ Ex Order 26.4(b)(1) with an effective date of [redacted] NJ Ex Order 26.4(b)(1) showed the resident's admission [redacted] NJ Ex Order 26.4(b)(1) was [redacted] NJ Ex Order 26.4(b)(1). The CP interventions included but were not limited to provide [redacted] NJ Ex Order 26.4(b)(1) and provide a selective menu for residents with an effective date of [redacted] NJ Ex Order 26.4(b)(1).</p> <p>A review of the PN that was electronically signed by the [redacted] U.S. FOIA (b) (6) [redacted] NJ Ex Order 26.4(b)(1) on [redacted] NJ Ex Order 26.4(b)(1) showed that Resident #124 had a [redacted] NJ Exec Order 26.4b1 [redacted] NJ Ex Order 26.4(b)(1) in the [redacted] NJ Exec Order 26.4b1, [redacted] NJ Ex Order 26.4(b)(1) the [redacted] NJ Ex Order 26.4(b)(1) was [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) was offered and accepted by the resident. The PN included will continue to monitor</p>	F 692			

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F 692	<p>Continued From page 41</p> <p>NJ Ex Order 26.4(b)(1) and intervene as appropriate.</p> <p>Further review of the PN showed that on NJ Ex Order 26.4(b)(1) the Physician documented on their monthly notes that there was no mention in the conversation of any associated symptoms such as NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The PN included an assessment and plan:</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)); on NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) once daily, monitor NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) follow-up outpatient.</p> <p>A review of the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) PO revealed: -order date NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) 1 x a day as NJ Ex Order 26.4(b)(1) at 02:00 PM. Please record the amount taken in monitoring. NJ Ex Order 26.4(b)(1) Please take daily NJ Ex Order 26.4(b)(1) in AM, before breakfast. Protocol: Please record NJ Ex Order 26.4(b)(1) in the monitoring section. Monitoring NJ Ex Order 26.4(b)(1)</p> <p>The above PO for NJ Ex Order 26.4(b)(1) and daily NJ Ex Order 26.4(b)(1) were transcribed to the MAR and showed: NJ Ex Order 26.4(b)(1) : four (4) out of 30 days were administered with NJ Ex Order 26.4(b)(1) amount, five (5) out of 30 days coded with an asterisk (not administered), and the rest of the days were blank. NJ Ex Order 26.4(b)(1) Daily NJ Ex Order 26.4(b)(1) two (2) out of 30 days had documentation of the resident's NJ Ex Order 26.4(b)(1) 27 out of 30 days coded as refused, and one (1) out of 30 days was blank. NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) 2 out of 2 were blanks. NJ Ex Order 26.4(b)(1) Daily NJ Ex Order 26.4(b)(1) 2 out of 2 were coded refused.</p> <p>Further review of the medical records showed that there was no documented evidence that the</p>	F 692		

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F 692	<p>Continued From page 42</p> <p>Physician was notified of the resident's refusal for daily ^{NJ Ex Order 26.4} and ^{NJ Ex Order 26.4(b)(1)} There was no documented evidence as to why the ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4} were refused and if they were addressed by the clinical team.</p> <p>On 10/03/24 at 10:59 AM, the surveyor interviewed the ^{U.S. FOIA (b) (6)} who was at the medication (med) cart for ^{NJ Exec Order 26.4b1} in Heritage Manor East (HME). The ^{U.S. FOIA (b) (6)} informed the surveyor that the ^{NJ Ex Order 26.4(b)(1)} should be in the MAR and the intake amount should be documented in the MAR. The surveyor then notified the ^{U.S. FOIA (b) (6)} of the above concerns and findings.</p> <p>At that same time, the surveyor asked the ^{U.S. FOIA (b) (6)} what the expectation for nurses was when the resident had multiple refusals to obtain daily ^{NJ Ex Order 26.4} and the resident's ^{NJ Ex Order 26.4(b)(1)} The ^{U.S. FOIA (b) (6)} stated that the nurse should have called the Physician and notify that daily ^{NJ Ex Order 26.4} was not done or refused as well as the ensure. She also stated that the nurse should document it in the EMR communication with the Physician.</p> <p>On 10/03/24 at 12:32 PM, the survey team met with the ^{U.S. FOIA (b) (1)} and ^{U.S. FOIA (b) (1)} The surveyor notified the facility management of the above concern and findings.</p> <p>On 10/04/24 at 11:56 AM, the surveyor interviewed the ^{U.S. FO} in the nursing station of HME. The ^{U.S. FO} informed the surveyor that she had been working in the facility for four years and that she covered all LTC (Long Term Care) units including HME. While the surveyor and ^{U.S. FO} reviewing the white binder for ^{NJ Ex Order 26.4b} the ^{U.S. FO} stated that the records for ^{NJ Ex Order 26.4b} were the monthly ^{NJ Ex Order 26.4b} that</p>	F 692			

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F 692	<p>Continued From page 43</p> <p>she prepared for each unit and there was no separate list for daily [redacted] and it was the nurses who entered the daily [redacted]. She further stated that the process for monthly [redacted] "I put a list" collected by the 6th of the month, "I review" who needs to [redacted] and complete the [redacted]. The [redacted] also stated that everything should be completed including the [redacted] on the 10th of the month.</p> <p>On that same date and time, the [redacted] informed the surveyor that the [redacted] meeting was every 3rd of the week of the month. She stated that a [redacted] NJ Ex Order 26.4(b)(1) of [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Ex Order 26.4(b)(1) in [redacted] NJ Exec Order 26.4b1 of [redacted] then intervention provided. She further stated that she verbally follows up on how the resident takes supplements like [redacted] or [redacted]. The [redacted] also stated that "I" do not check the record or staff input of the [redacted] "I don't know where to see and check them."</p> <p>At that same time, the surveyor asked how you know and follow up on the intervention if they were effective, and the [redacted] stated, "I don't know where to look." The surveyor also asked about the daily [redacted] and how do you know it was being done. The [redacted] stated, "I don't order the daily [redacted] usually they order that daily [redacted] in PACU (Post-acute care unit) specifically for CHF residents," and when the resident transitioned to LTC "I usually" recommend to discontinue (d/c) the order for daily [redacted].</p> <p>At that time, the surveyor notified the [redacted] of the above concerns with Resident#124. The surveyor asked the [redacted] if she recommended d/c the daily [redacted] of the resident, and the [redacted] stated, "I can not answer that."</p>	F 692			

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

PRINTED: 05/23/2025
FORM APPROVED
OMB NO. 0938-0391

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F 692	<p>Continued From page 44</p> <p>On 10/07/24 at 01:09 PM, the survey team met with the [U.S. FOIA (b) (7)] and [U.S. FOIA (b) (7)]. The [U.S. FOIA (b) (7)] stated that I could only move forward with concerns with Resident#124. The facility did not provide additional information.</p> <p>On 10/08/24 at 12:04 PM, the survey team met with the [U.S. FOIA (b) (7)] and [U.S. FOIA (b) (7)]. The [U.S. FOIA (b) (7)] stated that from the clinical discussion, we had about the supplement, we did education and continually did tight audits. The [U.S. FOIA (b) (7)] stated that "we" talked about the omission to the MAR which we continually educate staff and auditing acuties.</p> <p>A review of the facility's High Calorie/High Protein Supplements Policy with an effective date of 01/24 that was provided by the [U.S. FOIA (b) (7)] revealed: Purpose: To provide supplemental caloric support to at risk residents. Procedure: A. Amount of supplement and frequency will be determined through nutrition assessment based on individual needs. B. All commercial medical food supplements will be ordered or approved by a physician or designee. C. Nursing staff will supervise the delivery and consumption of all supplements and record them appropriately in the MAR. D. Supplement acceptance will be documented in the progress notes, care plans, and assessments as appropriate....</p> <p>A review of the facility's Weight Taking and Review Policy with an effective date of 01/24 that was provided by the [U.S. FOIA (b) (7)] showed: Policy: Residents will be weighed on a monthly basis unless more frequent monitoring is</p>	F 692		

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F 692	Continued From page 45 indicated. These weights will be reviewed for trending or significant changes with the IDC (Interdisciplinary) Team monthly. Procedure: D. The wing weight sheets will have specific dates for weighing residents.... J. Weighing intervals more often than monthly should be ordered for specified time periods and will be supervised by the wing nurse and recorded on the MAR for those specific time frames. These weights will be reviewed by the RD as per weighing interval and reported at the IDC meeting. K. All resident weights will be entered into the resident's medical record by the Nutrition Services or Nursing designee into the monitoring section of electronic medical records.... On 10/08/24 at 12:25 PM, the survey team met with the U.S. FOIA (b) (6) U.S. FOIA (b) (6) U.S. FOIA (b) (6), and the U.S. FOIA (b) (6) for an Exit Conference. The facility management did not provide additional information and did not refute the findings.	F 692			
F 693 SS=D	NJAC 8:39-17.1(c), 17.2(d), 27.1(a) 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	F 693		10/11/24	

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F 693	<p>Continued From page 46</p> <p>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</p> <p>§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:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to monitor NJ Ex Order 26.4(b)(1) administration to assure the total NJ Ex Order 26.4(b)(1) administered was in accordance with physician's orders. This deficient practice was identified for two (2) of two (2) residents (Residents #157 and #230), reviewed for NJ Ex Order 26.4(b)(1).</p> <p>This deficient practice was evidenced by the following:</p> <p>During an initial tour on 9/30/24 at 11:48 AM, Surveyor #1 (S#1) observed Resident #157 in bed, with their NJ Exec Order 26.4b1. The surveyor observed there was a NJ Ex Order 26.4(b)(1) and a NJ Ex Order 26.4(b)(1), which was inside a plastic bag. The resident was not receiving NU EX at that time.</p> <p>On 10/03/24 at 11:07 AM, Surveyor #2 (S#2) observed Resident #157 sitting in chair. The surveyor observed the NJ Ex Order 26.4(b)(1) next to resident's chair. The resident was not receiving NU EX at the</p>	F 693	<p>The facility's policy is to provide supplemental caloric support, maintain nutrition and hydration for residents at risk of weight loss, and ensure that weight is monitored closely in accordance with dietitian and physician recommendations.</p> <p>All residents receiving enteral nutrition can benefit from the improved documentation process.</p> <p>a) On October 2, 2024, a review of resident #124's electronic medical record revealed opportunities to enhance the documentation related to the NJ Ex Order 26.4(b)(1) order in the medication administration record (MAR). As part of our ongoing commitment to quality improvement, the NJ Ex Order 26.4(b)(1) order was updated in collaboration with the dietitian and physician, completing this process on October 3, 2024.</p> <p>b) On October 3, 2024, a review of</p>		

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F 693	<p>Continued From page 47 time.</p> <p>S#2 reviewed the paper and electronic medical record of Resident #157:</p> <p>The Resident Face Sheet (RFS; an admission summary) reflected that Resident #157 was admitted to the facility with diagnoses which included but was not limited to: NJ Ex Order 26.4(b)(1) [REDACTED], NJ Ex Order 26.4(b)(1) [REDACTED], NJ Ex Order 26.4(b)(1) [REDACTED], NJ Ex Order 26.4(b)(1) [REDACTED], and NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>A review of the Quarterly Minimum Data Set (QMDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of NJ Ex Order 26.4(b)(1) [REDACTED], the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) [REDACTED] indicating that the resident had a NJ Ex Order 26.4(b)(1) [REDACTED]. In Section NJ Ex Order 26.4(b)(1) [REDACTED] Resident #157 was coded as receiving NJ Ex Order 26.4(b)(1) [REDACTED] while a resident.</p> <p>A physician's order (PO) with a start date of NJ Ex Order 26.4(b)(1) [REDACTED] read: NJ Ex Order 26.4(b)(1) [REDACTED] method with NJ Ex Order 26.4(b)(1) [REDACTED] via PRN (as needed) NJ Ex Order 26.4(b)(1) [REDACTED] when NJ Ex Order 26.4(b)(1) [REDACTED] is delivered; stop time: 9 AM.</p> <p>The above PO for NJ Ex Order 26.4(b)(1) [REDACTED] was transcribed to the NJ Ex Order 26.4(b)(1) [REDACTED] Medication Administration Record (MAR). Further review of MAR revealed that the resident was delivered NJ Ex Order 26.4(b)(1) [REDACTED] on</p>	F 693	<p>resident #90's electronic medical record identified opportunities to improve the documentation of the total NJ Ex Order 26.4(b)(1) [REDACTED] of the NJ Ex Order 26.4(b)(1) [REDACTED] in the August MAR.</p> <p>To enhance the care of all residents receiving supplements and daily weights, a re-education session was conducted for nursing staff on October 3, 2024. This training focused on the importance of accurately documenting supplement intake, ensuring that daily weights are recorded in the MAR, and promptly notifying physicians regarding any refusals.</p> <p>The Director of Nursing and Dietitian Manager will conduct weekly audits of five medical records for residents with ordered supplements and weight management to ensure comprehensive documentation of supplement intake and daily weights. Additionally, discussions regarding residents on supplements and daily weights will occur in weekly Weight Management meetings with the clinical team, registered dietitians, and the Administrator. The Director of Nursing will oversee these audits weekly for four weeks and monthly thereafter to uphold compliance. Audit findings will be reported to the Administrator on a monthly basis. The effectiveness of these measures will be evaluated by the Quality Assurance and Performance Improvement Committee during each quarterly meeting, with adjustments made as necessary to achieve 100% compliance.</p>		

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F 693	<p>Continued From page 49</p> <p>During an interview with S#2 on 10/07/24 at 10:26 AM, Licensed Practical Nurse #1 (LPN#1) stated that she would check PO for amount of [redacted] that would be delivered to the resident. The surveyor reviewed the [redacted] and [redacted] NJ Ex Order 26.4(b)(1) MARs with LPN#1 and the LPN acknowledged that the Resident #157 should not have received more than what the physician had ordered. S#2 and LPN#1 checked the [redacted] to look at the history of [redacted] the resident received during the previous shift and the [redacted] displayed [redacted] on the [redacted].</p> <p>On 10/07/24 at 10:46 AM, S#2 interviewed Team Leader/Registered Nurse #1 (TL/RN#1) about the [redacted] administration and [redacted] documentation. TL/RN#1 reviewed the PO in the presence of S#2 and stated, "this order is clear, it said stop [redacted] when [redacted] is delivered." TL/RN#1 acknowledged that it was not acceptable that the resident received wrong total [redacted] than ordered by the physician.</p> <p>On 10/07/24 at 12:21 PM, S#2 interviewed Registered Dietician #1 (RD#1) about [redacted] administration and [redacted] documentation. RD#1 stated "I am assuming the residents are receiving the prescribed amount of [redacted] RD#1 acknowledged that she did not review the MARs for Resident #157. S#2 reviewed the [redacted] [redacted] and [redacted] NJ Ex Order 26.4(b)(1) MARs with RD#1 and she could not speak as to why the documented amount of [redacted] was incorrect.</p> <p>On 10/07/24 at 01:09 PM, S#2, in the presence of the survey team, notified the [redacted] U.S. FOIA (b) (6)</p>	F 693			

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F 693	<p>Continued From page 50</p> <p>(U.S. FOIA (b)) and U.S. FOIA (b) (6)) of the above concerns regarding the incorrect amount of NJ Ex Order 26.4(b)(1) Resident #157 received upon completion of their NJ Ex Order 26.4(b) .</p> <p>On 10/08/24 at 12:05 PM, the survey team met with U.S. FOIA (b) and U.S. FOIA (b)(6) . The U.S. FOIA (b) stated the staff received in-service and education about NJ Ex Ord. documentation. The U.S. FOIA (b) did not provide any additional information.</p> <p>2. On 9/30/24 at 11:27 AM, Surveyor #3 (S#3) observed Resident #230 lying in bed with the NJ Exec Order 26.4b1, eyes open, and NJ Ex Order 26.4(b)(1) . The resident was receiving an NJ Ex Order 26.4(b)(1)) which was NJ Ex Order 26.4(b) at NJ Ex) on the NJ Ex Order 26.4(b)(1) .</p> <p>The surveyor reviewed the paper and electronic medical record of Resident #230.</p> <p>The RFS documented the resident had diagnoses that included but were not limited to, NJ Ex Order 26.4(b)(1)) , NJ Ex Order 26.4(b)(1)) , and NJ Ex Order 26.4(b)(1)) .</p> <p>The QMDS with an ARD of NJ Ex Order 26.4(b)(1) indicated the facility assessed the resident's cognition using a BIMS test. Resident #230 scored a NJ out of 15, which indicated the resident had NJ Ex Order 26.4(b)(1) . In Section NJ Ex Order 26.4(b)(1) , Resident #230 was coded as receiving NJ Ex Order 26.4(b)(1) while a resident.</p> <p>A PO with a start date of NJ Ex Order 26.4(b)(1) read, NJ Ex Order</p>	F 693		

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F 693	<p>Continued From page 51</p> <p>NJ Ex Order 26.4(b)(1) method with NJ Ex Order 26.4(b)(1) via NJ Ex Order 26.4(b)(1) administer NJ Ex Order 26.4(b)(1) until NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) is delivered; start at 4 PM.</p> <p>A review of the NJ Ex Order 26.4(b)(1) MAR revealed there was no documentation of when the NJ Ex Order 26.4(b)(1) was completed or the NJ Ex Order 26.4(b)(1) the resident had received daily.</p> <p>A review of Resident #230's NJ Ex Order 26.4(b)(1) history did not present any NJ Ex Order 26.4(b)(1) in the last month.</p> <p>On 10/02/24 at 10:59 AM, S#3 interviewed LPN#2 about NJ Ex Order 26.4(b)(1) care and documentation. LPN#2 stated that NJ Ex Order 26.4(b)(1) was administered per the PO which would be found in the MAR. The MAR entry included the NJ Ex Order 26.4(b)(1) to administer, the NJ Ex Order 26.4(b)(1), and for how long it was to run. LPN#2 confirmed the nurses would sign the MAR entry when the NJ Ex Order 26.4(b)(1) was started. The surveyor asked LPN#2 asked about the nurse documentation for when the resident received the NJ Ex Order 26.4(b)(1), and the NJ Ex Order 26.4(b)(1) was completed. LPN#2 stated it could be written in the progress note (PN) that the NJ Ex Order 26.4(b)(1) was completed.</p> <p>On 10/02/24 at 11:06 AM, S#3 interviewed Team Leader/Registered Nurse #2 (TL/RN#2) about NJ Ex Order 26.4(b)(1) administration and NJ Ex Order 26.4(b)(1) documentation. TL/RN#2 stated the nurses were to review the MAR for the NJ Ex Order 26.4(b)(1) order for the time and the NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1). S#3 asked TL/RN#2 about the documentation for the NJ Ex Order 26.4(b)(1) received by the resident and when the NJ Ex Order 26.4(b)(1) was removed. TL/RN#2 stated that the NJ Ex Order 26.4(b)(1) was indicated with the NJ Ex Order 26.4(b)(1) order entry.</p>	F 693			

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F 693	<p>Continued From page 52</p> <p>On 10/02/24 at 11:13 AM, S#3 interviewed the U.S. FOIA (b) (6)) about administration and documentation. The U.S. FOIA (b) (6) stated the nurses were to check the PO and administer the as ordered. S#3 asked the U.S. FOIA (b) (6) about the documentation of the and completion of the . The U.S. FOIA (b) (6) stated the nurses could document in their PN.</p> <p>On 10/02/24 at 11:32 AM, S#3 reviewed with the U.S. FOIA (b) (6) the NJ Ex Order 26.4(b)(1) MAR's entry for Resident #230. The U.S. FOIA (b) (6) explained the nurses would sign the entry when the was administered and the box underneath the signed entry would document the to be given to the resident.</p> <p>A review of the nurse PN revealed, one nurse had documented the time the was completed for the resident of , , and . There was no additional documentation found.</p> <p>On 10/02/24 at 12:02 PM, S#3 interviewed Registered Dietician #2 (RD#2) about residents receiving RD#2 stated the the resident was to receive would be documented in the MAR and the was set by the nurses to the specified and would shut off when it was completed. She stated she would be notified by the nurses if there were any with the resident. RD#2 could not speak further to the required documentation by the nurses.</p> <p>On 10/02/24 at 01:15 PM, S#3, in the presence of the survey team, notified the and the</p>	F 693			

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F 693	<p>Continued From page 53</p> <p>of the above concerns regarding the documentation of the [NJ Ex Order 26.4(b)(1)] the resident received upon completion of their [NJ Ex Order 26.4(b)] S#3 asked about nurse documentation with [NJ Ex 1] administration and if there should be documentation for the [NJ Ex Order 26.4(b)(1)] of [NJ Ex Order 26.4] the resident received. The [U.S. FOIA (b)] did not provide a verbal response and that stated she would review to provide further information.</p> <p>On 10/03/24 at 9:30 AM, the [U.S. FOIA (b)] provided the surveyor documentation from another resident receiving [NJ Ex 1] which revealed there were two separate entries for when the [NJ Ex Order 26.4] was to be administered and another for when the [NJ Ex Order 26.4] was completed. The [U.S. FOIA (b)] further explained for the entry for when the [NJ Ex Order 26.4] was completed the nurse would document the [NJ Ex Order 26.4(b)(1)] the resident received. The [U.S. FOIA (b)(6)] acknowledged that Resident #230's MAR should have also had a second entry to indicate the [NJ Ex Order 26.4] was completed and documentation of the [NJ Ex Order 26.4(b)(1)] [redacted] received.</p> <p>A review of the facility provided policy titled "Enteral Feeding and Accidental Tube Displacement," with an effective date of 02/24. Under Procedure, I. Enteral Feedings: A. Preparation: 1. Verify PO. III. Additional Nursing Care/Responsibilities/Documentation it read: "...2. Document amount of residual, type and amount of feeding administered, amount of water administered as a flush, and resident/patient tolerance of procedure ..."</p> <p>On 10/08/24 at 12:25 PM, the survey team met with [U.S. FOIA (b)(6)] [U.S. FOIA (b)] [U.S. FOIA (b) (6)], and [U.S. FOIA (b)] for an Exit Conference. The facility did not refute the</p>	F 693			

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F 693	Continued From page 54 findings.	F 693			
F 695 SS=E	<p>NJAC 8:39-25.2(c)2; 27.1 (a) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: REPEAT DEFICIENCY</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure: a.) the resident's NJ Ex Order 26.4(b)(1) was dated for two (2) of five (5) residents, Residents #9 and #38, b.) a physician's order for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) monitoring was administered as ordered for two (2) of five (5) residents, Resident #9 and #124, and c.) proper storage of NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) for one (1) of five (5) residents, Resident #157, reviewed for NJ Ex Order 26.4(b)(1) care, according to standards of clinical practice and facility policy and procedure.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse</p>	F 695	<p>The facility is committed in ensuring physician orders pertaining to the use of continuous oxygen are followed and that care aligns with professional standards, a comprehensive person-centered care plan, and the residents' goals, and preferences.</p> <p>a) On October 2, 2024, the facility discovered documentation for the NJ Ex Order 26.4(b)(1) administration of NJ Ex Order 26.4(b)(1) monitoring of NJ Ex Order 26.4(b)(1) and dating of the NJ Ex Order 26.4(b)(1) was missing from the record for resident #9. The nursing staff took immediate action to date the NJ Ex Order 26.4(b)(1) and provided re-education to ensure proper documentation regarding dating, administration, and monitoring of NJ Ex Order 26.4(b)(1).</p> <p>b) On October 2, 2024, the facility</p>	10/31/24	

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F 695	<p>Continued From page 55</p> <p>Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. On 9/30/24 at 11:09 AM, Surveyor #1 (S#1) observed Resident#9 lying in bed with their eyes closed. Resident #9 was NJ Ex Order 26.4(b)(1) at NJ Ex Order 26.4(b)(1)) from an NJ Ex Order 26.4(b)(1)). The surveyor observed that the NJ Ex Order 26.4(b)(1) was not dated to indicate when the NJ Ex Order 26.4(b)(1) was last changed.</p> <p>On 10/01/24 at 10:36 AM, S#1 observed Resident#9 lying in bed with their eyes closed. Resident#9 was NJ Ex Order 26.4(b)(1)</p>	F 695	<p>became aware that the NJ Ex Order 26.4(b)(1) for resident #38 was not dated, and the NJ Ex Order 26.4(b)(1) was not changed according to facility protocol. As a result, both the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) were immediately dated and changed.</p> <p>c) On October 3, 2024, the facility became aware that the NJ Exec Order 26.4b1 review of the medication administration record for resident #124 was missing a signature for an as needed (PRN) NJ Exec Order 26.4b1 administration order. On this same date, staff were re-educated on the importance of signing and documenting the usage of NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 usage in the medical administration record.</p> <p>d) On October 2, 2024, the facility became aware that the NJ Ex Order 26.4(b)(1) for resident #157 was not in use and was observed NJ Ex Order 26.4b1 on a NJ Ex Order 26.4(b)(1) . The nurse was immediately educated about the proper protocol and nursing staff was re-educated regarding the proper storage of NJ Ex Order 26.4(b)(1) when not in use as per infection control protocol.</p> <p>While no harm resulted in either of the scenarios, all residents on an oxygen therapy regimen have can benefit from this improved process.</p> <p>On October 2, 2024 and October 3, 2024, the Clinical educators provided re-education to the nursing staff about the importance of documenting parameters and signing the medical administration</p>		

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F 695	<p>Continued From page 56</p> <p>via NJ Ex Order 26.4(b)(1). The surveyors observed that the NJ Ex Order 26.4(b)(1) was not dated.</p> <p>A review of Resident#9's Resident Face Sheet (FS; an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Resident #9's most recent annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, reflected that the resident's NJ Ex Order 26.4(b)(1) were NJ Ex Order 26.4(b)(1). Further review of the MDS indicated that the resident had not received NJ Ex Order 26.4(b)(1).</p> <p>On 10/01/24 at 10:41 AM, S#1 interviewed the US FOIA (b)(6) regarding NJ Ex Order 26.4(b)(1). The US FOIA (b)(6) stated that the NJ Ex Order 26.4(b)(1) was changed every 3 days and that it was dated with a piece of tape. She added that it was not documented when changed. As needed (PRN) use based NJ Ex Order 26.4(b)(1), not documented when changed.</p> <p>On 10/01/24 at 11:02 AM, S#1 interviewed Team Leader/Registered Nurse #1 (TL/RN#1) from Heritage Manor West (HMW) regarding NJ Ex Order 26.4(b)(1). TL/RN#1 stated that the NJ Ex Order 26.4(b)(1) was changed weekly and was dated. She added that there was an order in the Medication Administration Record (MAR) to change the</p>	F 695	<p>record regarding oxygen use. In addition, on October 9, 2024, staff conducted rounds to ensure compliance with the oxygen policy and procedure, which included dating tubing, proper storage of tubing and the placement of and dating of humidifiers.</p> <p>For those resident on continuous oxygen therapy, the respiratory therapist will conduct scheduled rounds to ensure the current order meets their needs. The respiratory therapist will immediately communicate any findings to the assistant directors of nursing/team lead and work with nursing to adjust the order and care plans if necessary. Furthermore, the assistant directors of nursing/team lead and respiratory therapist will conduct weekly documentation review of those residents on oxygen therapy on Fridays for four weeks. Monthly audits will be conducted by the assistant directors of nursing/team lead to ensure both orders and documentation are included in the medical administration record and compliance with infection control for oxygen care is in place. Results from the audits will be submitted to the Director of Nursing and Administrator. The effectiveness of these measures will be evaluated by the Quality Assurance and Performance Improvement Committee at each quarterly meeting.</p>		

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F 695	<p>Continued From page 57</p> <p>NJ Ex Order 26.4(b)(1) The surveyor then asked TL/RN#1 to view Resident #9's NJ Ex Order 26.4(b)(1). TL/RN#1 confirmed that the NJ Ex Order 26.4(b)(1) was not dated and that it should have been.</p> <p>On 10/01/24 at 11:32 AM, S#1 reviewed Resident #9's NJ Ex Order 26.4(b)(1) electronic MAR/TAR (Treatment Administration Record) which included the following order: NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1)) or to maintain NJ Ex Order 26.4(b)(1) check NJ Ex Order 26.4(b)(1) q (every) shift with a start date of NJ Ex Order 26.4(b)(1). Further review of the MAR/TAR reflected that the order was not signed by the nurse as administered on NJ Ex Order 26.4(b)(1) when the surveyor observed that Resident #9 was NJ Ex Order 26.4(b)(1). There was no indication that the NJ Ex Order 26.4(b)(1) had been administered for the month of NJ Ex Order 26.4(b)(1). Further review of the order reflected that the residents NJ Ex Order 26.4(b)(1) should be check q shift. Review of Resident #9's medical record reflected that the NJ Ex Order 26.4(b)(1) was documented as being checked on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). There was no documented evidence in the resident's medical chart that the NJ Ex Order 26.4(b)(1) was being checked q shift.</p> <p>On 10/01/24 at 11:57 AM, S#1 interviewed the US FOIA (b)(7)(C) regarding NJ Ex Order 26.4(b)(1) order. She stated that if there was an order for PRN NJ Ex Order 26.4(b)(1) then it would be documented in the TAR and the NJ Ex Order 26.4(b)(1) would also be documented. The surveyor asked the US FOIA (b)(7)(C) about Resident #9. The US FOIA (b)(7)(C) stated that the resident was NJ Ex Order 26.4(b)(1) and the staff would check the NJ Ex Order 26.4(b)(1) if it came up in the TAR. She added that it was not coming up in the TAR but that it was listed in the order section.</p> <p>On 10/01/24 at 12:10 PM, S#1 interviewed TL/RN#1 regarding NJ Ex Order 26.4(b)(1) order. TL/RN#1 stated</p>	F 695			

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F 695	<p>Continued From page 58</p> <p>that if it was a PRN it would be in the TAR. She added that if the [REDACTED] was administered to the resident then it should be documented in the TAR. She then stated that if it was needed for a lower [REDACTED] then the [REDACTED] would be documented also. S#1 then asked TL/RN#1 about Resident #9's [REDACTED] order. She stated that she would have to look at the order and then get back to the surveyor.</p> <p>On 10/02/24 at 12:26 PM, S#1 interviewed the U.S. FOIA (b) (6) [REDACTED] regarding [REDACTED]. The U.S. FOIA (b) (6) [REDACTED] stated that [REDACTED] was changed weekly and dated with tape. She added that it was a collaboration with the U.S. FOIA (b) (6) [REDACTED] and that nurses were also responsible. The surveyor then asked the U.S. FOIA (b) (6) [REDACTED] about Resident #9's [REDACTED] order. The U.S. FOIA (b) (6) [REDACTED] stated that she knew an issue was identified by the surveyor and that she gave the staff an inservice. She added that they had to click monitoring for the [REDACTED] part of the order. The U.S. FOIA (b) (6) [REDACTED] stated that the order should have been followed, the nurse should have signed that the PRN order for [REDACTED] was administered and there should be an additional order for [REDACTED].</p> <p>On 10/02/24 at 01:29 PM, in the presence of the survey team, S#1 notified the U.S. FOIA (b) (6) [REDACTED] and U.S. FOIA (b) (6) [REDACTED] the concerns that Resident #9 [REDACTED] was not dated and that there was no documented evidence that the [REDACTED] had been administered and the [REDACTED] was being monitored q shift.</p> <p>On 10/03/24 at 12:35 PM, in the presence of the survey team and the U.S. FOIA (b) (6) [REDACTED] the U.S. FOIA (b) (6) [REDACTED] stated that education was provided to staff on [REDACTED] and transcribing the order. She added that the [REDACTED] was ordered but that monitoring was not clicked.</p>	F 695			

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F 695	<p>Continued From page 59</p> <p>A review of the undated facility provided policy titled, "Oxygen Therapy" included the following: 14. Change all disposable equipment weekly or per institution's infection control guidelines.</p> <p>The facility did not provide any additional information.</p> <p>2. On 9/30/24 at 10:52 AM, Surveyor #2 (S#2) observed Resident #38 sitting in a wheelchair, awake and willing to converse. Resident #38 was NJ Ex Order 26.4(b)(1) at NJ Ex Order 26.4(b)(1) from NJ Ex Order 26.4(b)(1). The surveyor observed that the NJ Ex Order 26.4(b)(1) was not dated to indicate when the NJ Ex Order 26.4(b)(1) was last changed and the NJ Ex Order 26.4(b)(1) attached to the NJ Ex Order 26.4(b)(1) had a date written on the label of NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident FS reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #38's most recent Quarterly MDS (QMDS) dated NJ Ex Order 26.4(b)(1) reflected that the resident's NJ Ex Order 26.4(b)(1) were NJ Ex Order 26.4(b)(1).</p> <p>A review of the EMR reflected a physician's order (PO) for NJ Ex Order 26.4(b)(1). The EMR also reflected an order to clean NJ Ex Order 26.4(b)(1), change NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) weekly and PRN.</p>	F 695			

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F 695	<p>Continued From page 60</p> <p>On 10/01/24 at 10:41 AM, S#2 observed Resident #38 sitting in a wheelchair (w/c) receiving [redacted] at [redacted] from an [redacted]. The resident stated to S#2, "my [redacted] is empty, it needs to be replaced". The surveyor observed that the [redacted] on the hanging on the [redacted] of the resident's [redacted] reflected the NJ Ex Order 26.4(b)(1), indicating [redacted]. S#2 observed that the [redacted] was not dated, and the [redacted] had the same date of [redacted] as previously observed.</p> <p>On 10/01/24 at 11:05 AM, S#2 interviewed the U.S. FOIA (b) (6) assigned to the Heritage Manor East (HME). S#2 asked the [redacted] who was responsible for changing residents [redacted], moving the [redacted] from a [redacted] to an [redacted] and what was the procedure. The [redacted] stated that the nurse on duty, for that room, should change the [redacted] and [redacted] at least once a week if the [redacted] or [redacted] is in use and the [redacted] and [redacted] should be dated. [redacted] should be stored in a bag. The [redacted] also stated that a nurse must do any switch between a [redacted] and a [redacted].</p> <p>On 10/02/24 at 12:57 PM, S#2 observed Resident #38 sitting in a w/c in their room. The surveyor interviewed the resident who stated they got a new [redacted] this morning. S#2 observed the [redacted] and [redacted] and the [redacted] was [redacted]. S#2 did not observe a date on the [redacted].</p> <p>On 10/03/24 at 10:16 AM, S#2 observed Resident #38 in a w/c, with [redacted] attached to an [redacted]. The surveyor did not observe a date on the [redacted] and observed a date</p>	F 695			

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F 695	<p>Continued From page 61</p> <p>of 9/25 on the [redacted] bottle attached to the [redacted] This was the same date as observed [redacted] by this surveyor.</p> <p>On 10/03/24 at 12:39 PM, S#2 notified the [redacted] and [redacted] in the presence of the survey team of the concern regarding the dating of Resident #38's [redacted] and [redacted]. S#2 asked the [redacted] who was responsible for changing and dating the [redacted] and [redacted]. The [redacted] stated it was responsibility of nursing or [redacted] to date those items when they were changed or cleaned.</p> <p>A review of the facility provided policy titled, "O2 Therapy" dated 4/24, included the following: 14. Change all disposable equipment weekly or per institution's infection control guidelines.</p> <p>The facility did not provide any further pertinent documentation.</p> <p>3. On 9/30/24 at 11:34 AM, Surveyor #3 (S#3) observed Resident #124 lying on the [redacted] mattress. The resident had an [redacted] attached to a [redacted] at [redacted]. The [redacted] was dated [redacted]. The resident stated that they always use O2.</p> <p>On 10/02/24 at 8:30 AM, S#3 observed the resident lying on the bed with an [redacted]</p> <p>The surveyor reviewed the medical records of Resident #124 and revealed:</p> <p>According to the Resident FS, the resident was admitted to the facility with a diagnosis that included but was not limited to [redacted]</p>	F 695			

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F 695	<p>Continued From page 62 and NJ Ex Order 26.4(b)(1) [REDACTED], NJ Ex Order 26.4(b)(1) [REDACTED], NJ Ex Order 26.4(b)(1) [REDACTED], and NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>The resident's most recent QMDS, with an assessment reference date (ARD) of [REDACTED] revealed in Section NJ Ex Order 26.4(b)(1) Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15 which reflected that resident was NJ Ex Order 26.4(b)(1).</p> <p>The personalized care plan (CP) with a focus on NJ Ex Order 26.4(b)(1), at risk for NJ Ex Order 26.4(b)(1) with the goals of [REDACTED] with an effective date of [REDACTED]. The active CP interventions included but were not limited to monitor for s/s (signs and symptoms) NJ Ex Order 26.4(b)(1) q shift and PRN for s/s [REDACTED]-see PRN [REDACTED] with an effective date of [REDACTED].</p> <p>A review of the [REDACTED] and [REDACTED] PO revealed: -order date [REDACTED] PRN for [REDACTED] to maintain [REDACTED] greater than [REDACTED] monitoring: [REDACTED] -order date [REDACTED] Obtain [REDACTED] q shift and PRN for s/s of [REDACTED]</p> <p>The above orders for PRN [REDACTED] and obtain [REDACTED] q shift and PRN were transcribed to the MAR for [REDACTED] and [REDACTED] and showed: [REDACTED] Obtain [REDACTED] q shift and PRN: On [REDACTED] at 7 AM-3 PM shift the [REDACTED] was recorded at [REDACTED]. On [REDACTED] at 11 PM-7 AM shift the [REDACTED] was blank (no [REDACTED] obtained). On [REDACTED] at 11 PM-7 AM shift the [REDACTED] was blank. [REDACTED] PRN [REDACTED] there was no</p>	F 695			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 695	<p>Continued From page 63</p> <p>signature of the nurse that the [redacted] was administered on and [redacted] at 7 AM-3 PM shift and [redacted].</p> <p>Further review of the above PO and MAR revealed that there was no documented evidence that the resident received the PRN [redacted] or [redacted] at 7 AM-3 PM shift when the [redacted] was [redacted]. There was no documented evidence that the nurse signed the MAR on [redacted] when the surveyor observed the resident with [redacted] at 11:34 AM of [redacted]. In addition, the nurses did not follow the PO to obtain the [redacted] q shift on [redacted] and [redacted] of the 11 PM-7 AM shift.</p> <p>On 10/03/24 at 10:59 AM, S#3 interviewed TL/RN#2 who was at the medication (med) cart for Beach St (street) in HME. TL/RN#2 informed S#3 that the [redacted] should be documented in the MAR and signed when PRN [redacted] was administered according to the PO. S#3 then notified TL/RN#2 of the above concerns and findings.</p> <p>On 10/03/24 at 12:32 PM, the survey team met with the [redacted] and [redacted]. S#3 notified the facility management of the above concern and findings.</p> <p>On 10/07/24 at 01:09 PM, the survey team met with the [redacted] and [redacted]. The [redacted] stated that "I" could only move forward with concerns with Resident#124. The facility did not provide additional information.</p> <p>On 10/08/24 at 12:04 PM, the survey team met with the [redacted] and [redacted]. The [redacted] stated that "we" talked about the omission to the MAR which we continually educate staff and auditing acuties.</p>	F 695			

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F 695	<p>Continued From page 64</p> <p>4. During the initial tour on 9/30/24 at 11:48 AM, S#3 observed Resident #157 in bed with an [REDACTED] with [REDACTED] at their bedside, which was on and [REDACTED]. The [REDACTED] was dated [REDACTED] with black marker.</p> <p>S#4 reviewed the medical record for Resident #157.</p> <p>The Resident FS reflected that Resident #157 was admitted to the facility with diagnoses which included but was not limited to: [REDACTED], history of [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED].</p> <p>A review of the QMDS dated [REDACTED], the resident had a BIMS score of [REDACTED] indicating that Resident #157 had a [REDACTED].</p> <p>A review of Resident #157's PO reflected the following orders: Monitoring: Check for use of [REDACTED] weekly- clean, filter, change [REDACTED] and [REDACTED] dated [REDACTED]. Monitoring: Obtain [REDACTED] q shift and PRN for s/s [REDACTED] *see PRN [REDACTED] order for [REDACTED] less than [REDACTED] schedule dated [REDACTED] [REDACTED] - [REDACTED] [X]n/c; [X] PRN for [REDACTED] - [REDACTED] to maintain [REDACTED] dated [REDACTED].</p>	F 695		

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F 695	<p>Continued From page 65</p> <p>On 10/02/24 at 11:48 AM, Surveyor #4 (S#4) observed Resident #157 sitting in chair and was not [REDACTED] at the time. S#4 observed the [REDACTED] was connected to the [REDACTED] and the other end was hanging on the [REDACTED] which was behind the resident's chair. The [REDACTED] was not placed in a plastic bag or stored properly.</p> <p>During an interview with S#4 on 10/02/24 at 12:09 PM, the [REDACTED] stated that when [REDACTED] was not in use, the [REDACTED] would be placed in a plastic bag and the bag would be placed in nightstand drawer. The [REDACTED] further stated it was important to do that so that the [REDACTED] does not get contaminated if it was touched by staff and you can [REDACTED] the resident and complicate their health. It was important to prevent the infection to the residents.</p> <p>At 12:25 PM, S#4 and the [REDACTED] visited Resident #157's room and both observed the resident's [REDACTED] on the [REDACTED]. LPN #1 stated that she would have to dispose off the [REDACTED] and get a new one because she could not tell how long the [REDACTED] had been there for. The [REDACTED] acknowledged that it was not acceptable practice to place the [REDACTED] on the [REDACTED].</p> <p>During an interview with S#4 on 10/02/24 at 12:29 PM, TL/RN#2 stated that when [REDACTED] was not in use, the [REDACTED] would be placed in a special plastic bag with [REDACTED]. To store the [REDACTED] in the plastic bag was important for infection control. S#4 notified TL/RN#2 of what was observed in Resident #157's room and TL/RN#2 acknowledged that it was not acceptable practice for infection control.</p>	F 695			

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F 695	Continued From page 66 On 10/02/24 at 01:13 PM, the survey team met with the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] S#4 notified the facility management of the above findings. The [U.S. FOIA (b) (6)] who acknowledged "the [U.S. FOIA (b) (6)] should not be [U.S. FOIA (b) (6)] on the [U.S. FOIA (b) (6)]" and further stated that the [U.S. FOIA (b) (6)] should be bagged for infection control. A review of the facility's policy, "Respiratory Therapy" with effective date 4/24 did not address the protocol for the nurses regarding how to store [U.S. FOIA (b) (6)] properly when not in use. On 10/08/24 at 12:25 PM, the survey team met with [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] U.S. FOIA (b) (6) [U.S. FOIA (b) (6)] and U.S. FOIA (b) (6) for an Exit Conference. The facility did not refute the findings.	F 695			
F 697 SS=D	NJAC 8:39-11.2(a)(b); 19.4(a); 27.1(a) Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure a resident's routine [U.S. FOIA (b) (6)] assessment was being completed and documented according to the facility's policy and standards of practice. This deficient practice was identified for one (1) of one	F 697	The facility's policy is to regularly assess residents' [U.S. FOIA (b) (6)] to ensure the highest quality of life. Following a review of resident #253's records, an immediate [U.S. FOIA (b) (6)] assessment was conducted, confirming that the current intervention is effective.	11/5/24	

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F 697	<p>Continued From page 67</p> <p>(1) resident reviewed for [redacted] management (Resident #253), and was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>On 9/30/24 at 10:18 AM, the surveyor observed Resident #253 lying in bed, [redacted] and [redacted]. The resident reported they had [redacted] to NJ Ex Order 26.4(b)(1). The resident stated the [redacted] was being treated and [redacted] anything they would receive for [redacted].</p> <p>On 10/01/24 at 10:40 AM, the surveyor observed Resident #253 lying in bed, [redacted] and [redacted]. The resident stated that they had [redacted] and reported to the nurse who had changed their [redacted] NJ Ex Order 26.4(b)(1). The resident also explained that they [redacted] NJ Ex Order 26.4(b)(1) while in bed for [redacted] NJ Ex Order 26.4(b). The resident was asked if they were offered anything else for their [redacted] such as [redacted] NJ Ex Order medication (med). The resident stated [redacted] NJ Ex Order 26.4(b)(1) [redacted]."</p> <p>On 10/01/24 at 10:44 AM, the surveyor interviewed the [redacted] US FOIA (b)(6) assigned to care for Resident #253. The [redacted] US FOIA stated the</p>	F 697	<p>All residents on a pain management strategy can benefit from improved documentation.</p> <p>In support of our continuous commitment to quality care, we discussed the ongoing Quality Assurance and Performance Improvement (QAPI) initiatives for Pain Management with the surveyors. On October 3, 2024, the nursing team received re-education and reinforcement on the importance of thorough pain assessment documentation, and updates were made to the Pain Policy and Procedure.</p> <p>To ensure continued compliance, the Assistant Director of Nursing/Team Lead will conduct weekly audits of five medical records to review pain assessment documentation. The Director of Nursing will monitor this process weekly for four weeks, followed by monthly reviews, to ensure consistent adherence to protocol. Audit results will be shared with the Administrator on a monthly basis. The effectiveness of these measures will be evaluated by the Quality Assurance and Performance Improvement (QAPI) Committee at each quarterly meeting, with adjustments made as necessary to achieve 100% compliance.</p>		

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F 697	<p>Continued From page 68</p> <p>resident was [redacted] with NJ Ex Order 26.4(b)(1) and able to NJ Ex Order 26.4(b)(1). The [redacted] further stated the resident did occasionally have complaints of [redacted] usually to the [redacted] at a [redacted] from [redacted] to [redacted]. The [redacted] explained the resident had as needed (PRN) [redacted] med orders, didn't like NJ Ex Order 26.4(b)(1), and won't take anything NJ Ex Order 26.4(b)(1) if the did agree to [redacted].</p> <p>At that same time, the [redacted] stated the resident also had a NJ Ex Order 26.4(b)(1) order which previously was routine, but the resident refused at times. The surveyor asked about non-pharmacological interventions for the resident. The [redacted] stated they would reposition the resident, encourage the resident to get out of the bed during the day, and had a NJ Ex Order 26.4(b)(1) for the resident's chair. The [redacted] further explained that a [redacted] mattress was provided for the resident, the resident [redacted] and refused the [redacted] mattress.</p> <p>On 10/01/24 at 11:46 AM, the surveyor interviewed the [redacted] about [redacted] assessment protocol. The [redacted] stated when giving a PRN [redacted] med, the [redacted] would need to be documented in the MAR at the time of administration and upon follow up for the [redacted] med's effectiveness. She stated it could also be documented in a progress note (PN), and there was a weekly [redacted] assessment documentation that could be completed.</p> <p>The surveyor reviewed the hybrid (paper and electronic) medical records of Resident #253.</p> <p>The Resident Face Sheet (a summary of important information about the resident)</p>	F 697			

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F 697	<p>Continued From page 69</p> <p>documented that the resident had diagnoses that included but were not limited to, ^{NJ Ex Order 26.4(b)(1)} [REDACTED] ^{NJ Ex Order 26.4(b)(1)} [REDACTED], ^{NJ Ex Order 26.4(b)(1)} [REDACTED], ^{NJ Ex Order 26.4(b)(1)} [REDACTED], and ^{NJ Ex Order 26.4(b)(1)} [REDACTED].</p> <p>A comprehensive Minimum Data Set (MDS), an assessment used to facilitate the management of care, dated ^{NJ Ex Order 26.4(b)(1)} [REDACTED], indicated the facility assessed the resident's ^{NJ Ex Order 26.4(b)(1)} [REDACTED] using a Brief Interview Mental Status (BIMS) test. Resident #253 scored a ^{NJ Ex Order 26.4(b)(1)} [REDACTED] out of 15, which indicated the resident had ^{NJ Ex Order 26.4(b)(1)} [REDACTED]. Under Section ^{NJ Ex Order 26.4(b)(1)} [REDACTED], it documented the resident had not received any schedule or PRN ^{NJ Ex Order 26.4(b)(1)} [REDACTED] med during the look back (review) period.</p> <p>A physician's order (PO) dated ^{NJ Ex Order 26.4(b)(1)} [REDACTED] read, "NJ Ex Order 26.4(b)(1) [REDACTED] tablet, give 2 tablets ^{NJ Ex Order 26.4(b)(1)} [REDACTED] by oral route every 6 hours PRN for ^{NJ Ex Order 26.4(b)(1)} [REDACTED]."</p> <p>A PO dated ^{NJ Ex Order 26.4(b)(1)} [REDACTED] read, "NJ Ex Order 26.4(b)(1) [REDACTED] tablet, give 1 tablet ^{NJ Ex Order 26.4(b)(1)} [REDACTED] by oral route once daily PRN for ^{NJ Ex Order 26.4(b)(1)} [REDACTED]."</p> <p>A PO dated ^{NJ Ex Order 26.4(b)(1)} [REDACTED] read, "NJ Ex Order 26.4(b)(1) [REDACTED] by ^{NJ Ex Order 26.4(b)(1)} [REDACTED] route once daily PRN ^{NJ Ex Order 26.4(b)(1)} [REDACTED]."</p> <p>There were no PO for ^{NJ Ex Order 26.4(b)(1)} [REDACTED] assessment and monitoring.</p> <p>Under monitoring in the electronic medical record (EMR), a review of the ^{NJ Ex Order 26.4(b)(1)} [REDACTED] level monitoring revealed two entries on ^{NJ Ex Order 26.4(b)(1)} [REDACTED] and ^{NJ Ex Order 26.4(b)(1)} [REDACTED] in which the resident had a ^{NJ Ex Order 26.4(b)(1)} [REDACTED] level of ^{NJ Ex Order 26.4(b)(1)} [REDACTED] of 10 ^{NJ Ex Order 26.4(b)(1)} [REDACTED].</p>	F 697		

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F 697	<p>Continued From page 70</p> <p>NJ Ex Order 26.4(b)(1)). There were no other entries.</p> <p>A review of the NJ Ex Order 26.4(b)(1) Medication Administration Record (MAR) revealed the resident received PRN NJ Ex Order 26.4 on NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b) for a documented numeric NJ Ex Ord level, NJ out of NJ.</p> <p>Additional review of the MAR revealed the resident had not been administered PRN NJ Ex Order 26.4(b)(1) or the PRN NJ Ex Order 26.4(b)(1). The resident also previously had a routine order for a NJ Ex Order 26.4(b)(1) once daily, from NJ Ex Order 26.4(b) to NJ Ex Order 26.4(b) in which the resident had refused the med for 12 of the 22 days.</p> <p>A review of the resident's care plans (CP) included a CP with the focus of NJ Ex Order 26.4(b)(1). The CP for NJ Ex Order 26.4(b)(1) related to the resident's NJ Ex Order 26.4(b)(1) which was dated NJ Ex Order 26.4(b). An intervention dated NJ Ex Order 26.4(b) read, "Monitor for signs and symptoms of NJ Ex Ord and medicate as needed and as ordered."</p> <p>On 10/01/24 at 11:57 AM, the surveyor requested from the U.S. FOIA (b) (6) NJ Ex Ord a policy regarding NJ Ex Ord and NJ Ex Ord assessment.</p> <p>On 10/02/24 at 11:06 AM, the surveyor interviewed the U.S. FOIA (b) (6) NJ Ex Ord about NJ Ex Ord assessment protocol. The U.S. FOIA (b) (6) stated it was expected for residents to be assessed for NJ Ex Ord at least every shift and PRN. The surveyor asked about the nurse documentation of NJ Ex Ord assessments. The U.S. FOIA (b) (6) stated NJ Ex Ord assessment would be documented upon giving a resident NJ Ex Ord med and could be written PRN/per episode in a PN.</p>	F 697			

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F 697	Continued From page 71 On 10/02/24 at 01:15 PM, the surveyor, in the presence of the survey team, notified the [U.S. FOIA (b) (6)] and the [U.S. FOIA (b) (6)] of the concern that there was no routine [NJ Ex Ord] assessment documented for Resident #253. The surveyor asked the [U.S. FOIA (b) (6)] about the facility's protocol. The [U.S. FOIA (b) (6)] stated a weekly [NJ Ex Ord] assessment should be completed especially if the resident had orders for pain meds. The [U.S. FOIA (b) (6)] further stated there was an active Quality Assurance Performance Initiative (QAPI) on pain assessment in progress. On 10/03/24 at 12:32 PM, the [U.S. FOIA (b) (6)] and the [U.S. FOIA (b) (6)] met with the survey team. The [U.S. FOIA (b) (6)] provided the QAPI for [NJ Ex Ord] assessment. The [U.S. FOIA (b) (6)] acknowledged there was no weekly [NJ Ex Ord] assessment found for Resident #253 and that there should have been a routine [NJ Ex Ord] assessment for the resident. A review of the facility provided policy titled, "Pain Management-Senior Care Division" with an effective date of 7/24 read under Procedure: "A. Pain is assessed by the nurse on all residents/patient's condition and self-reporting of pain ...E. Each patient is reassessed for pain at regular intervals ..."	F 697			
F 698 SS=D	NJAC 8:39-27.1 (a) Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and	F 698		10/12/24	

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F 698	<p>Continued From page 72</p> <p>the residents' goals and preferences. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to provide care and services in accordance with professional standards clinical practice with regards to: a.) clarify and follow a physician's order (PO) for [redacted] medication, and b) document the [redacted] NJ Ex Order 26.4(b)(1) for a resident with a PO for [redacted] NJ Ex Order 26.4(b)(1). This deficient practice was observed for one (1) of one (1) resident reviewed for [redacted] NJ Ex Order 26.4(b)(1) care and services, Resident #188.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching</p>	F 698	<p>At the facility, it is our policy to ensure that residents requiring dialysis services receive care aligned with professional standards, person-centered care plans, and individual goals and preferences.</p> <p>All residents on dialysis can benefit from documentation compliance.</p> <p>a) A review of resident #188's medical record identified an opportunity for enhanced documentation regarding [redacted] NJ Ex Ord [redacted] compliance. To support accurate record-keeping, re-education on [redacted] NJ Ex Order 26.4(b)(1) protocol and documentation was provided to nursing staff on October 3, 2024.</p> <p>b) A clarification was requested regarding resident #188's [redacted] NJ Ex Order 26.4(b)(1) order, which is administered both at the [redacted] NJ Ex Order 26.4(b)(1) center and in the facility as needed. The total allowable number of [redacted] NJ Ex Order 26.4(b)(1) pills within a 24-hour period was confirmed, and this process was completed on October 8, 2024.</p> <p>To ensure consistent quality of care for all residents receiving dialysis services, the Assistant Director of Nursing/Team Lead (ADON/TL) will review dialysis residents' charts upon admission and on a monthly basis thereafter to verify that orders are accurately received and implemented. Additionally, the ADON/TL will audit dialysis residents' charts weekly to ensure</p>		

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F 698	<p>Continued From page 73</p> <p>program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 10/03/24 at 10:38 AM, the surveyor observed Resident #188 was not in their room. The resident was at [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] which was scheduled every Tuesday, Thursday, and Saturday.</p> <p>The surveyor reviewed the paper and electronic medical record (EMR) of Resident #188.</p> <p>The Resident Face Sheet (a summary of important information about the resident) documented the resident had diagnoses that included but were not limited to, [redacted] NJ Ex Order 26.4(b)(1) [redacted], and [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p> <p>A comprehensive Minimum Data Set (MDS) assessment, a tool to facilitate the management of care, dated [redacted] NJ Ex Order 26.4(b)(1) [redacted], indicated the facility assessed the resident's cognition using a Brief Interview Mental Status (BIMS) test. Resident #188 scored a [redacted] NJ Ex [redacted] out of 15, which indicated the resident was [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p> <p>A PO dated [redacted] NJ Ex Order 26.4(b)(1) [redacted] read, [redacted] NJ Ex Order 26.4(b)(1) [redacted] every Tuesday/Thursday/Saturday at [redacted] NJ Ex [redacted] Center Name, phone number and address], chair time 10:30 AM.</p> <p>A PO dated [redacted] NJ Ex Order 26.4(b)(1) [redacted] read, [redacted] NJ Ex Order 26.4(b)(1) [redacted] per day; [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p>	F 698	<p>ongoing compliance with fluid restriction documentation protocols. These audits will be monitored by the Director of Nursing weekly for four weeks, followed by monthly reviews to maintain adherence to the established protocols. Audit findings will be reported to the Administrator each month.</p> <p>The effectiveness of these measures will be evaluated by the Quality Assurance and Performance Improvement (QAPI) Committee during quarterly meetings, with adjustments made as needed to achieve 100% compliance.</p>		

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F 698	<p>Continued From page 74</p> <p>(NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) on 11-7 for meds); (NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) ; Nursing to monitor and record all (NJ Ex Order 26.4(b)(1) taken at meals/snacks/medication pass per shift and enter (NJ Ex Order 26.4(b)(1) into monitoring section of [EMR].</p> <p>A PO dated (NJ Ex Order 26.4(b)(1) read "FYI [For your information] please document if PRN [as needed] (NJ Ex Order 26.4(b)(1) is utilized at (NJ Ex Order 26.4(b)(1) ...every day at 7:00 AM-3:00 PM; 3:00 PM -11:00 PM"</p> <p>A PO with a start date of (NJ Ex Order 26.4(b)(1) read (NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) tablet (tab) ... give 1 tablet (NJ Ex Order 26.4(b)(1) by oral route 3 times per week PRN For (NJ Ex Order 26.4(b)(1) and hold for (NJ Ex Order 26.4(b)(1) PLEASE SEND IN A (NJ Ex Order 26.4(b)(1) ...every 3 weeks on Tuesday; Thursday; Saturday at 9:00 AM"</p> <p>A review of (NJ Ex Order 26.4(b)(1) Medication Administration Record (MAR) revealed the following:</p> <p>The above (NJ Ex Order 26.4(b)(1) medication (med) order was scheduled for 9 AM in which the nurses signed on (NJ Ex Order 26.4(b)(1) and (NJ Ex Order 26.4(b)(1) that the resident was administered the med.</p> <p>A discontinued order entry in the MAR with a start date of (NJ Ex Order 26.4(b)(1) read, (NJ Ex Order 26.4(b)(1) tab ... give 1 tab (NJ Ex Order 26.4(b)(1) by oral route 3 times per week PRN For (NJ Ex Order 26.4(b)(1) and hold for (NJ Ex Order 26.4(b)(1) PLEASE SEND IN (NJ Ex Order 26.4(b)(1) ..."and it was scheduled as PRN. The medication was documented as administered on (NJ Ex Order 26.4(b)(1) at 8:59 AM.</p> <p>The above (NJ Ex Order 26.4(b)(1) PO was scheduled for</p>	F 698			

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F 698	<p>Continued From page 75</p> <p>every shift. On the following days there was no documented amount for the resident's [redacted] on 3-11 shift, [redacted] on 7-3 shift, [redacted] on 11-7 shift, [redacted] on 3-11 shift, and [redacted] on 7-3 shift.</p> <p>A care plan with a focus of [redacted] dated [redacted] included the following interventions:</p> <p>[redacted] NJ Ex Order 26.4(b)(1) per day; Nursing allotment: [redacted] with each 7-3 and 3-11 for meds; [redacted] on 11-7 for meds); [redacted] Nursing to monitor and record all [redacted] at meals/snacks/med pass per shift and enter [redacted] into monitoring section of [EMR].</p> <p>Document if PRN [redacted] is utilized at [redacted]</p> <p>Administer med as ordered.</p> <p>On 10/04/24 at 12:40 PM, the surveyor interviewed the [redacted] assigned to care for Resident #188. The [redacted] stated that it was expected for [redacted] of the resident to be documented every shift and a note written for any episodes of non-compliance by the resident. The [redacted] acknowledged that entries on the MAR should not be left blank.</p> <p>The surveyor asked about the resident's midodrine med. The [redacted] stated the [redacted] med was sent with the resident to [redacted] and the resident would receive [redacted] PRN. The [redacted] further explained it was to be documented by the nurses if the resident received the med at [redacted]. The surveyor asked if the resident was to receive [redacted] in the facility or only at [redacted]. The [redacted] stated if the resident's [redacted] before [redacted] the resident may receive [redacted] the physician</p>	F 698		

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F 698	<p>Continued From page 76</p> <p>would be made aware, and it would be written on the [REDACTED] communication form that was sent with the resident. The [REDACTED] showed the surveyor a countdown sheet for the [REDACTED] med in a prescription bottle for Resident #188. The countdown sheet was for the [REDACTED] nurse to sign when the med was given to the resident at [REDACTED]. The [REDACTED] provided the surveyor with Resident #188's [REDACTED] communication binder.</p> <p>On 10/04/24 at 12:51 PM, the surveyor reviewed the [REDACTED] communication binder for Resident #188 which included [REDACTED] communication forms. The [REDACTED] communication forms included two sections to be completed. The first section was to be filled by the facility nurse before the resident left for [REDACTED]. The nurse would have to write the date, [REDACTED] temperature and pulse and any concerns to be communicated to the [REDACTED] center. The second section was to be completed by the [REDACTED] center nurse after the resident completed [REDACTED]. The dialysis nurse was to write the post [REDACTED] temperature, and pulse and any recommendations/concerns from the [REDACTED] center.</p> <p>A [REDACTED] communication form dated [REDACTED] revealed the resident received [REDACTED] prior to [REDACTED] by the facility nurse and the physician was made aware.</p> <p>A [REDACTED] communication forms dated [REDACTED] indicated the resident received [REDACTED] at 9 AM prior to going to [REDACTED] by the facility nurse.</p> <p>A [REDACTED] communication forms dated [REDACTED] indicated the resident received [REDACTED] at 8:58 AM prior to going to [REDACTED] by the facility nurse.</p>	F 698			

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F 698	<p>Continued From page 77</p> <p>On 10/04/24 at 01:10 PM, the surveyor interviewed the U.S. FOIA (b) (6)) about NJ Ex Order 26.4(b)(1) documentation. The U.S. FOIA (b) (6) stated it was expected for the nurses to document for residents on NJ Ex Order 26.4(b)(1) every shift and MAR entries should not be left blank. The surveyor informed the U.S. FOIA (b) (6) of the concern of the missing entries found for NJ Ex Ord monitoring in the MAR. The U.S. FOIA (b) (6) stated she would review and provide any additional information.</p> <p>At that same time, the surveyor notified the U.S. FOIA (b) (6) about the concern for the U.S. FOIA (b) (6) med order for Resident #188. The U.S. FOIA (b) (6) stated that the resident was to receive the med at U.S. FOIA (b) (6) as needed for NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) could not speak to if the resident was to receive NJ Ex Order 26.4(b)(1) med at the facility prior to U.S. FOIA (b) (6) or only at the U.S. FOIA (b) (6) center. The U.S. FOIA (b) (6) stated she would have to review the resident's PO and MAR to provide additional information.</p> <p>On 10/04/24 at 02:30 PM, the surveyor notified the U.S. FOIA (b) (6)) about the concern for the resident's NJ Ex Order 26.4(b)(1) order. The U.S. FOIA (b) (6) stated she was aware the NJ Ex Order 26.4(b)(1) was sent with the resident to NJ Ex Ord to treat NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) could not speak further to the NJ Ex Order 26.4(b)(1) med order and would review Resident #188's medical record to provide additional information.</p> <p>On 10/07/24 at 01:10 PM, the surveyor, in the presence of the survey team, notified the U.S. FOIA (b) (6)) and the U.S. FOIA (b) (6) of the above concern for the NJ Ex Order 26.4(b)(1) med order for Resident #188. The U.S. FOIA (b) (6) stated the NJ Ex Order 26.4(b)(1) order was clarified to reflect for the med to be sent with the resident to</p>	F 698			

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F 698	Continued From page 78 [REDACTED] and for it to be documented that the med was given at [REDACTED]. There was additional information provided by the facility. A review of the facility's policy titled "Dialysis Policy", last revised 10/23, under Procedure it read: "...2. Any concerns will be documented in communication book by [the facility] and the HD center for each facility to review ...10. The nurse will follow the PO for vital signs, nutrition, weight and fluid needs ...12. Fluid restriction will be monitored. As per our policy ..."	F 698			
F 725 SS=D	NJAC 8:39-27.1(a) Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not	F 725		10/9/24	

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F 725	<p>Continued From page 79 limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ170023 and NJ172045</p> <p>Based on interview, record review, and review of pertinent facility documentation, it was determined the facility failed to ensure sufficient nursing staff and ensure call bells were answered timely without waiting a long period of time for two (2) of (2) two residents (Residents #463 and #513).</p> <p>This deficient practice was evidenced by the following:</p> <p>1. Surveyor #1 (S#1) reviewed the Alarm Average Response Time Report for Heritage Manor West 327-336 bed, from 02/20/24-3/15/24 for Resident #463, who was admitted to Room [redacted].</p> <p>For Room [redacted], the section under "Report Detail" reflected the following dates and response times (>15 minutes):</p> <p>[redacted] at 05:15 PM response time was 17 minutes (mins) and 32 seconds (secs) [redacted] at 10:17 PM response time was 18 mins and 19 secs [redacted] at 09:51 PM response time was 23 mins and 11 secs [redacted] at 11:19 PM response time was 16 mins and 21 secs [redacted] at 10:46 PM response time was 24 mins</p>	F 725	<p>The facility's policy to ensure sufficient nursing staff are available 24/7 to provide high-quality care to all residents and to ensure that call bells are answered promptly.</p> <p>While no harm was identified, all residents may be impacted.</p> <p>To support timely response to call bells and enhance overall resident care, a Call Bell Outlier Report tracker was implemented on October 9, 2024. This tracker helps document and guide investigations into call bell response times. The Assistant Director of Nursing/Team Lead will initiate investigations in their respective units to address any concerns related to response times. Nursing staff were educated on October 2, 2024 and October 3, 2024 regarding the process.</p> <p>In addition, as part of our commitment to continuous improvement, the facility was approved to offer Nursing Aide Training and Competency Evaluation Program onsite as of April 9, 2024, which will support the development of prospective staff.</p>		

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F 725	<p>Continued From page 80</p> <p>and 58 secs <small>NJ Ex Order 26.4(b)</small> at 06:55 PM response time was 22 mins and 22 secs <small>NJ Ex Order 26.4(b)</small> at 09:24 PM response time was 19 mins and 01 secs <small>NJ Ex Order 26.4(b)</small> at 03:10 PM response time was 15 mins and 51 secs <small>NJ Ex Order 26.4(b)</small> at 06:59 AM response time was 24 mins and 22 secs <small>NJ Ex Order 26.4(b)</small> at 07:26 PM response time was 24 mins and 58 secs <small>NJ Ex Order 26.4(b)</small> at 11:08 AM response time was 54 mins and 26 secs <small>NJ Ex Order 26.4(b)</small> at 04:23 PM response time was 24 mins and 20 secs <small>NJ Ex Order 26.4(b)</small> at 03:44 AM response time was 48 mins and 48 secs <small>NJ Ex Order 26.4(b)</small> at 04:36 PM response time was 16 mins and 50 secs <small>NJ Ex Order 26.4(b)</small> at 09:16 PM response time was 78 mins and 59 secs</p> <p>S#1 reviewed Resident #463's closed electronic medical records (EMR) which revealed the following:</p> <p>A review of Resident Face Sheet (RFS; an admission summary) reflected that Resident #463 was admitted to the facility with diagnoses which included but was not limited to: <small>NJ Ex Order 26.4(b)(1)</small> <small>NJ Ex Order 26.4(b)(1)</small>, <small>NJ Ex Order 26.4(b)(1)</small> <small>NJ Ex Order 26.4(b)(1)</small>, and <small>NJ Ex Order 26.4(b)(1)</small>.</p> <p>A review of the comprehensive Minimum Data</p>	F 725	The facility will continue to run a daily call bell report and investigate any instances where response times are extended. The Director of Nursing or Designee will monitor this process weekly for four weeks, followed by monthly reviews to ensure ongoing compliance. Findings will be reported to the Administrator on a monthly basis, and the effectiveness of these measures will be evaluated by the Quality Assurance and Performance Improvement (QAPI) Committee during quarterly meetings.		

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

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F 725	<p>Continued From page 82</p> <p>[REDACTED] at 02:08 PM response time 19 mins and 03 secs</p> <p>[REDACTED] at 08:15 PM response time 24 mins and 41 secs</p> <p>[REDACTED] at 06:03 PM response time 54 mins and 03 secs</p> <p>For Room [REDACTED], the section "Report Detail" reflected the following times and dates:</p> <p>[REDACTED] at 11:00 PM response time 46 mins and 25 secs</p> <p>[REDACTED] at 05:41 PM response time 16 mins and 29 secs</p> <p>[REDACTED] at 02:08 PM response time 23 mins and 05 secs</p> <p>[REDACTED] at 09:36 AM response time 81 mins and 46 secs</p> <p>On 10/04/24 at 12:47 PM, S#2 interviewed the [REDACTED] in the presence of the survey team. The [REDACTED] stated that call bell issues were resolved in real time. Any outlier reports were addressed to determine the cause. The [REDACTED] also stated that some long call times were caused by the call bell not being shut off when the resident was assisted. The [REDACTED] did not provide any supportive documentation.</p> <p>The facility did not provide any further pertinent information.</p> <p>3. A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the one-week period beginning 12/24/2023 and ending 12/30/2023 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements for residents on 6 of 7 day shifts as follows:</p>	F 725			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 725	Continued From page 83 -12/24/23 had 29 CNAs for 268 residents on the day shift, required at least 33 CNAs. -12/25/23 had 31 CNAs for 268 residents on the day shift, required at least 33 CNAs. -12/26/23 had 30 CNAs for 268 residents on the day shift, required at least 33 CNAs. -12/27/23 had 30 CNAs for 268 residents on the day shift, required at least 33 CNAs. -12/29/23 had 29 CNAs for 268 residents on the day shift, required at least 33 CNAs. -12/30/23 had 30 CNAs for 270 residents on the day shift, required at least 33 CNAs. On 10/08/24 at 01:00 PM, the survey team met with the [REDACTED] and [REDACTED] Surveyor #3 (S#3) notified the facility management of the above concerns for staffing. There was no additional information provided by the facility.	F 725			
F 756 SS=D	NJAC 8:39-25.2(a,b) Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.	F 756		10/31/24	

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F 756	<p>Continued From page 84</p> <p>(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.</p> <p>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: REPEAT DEFICIENCY</p> <p>Based on interviews, record review, and a review of pertinent facility documents, it was determined that the facility failed to identify the irregularity with regard to the physician's order for one (1) of 38 residents, Resident #12 reviewed for medication in accordance with facility's practice and policy.</p> <p>This deficient practice was evidenced by the following:</p>	F 756	<p>In collaboration with the pharmacy consultant, the facility is dedicated to identifying and notifying staff about possible medication irregularities.</p> <p>On October 10, 2024, the facility was informed that the Consultant Pharmacist had not identified an irregularity regarding the administration of [REDACTED] as needed (PRN) by mouth. The order was immediately clarified and corrected to reflect administration on a daily routine</p>		

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F 756	<p>Continued From page 85</p> <p>On 9/30/24 at 11:46 AM, Surveyor #1 (S#1) observed Resident #12 inside their room near the door seated in a wheelchair.</p> <p>The surveyor reviewed the medical records of Resident #12 and revealed:</p> <p>According to the Resident Face Sheet (an admission summary), the resident was admitted to the facility with diagnoses that included but were not limited to NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED], and NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>The most recent comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of NJ Ex Order 26.4(b)(1) [REDACTED] revealed a brief interview for mental status (BIMS) score of NJ Ex [REDACTED] out of 15 which indicated that resident was NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>A review of the NJ Ex Order 26.4(b)(1) [REDACTED] and NJ Ex Order 26.4(b)(1) [REDACTED] Physician's Order (PO) revealed: -order date NJ Ex Order 26.4(b)(1) [REDACTED] for NJ Ex Order 26.4(b)(1) [REDACTED] cap (capsule) give one (1) cap by oral route every 12 hours as needed (PRN) for NJ Ex Order 26.4(b)(1) [REDACTED].</p>	F 756	<p>schedule.</p> <p>While no harm resulted, missed medication regimen reviews by the consultant pharmacist have the potential to affect all residents.</p> <p>On October 10, 2024, three months' worth of Pharmacy Consultant Reports were reviewed to ensure that recommendations were addressed.</p> <p>Upon receipt of the Interim Medication Regime Review daily and/or monthly, the assistant directors of nursing/team leads will review and confirm that medication recommendations are received and responded to appropriately. Documentation of compliance will be submitted to the Director of Nursing and Administrator monthly. The effectiveness of these measures will be evaluated by the Quality Assurance and Performance Improvement Committee at each quarterly meeting with the Pharmacy Consultants.</p>		

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F 756	<p>Continued From page 86</p> <p>The above order for [NJ Ex Order 26.4(b)(1)] was transcribed to the [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] Medication Administration Record (MAR), plotted at 9:00 AM and 9:00 PM and signed by nurses as administered routinely.</p> <p>A review of the Pharmacy Progress Notes (PN) dated [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] showed that Consultant Pharmacist #1 (CP#1) did not identify the irregularity for the PO [NJ Ex Order 26.4(b)(1)] PRN and the nurses signed the MAR as administered routinely for 9:00 AM and 9:00 PM.</p> <p>A review of the [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] Electronic Pharmacist Information Consultant reports (white binder) showed that CP#1 did not identify the irregularity for the PRN order of [NJ Ex Order 26.4(b)(1)].</p> <p>On 10/01/24 at 12:17 PM, S#1 interviewed the [U.S. FOIA (b) (6)]. The surveyor asked the [U.S. FOIA (b) (6)] about the PO for [NJ Ex Order 26.4(b)(1)] and the [U.S. FOIA (b) (6)] stated that the order should have been clarified because the medication (med) should be given routinely and not PRN.</p> <p>On 10/02/24 at 10:45 AM, Surveyor #2 (S#2) interviewed CP#2 in the presence of two other surveyors. CP#2 stated for the [NJ Ex Order 26.4(b)(1)] order, the CP would at minimum ask to clarify the order if it was PRN or standing. CP#2 further stated that the [NJ Ex Order 26.4(b)(1)] not usually PRN, should be one way or another or have [US FOIA (b)(6)] document rationale if used as PRN.</p> <p>On 10/02/24 at 01:13 PM, the survey team met with the [U.S. FOIA (b) (6)] and the [U.S. FOIA (b) (6)]. The</p>	F 756			

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F 756	<p>Continued From page 87</p> <p>surveyor notified the facility management of the above concerns and findings.</p> <p>On 10/03/24 at 12:32 PM, the survey team met with [U.S. FOIA (b) (7)] and [U.S. FOIA (b) (7)]. The [U.S. FOIA (b) (7)] stated that the order for PRN [NJ Ex Order 26.4(b)(1)] should be scheduled routinely for 9 AM and 9 PM.</p> <p>A review of the facility's Medication Management Policy with an effective date of 01/24 that was provided by the [U.S. FOIA (b) (7)] revealed: Purpose: To provide effective and safe Med Management processes related to the planning selection/procurement, storage, ordering, preparing/dispensing, administration, monitoring, and evaluation of med management systems. The med management system is based on the care, services, and treatment that is provided to our patients. Policy: It is the facility's policy to address the med management needs of patients safely and effectively. Procedure: A. Transcription and Processing of Physician Orders 1. Transcription and processing of PO is a critical element in assuring that clients receive correct medications, treatments, and tests. .. 3. Acceptable types of orders: a. PRN orders-orders acted upon based on the occurrence of a specific indication or symptom ...</p> <p>On 10/08/24 at 12:25 PM, the survey team met with the [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)], and the [U.S. FOIA (b) (6)] for an Exit Conference. The facility management did not provide additional information and did not refute the findings.</p>	F 756			

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F 756	Continued From page 88	F 756			
F 759	NJAC 8:39-29.3 (a)(1)				
SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)	F 759		10/9/24	
	<p>§483.45(f) Medication Errors. The facility must ensure that its-</p> <p>§483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of other pertinent documents, it was determined that the facility failed to ensure that all medications were administered with an error rate of less than 5%. During the medication administration observation conducted on 10/02/24, the surveyor observed four (4) nurses administer meds to five (5) residents. There were twenty-eight (28) opportunities, and two (2) errors were observed which resulted in a medication error rate of 7.14%. This deficient practice was identified for one (1) of five (5) residents observed (unsampled resident), which was administered by one (1) of four (4) nurses.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the manufacturer's specifications for NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)), administration of NJ Ex Order 26.4(b)(1) () or NJ Ex Order 26.4(b)(1) () may reduce the amount of NJ Ex Order 26.4(b)(1) available in the body.</p> <p>According to clinical documentation and accepted practice, NJ Ex Order 26.4(b)(1) () may</p>		<p>The facility is committed to maintaining the highest standards of medication safety for our residents. During a routine medication pass on October 2, 2024, a potential drug interaction was identified. In response, the physician order was promptly reviewed and adjusted on the same day to optimize the medication administration timing and to avoid further interaction.</p> <p>All residents on a drug regimen with iron supplements have the potential to be affected in a similar situation.</p> <p>On October 2, 2024, the nursing staff received targeted re-education on the administration of NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) which are to be administered separately to avoid interactions.</p> <p>Additionally, the facility, in partnership with our pharmacy consultant, has implemented enhanced resources. On October 9, 2024 modules on drug interactions have been provided at each medication cart for easy reference and the</p>		

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F 759	<p>Continued From page 89</p> <p>reduce the NJ Ex Order 26.4(b)(1) in the body.</p> <p>On 10/02/24 at 9:11 AM, the surveyor observed the U.S. FOIA (b) (6) prepare medications (meds) for an unsampled Resident. The meds included an active physician's orders (PO) dated NJ Ex Order 26.4(b)(1) for the following:</p> <p>NJ Ex Order 26.4(b)(1) tablet (tab) give 2 tablets (tabs) by oral route 4 times per day for NJ Ex Order 26.4(b)(1). The order was plotted in the electronic Med Administration Record (eMAR) for 9:00 AM, 01:00 PM, 6:00 PM and 9:00 PM.</p> <p>NJ Ex Order 26.4(b)(1)) tab give one tab by oral route 2 times per day with meals for NJ Ex Order 26.4(b)(1). The order was plotted in the eMAR for 8:00 AM and 5:00 PM.</p> <p>NJ Ex Order 26.4(b)(1) tab give 1 tab by oral route once daily. The order was plotted in the eMAR for 9:00 AM.</p> <p>The surveyor observed the U.S. FOIA (b) (6) remove the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) from the packaging and place in a medication (med) dose cup. The surveyor did not observe the U.S. FOIA (b) (6) check any of the med packaging for cautionary or informational warnings. The surveyor observed the U.S. FOIA (b) (6) administer all due meds to the resident.</p> <p>The surveyor asked the U.S. FOIA (b) (6) to see the bottle for NJ Ex Order 26.4(b)(1). The surveyor observed that the ingredients listed on the label included NJ Ex Order 26.4(b)(1) per tab. The surveyor showed the U.S. FOIA (b) (6) the label and asked if</p>	F 759	<p>clinical education team has incorporated this topic into both orientation and annual nursing education.</p> <p>To further strengthen our protocols, the pharmacy consultant will conduct a monthly review, reporting on identified drug interactions. These findings will be shared with the Assistant Director of Nursing (ADON) for continuous education of the staff. These new protocols will ensure that all residents are kept safe. The Director of Nursing (DON) will oversee monthly audits, with quarterly reviews to ensure sustained compliance. Results will be presented to the Administrator on a monthly basis. The Quality Assurance and Performance Improvement (QAPI) Committee will evaluate the effectiveness of these measures during each quarterly meeting to ensure ongoing improvement.</p>		

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F 759	<p>Continued From page 90</p> <p>the med contained [redacted] The [redacted] agreed that the med contained [redacted] The surveyor asked the [redacted] if [redacted] should be given at the same time as [redacted] NJ Ex Order 26.4(b)(1) and [redacted] The [redacted] stated she was not completely sure but would check.</p> <p>The surveyor completed the med pass observation.</p> <p>On 10/02/24 at 10:45 AM, the surveyor interviewed the facility's [redacted] U.S. FOIA (b) (6)) in the presence of two other surveyors. The surveyor asked the [redacted] if [redacted] NJ Ex Order 26.4(b)(1) and [redacted] have and interaction and should be administered separately. The [redacted] stated "yes," there was an interaction, and they should be given separately. The surveyor asked the [redacted] if there was and interaction between [redacted] and [redacted] and should they be given separately. The [redacted] stated that there was an interaction between [redacted] and [redacted] and they should be administered separately by at least two (2) hours.</p> <p>On that same date and time, the [redacted] U.S. FOIA (b) (6) stated that the resident in question was a new admission, and she had not been in the building to review the chart yet.</p> <p>On 10/02/24 at 01:13 PM, the surveyor discussed the med pass results with the with [redacted] U.S. FOIA (b) (6) and the [redacted] U.S. FOIA (b) (6) . The surveyor discussed the error rate, the med errors, and the interview with the [redacted] U.S. FOIA (b) (6) The surveyor asked the [redacted] U.S. FOIA (b) (6) if there were any other systems in place other than the [redacted] U.S. FOIA (b) (6) med review to catch drug interactions. The [redacted] U.S. FOIA (b) (6) stated that they also rely on the Pharmacy provider to call the facility for any significant interactions.</p>	F 759			

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F 759	Continued From page 91 A review of the facility's Medication Management Policy dated 01/24 that was provided by the [REDACTED] the policy did not reflect any information regarding drug interactions or med errors. The facility did not provide any further pertinent documentation.	F 759			
F 838 SS=F	N.J.A.C 8:39-29.2 (d) Facility Assessment CFR(s): 483.71(a)(1)(3)(b)(1)(c)(1)-(5) §483.71 Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. §483.71(a) The facility assessment must address or include the following: §483.71(a)(1) The facility's resident population, including, but not limited to: (i) Both the number of residents and the facility's resident capacity; (ii) The care required by the resident population, using evidence-based, data-driven "methods" that considering the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent	F 838		10/9/24	

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F 838	Continued From page 92 facts that are present within that population, consistent with and informed by individual resident assessments as required under § 483.20; (iii) The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population; (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services. §483.71(a)(2) The facility's resources, including but not limited to the following: (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and non- medical); (iii) Services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies; (iv) All personnel, including managers, nursing and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.	F 838			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2024
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481		
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F 838	<p>Continued From page 93</p> <p>§483.71(a)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach as required in §483.73(a)(1).</p> <p>§ 483.71(b) In conducting the facility assessment, the facility must ensure:</p> <p>§ 483.71(b)(1) Active involvement of the following participants in the process:</p> <p>(i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and</p> <p>(ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.</p> <p>(iii) The facility must also solicit and consider input received from residents, resident representatives, and family members.</p> <p>§483.71(c) The facility must use this facility assessment to:</p> <p>§483.71(c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).</p> <p>§483.71(c)(2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.</p> <p>§483.71(c)(3) Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.</p>	F 838			

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F 838	<p>Continued From page 94</p> <p>§483.71(c)(4) Develop and maintain a plan to maximize recruitment and retention of direct care staff.</p> <p>§483.71(c)(5) Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on the interview and review of facility documentation, it was determined that the facility failed to ensure that facility wide assessment included the resources required to establish policies and procedures a.) to ensure water management was included and b.) for the management of emergency food and water supply in order to meet the requirements and needs of all residents in the facility. This failure had the potential to affect all 277 residents who currently live in the facility.</p> <p>This deficient practice was evidenced by the following:</p> <p>During the entrance conference on 9/30/24 at 10:16 AM, the surveyor requested from the U.S. FOIA (b) (6)) and the U.S. FOIA (b) (6)) a copy of the facility's assessment. Both the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) stated that the facility's census (the number of residents currently under the care of a specific facility) was 277.</p> <p>A review of the facility's "Facility Wide</p>	F 838	<p>On October 4, 2024, the facility updated the Facility Assessment to include the Management of Emergency Food and Water Supply as well as the Water Management Plan. These additions ensure the facility's preparedness in addressing any potential risks related to emergency supplies.</p> <p>While no immediate concerns were identified, our residents benefit from having a strong water management plan and emergency food and water supply.</p> <p>Administration and Department Heads received education October 4, 2024 regarding the updates to the Facility Assessment, ensuring thorough understanding and implementation of these plans.</p> <p>To enhance safety monitoring, the Senior Director of Dietary and Nutrition Services and the Director of Plant Operations, or their designees, are conducting monthly</p>		

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F 838	<p>Continued From page 95</p> <p>Assessment" (FWA) with a date of July 2024 that was provided by the [U.S. FOIA (b)] on 9/30/24 at 01:31 PM did not include information about the facility's emergency food and water supply for the residents and employees. In addition, there was no documented evidence that the FWA included about the facility's water management, or measures to prevent the growth of Legionella and other opportunistic waterborne pathogens in the building.</p> <p>On 10/07/24 at 8:19 AM, the surveyor met with the [U.S. FOIA (b)] and the [U.S. FOIA (b)]. The [U.S. FOIA (b)] stated that the FWA process was that all IDT (Interdisciplinary Team) were involved in the input. The [U.S. FOIA (b)] informed the surveyor that the IDT meets once a year and as needed for modifications, completes a thorough assessment, and presents to QAPI (Quality Assurance Performance Improvement) meeting. She further stated that the FWA was all about the residents' care. The [U.S. FOIA (b)] also stated that they received the CMS (Centers for Medicare and Medicaid Services) Memo about the changes in the regulation for facility assessment and they were aware of it.</p> <p>On that same date and time, the surveyor notified the facility management of the above findings and concerns. The surveyor also asked where in the facility's FWA discussed emergency food and water supply and water management. Both the [U.S. FOIA (b)] and [U.S. FOIA (b)] stated that they would get back to the surveyor.</p> <p>On 10/07/24 at 10:27 AM, the [U.S. FOIA (b)] presented an updated FWA in the presence of another surveyor. The [U.S. FOIA (b)] informed the surveyor that the date was updated because it was confusing.</p>	F 838	<p>safety rounds, specifically inspecting the facility's emergency food and water supplies. Any identified areas of concern are communicated to administration within 24 hours. Additionally, safety rounds are conducted quarterly, and findings are reviewed at the Quality Assurance and Performance Improvement (QAPI) meetings for four consecutive quarters to assess and improve preparedness.</p>		

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F 838	<p>Continued From page 96</p> <p>The [U.S. FOIA (b)] stated that the date of assessment was May 2024 and reviewed at the 2nd Quarter QAPI meeting in June 2024, and then the assessment was again reviewed and updated in July 2024. The [U.S. FOIA (b)] further stated that page 17 was updated to reflect the water management and three (3) days of emergency food and water supply that should be included in the FWA. The [U.S. FOIA (b)] acknowledged that the emergency water and food supply and water management should have been included in the FWA.</p> <p>On 10/07/24 at 01:09 PM, the survey team met with the [U.S. FOIA (b)] and [U.S. FOIA (b)]. The surveyor notified the facility management of the concerns with the FWA that it did not include water management and emergency food and water supply.</p> <p>On 10/08/24 at 9:03 AM, the [U.S. FOIA (b)] provided a copy of the facility's QAPI Policy with a review date of 01/22. The [U.S. FOIA (b)] informed the surveyor in the presence of another surveyor that the QAPI policy included information about the Facility Assessment and there was no separate policy for Facility Assessment. The [U.S. FOIA (b)] acknowledged that the concern of the surveyor that the water management and emergency food and water supply were not included in the Facility Assessment was an oversight.</p> <p>A review of the QAPI Policy provided by the [U.S. FOIA (b)] revealed: Purpose: The facility will also identify in conjunction with the Facility Assessment high-risk, problem-prone, and high-volume areas to evaluate for improvement by identifying, collecting, and using data relevant to the unique characteristics and needs of those we serve. Procedure:</p>	F 838			

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F 838	Continued From page 97 6. Issues identified as part of the QAPI Program, such as new equipment, service, or facility resources, are addressed in the Annual Facility Assessment... On 10/08/24 at 12:25 PM, the survey team met with the ^{U.S. FOIA (b)(6)} ^{U.S. FOIA (b)(6)} U.S. FOIA (b) (6) , and the U.S. FOIA (b) (6) for an Exit Conference. The facility management did not provide additional information and did not refute the findings.	F 838			
F 880 SS=D	NJAC 8:39-5.1(a) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;	F 880		10/9/24	

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F 880	Continued From page 98 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880			

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F 880	<p>Continued From page 99</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: REPEAT DEFICIENCY</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to a.) ensure that the staff donned (put on) the appropriate personal protective equipment (PPE) prior to providing care to a [redacted] care resident room that required an [redacted] for one (1) of two (2) residents, Resident #58, reviewed for [redacted] and b.) follow appropriate infection control practices by having direct care staff knowledgeable about identifying residents who require direct care, and when staff to use PPE, this deficient practice was identified for two (2) of three (3) Certified Nursing Aides, according to facility's policy and practice.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. During on an initial tour on 9/30/24 at 11:26 AM, Surveyor #1(S#1) observed Resident #58 lying in their bed, with [redacted].</p> <p>On 10/03/24 at 11:57 AM, S#2 observed an [redacted]-colored round sticker [dot] next to resident's name on the name plate, which was located outside the resident's room. The dot indicated, [redacted] [redacted] NJ Ex Order 26.4(b)(1) [redacted]) in nursing homes. [redacted]</p>	F 880	<p>The facility is committed to maintaining a robust infection prevention and control program to ensure a safe, sanitary, and comfortable environment while preventing the transmission of communicable diseases, including adherence to [redacted] NJ Ex Order 26.4(b)(1) [redacted]. On October 3, 2024, during routine observation, an aide providing [redacted] NJ Ex Order 26.4(b)(1) resident care [redacted] NJ Ex Order 26.4(b)(1) to resident #58, who has [redacted] NJ Ex Order 26.4(b)(1) [redacted], was identified without a gown. The aide received immediate education from the Infection Prevention Coordinator (IPC), and re-education on [redacted] NJ Ex Order 26.4(b)(1) [redacted] protocols was promptly conducted for the entire staff.</p> <p>While there was no indication of infection spread, our residents on Enhanced Barrier Precautions benefit from having strong processes and protocols in place.</p> <p>The Clinical Educators completed comprehensive re-education for the nursing staff on EBP policy and protocol, with the process finalized by October 3, 2024. The two aides who were unable to define EBP during interviews on October 4, 2024, received additional one-on-one education from the IPC, and all unit staff were thoroughly in-serviced on infection control requirements.</p> <p>To further strengthen infection control</p>		

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F 880	<p>Continued From page 100</p> <p>involves the use of gloves and gowns during NJ Ex Order 26.4(b)(1) resident care activities, especially for those at increased risk of acquiring or spreading a NJ Ex Order 26.4(b)(1) (e.g., residents with NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1)). The surveyor did not see an original NJ Ex Order 26.4(b)(1) sign from CDC (Centers for Disease Control and Prevention) at the door and PPE bin with gloves and gown was not noted at Resident's door.</p> <p>On that same date and time, S#2 observed the resident's door was closed. Certified Nursing Assistant #1 (CNA #1) informed the surveyor that the resident was receiving NJ Ex Order 26.4(b)(1) by CNA #2.</p> <p>At 12:02 PM, CNA #1 knocked on the resident's door and accompanied S#2 in Resident's room. S#2 observed CNA#2, who had finished providing care to the resident. CNA #2 did not have a gown during observation. The surveyor interviewed CNA#2 who acknowledged that she did not have a gown on when she provided care to the resident. CNA#2 further stated that she did not know that she had to wear a gown while providing care to Resident #58.</p> <p>During an interview with S#2 on 10/03/24 at 01:59 PM, the U.S. FOIA (b) (6) stated that the residents who had any NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1) were placed on NJ Ex Order 26.4(b)(1) that was why they had NJ Ex Order 26.4(b)(1) sign outside the room and was also entered in electronic medical record (EMR). The U.S. FOIA (b) (6) further stated that staff was required to wear PPE when providing care to NJ Ex Order 26.4(b)(1) residents. She also stated that PPE was important for infection control and to protect the residents from what NJ Ex Order 26.4(b)(1)." The U.S. FOIA (b) (6) acknowledged that Resident #58 had</p>	F 880	<p>measures, the IPC continues to provide education on the facility's transmission-based policies and procedures, with a focus on EBP, quarterly and during any outbreaks. Routine audits of Personal Protective Equipment (PPE) usage will be conducted, with five weekly samples for three months and 30 samples quarterly from all departments thereafter. Findings will be reported to the Director of Nursing and Administrator.</p> <p>The effectiveness of these measures will be reviewed by the Quality Assurance and Performance Improvement (QAPI) Committee at each quarterly meeting to maintain compliance and enhance infection prevention.</p>		

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F 880	<p>Continued From page 101</p> <p>a NJ Ex Order 26.4(b)(1) that was why the resident was placed on NJ Ex Order and CNA#2 was expected to wear PPE when she provided care to Resident #58. She further stated that CNAs were able to see the NJ Ex Order written order under general for the CNAs in the EMR.</p> <p>S#2 reviewed the medical record for Resident #58 and revealed:</p> <p>The Resident Face Sheet (an admission summary) reflected that Resident #58 was admitted to the facility with diagnoses which included but was not limited to NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)).</p> <p>The Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of NJ Ex Order 26.4(b)(1), the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex out of 15 which indicated that the resident had NJ Ex Order 26.4(b)(1).</p> <p>The Physician Orders reflected an order dated NJ Ex Order 26.4(b)(1) for NJ Ex Order</p> <p>A review of Care Plan with Focus area: Skin integrity - Current: NJ Ex Order 26.4(b)(1), Interventions concluded: NJ Ex Order with active effective date NJ Ex Order 26.4(b)(1)</p> <p>A review of Resident Nursing instructions (a sheet</p>	F 880			

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F 880	<p>Continued From page 102</p> <p>where the CNAs can see the tasks or special instructions that were assigned to them) that was provided by the U.S. FOIA (b) (6), reflected notes for NJ Ex Order</p> <p>On 10/03/24 at 12:31 PM, the survey team met with U.S. FOIA (b) (6) and U.S. FOIA (b) (6) S#2 notified the facility management of the above findings. The U.S. FOIA (b) (6) who acknowledged that CNA#2 should have been wearing PPE for NJ Exec Order 26.4(b)1 care resident during care for infection control.</p> <p>A review of the facility provided Transcript reflected that NATCEP (Nurse Aide Training and Competency Evaluation Program) course was completed by CNA#2 on 7/19/24. The U.S. FOIA (b) (6) stated the course included lectures regarding NJ Ex Order 26.4(b)(1) and PPE required by CNAs during care.</p> <p>2. On 10/01/24 at 11:28 AM, S#3 interviewed CNA#3 on the Heritage Manor East (HME) wing. The surveyor asked CNA#3 what the round NJ Ex Order 26.4(b)1 sticker located on a resident's room number plate next to their name was for. CNA#3 stated that the sticker identified the resident as a NJ Ex Order 26.4(b)1</p> <p>At 11:34 AM, S#3 interviewed CNA#4 on the HME wing. The surveyor asked CNA#4 what the round NJ Ex Order 26.4(b)1 sticker located on a resident's room number plate next to their name was for. CNA#4 stated that it means the resident has NJ Ex Order 26.4(b)(1) or something, usually NJ Ex Order 26.4(b)(1). The surveyor asked CNA#4 if you need to do anything specific or different when giving care to that resident. CNA#4 stated, "no," it's just there to let you know that they have one.</p>	F 880			

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F 880	<p>Continued From page 103</p> <p>At 11:38 AM, S#3 interviewed CNA#5 on the HME wing. The surveyor asked CNA#5 what the round [redacted] sticker located on a resident's room number plate next to their name was for. CNA#5 stated that the [redacted] dot tells you that the resident had [redacted] or other [redacted] that requires you to wear a gown, gloves, and mask if you are going to give care to the resident, so you do not spread infections.</p> <p>On 10/04/24 at 8:54 AM, S#1 in the presence of the survey team, interviewed the facility [redacted]. S#1 asked the [redacted] if she was made aware of the survey team's concerns with two (2) out of three (3) CNAs interviewed by another surveyor were not aware of what the orange dots on the resident rooms indicated. The [redacted] informed S#1 that [redacted] education was provided to all staff during the last week of [redacted]. She further stated that it was an expectation that that staff wear a gown and gloves and, if required, additional PPE as needed such as a mask and eye protection, but basically always gloves and gown during [redacted] care such as [redacted] personal care, care [redacted] care as protection for staff and residents against the transfer of infection. The [redacted] also stated that she spoke to CNA#3 and CNA#4 regarding [redacted] and that CNA#4 seemed to know and admitted that she attended the in-service, and CNA#3 needed a lot of reinforcement and education.</p> <p>On 10/04/24 at 10:34 AM, the [redacted] provided a policy titled Isolation Precautions dated 9/24, in-service attendance sheets for nurses and CNAs that reflected topics including but not limited to [redacted] and PPE and a course curriculum</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481		
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F 880	<p>Continued From page 104</p> <p>list specific for CNA#3 that included but was not limited to the topic of [REDACTED]. The [REDACTED] stated to S#3 that CNA#3 was new and was not yet certified when the in-service education was done in March 2024.</p> <p>A review of the facility provided policy "Isolation Precautions" with effective date 9/24 revealed under section Policy: It is the policy of the facility to prevent the spread of infection through the initiation of isolation precautions. Standard precautions are to be followed by all staff for patient/resident contact. Under section G: EBP are deemed necessary for residents with indwelling Medical Devices (e.g. central line, urinary catheter, feeding tube), wounds, colonization or infection with MDRO when performing high-contact resident care activities (in addition to all components of Standard Precautions): 1. Gloves and Gown, (masks/eye protection may be used) will be worn during high-contact care activities listed, and disposed in trash after use. 3. High-contact resident care activities are: Dressing; Bathing/showering ... etc. Line 5, "appropriate precaution signage will be placed by the patient/resident/client's door."</p> <p>No further pertinent information was provided by the facility.</p> <p>On 10/08/24 at 12:25 PM, the survey team met with [REDACTED], [REDACTED], [REDACTED] U.S. FOIA (b) (6), [REDACTED] and [REDACTED] for an Exit Conference. The facility did not refute the findings.</p> <p>NJAC 8:39-19.4(a)(1-6)</p>	F 880			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
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S 000	Initial Comments Complaint#: NJ#170023 and #172045 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #NJ170023 REPEAT DEFICIENCY Based on interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the	S 560	It is the facility's policy to maintain C.N.A. staffing ratios as per New Jersey Department of Health regulations instituted on February 1, 2021. Staffing professionals will continue to contact our pool of nurse aides on a daily basis to fill open shifts. When unexpected call-outs occur, they will ask employees from the shift to stay over, attempt to quickly fill the open shift, and offer incentives to staff to pick up shifts. Strong efforts will continue to be made to recruit for open positions including deploying multiple strategies (i.e., referral and sign-on bonuses), and	10/9/24

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

Electronically Signed

TITLE

(X6) DATE

10/25/24

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S 560	<p>Continued From page 1</p> <p>Revised Statutes.</p> <p>Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>(3) 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 certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth</p>	S 560	<p>incentives for picking up shifts. All residents can benefit from increased staffing levels. Staff was educated on the importance of working scheduled shifts to ensure staffing requirements are met. Additionally, Human Resources staff will continue to assess the competitiveness of our wages to aid in filling positions. This process has resulted in increased starting rates for C.N.As based on experience. This was implement in May 2023. Walk-In Wednesdays: C.N.A. hiring events were initiated on June 7th 2023 and we have had success in closing out several open positions to date. The DON will continue to monitor staffing levels on a daily basis and take every step possible to meet the staffing requirements. Lastly, the facility was approved to provide Nurse Aide Training and Competency Evaluation Program onsite effective April 9, 2024. Staffing is monitored on a daily and weekly basis by nursing leadership. Findings will be reported to the Administrator on a monthly basis, and the effectiveness of these measures will be evaluated by the Quality Assurance and Performance Improvement (QAPI) Committee during quarterly meetings.</p>	

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S 560	<p>Continued From page 2</p> <p>place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the one-week period beginning 12/24/2023 and ending 12/30/2023 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements for residents on 6 of 7 day shifts as follows:</p> <p>-12/24/23 had 29 CNAs for 268 residents on the day shift, required at least 33 CNAs. -12/25/23 had 31 CNAs for 268 residents on the day shift, required at least 33 CNAs. -12/26/23 had 30 CNAs for 268 residents on the day shift, required at least 33 CNAs. -12/27/23 had 30 CNAs for 268 residents on the</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>day shift, required at least 33 CNAs. -12/29/23 had 29 CNAs for 268 residents on the day shift, required at least 33 CNAs. -12/30/23 had 30 CNAs for 270 residents on the day shift, required at least 33 CNAs.</p> <p>On 10/08/24 at 8:45 AM, Surveyor #1 (S#1) interviewed the Director of Nursing (DON), in the presence of Surveyor #2 (S#2), regarding the facility's nurse staffing protocols. The DON stated the facility followed New Jersey mandated regulations and explained the facility should have 1 CNA:8 residents for the morning shift, 1 CNA:10 residents for the evening shift, and 1 CNA:14 residents for night shift. The DON stated she believed the facility was meeting staffing ratios. Additionally, the DON stated agency staff and incentive bonuses were used to help meet staffing ratios.</p> <p>A review of the facility provided policy titled, "Staffing" with an effective date of 02/24, read under Purpose: The facility's staffing plan is designed to ensure appropriate and adequate staff at all times, while considering staff skill mix, individual patient/resident/client needs, and any other factor which may impact staffing needs. The policy did not address state regulations or mandated staffing ratios.</p> <p>On 10/08/24 at 01:00 PM, the survey team met with the Licensed Nursing Home Administrator and DON. S#1 notified the facility management of the above concerns for staffing.</p> <p>There was no additional information provided by the facility.</p>	S 560		

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S1790	Continued From page 4	S1790		
S1790	<p>8:39-27.2(i) Mandatory Quality of Care</p> <p>(i) Each resident shall receive at least one bath (tub or shower) per week unless contraindicated.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of the medical record, and review of other pertinent facility documentation, it was determined that the facility failed to ensure that a resident received [redacted] in a [redacted], per week. This deficient practice was identified for one (1) of 35 residents, Resident #11.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 9/30/24 at 10:55 AM, the surveyor observed Resident #11 seated in a wheelchair. Resident #11 stated that they did not receive [redacted] and that they would like to [redacted].</p> <p>A review of Resident #11's Resident Face Sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to [redacted] [redacted] [redacted] and [redacted].</p> <p>A review of Resident #11's most recent Annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care,</p>	S1790	<p>It is the facility's policy to abide by residents personal preference when providing activities of daily living, specifically related to bathing. On October 4, 2024 the Director of Nursing met with Resident #11 to address their individual concern.</p> <p>In support of our mission to provide resident centered care, all residents have the potential to be affected by this practice.</p> <p>On 10/04/24 [redacted] completed an evaluation for resident #11's safety for the use of a [redacted] and for [redacted]. Plan of care was revised to include their personal preference on hygiene. On October 9, 2024, staff were in-serviced on how to follow instructions for a [redacted] for safety, how to assess for personal preferences, and reinforced care plan documentation.</p> <p>The interdisciplinary team and resident will meet quarterly to discuss individual bathing preferences and plan of care. Plan of care to be adjusted as a result thereof. The results will be discussed at the Quality Assurance and Performance Improvement quarterly meetings for three quarters or until such time they refuse three quarters</p>	10/25/24

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S1790	<p>Continued From page 5</p> <p>reflected that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated that Resident #11's [redacted] was [redacted] NJ Ex Order 26.4(b)(1). A review of the resident's preference section reflected that it was somewhat important to be able to choose between [redacted] NJ Ex Order [redacted]. A review of the resident's [redacted] NJ Ex Order 26.4(b)(1) reflected that the resident had [redacted] NJ Ex Order 26.4(b)(1) on one side of both the [redacted] NJ Ex Order 26.4(b)(1) and that the resident was [redacted] NJ Ex Order 26.4(b)(1) on staff for [redacted] NJ Ex Order 26.4(b)(1) or [redacted] NJ Ex Order 26.4(b)(1). Further review reflected that the resident was [redacted] NJ Ex Order 26.4(b)(1) staff for bed to chair transfer and that [redacted] NJ Ex Order 26.4(b)(1) was not attempted due to medical condition or safety concerns.</p> <p>A review of Resident #11's individualized care plan reflected that the resident required transfer to chair/bed to chair required [redacted] NJ Ex Order 26.4(b)(1)</p> <p>[redacted]</p> <p>A review of Resident #11's CNA (Certified Nursing Aide) Documentation Record for [redacted] NJ Ex Order 26.4(b)(1) revealed that Resident #11 received [redacted] NJ Ex Order 26.4(b)(1) not [redacted] NJ Ex Order 26.4(b)(1) during the month.</p> <p>On 10/01/24 at 12:29 PM, the surveyor interviewed the Lead CNA regarding showers. The Lead CNA stated that [redacted] NJ Ex Order 26.4(b)(1) were given one or two times a week. She added that residents that were "total" (dependent on staff for care) received [redacted] NJ Ex Order 26.4(b)(1). The surveyor asked the Lead CNA if Resident #11 received [redacted] NJ Ex Order 26.4(b)(1). The Lead CNA stated that Resident #11 did not receive [redacted] NJ Ex Order 26.4(b)(1) and that the resident received a [redacted] NJ Ex Order 26.4(b)(1) on Fridays. She added that in the past</p>	S1790	in a row.	
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S1790	<p>Continued From page 6</p> <p>the staff tried to give Resident #11 [redacted] in the [redacted] and it took four staff members to get the resident [redacted].</p> <p>On 10/01/24 at 01:21 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) regarding [redacted]. The LPN stated that residents that [redacted] did not go to [redacted] room. She added that those residents were [redacted] in the bed with [redacted]. The surveyor asked the LPN if Resident #11 received a [redacted]. The LPN stated that Resident #11 received [redacted] in bed.</p> <p>On 10/02/24 at 10:03 AM, the surveyor interviewed Resident #11, who was seated in a wheelchair, regarding [redacted]. Resident #11 stated that the facility had built new [redacted] and had [redacted] and that the staff told them that they had [redacted] in the past but that they were not sure.</p> <p>On 10/02/24 at 10:07 AM, the surveyor interviewed Resident #11's CNA regarding showers. The CNA stated that the resident received [redacted]. She added that the staff tried to get the resident two different [redacted] but that they did not work. The CNA stated it was for safety and that the [redacted] came. She added that one time it took four staff to get the resident out of the [redacted]. The surveyor asked the CNA if there was [redacted] that the resident could be placed in. The CNA stated that on their unit there was not a [redacted] and only a [redacted]. The CNA confirmed that a [redacted] was not tried for the resident.</p> <p>On 10/02/24 at 10:14 AM, the surveyor interviewed the Team Leader/Registered Nurse</p>	S1790		

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S1790	<p>Continued From page 7</p> <p>(TL/RN) Heritage Manor West (HMW) regarding showers. The TL/RN stated that a resident would get [redacted] if physically capable of [redacted]. She added that the facility had [redacted] if needed and a [redacted]. The surveyor asked the TL/RN the reason why Resident #11 was not receiving [redacted] and information on any issue in the past the resident had with the [redacted]. The TL/RN stated that Resident #11 had not voiced wanting [redacted] in the one and one half years she had worked at the facility. She added that she was not aware of any issue in the past with [redacted]. The surveyor asked the TL/RN if the facility had a [redacted] in the facility. The TL/RN stated that there was one. The surveyor asked the TL/RN for further information about the reason why Resident #11 was not receiving [redacted].</p> <p>On 10/02/24 at 10:27 AM, the surveyor interviewed the Director of Rehab (DoR) regarding Resident #11 and being seen for showers. The DoR stated that she was not made aware of any issue with the [redacted]. She added that the resident was a transfer by [redacted] and would assess the resident for the appropriate [redacted] equipment. The surveyor asked the DoR for any information that Resident #11 was seen or assessed prior to surveyor inquiry for [redacted].</p> <p>On 10/02/24 at 10:53 AM, in the presence of the Assistant Director of Nursing (ADON) Heritage Manor East (HME), the surveyor observed a [redacted] that had other equipment stored on top of it in one of the unit's [redacted]. The surveyor asked the ADON if a resident required a [redacted] could they use the [redacted]. The ADON stated that a shower would be resident preference regardless of [redacted] and a [redacted] could be used. The surveyor asked the ADON if a</p>	S1790		
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S1790	<p>Continued From page 8</p> <p>resident was unable to stand on their own could they get [redacted] NJ Ex Order 26.4(b)(1). The ADON stated "they could." She added that her unit did not have any residents that presently needed the [redacted] NJ Ex Order 26.4(b)(1) on her unit. The surveyor asked the ADON if the [redacted] NJ Ex Order 26.4(b)(1) could go to another unit. The ADON stated "it could."</p> <p>On 10/02/24 at 11:29 AM, the surveyor asked the CNA if Resident #11 expressed that they wanted to receive [redacted] NJ Ex Order 26.4(b)(1) and if the [redacted] NJ Ex Order 26.4(b)(1) was ever used for the resident. The CNA stated that there were times that the resident said they wanted [redacted] NJ Ex Order 26.4(b)(1). She added that she did not know if the [redacted] NJ Ex Order 26.4(b)(1) was ever tried because they only had [redacted] NJ Ex Order 26.4(b)(1) on this unit. The surveyor asked to view the [redacted] NJ Ex Order 26.4(b)(1) binder that contained the [redacted] NJ Ex Order 26.4(b)(1) schedule. The surveyor in the presence of the CNA reviewed the binder which included two different [redacted] NJ Ex Order 26.4(b)(1) Assignment sheets that had the resident listed as [redacted] NJ Ex Order 26.4(b)(1) on one of the sheets and [redacted] NJ Ex Order 26.4(b)(1) on the other sheet. The CNA stated that the sheet that had [redacted] NJ Ex Order 26.4(b)(1) was wrong, and that Resident #11 received [redacted] NJ Ex Order 26.4(b)(1) on Fridays.</p> <p>On 10/02/24 at 11:48 AM, the DoR stated that she could not find any documented evidence that Resident #11 was evaluated for [redacted] NJ Ex Order 26.4(b)(1). The DoR provided the surveyor with the resident's prior evaluations and [redacted] NJ Ex Order 26.4(b)(1) discharge summaries. She added that the resident would be screened today to determine appropriateness and safety of [redacted] NJ Ex Order 26.4(b)(1). The surveyor asked the DoR if a resident were a [redacted] NJ Ex Order 26.4(b)(1) by [redacted] NJ Ex Order 26.4(b)(1) into a wheelchair would they be able to be transferred by [redacted] NJ Ex Order 26.4(b)(1) into [redacted] NJ Ex Order 26.4(b)(1) or a [redacted] NJ Ex Order 26.4(b)(1). The DoR stated that she would not see a problem if the [redacted] NJ Ex Order 26.4(b)(1) or [redacted] NJ Ex Order 26.4(b)(1) was a [redacted] NJ Ex Order 26.4(b)(1) one and at least two or three people did the</p>	S1790		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S1790	<p>Continued From page 9</p> <p>NJ Ex Order 26.4(b)</p> <p>On 10/02/24 at 11:56 AM, the TL/RN stated that she did not have any more information on Resident #11 and NJ Ex Order 26.4(b)(1)</p> <p>On 10/02/24 at 12:33 PM, the surveyor interviewed the Director of Nursing (DON) regarding NJ Ex Order 26.4(b)(1). The DON stated that residents should have a NJ Ex Order 26.4(b)(1) schedule dependent on their preference for morning or evening. She added that they would receive a NJ Ex Order 26.4(b)(1) according to the schedule unless the resident preferred NJ Ex Order 26.4(b)(1). The surveyor asked the DON if there would be any reason why a resident would not receive NJ Ex Order 26.4(b)(1) since the facility had NJ Ex Order 26.4(b)(1) on one of the units. The DON stated that maybe if there was a safety issue or if for example a physician may request that the resident does not get NJ Ex Order 26.4(b)(1) after NJ Ex Order 26.4(b)(1). The surveyor asked the DON the reason why Resident #11 was not receiving NJ Ex Order 26.4(b)(1). The DON stated that it had just come to her attention that the resident wanted NJ Ex Order 26.4(b)(1) and that she was not sure what incident had occurred in the past. She added that Resident #11 was going to be referred to OT for assessment. The DON stated that the facility should be able to accommodate a resident that wants NJ Ex Order 26.4(b)(1) and be assessed for safety.</p> <p>On 10/02/24 at 01:30 PM, in the presence of the survey team, the surveyor notified the Licensed Nursing Home Administrator (LNHA) and DON, the concerns that Resident #11 was not receiving NJ Ex Order 26.4(b)(1) according to the resident's preference, at least one time a week.</p> <p>On 10/03/24 at 12:35 PM, in the presence of the survey team and the LNHA, the DON stated that</p>	S1790		
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New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481
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S1790	<p>Continued From page 10</p> <p>the Rehab department was going to assess the resident for a safe way to use the [redacted] because the reclining chair that the unit had was not safe for Resident #11. The facility did not provide any documented evidence that Resident #11 was assessed regarding showers prior to surveyor inquiry. The facility did not provide any documented evidence that there was a medical condition or safety concern that prevented the resident from receiving [redacted].</p> <p>The facility did not provide any additional information.</p> <p>A review of the facility provided policy titled, "Shower devices" with an effective date of 5/24, included the following: Purpose: A shower device is used when a resident requires postural support and stability while showering. Shower devices are utilized to increase comfort, safety, and dignity during the shower process. Policy: Shower devices are considered reasonable and necessary for residents who require assistance with activities related to health and personal hygiene. A shower device is utilized when a resident: 1. Is unable to transfer in/out of the shower independently. 2. Is unable to sit or stand in the shower independently. 3. Requires positional support during showering Procedure: 1. Residents are evaluated to determine the appropriate shower device required for a shower. 2. Resident shower preferences and use of shower devices are included during evaluation process. Definitions:</p>	S1790		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
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S1790	Continued From page 11 2. Tilt/recline shower device: May be required when a resident has extensive weakness, contractures, or abnormal tone requiring full body support; requires total assistance with transfers and showering; ...A tilt/recline bathing device can be tilted or reclined to various angles, provides extensive support and can be rolled into the shower for bathing.	S1790		
S2340	8:39-31.6(n) Mandatory Physical Environment (n) The facility shall maintain at least a three-day supply of food and have access to an alternative supply of water in case of an emergency. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and review of pertinent facility documentation, it was determined that the facility failed to maintain a three-day minimum emergency food and water supply. This deficient practice would affect all residents and staff and was evidenced by the following: On 9/30/24 at 11:00 AM, the surveyor requested from the Senior Director of Dining Services (SDDS) to provide a copy of the facility's three-day emergency food supply menu, plan, and supply list. On 10/01/24 at 01:07 PM, in the presence of the second surveyor, the surveyor observed the emergency food supply and water with SDDS and Storeroom Supervisor (SRS). The SDDS stated	S2340	It is the policy of Christian Health Care Center to maintain a three-day minimum emergency food/water supply. Upon discovering a shortage in food/water emergency supply, we educated the Senior Director of Dietary and Nutrition Services and the Storeroom Supervisor on October 4, 2024, to ensure a 3-day food/water supply is on hand at all times for both residents and staff. The Emergency Food and Water Checklist is used to monitor inventory. A shortage in product will be ordered within 24 hours. The DNS Director audits the food/water supply weekly for four weeks and monthly thereafter and report any findings to	10/9/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481
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S2340	<p>Continued From page 12</p> <p>SRS were responsible for emergency food and water supply. The SDDS stated "We have 747 gallons of emergency water supply for three days, which he calculated as 1 gallon of water per resident x 3 days, based upon census." The SDDS further stated as far as emergency food goes, it was only for residents and that was how we had always done it. The surveyors, the SDDS and the SRS observed the following items listed on the menu were not in storage as listed on the emergency food list:</p> <ol style="list-style-type: none"> 1. Salmon, pink boneless pouch, there were only two cases. The list showed 3. 2. Eight (8) cases of 500 paper plates 9 inch. The surveyors observed six sealed cases of 500 paper plates, 1 sealed case of 1000 paper plate and 1 case of paper plates was open. <p>On 10/02/24 at 01:13 PM the survey team met with the Director of Nursing (DON) and the Licensed Nursing Home Administrator (LNHA). The surveyor notified the facility management of the above-mentioned concerns.</p> <p>On 10/03/24 at 12:31 PM, the survey team met with DON and LNHA. The LNHA stated, "we ordered supplies yesterday, for residents and the staff." The LNHA further stated, "we modified the policy for having emergency food for the resident and the staff as well."</p> <p>On 10/08/24 at 12:25 PM, the survey team met with LNHA, DON, Medical Director, and Vice President (VP) of Senior Services for an Exit Conference. The facility did not refute the findings.</p>	S2340	administration and Quality Assurance and Performance Improvement committee.	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481
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S2345 S2345	<p>Continued From page 13</p> <p>8:39-31.6(o) Mandatory Physical Environment</p> <p>(o) The facility shall conduct at least one evacuation drill each year, either simulated or using selected residents. State, county, and municipal emergency management officials shall be invited to attend the drill at least 10 working days in advance.</p> <p>This REQUIREMENT is not met as evidenced by: Based on documentation review and interviews on 10/03/2024 in the presence of the Director of Plant Operations (DPO) and the Security Officer of Risk and Safety (SORS), it was determined that the facility failed to invite state, county, and municipal emergency management officials to at least one evacuation drill at least 10 working days in advance.</p> <p>In an interview on 10/03/2024 at 10:00 AM the surveyor requested documentation regarding collaboration with emergency management officials.</p> <p>The SORS did provide letters with certified mail receipts pertaining to a request for annual review of the Emergency Preparedness Program, but there was no documentation provided regarding an invite or attendance of emergency management officials to a drill.</p> <p>The facility's Administrator was notified of the deficient practice at the Life Safety Code exit conference on 10/04/2024 at 2:00 PM.</p>	S2345 S2345	<p>It is the facility's policy to conduct at least one emergency evacuation drill a year.</p> <p>All residents in similar situations can be affected by this process.</p> <p>On October 3, 2024, education was completed with the Director of Plant Operations and the Security Officer of Risk and Safety regarding the requirement to invite state, county and municipal emergency management officials to the facility's evacuation drills no later than 10 days prior to the event.</p> <p>One month prior to the date of the evacuation drill scheduled for 2025, a letter addressed to the Office of Emergency Management leaders of state, county and municipal emergency management officials will be sent via postal mail with a certified receipt request. Upon receipt of the certified mail receipt, the Security Officer of Risk and Safety keeps the certified receipt and invitation letter attached to the drill evaluation</p>	10/10/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481
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S2345	Continued From page 14	S2345	documentation. The effectiveness of these measures will be evaluated by the Quality Assurance and Performance Improvement Committee at each quarterly meeting and modified as necessary	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315376	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/11/2024	Y3
NAME OF FACILITY CHRISTIAN HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481		

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 F0565	Correction	ID Prefix F0576	Correction	ID Prefix F0578	Correction
Reg. # 483.10(f)(5)(i)-(iv)(6)(7)	Completed	Reg. # 483.10(g)(6)-(9)	Completed	Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed
LSC	10/17/2024	LSC	10/18/2024	LSC	10/11/2024
ID Prefix F0641	Correction	ID Prefix F0658	Correction	ID Prefix F0689	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	10/31/2024	LSC	10/09/2024	LSC	10/11/2024
ID Prefix F0692	Correction	ID Prefix F0693	Correction	ID Prefix F0695	Correction
Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.25(g)(4)(5)	Completed	Reg. # 483.25(i)	Completed
LSC	10/11/2024	LSC	10/11/2024	LSC	10/31/2024
ID Prefix F0697	Correction	ID Prefix F0698	Correction	ID Prefix F0725	Correction
Reg. # 483.25(k)	Completed	Reg. # 483.25(l)	Completed	Reg. # 483.35(a)(1)(2)	Completed
LSC	11/05/2024	LSC	10/12/2024	LSC	10/09/2024
ID Prefix F0756	Correction	ID Prefix F0759	Correction	ID Prefix F0838	Correction
Reg. # 483.45(c)(1)(2)(4)(5)	Completed	Reg. # 483.45(f)(1)	Completed	Reg. # 483.71(a)(1)(3)(b)(1)(c)(1)-(5)	Completed
LSC	10/31/2024	LSC	10/09/2024	LSC	10/09/2024
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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
315376		12/11/2024

NAME OF FACILITY CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481
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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	F0880	Correction			
Reg. #	483.80(a)(1)(2)(4)(e)(f)	Completed			
LSC		10/09/2024			

REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
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REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
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FOLLOWUP TO SURVEY COMPLETED ON 10/8/2024	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060204	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/11/2024
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NAME OF FACILITY CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481
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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 S1790	Correction	ID Prefix S2340	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-27.2(i)	Completed	Reg. # 8:39-31.6(n)	Completed
LSC	10/09/2024	LSC	10/25/2024	LSC	10/09/2024
ID Prefix S2345	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-31.6(o)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/10/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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 10/8/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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

PRINTED: 05/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481		
(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	
E 000	Initial Comments	E 000			
	An Emergency Preparedness Survey was conducted by the New Jersey Department of Health on 10/02/2024 thru 10/04/2024. Christian Health Care Center was found to be in compliance with 42 CFR 483.73.				
K 000	INITIAL COMMENTS	K 000			
	A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations between 10/02/2024 and 10/04/2024 and Christian Health Care Center and was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.				
	Christian Health Care Center is composed of 4 building:				
	1. Building #7 -Heritage Manor East (HME)-53,048 sqft Nursing care and support/ laundry services Built in 1964, 132 bed. Complete dry sprinkler system				
	2. Building #8- SouthGate - 52,936 sqft Mental health and behavioral health Built in 1988, 98 bed				
	3. Building #9 - Commons- 29,452 sqft Business/Administrative use Built in 1988- dry sprinkler system				
	4. Building #10- Heritage Manor West (HMW) -				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/25/2024

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	Continued From page 1 37,807 sqft Post acute unit Built in 1988, 120 bed Christian health has a bi-fuel (diesel/natural gas) generator that supplies 100% of all four building as per Director of Plant Operations.	K 000			
K 222 SS=F	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location	K 222		11/5/24	

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481		
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K 222	<p>Continued From page 2</p> <p>within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observations and interviews on 10/03/2024 and 10/04/2024 in the presence of the U.S. FOIA (b) (6) and U.S. FOIA (b) (6), it was determined that the facility failed to ensure that doors provide with delayed egress locking arrangements were installed in accordance with NFPA 101:2012 Edition, Sections 7.2.1.6.1 and</p>	K 222	<p>It is the policy of the facility to ensure that doors with delayed egress locking arrangements are installed in accordance with NJFA 101:2012 Edition, Sections 7.2.1.6.1 and 19.2.2.2.4.</p> <p>Upon discovering the delayed egress door in the Post-Acute Care Unit Gym was not</p>		

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K 222	<p>Continued From page 3</p> <p>19.2.2.2.4. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>An observation on 10/03/2024 at 12:25 PM, revealed that the delayed egress door in the PACU (Post Acute Care Unit) gym:</p> <ol style="list-style-type: none"> Released at 30 seconds. Was not provided with an audible signal in the vicinity of the door opening. A sign that reads "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS" was not provided. <p>An observation at 12:42 PM, revealed that the delayed egress door near room 341:</p> <ol style="list-style-type: none"> Released at 30 seconds. A sign that reads "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS" was not provided. Red, stickered lettering read "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 20 SECONDS." <p>An observation at 01:14 PM, revealed that the delayed egress door near room 317:</p> <ol style="list-style-type: none"> Released at 30 seconds. A sign that reads "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS" was not provided. Red, stickered lettering read "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 20 SECONDS." <p>In interviews at the time, the DPO confirmed the observations.</p> <p>The facility's U.S. FOIA (b) (6) was notified of the deficient practice at the Life Safety Code exit</p>	K 222	<p>audible, Plant operations installed an alarm on the door and corrected the release to happen at 15 seconds.</p> <p>Upon discovering the doors near rooms 317 and 341 released at 30 seconds, the facility corrected the release to happen at 15 seconds.</p> <p>Upon discovering incorrect signage was posted on the doors near rooms 317 and 341, the facility ordered signage with white lettering and red background for contract which reflect "Push until alarm sounds. Door can be opened in 15 seconds for doors that swing in the direction of egress." Signage has been received and will be installed by November 5, 2024.</p> <p>Plant Operations immediately toured the remaining units of Heritage Manor East and Southgate to ensure all resident safety by confirming all delayed egress doors had the proper signage and released at 15 seconds.</p> <p>To ensure compliance, Plant Operations has increased its preventive maintenance schedule to check all delayed egress doors for release and signage initially weekly for four weeks, and monthly thereafter.</p> <p>Plant Operations leadership will review inspection reports. Findings will be reported to the Safety Committee on every other month's basis as well as reported to quarterly QAPI committee for three quarters.</p>		

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K 321	<p>Continued From page 5</p> <p>Based on observations and interviews on 10/04/2024 in the presence of the U.S. FOIA (b) (6) [REDACTED] and U.S. FOIA (b) (6) [REDACTED], it was determined that the facility failed to ensure that hazardous areas were protected in accordance with NFPA 101:2012 Edition, Sections 19.3.2.1 and 19.3.5.9. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>An observation at 10:40 AM, revealed that building #7 EVS storage room closet containing 26 boxes of multifold towels, 11 boxes of toilet paper rolls and 12 boxes of jumbo toilet paper rolls was not provided with doors that were self-closing or automatic closing.</p> <p>An observation at 10:47 AM, revealed that the laundry room door did not latch closed when tested by the U.S. FOIA (b) [REDACTED]</p> <p>An observation at 12:25 PM, revealed that the Commons building boiler room door did not latch closed when tested by the U.S. FOIA (b) [REDACTED]</p> <p>In interviews at the time, the U.S. FOIA (b) [REDACTED] and U.S. FOIA (b) [REDACTED] confirmed the observations.</p> <p>The facility's U.S. FOIA (b) (6) [REDACTED] was notified of the deficient practices at the Life Safety Code exit conference at 02:00 PM.</p> <p>N.J.A.C 8:39-31.2 (e)</p>	K 321	<p>It is the policy of the facility to ensure hazardous areas are protected in accordance with NFPA 101:2012 Edition, Sections 13.3.2.1 and 19.3.5.9.</p> <p>Upon discovering the Heritage Manor East EVS storage room closet did not have automatic/self-closing equipment, Plant Operations submitted work orders for correction. Upon receipt of the self-closing equipment, it was immediately installed, tested for function, and confirmed compliance on October 21, 2024.</p> <p>Upon discovering the boiler room door and the laundry door not latching upon test, Plant Operations submitted work orders for correction. On October 7, 2024 the door closers and hinges were corrected, the doors were tested confirming function which confirmed compliance.</p> <p>Plant Operations immediately toured the remaining units of Heritage Manor West and Southgate to ensure all resident safety by confirming all self-closings door latched upon inspection.</p> <p>To ensure compliance, Plant Operations increased its preventive maintenance schedule to check all self-closing doors to ensure they latch upon inspection initially weekly for four weeks, and monthly thereafter.</p> <p>Education of all Long Term Care staff on self-closing doors and how they latch took</p>		

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

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K 321	Continued From page 6	K 321	<p>place on October 29, 2024. Closed work order number 261651 and sign-in sheets were collected and submitted for evidence as were pictures of the newly installed equipment and of the corrected door closers and hinges.</p> <p>Plant Operations leadership reviews inspection reports. Findings are reported to the Safety Committee on every other month's basis as well as reported to quarterly QAPI committee for three quarters.</p> <p>Self-closing devices were installed on the EVS storage closet on October 21, 2024. Boiler room and laundry room door functions were corrected on October 7, 2024.</p>		
K 324 SS=F	<p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p>	K 324		11/5/24	

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K 324	<p>Continued From page 7</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews on 10/03/2024 in the presence of the U.S. FOIA (b) (6) [REDACTED] and U.S. FOIA (b) (6) [REDACTED], it was determined that the facility failed to ensure that cooking facilities open to the corridor were protected in accordance with NFPA 101:2012 Edition, Sections 19.3.2.5.3., 9.6.2.10.3, NFPA 72 and chapter 11 of NFPA 96. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>An observation at 01:07 PM, revealed that the building 10 contained a cooking facility that was opened to corridor. The oven in the cooking facility:</p> <ol style="list-style-type: none"> 1. Was not provided with a locked switch, or a switch located in a restricted location within the cooking facility that is used for deactivation of the appliance whenever the kitchen is not under staff supervision. 2. The switch was not on a timer, not exceeding a 120-minute capacity, that automatically deactivated the appliance, independent of staff action. 	K 324	<p>It is the policy of the facility to ensure that cooking facilities open to the corridor are protected in accordance with NFPA 101:2012 Edition, Sections 19.3.2.5.2, 9.6.2, 10.3, NFPA and chapter 11 of NFPA 96.</p> <p>Upon discovering the oven in the Heritage Manor West cooking facility did not have a locked switch with a timer and an AC powered interconnected photoelectric smoke alarm. Plant Operations submitted a work order for correction. An electrical contractor installed a locked switch, 120-minute timer, and an AC powered interconnected photoelectric smoke alarm on October 28, 2024.</p> <p>Plant Operations immediately toured the remaining units of Heritage Manor East and Southgate to ensure all resident safety and confirmed there were no other cooking facilities open to the corridor.</p> <p>To ensure compliance, Plant Operations added a preventive maintenance inspection for the identified items which is</p>		

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K 324	Continued From page 8 3. Was not provided with not less than two AC-powered, interconnected, photoelectric smoke alarms. In interviews at the time, the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] confirmed the observations at stated that they would have the knobs removed so that only trained staff could turn the oven on as a safety precaution at the time. The facility's [U.S. FOIA (b) (6)] was notified of the deficient practices at the Life Safety Code exit conference at 2:00 PM. N.J.A.C 8:39-31.2 (e)	K 324	completed initially weekly for four weeks, and monthly thereafter. Plant Operations leadership reviews semi-annual inspection reports. Findings are reported to the Safety Committee on every other month's basis as well as reported to quarterly QAPI committee for three quarters. An in-service of the Activities staff assigned to Heritage Manor West was completed on October 29, 2024. Closed work order number 262046 along with sign-in sheets for education were submitted for evidence as was the electrical contractor's invoice and picture of completed work. Additionally, instructions on use of the oven was posted on October 29, 2024. Installations of the locked switch, 120-minute timer, and an AC powered interconnected photoelectric smoke alarm were completed on October 28, 2024.		
K 341 SS=F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders,	K 341		11/5/24	

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K 341	<p>Continued From page 9 and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews on 10/03/2024 and 10/04/2024 in the presence of the U.S. FOIA (b) (6) and U.S. FOIA (b) (6), it was determined that the facility failed to provide fire alarm notification by audible and visible signals in the enclosed courtyard of building #8 in accordance with NFPA 101, 2012 Edition, Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>An observation on 10/03/2024 at 02:05 PM, revealed that the courtyard in building # 8 was enclosed and did not provide a means for audible and visual notification of the fire alarm system in an emergency.</p> <p>In an interview at the time, the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) confirmed the observation.</p> <p>The facility's U.S. FOIA (b) (6) was notified of the deficient practices at the Life Safety Code exit conference at 02:00 PM.</p> <p>N.J.A.C 8:39-31.2 (e) NFPA 72</p>	K 341	<p>It is the policy of the facility to provide fire alarm notification by audible and visible signals in any enclosed courtyard in accordance with NFPA 101 2012 edition, Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and 24.4.2.20.9.</p> <p>Upon discovering the courtyard for the Southgate Special Care Unit did not have an audible and visible alarm device to activate in an emergency, Plant Operations submitted a work order. A fire alarm contractor purchased and installed a new audible and visual notification device on October 22, 2024. The device was tested upon installation and confirmed functional by the Fire Alarm vendor.</p> <p>Plant Operations immediately toured the enclosed courtyards of Heritage Manor West and the Employee courtyard to confirm all resident and staff safety and confirmed audible and visual notification devices were present.</p> <p>The newly installed audible and visible alarm device on the Southgate Special Care Unit courtyard was added to existing</p>	

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K 341	Continued From page 10	K 341	<p>fire alarm system preventive maintenance inspections completed semi-annually by the Fire Alarm vendor.</p> <p>Plant Operations leadership reviews the semi-annual inspection reports. Findings are reported to the Safety Committee on every other month's basis as well as reported to quarterly QAPI committee for three quarters.</p> <p>A staff in-service on the installed audible and visible alarm device was completed on October 29, 2024. Closed work order number 262052 and sign-in sheets for education were and submitted for evidence as was the Fire Alarm contractor's invoice and picture of completed work.</p> <p>The installation of the new audible and visual notification device was completed on October 22, 2024.</p>		
K 351 SS=F	<p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes</p>	K 351		11/5/24	

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K 351	<p>Continued From page 11</p> <p>closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews on 10/03/2024 and 10/04/2024 in the presence of the U.S. FOIA (b) (6) and U.S. FOIA (b) (6), it was determined that the facility failed to ensure that sprinkler systems were installed and maintained in all areas in accordance with 19.3.5, 9.7 and NFPA 13:2012 Edition, Section 8.5.5. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>An observation on 10/03/2024, revealed that the EVS storage room in building #8 did not contain fire sprinkler coverage.</p> <p>In an interview at the time, the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) confirmed the observation.</p> <p>In an interview on 10/04/2024, the U.S. FOIA (b) (6) stated that upon further investigation of the EVS closet by maintenance staff, they were able to locate the sprinkler in the EVS storage room and that it must have been accidentally covered up during renovations.</p> <p>The facility's U.S. FOIA (b) (6) was notified of the deficient practices at the Life Safety Code exit conference at 02:00 PM.</p> <p>N.J.A.C 8:39-31.2 (e)</p>	K 351	<p>It is the policy of the facility to ensure fire safety requirements for all building occupants with sprinkler coverage by a fire suppression system in accordance with NFPA 13, 19.2.3, 9.7, 8.5.5.</p> <p>Upon discovering the Environmental Services storage room in the Southgate Special Care Unit, building 8, did not contain fire sprinkler coverage, Plant Operations submitted a work order. A certified fire suppression contractor installed a sprinkler head on October 4, 2024.</p> <p>Plant Operations immediately checked all other storage rooms in Southgate, Heritage Manor East, and Heritage Manor West to ensure all resident safety and confirmed sprinkler coverage.</p> <p>The newly installed sprinkler head is added to the visual inspections completed semi-annually by the fire suppression contractor.</p> <p>Plant Operations leadership reviews quarterly inspection reports. Findings are reported to the Safety Committee on every other month's basis as well as</p>		

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K 351	Continued From page 12 NFPA 13	K 351	reported to quarterly QAPI committee for three quarters. A staff in-service on the need for sprinklers in storage rooms was completed on October 29, 2024. Closed work order number 261597 and sign-in sheets for education were collected and submitted for evidence as was the Fire Suppression Contractor's invoice and picture of sprinkler head installed. The sprinkler head was installed in the Environmental Services closet on October 4, 2024.		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced	K 353		11/5/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 353	<p>Continued From page 13</p> <p>by: Based on observations and interviews on 10/04/2024 in the presence of the U.S. FOIA (b) (6) [REDACTED] and U.S. FOIA (b) (6) [REDACTED], it was determined that the facility failed to ensure that sprinkler systems gauges were changed every five years in accordance with NFPA 101:1012 edition, Sections 9.7.5, 9.7.7, 9.7.8 and NFPA 25. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>An observation at 11:59 in the loading dock sprinkler room revealed:</p> <ol style="list-style-type: none"> 1. The Dry West sprinkler system contained 3 gauges from 2017. 2. The PACU (Post Acute Care Unit) Rehab/ wet sprinkler system contained 2 gauges from 2015. 3. The BLDG (building) #10 Heritage Manor West (HMW) sprinkler system contained 1 gauge from 2017 and 2 gauges from 2018. <p>In an interview at the time, the U.S. FOIA (b) (6) [REDACTED] and U.S. FOIA (b) (6) [REDACTED] confirmed the observations.</p> <p>The facility's U.S. FOIA (b) (6) [REDACTED] was notified of the deficient practices at the Life Safety Code exit conference at 02:00 PM.</p> <p>N.J.A.C 8:39-31.1(c), 31.2 (e) NFPA 25</p>	K 353	<p>It is the policy of the facility to ensure that sprinkler system gauges are changed every 5 years, in accordance with NFPA 101: 2012 Edition, Sections 9.7.5, 9.7.7, 9.7.8 and NFPA 25.</p> <p>Upon discovering three outdated sprinkler system gauges Plant Operations submitted a work order. A certified fire suppression contractor replaced all three gauges on October 17, 2024.</p> <p>Immediately Plant Operations checked the fire sprinkler systems in Southgate and Heritage Manor East to ensure all resident safety and confirmed all gauges were in compliance.</p> <p>An inservice of the plant operations staff regarding the proper timing of replacing fire sprinkler system gauges will be completed by November 5, 2024. To ensure compliance, fire sprinkler system gauges will be inspected once a week for four weeks, and monthly thereafter, and are now included as part of the routine daily rounds checklist. Gauges will also now be incorporated into the quarterly fire sprinkler inspections by the certified fire suppression contractor.</p> <p>Plant Operations leadership will review quarterly inspection reports. Findings will be reported to the Safety Committee on every other month's basis as well as reported to the quarterly QAPI committee for three quarters.</p>		

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K 353	Continued From page 14	K 353			
K 362 SS=F	<p>Corridors - Construction of Walls CFR(s): NFPA 101</p> <p>Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This REQUIREMENT is not met as evidenced by: Based on observations and interviews on 10/04/2024 in the presence of the U.S. FOIA (b) (6) [REDACTED] and U.S. FOIA (b) (6) [REDACTED], it was determined that the facility failed to ensure that corridor walls were continuous from the floor to the underside of the floor or roof deck above in accordance with NFPA 101:2012 Edition, Sections 19.3.6.2.1, 19.3.6.2.3.</p>	K 362	<p>A certified fire suppression contractor replaced all three gauges on October 17, 2024. Closed work order number 262053 will be submitted for evidence.</p> <p>It is the policy of the facility to ensure corridor walls are continuous from the floor to the underside of the floor or roof deck above in accordance with NFPA 101, 2012 Edition, Sections 19.3.6.2.1 and 19.3.6.2.3</p> <p>Upon discovering the opening in the wall</p>	11/5/24	

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K 362	<p>Continued From page 15</p> <p>This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>An observation at 11:20 AM, revealed that there was an approximately 70-inch by 50-inch penetration through the corridor wall into an activities room in building #7.</p> <p>In an interview at the time, the [U.S. FOIA (b) (6)] confirmed the observation.</p> <p>The facility's [U.S. FOIA (b) (6)] was notified of the deficient practices at the Life Safety Code exit conference at 02:00 PM.</p> <p>N.J.A.C 8:39-31.2 (e)</p>	K 362	<p>of the Activity room on Heritage Manor East, Plant Operations submitted work order 262042. Guidance was requested of our Architect of Record to properly enclose the wall to maintain a fire rated wall.</p> <p>The facility's in-house carpenter constructed a fire rated wall in accordance with UL U419: 1 hour fire rating STC rating 48 framing type steel stud non-load bearing. This was completed by November 5, 2024.</p> <p>Plant Operations and Facilities staff immediately toured Heritage Manor West and Southgate to ensure all resident safety and to confirm there are no other areas where this condition exists.</p> <p>All future requests for renovations are submitted to the Architect of Record for proper code compliance prior to construction. Education was provided to leadership on October 31, 2024 regarding the process for ensuring code compliance during construction when requesting changes to the building that may impact life safety.</p> <p>Any requests for a project of this type are submitted through a work order and an approved project charter is reviewed and monitored by Facilities staff for appropriateness and submitted to the Architect for proper compliance. Such requests are reported to the Safety Committee and the QAPI Committee for three quarters.</p>		

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K 362	Continued From page 16	K 362			
K 741 SS=F	<p>Smoking Regulations CFR(s): NFPA 101</p> <p>Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4</p>	K 741	<p>The fire rated wall was constructed by November 5, 2024. Closed work order number 262042 was submitted for evidence as was the guidance of the Architect of Record and a picture of the completed work of constructed fire rated wall.</p>	11/5/24	

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K 741	<p>Continued From page 17</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews on 10/03/2024 in the presence of the U.S. FOIA (b) (6) [REDACTED] and U.S. FOIA (b) (6) [REDACTED], it was determined that the facility failed to ensure that ashtrays of noncombustible material and a metal container with a self-closing cover were provided in all areas where smoking is permitted in accordance with NFPA 101:2012 Edition, Section 19.7.4. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>An observation at 12:58 PM, revealed that the smoking area in building #10 contained a plastic smoker's receptacle and did not contain a metal container with a self-closing cover device into which ashtrays could be emptied.</p> <p>In an interview at the time, the U.S. FOIA (b) (6) [REDACTED] confirmed the observation.</p> <p>The facility's U.S. FOIA (b) (6) [REDACTED] was notified of the deficient practices at the Life Safety Code exit conference at 02:00 PM.</p> <p>N.J.A.C 8:39-31.2 (e), 31.6(e)</p>	K 741	<p>It is the policy of the facility to ensure ashtrays which are of noncombustible materials and a metal container with a self-closing cover are provided in all areas where smoking is permitted in accordance with NFPA 101, 2012 Edition, and Section 19.7.4.</p> <p>Plant Operations and Facilities immediately provided a location 50 feet from the building along with a self-closing metal ashtray for the one current smoking resident on Heritage Manor West.</p> <p>Plant Operations and Facilities staff immediately toured the campus to ensure all resident and staff safety by removing noncompliant receptacles.</p> <p>Upon discovery of the plastic receptacles, Facilities Management staff ordered noncombustible ashtrays with self-closing covers in a concealed metal container on October 24, 2024, and receptacles will be installed upon delivery as per instructions in work order 262469.</p> <p>The policy and procedure was revised to include non-combustible ashtrays as the appropriate receptacle to extinguish smoking materials and education will be provided to staff by November 5, 2024. To ensure compliance, the Environmental Services department will inspect the receptacles daily and confirm they are safe to use.</p>		

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K 741	Continued From page 18	K 741	<p>The results from the Environmental services rounds will be reported to the Safety Committee and QAPI Committee for three quarters.</p> <p>Replacement receptacles will be installed by November 5, 2024. Closed work order number 262469 will be submitted for evidence.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315376	MULTIPLE CONSTRUCTION A. Building 02 - CHRISTIAN HCC B. Wing	DATE OF REVISIT 12/11/2024
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NAME OF FACILITY CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481
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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 _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0222	11/05/2024	LSC K0321	11/05/2024	LSC K0324	11/05/2024
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0341	11/05/2024	LSC K0351	11/05/2024	LSC K0353	11/05/2024
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # _____	Completed
LSC K0362	11/05/2024	LSC K0741	11/05/2024	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
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REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
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FOLLOWUP TO SURVEY COMPLETED ON 10/8/2024	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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