STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315152	A. BUILDING ______ B. WING ______	08/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WELLINGTON	**301 UNION STREET HACKENSACK, NJ 07601**

(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 Survey Date: 8/3/22 Census: 94 Sample: 22+3+3 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Dates on site included 7/19/22, 7/18/22, 7/20/22, 7/21/22, 7/22/22, 7/25/22, 7/26/22, 7/27/22, 7/28/22, 8/2/22, and 8/3/22. Deficiencies were cited for this survey.	F 000		
F 559 SS=E	Choose/Be Notified of Room/Roommate Change CFR(s): 483.10(e)(4)-(6) §483.10(e)(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement. §483.10(e)(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement. §483.10(e)(6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to a.) notify in writing of residents' room changes for NJ Exec Order 26.4b1 residents and b.) develop	F 559	F559(E) How the corrective action will be accomplished for those residents found to	8/26/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 08/25/2022

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

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facility policy for room changes in accordance with federal and state regulations.

1. On 7/22/22 at 11:07 AM, the surveyor observed Resident #55 sitting in their wheelchair in the hallway outside of their room on the NJ Exec Order 26 -floor nursing unit. The resident wNJ Exec Order 26.4b1 this time.

On 7/25/22 at 11:18 AM, the surveyor interviewed Certified Nursing Aide (CNA #1) who stated the resident use to reside on the NJ Exec O -floor nursing unit and was moved at some point to the NJ Exec Order 26 -floor nursing unit.

The surveyor reviewed the medical record for Resident #55.

A review of the Admission Record face sheet reflected that the resident was admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses which included NJ Ex Order 26. 4B1 .

A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26. 4B1 , reflected a brief interview for mental status (BIMS) score of NJ out of 15, which indicated NJ Ex Order 26. 4B1 .

A review of the electronic medical record revealed no information as to when or why the resident's room was changed.

On 7/26/22 at 12:54 PM, the surveyor interviewed

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have been affected by the deficient practice.

Resident #55, #28, and #12, and responsible parties were notified that they had a room change.
No residents were NJ Exec Order 26.4b1 .

How the facility will identify other residents having the potential to be affected by the same deficient practice.
Resident #55,#28,and #12 were NJ Exec Order 26.4b1 . All other residents have the potential to be affected.

What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.
The facility will put in place notification of room change forms to ensure that all resident and family are informed of potential room changes. The staff were in-serviced on room change forms and procedures. The facility will notify the resident and or responsible party about room change. Respect resident's rights to refuse room change and offer an appeal.

How the facility will monitor monitor its corrective action to ensure that the deficient practice will not recur.
DON or designee will conduct audit of room change documentation weekly for 1 month then monthly for 3 months and quarterly x 3 months to monitor for completion with residents room change documentation , notification , and the opportunity to appeal a room change.
DON or designee will report findings of

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

PRINTED: 09/14/2023
FORM APPROVED
OMB NO. 0938-0391

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F 559	Continued From page 2 the U.S. FOIA (b) (6) who stated if a resident requested a room change, the request would go through the Admission Department who handled all room changes. The US FOIA (b stated room changes were documented in the electronic medical record in a Social Service Note if the U.S. FOIA (b) (6) initiated a room change and in a Nurse Note if the nurse initiated a room change. The US FOIA (b stated the facility would speak to the resident or responsible party, but the facility did not have a form that the resident or responsible party signed agreeing to the room change. On 7/27/22 at 10:05 AM, the surveyor interviewed the floor nursing unit U.S. FOIA (b) (6) who stated Resident #55 was transferred to this floor from the NJ Exec O-floor nursing unit. The U.S. FOIA (b) (6) stated she was unsure the exact date the resident moved or why the resident was transferred, that the US FOIA (b)(6) verbally informed the US FOIA (b)(6) a resident was moving to their floor and then the US FOIA (b)(6) informed the of the room change. The US FOIA (b)(6) stated that there was no formal form for a room change and the US FOIA (b)(6) documented the room change in the resident's medical record. On 7/27/22 at 10:23 AM, the surveyor interviewed CNA #2 who stated Resident #55 can sometimes be "NJ Exec Order 26.4 and NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. CNA #2 stated that the resident NJ Exec Order 26.4b1 but NJ Exec Order 26.4b1. CNA #2 stated Resident #55 used to reside on the NJ Exec O-floor nursing unit but was moved to the NJ Exec Order 26-floor nursing unit to room NJ Ex Ord and then at some point was moved to room NJ Ex Ord. CNA #2 could not speak to why the resident was moved	F 559	audit to the Administrator and Quality Assurance Committee quarterly.	

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or when the resident was moved.

On 7/27/22 at 11:01 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated the process for a room change depended on if the resident or resident's representative was requesting a room change and if the facility had an available room. If the resident needed to be moved for [redacted] status, the facility notified the resident or their representative for consent prior to moving the resident. The U.S. FOIA (b) (6) stated when a resident was moved, the room number was changed in their electronic medical record. The U.S. FOIA (b) (6) stated that he sent an email to staff regarding the room change, but he did not document in the electronic medical record the reason why the room was changed or who was notified. The U.S. FOIA (b) (6) stated either the nurse or the [redacted] might document the room change in the medical record.

On 7/27/22 at 1:24 PM, the survey team met with the U.S. FOIA (b) (6), U.S. FOIA (b) (6), and U.S. FOIA (b) (6). The surveyor requested documentation for Resident #55's room changes.

On 7/28/22 at 10:51 AM, the U.S. FOIA (b) in the presence of the U.S. FOIA (b) (6), and survey team provided the surveyor with Resident #55's room changes as follows:

The resident resided in room NJ Ex Ord from NJ Ex Order 26. through NJ Ex Order 26. 4B1 and was transferred to room NJ Ex Or on Ex Order 26. 4B1 for Ex Order 26. 4B1 room needs and Emergency Contact #1 was notified.
The resident resided in room NJ Ex Ord from Ex Order 26. 4B1

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until NJ Ex Order 26. 4B1 and was transferred to room NJ Ex Order on NJ Ex Order 26. 4B1 for renovations and resident's Guardian was made aware.
The resident resided in room NJ Ex Order from NJ Ex Order 26. 4B1 until NJ Ex Order 26. 4B1 and was transferred to room on NJ Ex Order 26. 4B1 for NJ Ex Order 26. 4B1 and the resident's Guardian was made aware.

At this time, the NJ Ex Order stated there was no documentation in the resident's medical chart for these room changes but everyone was made aware of the room changes. The NJ Ex Order stated that the facility did not provide residents or their representatives in writing notice of room changes.

2. On 7/25/22 at 11:16 AM, the surveyor observed Resident #28 in the NJ Exec Order 26-floor nursing unit hallway NJ Exec Order 26.4b1 in their wheelchair. The surveyor attempted to interview the resident who NJ Exec Order 26.4b1.

On 7/26/22 at 12:54 PM, the surveyor interviewed the US FOIA (b) who stated if a resident requested a room change, the request would go through the Admission Department who handled all room changes. The U.S. FOIA (b) stated room changes were documented in the electronic medical record in a Social Service Note if the US FOIA (b)(6) initiated a room change and in a Nurse Note if the nurse initiated a room change. The NJ Ex Order stated the facility would speak to the resident or responsible party, but the facility did not have a form that the resident or responsible party signed agreeing to the room change.

On 7/27/22 at 10:31 AM, the surveyor interviewed CNA #2 who stated the resident was transferred to the NJ Exec Order 26-floor nursing unit from the NJ Exec O-floor nursing unit. CNA #2 stated the

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resident was NJ Exec Order 26.4b1

On NJ Ex Order 26. 4B1 at 10:32 AM, the NJ Exec Order 26 floor Unit Clerk overheard CNA #2 inform the surveyor Resident #28 was transferred to the NJ Exec Order 26-floor nursing unit. The U.S. FOIA (b) (6) at this time informed the surveyor that long term care residents were all being moved from the NJ Exec O floor to the [redacted]-floor nursing unit.

The surveyor reviewed the medical record for Resident #28.

A review of the Admission Record face sheet reflected the resident was admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses which included NJ Ex Order 26. 4B1.

A review of the most recent annual MDS dated NJ Ex Order 26. 4B1, reflected a BIMS score of NJ out of 15, which indicated a NJ Ex Order 26. 4B1.

A review of the medical record did not include when and why the resident was transferred.

On 7/27/22 at 11:01 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated the process for a room change depended on if the resident or resident representative was requesting a room change and if the facility had an available room. If the resident needed to be moved for a NJ Exec Order 26.4b1 status, the facility notified the resident or their representative for consent prior to moving the resident. The U.S. FOIA (b) (6) stated when the resident

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was moved, the room number was changed in their electronic medical record. The U.S. FOIA (b) (6) stated that he sent an email to staff regarding the room change, but he did not document in the electronic medical record the reason why the room was changed or who was notified. The U.S. FOIA (b) (6) stated that either the nurse or the U.S. FOIA (b) (6) might document the room change in the medical record.

On 7/27/22 at 1:24 PM, the survey team met with the U.S. FOIA (b) (6). The surveyor requested documentation for Resident #28's room changes.

On 7/28/22 at 10:51 AM, the U.S. FOIA (b) in the presence of the U.S. FOIA (b) (6), and survey team provided the surveyor with Resident #28's room changes as follows:

The resident resided in room NJ Ex Ord from NJ Ex Order 26. 4B through NJ Ex Order 26. 4B, and was transferred to room NJ Ex Ord on NJ Ex Order 26. 4B for a compatible change and the resident's Power of Attorney (POA) was notified. The resident resided in room NJ Ex Ord from NJ Ex Order 26. 4B through NJ Ex Order 26. 4B, and was transferred to room on NJ Ex Order 26. 4B for NJ Ex Order 26. 4B1 rooms and the POA was notified.

At this time, the U.S. FOIA (b) stated that there was no documentation in the resident's medical chart for these room changes but everyone was made aware of the room changes. The U.S. FOIA (b) stated that the facility did not provide residents or their representatives in writing notice of room changes.

3. On 7/22/22 at 8:29 AM, the surveyor observed

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Resident #12 in their room on the NJ Exec Order 26-floor nursing unit. The resident was sitting in their wheelchair eating breakfast. The surveyor observed the U.S. FOIA (b) (6) the resident's morning medications. The resident was NJ Exec Order 26

On 7/26/22 at 12:54 PM, the surveyor interviewed the U.S. FOIA (who stated if a resident requested a room change, the request would go through the US FOIA (b)(6) who handled all room changes. The U.S. FOIA (stated room changes were documented in the electronic medical record in a Social Service Note if the US FOIA (b)(6) initiated a room change and in a Nurse Note if the nurse initiated a room change. The U.S. FOIA (stated that the facility would speak to the resident or responsible party, but the facility did not have a form that the resident or responsible party signed agreeing to the room change.

On 7/27/22 at 10:32 AM, the NJ Exec Order 26 floor U.S. FOIA stated the resident was transferred to this unit from the NJ Exec O-floor nursing unit . The U.S. FOIA stated that she thought the transfer occurred because all the long-term care residents were going to reside on the NJ Exec Order 26-floor nursing unit.

On 7/27/22 at 10:33 AM, the surveyor interviewed CNA #2 who stated the resident was NJ Exec Order 26.4b1

The surveyor reviewed the medical record for Resident #12.

A review of the Admission Record face sheet reflected that the resident was admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses which

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F 559	Continued From page 8 included NJ Ex Order 26. 4B1 A review of the most recent quarterly MDS dated NJ Ex Order 26. 4B1, reflected a BIMS score of NJ out of 15, which indicated a NJ Ex Order 26. 4B1. On 7/27/22 at 11:01 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated the process for a room change depended on if the resident or resident representative was requesting a room change and if the facility had an available room. If the resident needed to be moved for a NJ Exec Order 26.4b1 status, the facility notified the resident or their representative for consent prior to moving the resident. The U.S. FOIA (b) (6) stated when a resident was moved, the room number was changed in their electronic medical record. The U.S. FOIA (b) (6) stated he sent an email to staff regarding the room change, but he did not document in the electronic medical record the reason why the room was changed or who was notified. The U.S. FOIA (b) (6) stated that either the nurse or the U.S. FOIA (b) (6) might document the room change in the medical record. On 7/27/22 at 1:24 PM, the survey team met with the U.S. FOIA (b) (6). The surveyor requested documentation for Resident #12's room changes. On 7/28/22 at 10:51 AM, the U.S. FOIA (b in the presence of the U.S. FOIA (b) (6), and survey team provided the surveyor with Resident #12's room	F 559		

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F 559	Continued From page 9 changes as follows: The resident resided in room NJ Ex Ord from NJ Ex Order 26. 4B to NJ Ex Order 26. 4B1, and was transferred on NJ Ex Order 26. 4B1 to room NJ Ex Ord for NJ Exec Order 26.4b1 roommates and the resident was notified of the change. The resident resided in room NJ Ex Ord from NJ Ex Order 26. 4B1 to NJ Ex Order 26. 4B1, and was transferred on NJ Ex Order 26. 4B1 to room NJ Ex Ord for NJ Ex Order 26. 4B1 rooms and the resident was notified. The resident resided in room NJ Ex Ord from NJ Ex Order 26. 4B1 to NJ Ex Order 26. 4B1, and was transferred on NJ Ex Order 26. 4B to room NJ Ex Ord for NJ Ex Order 26. 4B1 reasons and the resident was notified. The resident resided in room NJ Ex Ord from NJ Ex Order 26. 4B to NJ Ex Order 26. 4B, and was transferred to room NJ Ex Ord for NJ Exec Order 26.4b1 roommates and a temporary Guardian was notified. The resident resided in room NJ Ex Ord from NJ Ex Order 26. 4B to NJ Ex Order 26. 4B, and was transferred to room NJ Ex Ord for NJ Ex Order 26. 4B1 rooms and the temporary Guardian was notified. At this time, the U.S. FOIA (b stated there was no documentation in the resident's medical chart for these room changes but everyone was made aware of the room changes. The NJ Ex Order stated the facility did not provide residents or their representatives in writing notice of room changes. A review of the facility's "Room Change/Roommate Assignment" policy dated 4/26/22, included...prior to changing a room or roommate assignment all parties involved in the change/assignments (e.g. residents and their representatives will be notified of change...documentation of a room change is recorded in the resident's medical record.... The policy did not include the resident and/or	F 559		

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F 559	Continued From page 10 representative will receive written notice, including the reason for the change, before the resident's room or roommate in the facility was changed. NJAC 8:39-4.1(a)(13)	F 559		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced	F 609		8/26/22

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F 609	Continued From page 11 by: Based on observation, interview, and review of facility documents, it was determined that the facility failed to report to the New Jersey Department of Health (NJDOH) an NJ Exec Order 26.4b1 of NJ Ex Order 26. 4B1 that occurred on NJ Ex Order 26. 4B1. This deficient practice was identified for 1 of 3 residents (Resident #55) reviewed for [redacted] and was evidenced by the following: On 7/22/22 at 10:54 AM, the surveyor observed Resident #55 in their wheelchair in the hallway approach another resident (Resident #28) in their wheelchair and he/she NJ Exec Order 26.4b1 of the other resident's wheelchair while making NJ Exec Order 26.4b1 [redacted] The surveyor observed Resident #28 try to NJ Exec Order themselves away from Resident #55, but the resident was NJ Exec Order 26.4b1 the housekeeping cart in the hallway. Resident #28 called out "NJ Ex Order 26. 4B1" and NJ Exec Order 26.4b1 the housekeeping cart as Resident #55 attempted to NJ Exec Order 26.4b1 of Resident #28's wheelchair. There was no staff present at this time, so the surveyor looked down the hallway and saw an U.S. FOIA (b) (6) who the surveyor called for help. The surveyor told the U.S. FO what they observed, and the U.S. FO removed Resident #28 from the hallway. The surveyor reviewed the medical record for Resident #55. A review of the Admission Record face sheet reflected that the resident was admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses which included Ex Order 26. 4B1 [redacted]	F 609	F609(D) How will the corrective action will be accomplished for those resident found to have been affected by the deficient practice. The facility completed and reported the NJ Exec Order 26.4b1 of NJ Ex Order 26. 4B1 for resident #55. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will recur. Audit was conducted to ensure no other resident to resident abuse occurred. Staff was in-serviced to report all allegations or resident to resident to abuse to the supervisor DON and or Administrator. Administrator, DON or designee will investigate and report all allegations of abuse to the DOH immediately , or within 2 hours if injury is noted , no less than 24hours if no injury is noted. The managerial staff was in serviced on all events that should be reported to the appropriate parties including DOH, Ombudsman, family and local authorities. How the facility will monitor monitor its corrective action to ensure that the	

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	315152	A. BUILDING ______ B. WING ______	08/03/2022

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F 609	Continued From page 12 Ex Order 26. 4B1 . A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26. 4B1, reflected a brief interview for mental status (BIMS) score of NJ out of 15, which indicated Ex Order 26. 4B1 . A review of the Progress Notes reflected a Nursing/Clinical note dated NJ Ex Order 26. 4B1 at 7:51 PM, that the writer US FOIA (b)(6) was told by other nursing staff that there was an incident between Resident #55 and Resident #12 around 7:05 PM when I was on break. Resident #55 NJ Ex Order 26. 4B1 themselves to Resident #12 who was sitting in their wheelchair by the nurse's station and Resident #55 NJ Exec Order Resident #12 in their Ex Order 26. 4B1. The residents were immediately separated by nursing staff who witnessed the incident and Resident #55 was directed back to their room. On 7/25/22 at 9:00 AM, the surveyor requested from the U.S. FOIA (b) (6) all investigations for Resident #55 for the past two years. On 7/25/22 at 10:48 AM, the U.S. FOIA (b) provided the surveyor with the requested investigations and confirmed they were all the investigation completed for Resident #55 since NJ Ex Order. The surveyor reviewed the investigations for Resident #55 which did not include the NJ Ex Order 26. 4B1 documented in the Progress Notes on NJ Ex Order 26. 4B1. On 7/26/22 at 9:39 AM, the US FOIA (b) informed the	F 609	deficient practice will not recur. DON or designee will ensure that all allegation or resident to resident abuse or bodily injury will be reported in timely manner. Audit weekly x 4 weeks then monthly for 3 months and quarterly x 3 months. DON or designee will report findings of audit to the Administrator and Quality Assurance Committee quarterly.	

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F 609	Continued From page 13 surveyor that last night while reviewing Resident #55's medical record, she noticed that Resident #55 NJ Ex Order 26.4 Resident #12 in NJ Ex Order 26. 4B1, but she was not the U.S. FOIA (b) at that time. The U.S. FOIA (b) stated that she called the previous DON (DON #2) who stated that he thought there was a "soft file". The surveyor asked what a "soft file" was, and the U.S. FOIA (b) responded it was just an investigation. The surveyor asked the U.S. FOIA (b) to provide them with a copy and asked if the incident was reported to the NJDOH. The US FOIA (b) responded no and acknowledged that the incident should have been since it was an allegation of NJ Ex Order 26.4 On U.S. FOIA (b) (6) at 10:51 AM, the U.S. FOIA (b) in the presence of the U.S. FOIA (b) (6), and the survey team confirmed that the NJ Ex Order 26. 4B1 from NJ Ex Order 26. 4B1 was not reported to the NJDOH. A review of the facility's "Abuse Investigation and Reporting" policy dated revised July 2017, included all reports of abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source ("abuse") shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported... NJAC 8:39-9.4(e)	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse,	F 610		8/26/22

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F 610	Continued From page 14 neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documentation, the facility failed to thoroughly investigate an instance of NJ Ex Order 26. 4B1 that occurred on NJ Ex Order 26. 4B1. This deficient practice was identified for 1 of 3 residents (Resident #55) reviewed for NJ Exec Order 26 and evidenced by the following: On 7/22/22 at 10:54 AM, the surveyor observed Resident #55 in their wheelchair in the hallway approach another resident (Resident #28) in their wheelchair and he/she NJ Ex Order 26. the NJ Exec Or of the other resident's NJ Exec Order 26.4b1 The surveyor observed Resident #28 try to NJ Exec Order themselves away from Resident #55, but the resident was NJ Exec Order 26.4b1 the housekeeping cart in the hallway. Resident #28 called out "NJ Ex Order 26. 4B1" and NJ Exec Order 26.4b1 the housekeeping cart as Resident #55 attempted to NJ Exec Order 26.4b1 of Resident	F 610	F610(D) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. An investigation was completed and reported for resident #55. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.	

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F 610	Continued From page 15 #28's wheelchair. There was no staff present at this time, so the surveyor looked down the hallway and saw the U.S. FOIA (b) (6) who the surveyor called for NJ Ex Order. The surveyor told the U.S. FO what they observed, and the U.S. FO removed Resident #28 from the hallway. The surveyor reviewed the medical record for Resident #55. A review of the Admission Record face sheet reflected that the resident was admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses which included NJ Ex Order 26. 4B1 . A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26. 4B1, reflected a brief interview for mental status (BIMS) score of NJ out of 15, which indicated Ex Order 26. 4B1 . A review of the Progress Notes reflected a Nursing/Clinical Note dated NJ Ex Order 26. 4B1 at 7:51 PM, that the writer (Registered Nurse (RN #1)) was told by other nursing staff that there was an incident between Resident #55 and Resident #12 around 7:05 PM when I was on break. Resident #55 NJ Ex Order 26. 4B1 themselves to Resident #12 who was sitting in their wheelchair by the nurse's station and Resident #55 NJ Exec Order Resident #12 in their NJ Ex Order 26. 4B1. The residents were immediately separated by nursing staff who witnessed the incident and Resident #55 was directed back to their room.	F 610	The managerial staff was in-serviced on all events that should be investigated. All allegations or resident to resident abuse will be reported to the supervisor, DON and/or Administrator. The Administrator, DON or designee will investigate all allegations of abuse and report to appropriate parties including DOH, Ombudsman ,family and local authorities. How the facility will monitor monitor its corrective action to ensure that the deficient practice will not recur. DON or designee will conduct audits weekly x 4 weeks then monthly for 3 months and quarterly x 3 months to ensure all allegations or abuse are investigated and reported to DOH in a timely manner. DON or designee will report findings of audit to the Administrator and Quality Assurance Committee quarterly.	

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F 610	Continued From page 16 A review of an additional Nursing/Clinical Note dated NJ Ex Order 26. 4B1 at 9:03 PM, reflected that complete NJ Exec Order 26.4b1 was done on Resident #55 with NJ Ex , NJ Exec Order 26.4b1 and any NJ Exec Order 26.4b1 from the incident with Resident #12. A review of a Social Services Note dated NJ Ex Order 26. 4B1 at 2:45 PM, reflected that the US FOIA (b)(6) U.S. FOIA (b) (6) met with Resident #55 and the RN/Supervisor #1 as a witness and resident was NJ Exec Order 26.4b1 to do not NJ Exec Order 26.4b1 any resident or staff. Resident educated to get staff member if they feel NJ Exec Order NJ Exec Order to NJ Exec Order 26.4b1 any issues before it arises. Resident has NJ Ex Order 26. 4B1 A review of an additional Social Services Note dated NJ Ex Order 26. 4B1 at 3:38 PM, reflected that the U.S. FOIA (b) and the RN/Supervisor #1 provided a NJ Exec Order 2 to assess Resident #55's NJ Exec Order 26.4b1 The resident was provided with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 . The BIMS score was assessed at a NJ Ex Order 26. which indicated NJ Ex Order 26. 4B1 . There were no additional Progress Notes regarding the incident. A review of the annual MDS from the period of the incident on NJ Ex Order 26. 4B1 dated NJ Ex Order 26. 4B1, reflected that the resident had a BIMS score of NJ out 15, which indicated NJ Ex Order 26. 4B1 . A review of NJ Ex Order 26. 4B1 NJ Exec Order 26.4b1 indicated that the resident had NJ Ex Order 26. 4B1; NJ Exec Order 26.4b1 with regards to NJ Exec Order 26.4b1 requests; and	F 610		

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F 610	Continued From page 17	F 610		

NJ Exec Order 26.4b1 others with regards to NJ Exec Order 26.4b1 but NJ Exec Order 26.4b1.

On 7/25/22 at 9:00 AM, the surveyor requested from the U.S. FOIA (b) (6) all investigations for Resident #55 for the past U.S. FOI years.

On 7/25/22 at 10:48 AM, the U.S. FOIA (b provided the surveyor with the requested investigations and confirmed they were all the investigation completed for Resident #55 since NJ Ex Order.

The surveyor reviewed the investigations for Resident #55 which did not include the NJ Ex Order 26. 4B1 documented in the Progress Notes on NJ Ex Order 26. 4B.

On 7/26/22 at 9:39 AM, the U.S. FOIA (b informed the surveyor that last night while reviewing Resident #55's medical record, she noticed that Resident #55 NJ Ex Order 26. Resident #12 in NJ Ex Order 26. 4B1, but she was not the U.S. FOIA (b at that time. The U.S. FOIA (b stated that she called the previous DON (DON #2) who stated that he thought there was a "soft file". The surveyor asked what a "soft file" was, and the U.S. FOIA (b responded it was just an investigation. The surveyor asked the U.S. FOIA (b to provide them with a copy.

On 7/26/22 at 10:09 AM, the US FOIA (b) provided the surveyor with a handwritten accident report dated NJ Exec Order 26. at 7:05 PM; incident occurred NJ Ex Order 26. 4B. When the surveyor asked why the investigation was handwritten and not typed like the other investigations provided, the U.S. FOIA (b stated that she could not speak to it. When asked what actions the facility took to ensure Resident #55 did not

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F 610	Continued From page 18	F 610		

NJ Ex Ord any other residents, the U.S. FOIA (b stated that the resident followed up with the U.S. FOIA (b) (6) and was counseled not to NJ Ex Ord anyone.

At this time the surveyor reviewed the incident report with the U.S. FOIA (b, the part of the report that indicated a signature for the person preparing the report, U.S. FOIA (b) (6) was blank and the previous DON (DON #2) signed but did not date; the documents reviewed indicated medical records and statements; actions taken during this investigation was not applicable; three staff members were listed as people interviewed RN/Supervisor #1, RN/Supervisor #2, and Licensed Practical Nurse (LPN #1); and the conclusion was resident was seen by U.S. FOIA (b) (6) on NJ Ex Order 26. 4B1 with and the resident was educated to with other residents. There were no statements from the three people interviewed included. The U.S. FOIA (b could not speak to these statements. The U.S. FOIA (b stated that LPN #1 no longer worked at the facility but RN/Supervisor #1 and RN/Supervisor #2 still worked at the facility. The surveyor requested their telephone numbers.

On 7/26/22 at 11:11 AM, the surveyor interviewed RN/Supervisor #1 via telephone who stated that investigations were typically completed by the U.S. FOIA (b or the U.S. FOIA (b) (6) , but the primary nurse would start an investigation by talking to the resident's U.S. FOIA (b) (6) . RN/Supervisor #1 stated that the staff interview would be paraphrased in the electronic medical record in the incident report. RN/Supervisor #1 stated that night he was at the Nurse's Station and observed Resident #55 to the Nurse's

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F 610	Continued From page 19	F 610		

Station for a snack and them NJ Exec Order 26.4b1 in their wheelchair to Resident #12 and NJ Exec Order 26.4b1 him/her in NJ Ex Order 26. 4B1. RN/Supervisor #1 stated the residents were separated. RN/Supervisor #1 stated that he could not recall if any documented interventions were put into place after the incident. RN/Supervisor #1 stated Resident #55 was NJ Exec Order 26.4b1 and would need to "NJ Ex Order 26. 4B1" to NJ Exec Order 26.4b1. The resident would not NJ Exec Order 26.4b1.

On 7/26/22 at 12:07 PM, the surveyor interviewed RN/Supervisor #2 who stated that she did not witness the incident on NJ Ex Order 26. 4B1 but was called to the floor after the incident. RN/Supervisor #2 stated for NJ Ex Order 26. 4B1, statements were documented in the electronic medical record. RN/Supervisor #2 stated that the purpose of investigation was to determine what happened and why it happened to prevent the situation from occurring again. RN/Supervisor #2 stated she spoke with LPN #1 who was a NJ Exec Order 26.4b1 nurse who no longer worked at the facility, and she obtained her statement. RN/Supervisor #2 stated LPN #1 did not witness Resident #55 NJ Ex Order 26.4b1 Resident #12 but she heard Resident #12 say Resident #55 NJ Ex Order 26. 4B1 him/her. RN/Supervisor #2 stated that she completed the incident report in the electronic medical record, but cannot speak to it. RN/Supervisor #2 stated she cannot recall a plan of care for Resident #55 after the incident.

On 7/26/22 at 12:54 PM, the surveyor interviewed the US FOIA (b) who stated that Resident #55 had a NJ Exec Order 26.4b1 with a BIMS score usually of a NJ Ex Order 26. 4B1 or a NJ Exec Order 26.4b1 which indicated NJ Ex Order 26. 4B1. The resident depending on their NJ Exec Order 26.4b1 could NJ Exec Order 26.4b1. The surveyor asked if someone told the resident to stop doing

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F 610	Continued From page 20 NJ Exec Order 26.4b1 and the U.S. FOIA (b) replied "NJ Exec Order 26.4b1." When the surveyor asked her how the telling the resident not to NJ Ex Ord someone as documented in her note on NJ Exec Order 26.4 was an appropriate intervention for a resident with NJ Ex Order 26.4, the US FOIA (b) stated that NJ Exec Order 26.4b1 was an intervention and could not speak further. On 7/28/22 at 10:51 AM, the U.S. FOIA (b) and the U.S. FOIA (b) (6) in the presence of the U.S. FOIA (b) (6) and the survey team confirmed the investigation provided to the surveyor for the NJ Ex Order 26. 4B1 on NJ Ex Order 26. 4B1, which was dated NJ Ex Order 26. 4B, was not a complete investigation. The U.S. FOIA (b) also confirmed this incident was not reported to the New Jersey Department of Health. A review of the facility's "Resident-to-Resident Altercations" policy dated Revised December 2016, included all altercations, including those that may represent resident-to-resident abuse, shall be investigated and reported to the Nursing Supervisor, the Director of Nursing Services and to the Administrator....if two residents are involved in an altercation staff will:...identify what happened, including what might have led to the aggressive conduct on the part of one or more of the individuals involved in the altercation...review the events with the Nursing Supervisor and Director of Nursing, and possible measures to try to prevent additional incidents...document in the resident's clinical record all interventions and their effectiveness...complete a "Report of Incident/Accident" form and document the incident, findings, and any corrective measures taken in the resident's medical/clinical record...	F 610		

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F 610	Continued From page 21 A review of the facility's "Abuse Investigation and Reporting" policy dated revised July 2017, included all reports of abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source ("abuse") shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported... Refer to F609 NJAC 8:39-4.1(a)5; 27.1(a)	F 610		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656		8/26/22

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F 656	Continued From page 22 rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that the facility failed to develop an appropriate comprehensive, person-centered care plan for a resident with known NJ Ex Order 26. 4B1 to prevent NJ Exec Order 26.4b1 with residents. This deficient practice was identified for 1 of 25 residents (Resident #55) reviewed for comprehensive care plans, and was evidenced by the following: On 7/22/22 at 10:54 AM, the surveyor observed Resident #55 in their wheelchair in the hallway approach another resident (Resident #28) in their wheelchair and he/she NJ Ex Order 26. the NJ Exec Order 26.4b1 other resident's NJ Exec Order 26.4b1 while NJ Exec Order 26.4b1 The surveyor observed Resident #28 try to NJ Exec Order themselves away from Resident #55,	F 656	F656(D) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. The care plan was updated immediately for resident #55 How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected. What measures will be put into place or	

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F 656	Continued From page 23 but the resident was NJ Exec Order 26.4b1 the housekeeping cart in the hallway. Resident #28 called out "NJ Ex Order 26.4B1" and NJ Exec Order 26.4b1 the housekeeping cart as Resident #55 attempted to NJ Exec O the NJ Exec Order 26.4b1 of Resident #28's NJ Ex Order 26.4B1. There was no staff present at this time, so the surveyor looked down the hallway and saw the U.S. FOIA (b) (6) who the surveyor called for help. The surveyor told the U.S. FO what they observed, and the U.S. FO removed Resident #28 from the hallway. The surveyor reviewed the medical record for Resident #55. A review of the Admission Record face sheet reflected that the resident was admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses which included NJ Ex Order 26. 4B1 . A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26. 4B1, reflected a brief interview for mental status (BIMS) score of NJ out of 15, which indicated NJ Ex Order 26. 4B1 . A review of the Progress Notes reflected a Nursing/Clinical Note dated NJ Ex Order 26. 4B1 at 7:51 PM, that the writer U.S. FOIA (b) (6) was told by other nursing staff that there was an incident between Resident #55 and Resident #12 around 7:05 PM when I was on break. Resident #55 NJ Ex Order 26. 4B1 themselves to Resident #12 who was sitting in their wheelchair by the nurse's station	F 656	systemic changes will be made to ensure that the deficient practice will not recur. The staff was in-serviced regarding updating the care plans timely after any incident of resident to resident abuse to prevent additional altercations. The Interdisciplinary Care Planning team will meet to discuss all incidents, resident-to-resident abuse to develop, implement and update the person-centered care plan accordingly. How the facility will monitor monitor its corrective action to ensure that the deficient practice will not recur. DON or designee will conduct audits weekly x 4 weeks then monthly for 3 months and quarterly x 3 months. DON or designee will report findings of audit to the Administrator and Quality Assurance Committee quarterly.	

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F 656	Continued From page 24	F 656		

and Resident #55 NJ Ex Order 26.4 Resident #12 in their NJ Ex Order 26. 4B1. The residents were immediately separated by nursing staff who witnessed the incident and Resident #55 was directed back to their room.

A review of the resident's comprehensive person-centered care plan included a focus area initiated on NJ Ex Order 26. 4B1 and last revised on NJ Exec Order 26. for the resident's has a NJ Ex Order 26. 4B1 and NJ Ex Order 26. 4B1 related to NJ Ex Order 26. 4B1 and NJ Exec Order 26.4b1, [he/she] NJ Ex Order 2 others. Interventions included to allow patient time to respond to directions or requests; approach slowly and slightly to the side; be aware of patient's personal space; use consistent routines and caregivers for activities of daily living [ADLs]. The care plan did not include the resident NJ Ex Order 26. residents or interventions to prevent the resident from NJ Exec Order 26.4b1 another resident.

On 7/26/22 at 11:11 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that care plans were updated as needed by the US FOIA (b)(6) and the U.S. FOIA (b) (6). The US FOIA (b)(6) stated at the time of Resident #55's NJ Exec Order 26.4b1 with Resident #12, he was the US FOIA (b)(6) and witnessed Resident #55 NJ Ex Ord Resident #12. The U.S. FOIA (b) (6) stated that after an incident report was completed, usually the U.S. FOIA (b) (6) developed interventions to put into place in order to prevent the situation from re-occurring and the care plan was updated. The U.S. FOIA (b) (6) stated that he could not recall documenting any new interventions or updating the care plan after Resident #55's NJ Exec Order 26.4b1

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F 656	Continued From page 25 On 7/27/22 at 12:05 PM, the surveyor interviewed the U.S. FOIA (b) who stated that care plans were updated after an incident with new interventions put in place to prevent the incident from reoccurring. At this time, the surveyor reviewed the resident's care plan with the U.S. FOIA (b) regarding the care plan revised by her on NJ Ex Order 26. 4B for the focused area of the resident NJ Exec Order 26.4b1. The U.S. FOIA (b) stated that she started working at the facility on NJ Ex Order 26., but could have been at the facility reviewing charts as part of the Corporate facility and updated the care plan then. The U.S. FOIA (b) stated that she could not speak to the particulars of why she updated the resident's care plan on NJ Ex Order 26. 4B, but the U.S. FOIA (b) acknowledged that care plan was not appropriate for a resident NJ Exec Order 26.4b1 other residents, the U.S. FOIA (b) stated that the resident must have NJ Exec Order 26 a staff member because those interventions were appropriate for staff members. A review of the facility's "Care Planning - Interdisciplinary Team" policy dated revised March 2022, included resident care plans are developed according to the timeframes and criteria established in 483.21; comprehensive, person-centered care plans are based on resident assessments and developed by an interdisciplinary team... NJAC 8:39-11.2(e)	F 656		
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality.	F 658		8/26/22

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This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review, it was determined that the facility failed to a.) follow a physicians order for a U.S. FOIA (b) (6) for a resident who had a NJ Exec Order 26.4 with a resident on U.S. FOIA (b) (6) which continued through the standard survey on NJ Ex Order 26. and b.) assess and updated a resident's code status upon admission to the facility in accordance with professional standards of nursing practice. This deficient practice was identified for 2 of 25 residents (Resident #36 and #55) reviewed for professional standards of nursing practice.

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."

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

F 658

F658(E)

How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

The U.S. FOIA (b) (6) came to visit resident #55 for NJ Exec Order consult on the same day, as per the U.S. FOIA (b) (6) resident #55 NJ Exec Order 26. service . The U.S. FOIA (b) (6) spoke with resident #36 and updated the code status. Code status was updated and verified by resident and medical doctor.

How the facility will identify other residents having the potential to be affected by the same deficient practice.

All residents have the potential to be affected.

What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.

The IDCP (Interdisciplinary Care Planning) team will meet to discuss the incident and update , develop/implement comprehensive care plan to ensure that it meets professional standards of quality.

The facility will in-service admitting nurses to ask alert and oriented new admission their code status. MD(medical doctor) will be informed about residents code status preference and orders could be verified,

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F 658	Continued From page 27 counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." The deficient practice was evidenced by the following: 1. On 7/22/22 at 10:54 AM, the surveyor observed Resident #55 in their wheelchair in the hallway approach another resident (Resident #28) in their wheelchair and he/she NJ Ex Order 26. the NJ Exec Or of the other resident's wheelchair while NJ Exec Order 26 . The surveyor observed Resident #28 try to NJ Exec Order themselves away from Resident #55, but the resident was NJ Exec Order 26.4b1 around the housekeeping cart in the hallway. Resident #28 called out "NJ Ex Order 26. 4B1" and NJ Exec Order 26.4b a NJ Exec Order 26.4b1 the housekeeping cart as Resident #55 attempted to NJ Exec Order 26.4b1 of Resident #28's wheelchair. There was no staff present at this time, so the surveyor looked down the hallway and saw the NJ Ex Order 26. 4B1 who the surveyor called for help. The surveyor told the U.S. FO what they observed, and the U.S. FO removed Resident #28 from the hallway. The surveyor reviewed the medical record for Resident #55. A review of the Admission Record face sheet reflected that the resident was admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses which included NJ Ex Order 26. 4B1 .	F 658	update and ordered. In house nurse practitioner will meet with residents and discuss code status, orders will be update as per residents wishes. Social Worker will meet with resident, family and or responsible party and discuss code status. Status will be verified by resident, responsible party, and md. Orders will be obtained. The facility will in-service staff on the DOT system. Dots will be placed on residents name wrist bracelet, this DOT will identify resident preferred code status. The facility will in-service psychiatrist to alert staff when residents refuses a consult. The facility will in-service psychiatrist to document resident refusal of consult. How the facility will monitor monitor its corrective action to ensure that the deficient practice will not recur. DON or designee will conduct audits weekly x 4 weeks then monthly for 3 months and quarterly x 3 months. DON or designee will report findings of audit to the Administrator and Quality Assurance Committee quarterly.	

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A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26. 4B1, reflected a brief interview for mental status (BIMS) score of NJ out of 15, which indicated NJ Ex Order 26. 4B1 .

A review of the Progress Notes reflected a Nursing/Clinical Note dated NJ Ex Order 26. 4B at 7:51 PM, that the writer U.S. FOIA (b) (6) was told by other nursing staff that there was an incident between Resident #55 and Resident #12 around 7:05 PM when I was on break. Resident #55 NJ Ex Order 26. 4B1 themselves to Resident #12 who was sitting in their wheelchair by the Nurse's Station and Resident #55 NJ Ex Order 26. Resident #12 in their Ex Order 26. 4B1. The residents were immediately separated by nursing staff who witnessed the incident and Resident #55 was directed back to their room.

A review of the Order Summary Report reflected a physician's order (PO) dated NJ Ex Order 26. 4B for a NJ Exec Order 26.4b1 every shift for NJ Exec Order 26.4b1 NJ Exec Order 26.4b discontinue once done.

On 7/25/22 at 12:41 PM, the surveyor requested from the U.S. FOIA (b) (6) all of Resident #55's NJ Ex Order 26. 4B1 from the past year.

On 7/26/22 at 8:30 AM, the US FOIA (b) provided the surveyor with the Progress Notes for the NJ Ex Order 26. 4B1 for the past year. This included only one Physician/Practitioner Progress Note for a NJ Ex Order 26. 4B1 dated NJ Ex Order 26. 4B. At this time, the US FOIA (b) confirmed this was all the NJ Ex Order 26. 4B1 Resident #55 had this year.

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On 7/27/22 at 11:15 AM, the NJ Ex Order 26. 4B1 stated that the U.S. FOIA (b) (6) requested to speak to the surveyor and provided the surveyor with his phone number.

On 7/27/22 at 11:17 AM, the surveyor interviewed the U.S. FOIA (b) (6) via telephone who stated if the facility informed him there was an issue with a resident, he would come to the facility and see the resident. The U.S. FOIA (b) (6) stated that if the resident NJ Exec Order 26. to see him, he would not document that he came to visit but the resident NJ Exec Order 26. to see him. When the surveyor asked why he would not document that the resident to see him or how would someone know that he attempted to see the resident, the U.S. FOIA (b) (6) stated that he would expect the nurse to document a note that the resident NJ Exec Order 26. to see the U.S. FOIA (b) (6) that day. The U.S. FOIA (b) (6) further stated that there was "no need" for him to document the NJ Exec Order 2 and staff should document there was communication with him. The U.S. FOIA (b) (6) stated that he expected the nurses to communicate if a resident needed to be seen and if there was a NJ Exec Order 26.4b1, the nurse should communicate that to him. When asked specifically if the U.S. FOIA (b) (6) attempted to see Resident #55 in NJ Exec Order 26.4b1 the U.S. FOIA (b) (6) responded, "I see between 10-15 people so there is no way I can remember everyone."

The surveyor continued to review Resident #55's medical record. There was no documentation that the resident to see the U.S. FOIA (b) (6).

On 7/28/22 at 10:51 AM, the U.S. FOIA (b in the presence of the U.S. FOIA (b) (6), and survey team stated that the U.S. FOIA (b) (6) did come to see the

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F 658	Continued From page 30 resident in NJ Exec Order 26.4b1 but the resident NJ Exec Order 26. to see the U.S. FOIA (b) (6). The U.S. FOIA (b confirmed that there was no documentation to corroborate this. The U.S. FOIA (b confirmed that it was the nurses responsibility to ensure that all physician's orders are followed through and that the U.S. FOIA (b) (6) saw the resident. A review of the facility's "Behavioral Assessment, Intervention and Monitoring" policy dated revised February 2022, included the facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practical physical, mental and psychosocial well-being in accordance with comprehensive assessments and plan of care... A review of the facility's "Physician Orders: Obtaining and Transcribing" policy dated revised 2/10/22, included...notify other parties of orders as necessary, that is [i.e.] pharmacy, therapist, lab, consultant, etc. per center specific protocols... 2. On 7/27/22 at 10:45 AM, the surveyor observed Resident #36 in bed, awake and receiving a NJ Ex Order 26. 4B1 . The resident was NJ Exec Order 26.4b1 with the surveyor and informed the surveyor that their requested code status was to have nothing done and to be a NJ Ex Order 26. 4B1 in the event of an emergency. The resident informed the surveyor that they had already informed the facility of this request previously.	F 658		

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The surveyor reviewed the medical record for Resident #36.

A review of the Admission Record face sheet indicated the resident was initially admitted to the facility in NJ Ex Order 26. 4B1, and most recently re-admitted in NJ Ex Order 26. 4B1 with diagnosis which included NJ Ex Order 26. 4B1.

A review of the most recent admission MDS dated NJ Ex Order 26. 4B1, indicated the resident had a BIMS score of NJ Ex out of 15, which indicated NJ Ex Order 26. 4B1.

A review of the "Social Service Admission Evaluation" dated effective NJ Ex Order 26. 4B1, indicated the resident was to be NJ Ex Order and had a "Physician Orders for Life-Sustaining Treatment" (POLST; a form which is completed and signed by the physician with the resident to order code status) form was on file.

A review of the resident's paper medical record included an undated and unsigned POLST form which indicated NJ Ex Order.

A review of the resident's comprehensive care plan included a focus area initiated on NJ Ex Order 26. 4B1, for an NJ Exec Order 26.4b1 with interventions that included 'NJ Ex Order 26. 4B1.

A review of the Medication Review Report dated on or after NJ Ex Order 26. 4B1, did not include a physician's

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F 658	Continued From page 32 order for code status. A review of three admission nursing assessments titled "Resident Evaluation with NJ Exec Order 26.4b1 " indicated the following: effective date NJ Ex Order 26. 4B1 NJ Exec Order 26.4b1 code status "NJ Exec Order 26.4b1 effective date NJ Ex Order 26. NJ Exec Order 26.4b1 status "NJ Exec Order 26.4b1"; effective date NJ Ex Order 26. 4B1 NJ Exec Order 26.4b1 status NJ Ex Order 26. 4B1 On 7/27/22 at 10:53 AM, the surveyor interviewed the U.S. FOIA (b) (6) who confirmed the resident had no physician order for code status. The U.S. FOIA also stated that all residents were treated as NJ Ex Order 26. 4B1 unless otherwise ordered, and residents with NJ Ex Order orders might have a bracelet indicating NJ Ex Order. On 7/27/22 at 11:05 AM, the surveyor interviewed the U.S. FOIA (b) (6) who informed the surveyor that the POLST should have been completed. On 7/27/22 at 11:19 AM, the surveyor interviewed the lead U.S. FOIA (b) (6) who informed the surveyor that the resident should have a colored bracelet indicating code status. The surveyor accompanied by the lead U.S. FOIA went to Resident #36 to observe the code status bracelet and the lead U.S. FOIA was unable to locate the bracelet or determine the resident's code status. On 7/27/22 at 11:28 AM, the surveyor interviewed the U.S. FOIA (b) (6) who acknowledged that the resident's medical records were "conflicting" and in a code situation, the facility would have to call the resident's emergency	F 658		

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F 658	Continued From page 33 contacts to determine the code status wishes. On 7/28/22 at 10:19 AM, the U.S. FOIA (b in the presence of the U.S. FOIA (b) (6), and survey team confirmed the nurse should have communicated with the physician any changes in code status. The U.S. FOIA (b confirmed when a resident was admitted or re-admitted to the facility, the admitting nurse asked the resident what their code status wishes were and documented it in the medical record as a standard of practice. The U.S. FOIA (b stated she spoke to the resident who confirmed they wanted to be a NJ Ex Order 26. 4B1, and NJ Exec Order 26.4b1 . A review of the facility's "Advance Directives" policy dated revised 2/10/22, included: ...11. The resident has the right to refuse treatment, whether or not he or she has an advance directive. A resident will not be treated against his or her own wishes...our facility has defined advanced directives as preferences regarding treatment options and include, but are not limited to:...Do Not Resuscitate... NJAC 8:39-27.1(a)	F 658		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced	F 689		8/26/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315152	A. BUILDING ______ B. WING ______	08/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WELLINGTON	**301 UNION STREET HACKENSACK, NJ 07601**

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F 689	Continued From page 34 by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to NJ Exec Order 26.4b1 from the bed by following the resident's plan of care during NJ Exec Order 26.4b1 which resulted in NJ Ex O . This deficient practice was identified for 1 of 4 residents reviewed for accidents (Resident #11). The evidence was as follows: On 7/20/22 at 12:24 PM, the surveyor observed Resident #11 sitting up in a NJ Ex Order 26. 4B1 wearing a hospital gown. The resident who appeared NJ Exec Order 26.4b stated to the surveyor that he/she had a NJ Exe in the facility a NJ Exec Order 26.4b1 when the Certified Nursing Aide (CNA #1) attempted to NJ Exec Order 26.4b1 The resident stated he/she had told CNA #1 she could not do it on her own and needed another CNA to assist her, but CNA #1 continued to NJ Exec Order 26.4b1 anyway, and it caused him/her to NJ Exec Order 26.4b1. The resident stated he/she NJ Exec Order 26.4b1 in the hospital and had NJ Exec Order 2 both their NJ Ex Order 26. 4B1 , resulting also in NJ Exec Or The surveyor reviewed the medical record for Resident #11. A review of the Admission Record face sheet (an admission summary) reflected the resident was re-admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses that included a NJ Ex Order 26. 4B1	F 689	F689(G) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. U.S. FOIA (b) (6) was educated regarding following resident plan of care. Competency evaluation completed for positioning on NJ Ex Order 26. 4B1 , care by NJ Exec Order 26.4b1 for resident #11. How the facility will identify other residents having the potential to be affected by the same deficient practice. Resident #11 was NJ Exec Order 26.4b1. Any resident requiring two person assist in the facility has the potential to be affected. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. U.S. FOIA (b) (6) were re-educated regarding following the plan of care in the Kardex for all residents including those requiring 2-person assist. All resident that needs assistance of two for positioning during activities of daily living, care will be placed on CNA's assignments daily. How the facility will monitor monitor its corrective action to ensure that the	

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F 689	Continued From page 35 NJ Ex Order 26. 4B1 . A review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26. 4B1 reflected that the resident had a brief interview for mental status score of NJ Ex out of 15, which indicated that the resident had a NJ Ex Order 26. 4B1 . It further reflected that the resident had exhibited NJ Exec Order 26.4b1 in the last seven days of the assessment. NJ Ex Order 26. 4B1 used to assess the resident's functional status for activities of daily living (ADL), included that the resident required extensive assistance with a NJ Exec Order 26.4b1 for NJ Exec Order 26.4 and NJ Ex Order 26. 4B1 . It further included that the resident had a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 to NJ Ex Order 26. 4B1 and NJ Ex Order 26. 4B1 to the NJ Ex Order 26. 4B1 . A review of the individualized comprehensive care plan reflected a focused area that Resident #11 had a NJ Exec Order 26.4b1 that was initiated on NJ Ex Order 26. 4B1. Interventions included to provide assistance, and to transfer as needed. The care plan was updated on NJ Ex Order 26. 4B1 after a noted NJ Exec Order 26.4b1, and the care plan specified to include a NJ Exec Order 26.4b1 at all times with ADL's and NJ Ex Order 26. 4B1. The surveyor reviewed the progress notes for Resident #11 and identified that the resident had an actual NJ Ex O from the bed on NJ Ex Order 26. 4B1.	F 689	deficient practice will not recur. The DON/ADON or designee will monitor and perform surveillance to ensure that he CNAs are following the plan of care for patients that requires assistant of 2 for positioning on activities of daily living. Weekly surveillance will be done x 4 weeks , monthly x 3 months and then quarterly x 3 months. The DON/ADON or designees will report findings of surveillance to the Administrator and Quality Assurance Committee quarterly.	

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

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315152	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED 08/03/2022

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F 689	Continued From page 36	F 689		

A review of the Progress Notes reflected a Nurses Note dated NJ Ex Order 26. 4B1 at 1:40 PM. The note indicated, "Notified by staff, resident NJ Exec Order 26.4b1 inside bedroom. U.S. FOIA (b) was present in the room and witnessed NJ Ex O . U.S. FOIA (b) states that NJ Exec occurred while she was NJ Exec Order 26.4b1 . Resident NJ Exec Order 26.4b1 on to the bed railing. [Resident #11] then was NJ Exec Order 26.4b1 by staff and kept NJ Exec Order 26.4b1 Upon assessment, resident states [he/she] was NJ Ex Order 26. 4 but did not identify exact location of NJ Exec Or Noted NJ Exec Order 26.4b1 to NJ Ex Order 26. 4B1 , NJ Exec Order 26 administered. Resident has NJ Exec Order 26.4b1 [his/her] NJ Ex Order 26. 4B1 . Patient NJ Exec Order 26.4b1 with pillow under [his/her] head until U.S. FOIA (b) (6) arrived. U.S. FOIA (b) (6) made aware, and family notified. Order received to send to NJ Ex Order 26. 4B1 for evaluation."

The surveyor requested the incident/accident investigative report for Resident #11's NJ Ex O that occurred on NJ Ex Order 26. 4B1 .

A review of the Incident Report dated NJ Ex Order 26. 4B1 , included the CNA #1 staff statement "As per U.S. FOIA (b) . While NJ Exec Order 26.4b1 the resident, I NJ Exec Order 2 [him/her] to [his/her] NJ Exec O and [his/her] NJ Ex Ord began to NJ Exec Order 26.4b1 . I NJ Exec Order [him/her] out of bed and went to get help."

A review of the most recent annual MDS dated NJ Ex Order 26. 4B1 , reflected a brief interview for mental status (BIMS) score of NJ Ex out of 15, which indicated a NJ Ex Order 26. 4B1 .

On 7/26/22 at 10:08 AM, the surveyor requested the corresponding hospital records for Resident

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F 689	Continued From page 37 #11. A review of the NJ Ex Order 26. 4B1 records revealed Resident #11 was NJ Ex Order 26. 4B1 from NJ Ex Order 26. 4B1 . The report further revealed Resident #11 was seen by the U.S. FOIA (b) (6) on NJ Exec Order 26.4b1 whose impression was resident NJ Exec Order 26.4b1 "...NJ Ex Order 26. 4B1 and a NJ Ex Order 26. 4B1 after a NJ Exec Order 26.4b1 On 7/26/22 at 11:11 AM, the surveyor conducted a telephone interview with the U.S. FOIA (b) (6) who worked on NJ Ex Order 26. 4B1. The U.S. FOIA (b) (6) stated he remembered CNA #1 had called him into the room and told him Resident #11 had sustained a NJ Ex O out of bed. The U.S. FOIA (b) (6) stated he went into the room and assisted Resident #11 to the NJ Exec Order 26.4 and assessed the resident and he/she had NJ Exec Order 26.4b1 at the time except a NJ Ex Order 26. 4B1 on his/her NJ Exec Order and no sign of NJ Ex Order 26. 4B1 or NJ Ex Order 26. 4B1. The U.S. FOIA (b) (6) also stated Resident #11 did complain of NJ Exec Order 26.4b1 around the NJ Ex Order 26. 4B1 but complained of NJ Exec Order 26.4b1, so the resident remained on the NJ Exec O until NJ Ex Order 26. 4B1 could transfer them to the hospital for further assessment and treatment. The U.S. FOIA (b) (6) stated he believed CNA #1 was in the room alone at the time of the NJ Ex O, and that CNA #1 should have called someone into the room to assist her in NJ Exec Order 26 the resident during care especially with a NJ Exec Order 26.4b1. He added that you would need an extra hand to ensure the resident's safety. The U.S. FOIA (b) (6) stated he did not believe the resident had a history of NJ Ex Ord, but knew resident required a NJ Exec Order 26.4b1 to get them out of bed. When the surveyor asked the U.S. FOIA (b) (6) if there were any circumstances when one staff would be sufficient when a resident was assessed to require a NJ Exec Order 26.4b1	F 689		

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F 689	Continued From page 38 NJ Exec Order 26.4b1 and the U.S. FOIA (b) (6) responded, "No." He continued that staff must get someone to come help them with that resident's care. He added that in general, if they were a NJ Exec Order 26.4b1, we instructed staff to get someone to ensure nothing happens to the resident or staff member such as NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) stated prior to this incident, he had never had any concerns with CNA #1's NJ Exec Order 26.4b1 but he spoke to CNA #1 about having a second staff member when there is a NJ Exec Order 26.4b1 required. On 7/26/22 at 12:13 PM, the surveyor observed Resident #11 in bed on an NJ Exec Order 26.4b1 with their NJ Exec Order 26.4b1. There was lunch on the resident's bedside table. The resident informed the surveyor he/she was "NJ Ex Order 26" now of another NJ Ex O from the bed. The resident added that since the NJ Ex O, their Ex Order 26. 4B1 was "NJ Ex Order 26. 4B1." On 7/26/22 at 12:52 PM, the surveyor interviewed the U.S. FOIA (b) (6) who stated since Resident #11 NJ Exec Order 26.4b1 of bed or perform NJ Ex Order 26. 4B1, the resident required an NJ Exec Order 26.4b1. One staff member would perform the care while the other staff member maintained the resident's NJ Exec Order 26.4b1. The U.S. FOIA (b) stated Resident #11 was not on NJ Ex Order 26. 4B1 before the NJ Ex Order 26. 4B1, but once they returned from the NJ Ex Order 26. 4B1, Resident #11 was placed on both U.S. FOIA (b) (6) from NJ Ex Order 26. 4B1. The U.S. FOIA (b) stated that per the NJ Ex Order 26. 4B1 records, Resident #11 had a NJ Exe which resulted in a NJ Ex Order 26. 4B1 of the NJ Ex O and a NJ Ex Order 26. 4B1	F 689		

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F 689	Continued From page 39	F 689		

NJ Ex Order 26. 4B1. The U.S. FOIA (b) stated there were no circumstances when a NJ Exec Order 26.4b1 should be performed alone, as it could cause NJ Exec Order to staff as well as the resident.

On 7/27/22 at 10:33 AM, the surveyor interviewed CNA #1 who was assigned to Resident #11 on NJ Ex Order 26. 4B1. The CNA #1 stated she has worked at the facility for about a NJ Exec Order 26.4b1. She stated that she starts her shift in the morning with gathering her supplies and checking on her residents based on the assignment she was given that day. She stated that there are many ways in which she can find out what kind of care or level of assistance a resident needs, such as asking the resident directly, reviewing the Kardex or care plan for the resident, look on the resident's chart, or ask the nurse.

CNA #1 stated that she was familiar with Resident #11 and that the resident required extensive assistance because he/she had a NJ Ex Order 26. 4B1 The CNA #1 stated that at the time she cared for the resident, she had only been working at the facility for about NJ Exec Order 26.4b1 and didn't know about a Kardex (CNA care plan) system as she was still "trying to learn things." The CNA #1 stated that she believed that the resident required NJ Exec Order 26.4b1.

The surveyor inquired about the NJ Ex O incident that occurred on NJ Ex Order 26. 4B. The CNA #1 stated after NJ Exec Order 26.4b1 of the resident, she needed to NJ Exec O the resident to their NJ Exec O to perform NJ Exec Order 26.4b to the NJ Exec Orde so she NJ Exec Order 26.4b1 pulled the sheet that was under Resident #11 and NJ Exec Order 26.4 CNA #1 stated she had one hand on the resident NJ Exec Order 26.4b1 and the other hand she held a washcloth, when Resident #11's NJ Ex Order 26. 4

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F 689	Continued From page 40	F 689		

had NJ Exec Order 26.4b1, she immediately grabbed the bed controller and NJ Exec Order 26.4 the bed to the NJ Exec Ord because she said she knew she could not NJ Exec Order 26.4b1.
Once the bed NJ Exec Order 26.4b1, she tried to NJ Exec Ord the resident NJ Exec Order 26.4b1 and onto their NJ Exec Order and she called out to the US FOIA (b)(6) who called the U.S. FOIA (b) (6). She stated that the resident was not NJ Exec Order 26.4b1, but was "NJ Ex Order 26. 4B1" from NJ Exec Order 26.4b1 and was "NJ Ex Order 26. 4B1" than in NJ Exec Ord. The CNA #1 told the surveyor that she had the resident on her assignment once more when the resident returned to the facility, and another male U.S. FOIA (b assisted her that day. The surveyor asked U.S. FOIA (b #1 how many residents were on her assignment that day and CNA #1 stated she believed 11 or 12, but usually it was 13 residents. CNA #1 stated she was sure there were only four CNA's that day because if there had been five CNA's, she would not have had Resident #11's room on her assignment.

On 7/27/22 at 12:15 PM, the surveyor reviewed the Daily Assignment Sheet provided by the U.S. FOIA (b) (6) which revealed on NJ Ex Order 26. 4B during the 7:00 AM to 3:00 PM day shift, they had four CNA's assigned to work on the NJ Exec O floor. At that same time, the surveyor reviewed the facility provided census for the NJ Exec O floor on NJ Ex Order 26. 4B which revealed there were a total of 54 residents residing on the third floor that day, making the ratio one CNA to every 13 residents.

On 7/27/22 at 12:20 PM, the surveyor interviewed the U.S. FOIA (b) (6) in the presence of the survey team. The U.S. FOIA (b acknowledged that according to the NJ Exe investigation CNA #1

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F 689	Continued From page 41 NJ Exec Order 26.4b1 Resident #11 during care, but according to the resident's care plan and quarterly MDS dated NJ Ex Order 26.4B1 prior to the NJ Ex O, the resident required a NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b Together the surveyor and the U.S. FOIA (b reviewed the facility provided Incident Report for Resident #11's NJ Ex O investigation's conclusion which revealed "In conclusion resident NJ Exec Order 26.4b1 NJ Ex O when CNA #1 NJ Exec Order [him/her] and [he/she] was NJ Exec Order 26.4b1. The U.S. FOIA (b acknowledged there was no mention of cause regarding the NJ Exec Order 26.4b1 was required. The U.S. FOIA (b further acknowledged there was no documented re-education provided to CNA #1 directly after the NJ Exec Order 26.4b1 and no competencies were immediately performed. The U.S. FOIA (b stated it was important that CNA #1 should have been re-educated regarding safe care for Resident #11 regarding NJ Ex Order 26.4B1 to prevent future accidents. The U.S. FOIA (b was able to provide the surveyor a copy of the CNA Kardex at the time of the the NJ Ex O that occurred on NJ Ex Order 26.4B. The Kardex revealed that the resident required NJ Exec NJ Exec Order 26 for NJ Exec Order 26.4 (This did not correspond with the care plan that was updated on NJ Ex Order 26.4B that indicated the resident required a NJ Exec Order 26.4b1 for ADL care and NJ Ex Order 26.4B1). The U.S. FOIA (b stated that the resident was NJ Exec Order 26.4b1, but confirmed if the resident was going to be NJ Exec Order during the NJ Exec Order 26 process, it would require NJ Exec Order 26.4b1 to NJ Exec the resident. At that time also, the surveyor and the U.S. FOIA (b reviewed the facility provided census for NJ Ex Order 26.4B as well as the Daily Assignment Sheet for the CNA's for NJ Ex Order 26.4B. The U.S. FOIA (b acknowledged there were four CNA's assigned to the 7:00 AM to 3:00 PM day shift for the NJ Exec O floor and that the resident census for that day was 54, a ratio of one CNA to every 13	F 689		

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F 689	Continued From page 42 residents. The U.S. FOIA (b acknowledged that the resident had NJ Ex Order 26. 4B1 and an unplanned NJ Ex Order 26. 4B1. There were no other incidents regarding the CNA #1 or Resident #11. A review of the facility's "Bath, Bed policy" revised 2018, included under General Guidelines 1. Review the care plan to determine any special needs of the resident...a. Instruct the resident to turn on his/her side with his/her back toward you. (Note: Be sure the side rail is up on the opposite side of the bed to prevent the resident from rolling out of bed.) b. If the resident cannot turn by himself or herself, assist as needed... A review of the facility's "Identifying Neglect" policy dated 2/10/22, included preventing resident neglect is a priority throughout all levels of this organization..."neglect" is defined as the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical pain, mental anguish, or emotional distress; any situation in which the resident's care needs are known (or should be known) by staff (based on assessment and care planning), and those needs are not met due to other circumstances, can be defined as neglect; circumstances that lead to neglect: ...lack of sufficient staffing...poor staff oversight and/or performance evaluations.... NJAC 8:39-27.1 (a)	F 689		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on	F 690		8/26/22

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F 690	Continued From page 43 admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observations, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to ensure a.) ensure NJ Ex Order 26. 4B1 was performed and documented every shift and b.) NJ Ex Order 26. 4B1 [redacted] was documented every shift in accordance	F 690	F690(D) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 44 with a physician's order. This deficient practice was identified for 1 of 2 residents (Resident #36) reviewed for NJ Ex Order 26. 4B1 and was evidenced by the following: On 7/27/22 at 10:45 AM, the surveyor observed Resident #36 in bed, NJ Exec Order 26 and receiving a NJ Ex Order 26. 4B1 . The resident had a NJ Ex Order 26. 4 in a NJ Ex Order 26. 4B1 hanging from the bed frame below the resident's bed. The surveyor reviewed the medical record for Resident #36. A review of the Admission Record face sheet reflected the resident was initially admitted to the facility in NJ Ex Order 26. 4B1 with medical diagnosis which included NJ Ex Order 26. 4B1 . A review of the admission Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26. 4B, reflected the resident had a brief interview for mental status (BIMS) score of NJ Ex out of 15, which indicated a NJ Ex Order 26. 4B1 . A review of the June NJ Ex Order Treatment Administration Record (TAR) included a physician's order dated NJ Ex Order 26. 4B for NJ Ex Order 26. 4B1 every shift. The corresponding dates and shifts that were not documented as follows: NJ Exec Order 26. 3 PM - 11 PM shift NJ Exec Order 26. 7 AM - 3 PM shift	F 690	Resident #36 was assessed , NJ Exec Order 26.4b1 NJ Exec Order 26.4b noted. How the facility will identify other residents having the potential to be affected by the same deficient practice. Resident #36 NJ Exec Order 26.4b1. All other residents with NJ Ex Order 26. 4B1 have the potential to be affected. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. All nurses were in-service on signing and documenting the urine outputs. All nurses were in-serviced on providing and signing catheter care every shift. Weekly audits of catheter for 4 weeks then monthly will be done to ensure signing of catheter care and documentation or urine outputs. How the facility will monitor monitor its corrective action to ensure that the deficient practice will not recur. DON or designee will conduct audits treatment records weekly x 4 weeks, monthly x 3 months and quarterly x 3 months. DON or designee will report findings to Administrator and the Quality Assurance Performance improvement committee quarterly.	

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	315152	A. BUILDING ______ B. WING ______	08/03/2022

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F 690	Continued From page 45	F 690		

NJ Exec Order 26. 7 AM - 3 PM shift
NJ Exec Order 26. 7 AM - 3 PM shift

A review of the NJ Exec NJ Ex Order TAR included a physician's order dated NJ Ex Order 26. 4B and discontinued NJ Ex Order 26. 4B for NJ Ex Order 26. 4B1 every shift. The corresponding dates and shifts were not documented as follows:

NJ Exec Order 7 AM - 3 PM shift
NJ Exec Order 3 PM - 11 PM shift
NJ Exec Order 3 PM - 11 PM shift

A further review of the NJ Exec NJ Ex Order TAR reflected an additional physician's order dated NJ Ex Order 26. 4B for NJ Ex Order 26. 4B1 every shift. The corresponding dates and shifts were not documented as follows:

NJ Exec Order 26. 7 AM - 3 PM shift
NJ Exec Order 26. 3 PM - 11 PM shift
NJ Exec Order 26. 11 PM - 7 AM shift
NJ Exec Order 26. 3 PM - 11 PM shift
NJ Exec Order 26. 3 PM - 11 PM shift
NJ Exec Order 26. 7 AM - 3 PM shift

A review of the NJ Exec NJ Ex Order Tar reflected a physician's order dated NJ Ex Order 26. 4B for NJ Ex Order 26. 4 every shift for NJ Ex Order 26. 4B1. The corresponding dates and shifts were not documented as follows:

NJ Exec Order 26. 7 AM - 3 PM shift
NJ Exec Order 26. 11 PM - 7 AM shift
NJ Exec Order 26. 3 PM - 11 PM shift
NJ Exec Order 26. 3 PM - 11 PM shift
NJ Exec Order 26. 7 AM - 3 PM shift

On 7/28/22 at 09:38 AM, the surveyor interviewed the lead U.S. FOIA (b) (6) who

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F 690	Continued From page 46	F 690		

stated that CNAs emptied the NJ Ex Order 26. 4B1 for residents with NJ Ex Order 26. 4B1 and reported the total amount of NJ Ex Order to the nurses, who then documented the output.

On 7/28/22 at 09:51 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated the facility nurses were responsible for NJ Ex Order 26. 4B1 as ordered and the CNAs usually NJ Exec Order 26.4 the NJ Ex Order 26. 4B1 and reported the amount of NJ Ex Order to the nurses for documentation. The NJ Ex Orde further stated that NJ Ex Order 26. 4B1 and NJ Ex Order 26. 4B1 monitoring was important to monitor for resident's NJ Ex Order production and "if you don't NJ Exec Order the NJ Exec O it can cause a NJ Ex Or."

On 7/28/22 at 10:19 AM, the U.S. FOIA (b) (6) in the presence of the U.S. FOIA (b) (6), and the survey team, confirmed the missing documentation for the above dates for Resident #36's NJ Ex Order 26. 4B1 and NJ Ex Order 26. 4B1. The U.S. FOIA (b) further acknowledged that if it was not documented, it was considered not done.

Review of the facility's "Catheter Care, Urinary" policy dated revised February 2022 included, The purpose of this procedure is to prevent catheter-associated urinary tract infections...Input/Output: 2. Maintain an accurate record of the resident's daily output, per facility policy and procedure...Documentation: The following information should be recorded in the resident's medical record: 1. The date and time that catheter care was given; 2. The name and title of the individual(s) giving catheter care; 3. All assessment data obtained when giving catheter care...

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F 690	Continued From page 47 NJAC 8:39- 19.4 (a)5; 27.1 (a)	F 690		
F 712 SS=E	Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. §483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that the physician responsible for the supervising the care of a NJ Exec Order 26.4b1 resident conducted face-to-face visits and wrote progress notes at least every thirty days had been seen since NJ Ex Order 26. 4B1 . This deficient practice was identified for 1 of 3 residents (Resident #55) reviewed for physician visits and was evidenced by the following:	F 712	F712(E) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. The primary physician came to conduct face-face visit will patient #55 How the facility will identify other residents	8/26/22

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F 712	Continued From page 48 On 7/22/22 at 10:54 AM, the surveyor observed Resident #55 in their wheelchair in the hallway approach another resident (Resident #28) in their wheelchair and he/she NJ Ex Order 26. the back of the other resident's wheelchair while NJ Exec Order 26.4b1 . The surveyor observed Resident #28 try to NJ Exec Order themselves away from Resident #55, but the resident was NJ Exec Order 26.4b1 around the housekeeping cart in the hallway. Resident #28 called out "NJ Ex Order 26. 4B1" and NJ Exec Order 26.4b1 the housekeeping cart as Resident #55 attempted to NJ Exec Order 26.4b1 of Resident #28's NJ Ex Order 26. 4B1. There was no staff present at this time, so the surveyor looked down the hallway and saw the U.S. FOIA (b) (6) who the surveyor called for help. The surveyor told the U.S. FO what they observed, and the U.S. FO removed Resident #28 from the hallway. The surveyor reviewed the medical record for Resident #55. A review of the Admission Record face sheet reflected that the resident was admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses which included NJ Ex Order 26. 4B1 . A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26. 4B1, reflected a brief interview for mental status (BIMS) score of NJ out of 15, which indicated NJ Ex Order 26. 4B1 . A review of the electronic Progress Notes	F 712	having the potential to be affected by the same deficient practice. Resident #55 NJ Exec Order 26.4b1. All residents in the facility have potential to be affected. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. The Administrator/DON will reach out/educate all physicians to have face-face visit and document at least every 30 days. How the facility will monitor monitor its corrective action to ensure that the deficient practice will not recur. DON or designee will audit the records weekly x 4 weeks then monthly for 3 months and quarterly x 3 month. DON or designee will report findings of audit to the Administrator and Quality Assurance improvement Committee quarterly.	

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F 712	Continued From page 49	F 712		

reflected that there were no documented primary care physician or nurse practitioner notes from NJ Ex Order 26. 4B1 through the time in which the surveyor was reviewing the resident's medical record. There was only one Physician/Practitioner Progress Note dated NJ Ex Order 26. 4B1 for a NJ Ex Order 26. 4B1 .

A review of the Physician's Progress Notes located in the resident's paper medical chart, included Physician's Progress Notes for NJ Ex Order 26. 4B1 dated NJ Ex Order 26. 4B1 . There were no documented Physician's Progress Notes after NJ Ex Order 26. 4B1. (There were no Attending Nurse Practioner notes or Attending Physician notes for the months of NJ Ex Order 26. 4B1 , to date).

On 7/27/22 at 10:17 AM, the surveyor interviewed the NJ Ex Order 26. 4B1 who stated that Resident #55's Physician came to the facility twice a week and documented on the residents' paper charts that he saw the resident during his visits. The NJ Ex Order 26. 4B1 stated that the Physician saw all of his residents and did not have a nurse practitioner who alternated with monthly visits. If a nurse practitioner had to see one the the Physician's residents, they would call the Physician to let him know and then documented a progress note in the electronic medical record.

On 7/27/22 at 10:18 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that she thinned (removed documents from the paper chart to store in medical records off the unit) the residents' charts but kept the past six months of documents in the paper chart on the unit.

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F 712	Continued From page 50 On 7/27/22 at 11:37 AM, the surveyor interviewed the resident's Physician via telephone who stated that he was at the facility a minimum of three to four times a week to see his long-term care and sub-acute residents. The Physician stated that he saw all his long-term care residents at least once a month and documented on the paper medical record. The Physician stated that Resident #55 was a NJ Ex Order 26. 4B1 ." The Physician stated that the resident NJ Exec Order 26.4b1 and just NJ Exec Order 26.4b1 to you. The Physician stated that the resident was 'NJ Exec Order 26 but was 'NJ Exec Order 26 to everyone. The Physician stated that he saw the resident monthly and there should be documentation on the chart. The Physician stated that he saw the resident in the hallway a few NJ Exec Order 26 ago NJ Exec Order 26.4b1. The Physician stated if there was no documentation in the chart, then maybe the documentation was in another resident's chart. The Physician acknowledged that Resident #55's Progress Notes should not be in another resident's chart. On 7/27/22 at 12:00 PM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that she could not speak to how often the physicians had to see their long-term care residents. The U.S. FOIA (b) stated that the residents' charts were thinned by the US FOIA (b)(6), and one year of Physician's Progress Notes should remain on the paper charts. The U.S. FOIA (b) confirmed that Resident #55's Physician only documented in the paper medical record. At this time, the surveyor and the U.S. FOIA (b) reviewed Resident #55's paper medical record, and the U.S. FOIA (b) confirmed that the last Physician's Progress Note was dated U.S. FOIA (b) (6).	F 712		

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F 712	Continued From page 51 On 7/28/22 at 10:51 AM, the U.S. FOIA (b) in the presence of the U.S. FOIA (b) (6) , and survey team, confirmed that the Physician had not seen Resident #55 since NJ Ex Order 26. 4B1. The U.S. FOIA (b) stated that long-term care residents should be seen at least every thirty days. A review of the the facility's "Physician Visits" policy dated revised February 2022, included the Attending Physician will visit residents in a timely fashion, consistent with applicable state and federal requirements...a physician visit is considered timely if it occurs no later than ten (10) days after the date the visit is required... NJAC 8:39-23.2(d)	F 712		
F 836 SS=E	License/Comply w/ Fed/State/Locl Law/Prof Std CFR(s): 483.70(a)-(c) §483.70(a) Licensure. A facility must be licensed under applicable State and local law. §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set	F 836		8/26/22

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F 836	Continued From page 52 forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to a.) ensure a resident who required NJ Exec Order 26.4b1 during NJ Ex Order 26. 4B1 was assisted by two people which resulted in a NJ Exe with NJ Exec Order 26.4b1 for 1 of 2 resident (Resident #11) reviewed for NJ Ex Ord and b.) maintain required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 22 of 28 day shifts and 6 of 28 night shifts reviewed. The deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112,	F 836	F836(E) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. U.S. FOIA (b) (6) was in-serviced , and competency completed for position on NJ Ex Order 26. 4B1 by NJ Exec Order 26.4b1 for resident #11. The leadership team of the facility continues to meet to identify staff challenges in areas of improvement for certified nursing assistant needs. How the facility will identify other residents having the potential to be affected by the same deficient practice. Any residents in the facility have the	

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Continued From page 53

codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:

One Certified Nurse Aide (CNA) to every eight residents for the day shift.

One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and

One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.

1. On 7/20/22 at 12:24 PM, the surveyor observed Resident #11 sitting up in a NJ Ex Order 26. 4B1 wearing a NJ Ex Order 26. 4B1, the resident appeared NJ Exec Order 26.4b1. The resident stated he/she NJ Exec Order 26.4b1 in the facility a NJ Exec Order 26.4b1 ago when Certified Nursing Aide (CNA #1) attempted to NJ Exec Order 26. his/her NJ Ex Order 26. 4B1. The resident stated they had told CNA #1 she could not do it on her own and needed another CNA to assist, but CNA #1 went ahead on her own and she subsequently NJ Exec Order 26.4b1 The resident stated he/she spent weeks in the NJ Ex Order 26. 4B l and had NJ Exec Order 2 both NJ Ex Order 26. 4B1 .

The surveyor reviewed the medical record for Resident #11.

F 836

potential to be affected.

What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.

All certified nursing assistants were in-serviced regarding following the plan of care in the Kardex for residents requiring 2 person assist with residents plan of care for positioning during activities of daily living care. Any resident requiring tow person assistance for positioning during activities of daily living will be added to daily CNA assignments. The facility continues to post open positions. The facility implemented an incentive program for new hires , referrals and sign on bonuses. The facility has implemented an above market rate for our certified nursing assistant in order to maintain and recruit new staff.

How the facility will monitor monitor its corrective action to ensure that the deficient practice will not recur.
DON or designee will meet with staffing coordinator to review staffing needs , census , and callouts weekly x 4weeks, monthly x 3 months and quarterly x 3 months. The DON or designee will continue to review the census until staffing ratio requirements are met weekly x 4 weeks, monthly x 3 weeks and quarterly x 3 months. The DON or designee will audit report findings to the Administrator and Quality Assurance Performance improvement committee, weekly x 4

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F 836	Continued From page 54 A review of the Admission Record face sheet reflected Resident #11 was re-admitted to the facility in NJ Ex Order 26. 4B1 with diagnoses that included a NJ Ex Order 26. 4B1 . A review of the most recent annual Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26. 4B1, reflected a brief interview for mental status (BIMS) score of NJ Ex out of 15, which indicated a NJ Ex Order 26. 4B1 . A review of the quarterly MDS dated NJ Ex Order 26. 4B1 included in NJ Ex Order 26. 4B1 NJ Exec Order 26.4b1, that the resident required for Activities of Daily Living extensive assistance of NJ Exec Order 26.4b1 which included how the resident NJ Exec Order 2 to and from NJ Exec Order 26.4b1, NJ Exec Ord NJ Exec C to NJ Exec Or and NJ Exec Order 26.4b1 while in bed or alternate sleep furniture. On 7/27/22 at 10:33 AM, the surveyor interviewed CNA #1 who was assigned to Resident #11 on NJ Ex Order 26. 4B1 (the day of the NJ Ex C) who stated after NJ Exec Order 26.4b1 of the resident she needed to NJ Exec C the resident NJ Exec Ord so she pulled the sheet that was under the Resident #11 and NJ Exec Order 26.4 . CNA #1 stated she had NJ Exec Order 26.4b1 on the resident NJ Exec Order 26.4b1 and the other hand she held a washcloth, when Resident #11's NJ Ex Order 26. 4 had NJ Exec Order 26.4b1 , she immediately grabbed the bed controller and NJ Exec Order 26.4 the bed to the NJ Exec Ord because she knew she NJ Exec Order 26.4b1	F 836	weeks , monthly x 3 months quarterly x 3 months.	

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F 836	Continued From page 55 NJ Exec Order 26.4b1. Once the NJ Exec Order 26.4b1, CNA #1 eased the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The surveyor asked CNA #1 how many CNAs were working during the day shift, and CNA #1 responded there were only four CNAs because if there was a fifth CNA, she would not have been assigned to Resident #11. On 7/27/22 at 12:15 PM, the surveyor reviewed the Daily Assignment Sheet provided by the U.S. FOIA (b) (6) which reflected on 1/14/22 the 7:00 AM - 3:00 PM shift had four CNAs assigned to the 54 residents on the third floor, which would be one CNA to every thirteen residents. On 7/27/22 at 12:20 PM, the surveyor interviewed the U.S. FOIA (b) (6) who confirmed prior to Resident #11's NJ Ex O with NJ Exec Order 26.4b1, the resident required extensive assistance of NJ Exec Order 26.4b1. The US FOIA (b) confirmed CNA #1 should not have NJ Exec Order 26.4b1 Resident #11 on NJ Ex Order 26.4B by herself and needed assistance of another person. On 7/27/22 at 12:43 PM, the surveyor interviewed the U.S. FOIA (b) who stated the amount of CNAs scheduled depended on the census on the floor. When asked how the facility determined that number, the U.S. FOIA (b replied that the facility used the New Jersey Department of Health (NJDOH) ratio that needed to be followed. The U.S. FOIA (b stated the facility did not use Agency staff, but if there were not enough CNAs, nurses could assist in patient care. At this time, the surveyor requested the facility's staffing from 1/2/22 through 1/15/22. As per the "Nurse Staffing Report" completed by the facility for the weeks of 1/2/22 to 1/8/22 and	F 836		

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F 836		F 836		

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1/9/22 to 1/15/22, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below:

1/2/22 had 9 CNAs for 105 residents on the day shift, required 13 CNAs. (11.66 residents per CNA)
1/3/22 had 9 CNAs for 99 residents on the day shift, required 12 CNAs. (11 residents per CNA)
1/4/22 had 10 CNAs for 99 residents on the day shift, required 12 CNAs. (9.90 residents per CNA)
1/7/22 had 10 CNAs for 107 residents on the day shift, required 13 CNAs. (10.70 residents per CNA)
1/8/22 had 7 CNAs for 107 residents on the day shift, required 13 CNAs. (15.28 residents per CNA)
1/9/22 had 7 CNAs for 107 residents on the day shift, required 13 CNAs. (15.28 residents per CNA)
1/10/22 had 11 CNAs for 112 residents on the day shift, required 14 CNAs. (10.18 residents per CNA)
1/11/22 had 12 CNAs for 110 residents on the day shift, required 14 CNAs. (9.16 residents per CNA)
1/14/22 had 10 CNAs for 106 residents on the day shift, required 13 CNAs. (10.60 residents per CNA)
1/15/22 had 8 CNAs for 106 residents on the day shift, required 13 CNAs. (13.25 residents per CNA)

On 7/28/22 at 10:19 AM, the U.S. FOIA (b) in the presence of the U.S. FOIA (b) (6) , and survey team acknowledged that a resident who was a NJ Exec Order 26.4b1 could not be assisted with only one person. The U.S. FOIA (b) stated that the facility

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had no additional staffing policies except their emergency staffing policy. At this time, the [U.S. FOIA (b) (6)] stated that the facility did not have a policy regarding ADL care.

Refer F689

2. During entrance conference on 7/19/22 at 10:32 AM, the [NJ Ex Order] in the presence of the [U.S. FOIA (b) (6)], informed the surveyor that the facility staffing was okay. The [U.S. FOIA (b)] stated that the facility had new hires and was continuing to hire positions. The [U.S. FOIA (b)] stated that the facility did not use Agency staff, that if the facility was short staffed, they used their own staff by offering overtime and bonuses.

As per the "Nurse Staffing Report" completed by the facility for the weeks of 7/3/22 to 7/9/22 and 7/10/22 to 7/16/22, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift; 1 direct care staff to every 10 residents for the evening shift; and no fewer then half of all staff members are CNAs during the evening shift as documented below:

7/3/22 had 6 CNAs for 95 residents on the day shift, required 12 CNAs. (15.83 residents per CNA)
7/3/22 had 5 CNAs to 13 total staff on the evening shift, required 6 CNAs.
7/4/22 had 8 CNAs for 95 residents on the day shift, required 12 CNAs. (11.87 residents per CNA)
7/5/22 had 10 CNAs for 95 residents on the day shift, required 12 CNAs. (9.50 residents per CNA)
7/5/22 had 4 CNAs to 11 total staff on the evening shift, required 5 CNAs.

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7/6/22 had 10 CNAs for 95 residents on the day shift, required 12 CNAs. (9.50 residents per CNA)
7/7/22 had 10 CNAs for 98 residents on the day shift, required 12 CNAs. (9.80 residents per CNA)
7/8/22 had 9 CNAs for 98 residents on the day shift, required 12 CNAs. (10.88 residents per CNA)
7/8/22 had 9 total staff for 98 residents on the evening shift, required 10 total staff.
7/9/22 had 8 CNAs for 96 residents on the day shift, required 12 CNAs. (12 residents per CNA)
7/9/22 had 5 CNAs to 13 total staff on the evening shift, required 6 CNAs.
7/10/22 had 8 CNAs for 96 residents on the day shift, required 12 CNAs. (12 residents per CNA)
7/11/22 had 7 CNAs for 96 residents on the day shift, required 12 CNAs. (13.71 residents per CNA)
7/12/22 had 10 CNAs for 96 residents on the day shift, required 12 CNAs. (9.60 residents per CNA)
7/13/22 had 9 CNAs for 96 residents on the day shift, required 12 CNAs. (10.66 residents per CNA)
7/15/22 had 5 CNAs to 12 total staff on the evening shift, required 6 CNAs.
7/16/22 had 6 CNAs for 95 residents on the day shift, required 12 CNAs. (15.83 residents per CNA)
7/16/22 had 5 CNAs to 13 total staff on the evening shift, required 6 CNAs.

A review of the facility's "Identifying Neglect" policy dated 2/10/22, included preventing resident neglect is a priority throughout all levels of this organization..."neglect" is defined as the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical pain, mental anguish, or emotional distress; any situation in which the

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F 836	Continued From page 59 resident's care needs are known (or should be known) by staff (based on assessment and care planning), and those needs are not met due to other circumstances, can be defined as neglect; circumstances that lead to neglect: ...lack of sufficient staffing... NJAC 8:39-5.1(a)	F 836		

New Jersey Department of Health

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S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE 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: Part A Based on interview and review of pertinent facility documentation, it was determined that the facility failed to ensure that the Infection Preventionist who was assigned to oversee their infection control program had no other responsibilities as mandated by the State of New Jersey. This deficient practice was identified, and the findings were as followed: Reference: New Jersey Executive Directive 20-026 "Directive for the Resumption of Services	S 560	S560 How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. The leadership team of the facility has met to identify the need and area of improvement for Infection Control (IP) Nurse. How the facility will identify other residents	8/26/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 08/25/22

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S 560	Continued From page 1 in all Long-Term Care Facilities" dated 1/6/21, directs the following: "iv: Facilities with no Ventilator Beds a. Facilities with 100 beds or more beds or on-site hemodialysis services must: 1.) Hire a full-time employee in the infection prevention role, with no other responsibilities and must attest to hiring no later than NJ Ex Order 26. 4B1 ." (*extended to NJ Ex Order 26. 4B1) On 7/19/22 at 10:32 AM, the surveyor conducted an entrance conference with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON). The surveyor asked who was responsoible for the facility's infection control and prevention program, and the DON stated the Assistant Director of Nursing (ADON) was the facility's Infection Preventionist (IP). The DON stated that the ADON/IP did not have a certification in infection control so she oversaw the ADON/IP. The DON stated that the previous IP had left the facility sometime during the COVID-19 outbreak that started in NJ Ex Order 26. 4B1 . On 7/26/22 at 9:42 AM, the surveyor interviewed the ADON/IP who stated that she became the IP at the end of NJ Ex Order or the beginning of NJ Ex Order after she was promoted to the ADON position. The ADON/IP stated that this was her first time as the role of the infection preventionist so she was learning as she went. The ADON/IP confirmed she had no formal infection control education, but the plan was for her to receive education. On 7/28/22 at 12:25 PM, the LNHA and DON confirmed that the facility did not have one full-time Infection Preventionist with no other job	S 560	having the potential to be affected by the same deficient practice. Any residents has the potential to be affected. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. The leadership team will recruit for the position of full -time IP Nurse with no other job duties. The leadership team will ensure the IP nurse is qualified an certified in Infection Control (CIC) by the National Board of Infection Control. Register Nurse is registered for IP class. How the facility will monitor monitor its corrective action to ensure that the deficient practice will not recur. The Administrator/DON will review and continue to ensure the facility has full-time qualified and certified infection control nurse in the facility. Director of Nursing or designee will review and report findings to the Administrator and Quality Assurance performance improvement committee quarterly.	

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S 560	Continued From page 2 duties. A review of the facility's "Infection Control Nurse Job Description" included for minimum position qualification: education graduate of an approved RN [registered nurse] school of nursing with professional experience of two years of direct care nursing experience; one year of experience in a role that included infection control surveillance, trending and monitoring is preferred; and experience in a supervisory role within the nursing profession is preferred.... The job descripton also included for essential duties and reponsibilities were to: organizing, coordinating and evaluating the facility's Infection Control Program; ensures completion of all documentation necessary for evaluating the process of infection control within the facility; ensures facility maintains compliance with company infection control policies, procedures and protocols and that they are consistent with CDC guidelines..... A review of the facility's Assistant Director of Nursing job description included for position summary thet the Assistant Director of nursing was responsible for the day to day coordination and oversight of all aspects of the nUrsing Department in accordance with current Federal and State regulations as well as local regulations as assigned by the Director of Nursing. Daily responsibilities included to: attend daily report; lead nursing unit managers in resolving identified resident care and service issues and concerns and completing all required responsibilities of the position; conduct nursing unit rounds at least twice daily during tour duty; ensure resolution to any and all identified resident care or enviromental issues; ensure adquate staffing is maintained...	S 560		

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Part B

Based on interview and review of pertinent facility documentation, it was determined that the facility failed to ensure that the Infection Preventionist who was assigned to oversee their infection prevention and control program met the minimum qualifications as mandated by the State of New Jersey. This was deficient practice was identified and the findings are as followed:

Reference: New Jersey Executive Directive 20-026 "Directive for the Resumption of Services in all Long-Term Care Facilities" dated 1/6/21, directs the following: "In addition to the requirements in N.J.A.C. 8:39-20, the following practices shall remain in place even as LTCF's (Long-Term Care Facilities) resume normal activities, regardless of the facility's current reopening phase; ...

ii. All facilities except for facilities with ventilator-dependent residents, are required to have one or more individuals with training in infection prevention and control employed or contracted on a full-time basis or part-time basis to provide on-site management of the Infection Prevention and Control (IPC) program. The requirements of this directive may be fulfilled by:

a. An individual certified by the Certification Board of Infection Control and Epidemiology or meets the requirements under N.J.A.C. 8:39-20.2;

b. A physician who has completed and infectious disease fellowship;

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c. A healthcare professional licensed and in good standing by the State of New Jersey, with five (5) or more years of infection control experience."

Reference: N.J.A.C 8:39 - Standards for Licensure of Long-Term Care Facilities Subchapter 20. Advisory Infection Control and Sanitation 8:39-20.2 Advisory staff qualifications dated 11/17:

"a. The infection control coordinator is certified in Infection Control (CIC) by the National Board of Infection Control....

b. The infection control coordinator is an active member of the National Association for Professionals in Infection Control and Epidemiology, Inc. (APIC)....

c. The infection coordinator has completed an APIC Basic Training Course or has received at least 25 hours of training in infection control, and receives additional six hours of training annually."

On 7/19/22 at 10:32 AM, the surveyor conducted an entrance conference with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON). The surveyor asked who was responsoible for the facility's infection control and prevention program, and the DON stated the Assistant Director of Nursing (ADON) was the facility's Infection Preventionist (IP). The DON stated that the ADON/IP did not have a certification in infection control so she oversaw the ADON/IP. The DON stated that the previous IP had left the facility sometime during the COVID-19 outbreak that started in NJ Ex Order 26. 4B1 [redacted]. At this time, the surveyor requested a copy the the DON's infection control certification.

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S 560	Continued From page 5 On 7/21/22 at 9:00 AM, the surveyor reviewed the DON's infection control certification provided which was the Centers for Disease Control and Prevention (CDC) "Nursing Home Infection Preventionist Training Course" dated NJ Ex Order 26. 4B1 for 19.3 contact hours. On 7/26/22 at 9:42 AM, the surveyor interviewed the ADON/IP who stated that she became the IP at the end of NJ Ex Order or the beginning of NJ Ex Order after she was promoted to the ADON position. The ADON/IP stated that this was her first time as the role of the infection preventionist so she was learning as she went. The ADON/IP confirmed she had no formal infection control education, but the plan was for her to receive education. On 7/26/22 at 9:53 AM, the surevyor interviewed the DON who confirmed that the ADON/IP was facility's IP and she oversaw her. The DON confirmed that the 19.3 contact hour CDC Nursing Home Preventionist Training Course was her only infection control certification and that she had no additional education hours. The DON stated that she could not speak to why the ADON/IP had no infection control education, that the facility's Coorporation scheduled the training. A review of the ADON's current resume provided did not include five years or more experience in infection control. On 7/28/22 at 12:25 PM, the LNHA and DON confirmed that the facility did not have one full-time Infection Preventionist with no other job duties. The LNHA also acknowledged that the ADON/IP had no infection control education. When the surveyor asked why the ADON/IP had received no training, the LNHA responded that the ADON/IP did not want the role as the IP so	S 560		

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S 560	Continued From page 6 she was never trained. NJAC 8:39-5.1(a)	S 560		
S2115	8:39-31.1(b) Mandatory Physical Environment b) New construction, alterations and additions of long-term care facilities shall comply with the Uniform Construction Code (N.J.A.C. 5:23) as adopted by the New Jersey Department of Community Affairs. The New Jersey Uniform Construction Code may be obtained from the Construction Code Element of the Department of Community Affairs, P.O. Box 805, Trenton, New Jersey 08625-0805. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and documentation review on 8/2/22 in the presence of the Maintenance Director and Regional Plant Operations Director, it was determined that the facility failed to ensure that areas under renovation were not occupied prior to receiving the certificate of occupancy and the notification to the New Jersey Department of Health (NJDOH). This deficient practice was evidenced by the following:	S2115	S2115 How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. No residents were directly affected. Appropriate permits and inspections have been obtained. How the facility will identify other residents	8/26/22

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S2115	Continued From page 7 In an interview on 8/2/22 at 10:30 AM, the facility's Maintenance Director and Regional Plant Operations Director stated that there were renovations/construction to resident rooms. At 11:30 AM. the surveyor observed resident rooms that were completed and were now occupied with residnets: Room 301 had one resident; Rooms 303, 304, 305, 306, 307, and 308 each had two residents occupying it, and Room 309 had one resident in it. The Maintenance Director and Regional Plant Operations Director stated at that time that the township did not issue a Certificate of Occupancy to allow the use of these areas and stated that they were unaware that the rooms required notification to anyone prior to occupancy. The facility provided the surveyor a copy of a city permit for the proposed work being done and was authorized for building, plumbing and electrical dated 3/25/2019, but there was no certificate of occupancy provided. The permit document stated at the bottom that, "This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate" but the facility never received a certificate from the city to close out the permits. They also were not able to provide any proof from the city that they informed them that the work was complete and ready for an inspection. A review of the Final Release of the project from The NJ Department of Community Affairs, dated 06/18/18 stated "At the completion of the project and prior to occupying the area or areas, "it has been determined that the local review of this project is appropriate." Prior to occupying the project area, a copy of the "CERTIFICATE OF OCCUPANCY" must be provided to the New	S2115	having the potential to be affected by the same deficient practice. All residents in the center have the potential to be affected. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. The contractor company was educated to obtain all necessary paperwork by the local Hackensack building inspector. The facility will ensure certificate permit of occupancy is provided by the city and posted conspicuously at the work site prior to occupying the area (s). How the facility will monitor monitor its corrective action to ensure that the deficient practice will not recur. The facility management will maintain close interaction with local building inspector department to ensure compliance will all inspections and permits. The facility will audit for permits to ensure compliance. Administrator or designee will forward the results of the audit to Quality Assurance Performance Improvement (QAPI)Committee quarterly.	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060205	A. BUILDING: ______ B. WING ______	08/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WELLINGTON	**301 UNION STREET HACKENSACK, NJ 07601**

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S2115	Continued From page 8 Jersey Department of Health Assessment & Survey Unit. A review of the NJDOH letter issued to the facility on 8/21/2018 indicated that "in accordance with NJAC 8:39-2.4, 'the facility shall contact the Department's Certificate of Need and Healthcare Facility Licensure Program for inspection and/or licensure upon completion of the project and prior to occupying the space.'" On 8/2/22, the facility administration was unable to provide documented evidence that this was done prior to occupying the renovated space.	S2115		

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	315152	A. BUILDING ______ B. WING ______	R 10/11/2022

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{F 000}	INITIAL COMMENTS Revisit Date: 10/11/22 SAMPLE SIZE: 3 An Onsite Revisit 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 689} SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to: a.) provide a clutter free environment, and b.) develop and implement a care plan to prevent [redacted] for a resident with a NJ Exec Order 26.4b1. This deficient practice was identified for 1 of 3 residents reviewed for accidents (Resident #2) who had 4 NJ Ex Ord over a period of 11 days. The evidence was as follows: A review of the plan of correction (POC) for Element Three - Systemic changes, indicated that staff were re-educated regarding following the plan of care in the Kardex for all residents including those requiring two-person assist.	{F 689}	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice: A) US FOIA (b)(6) was educated regarding following resident plan of care, for resident #2. B) Nurses were educated on updating care plans timely at the time of an incident to minimize the risk of further incidents. How the facility will identify other residents having the potential to be affected by the same deficient practice: Any resident in the facility has the	11/1/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 11/09/2022

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

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{F 689}

Continued From page 1

A review of Element Four of the POC - Monitoring, indicated the U.S. FOIA (b) (6) or designee will monitor and perform surveillance to ensure that the U.S. FOIA (b) (6) are following the plan of care for patients.

The facility alleged completion for their POC was NJ Ex Order 26.4B1.

On 10/6/22 at 1:05 PM, the surveyor observed Resident #2 in bed with his/her eyes NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. Surrounding the resident's bed was a dresser that was moved to be pressed up against the left side of the resident's bed frame and a bedside table positioned at left lower side of the bed. On the right side of the resident's bed was a standard chair that was pressed up against the bed frame and an unlocked NJ Ex Order 26.4B1 on the right lower end of the bed by the resident's feet. The surveyor observed that there were pieces of furniture or equipment positioned surrounding all four areas of the resident's bed while the resident was lying in it. In addition, the resident had both NJ Exec Order 26.4b1 in the NJ Exec Order 26.4b1 at the head of the bed. There were NJ Exec Order 26.4b1 observed on either side of the resident's bed. The surveyor attempted to interview the resident who was NJ Exec Order 26.4b1 but NJ Exec Order 26.4b1 when addressed. The resident could not tell the surveyor who put the furniture and other equipment around the bed.

The surveyor reviewed the medical record for Resident #2.

A review of the Admission Record face sheet (an admission summary) reflected the resident was

{F 689}

potential to be affected.

What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur?
A) All Certified Nursing Assistants were in-serviced regarding following the plan of care for resident and providing a clutter-free environment for the residents.
B) Staff will perform frequent rounding to ensure that environment will be free from clutter.
C) The IDCP (Interdisciplinary Care Planning) team will meet to discuss all incidents and review the care plan interventions that reflect the incident.

How the facility will monitor its corrective action to ensure that the deficient practice will not recur:
A) DON (Director of Nursing) or designee will perform environmental round, weekly x 4 weeks; then monthly x 3 months.
B) DON (Director of Nursing) or designee will audit the care plan interventions that reflect the incident, weekly x 4 weeks, then monthly x 3 months.
C) DON (Director of Nursing) or designee will report findings to the QAPI (Quality Assurance Performance Improvement) committee quarterly.

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{F 689}	Continued From page 2 admitted to the facility with diagnoses that included NJ Ex Order 26. 4B1 A review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated NJ Ex Order 26. 4B1, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex out of 15, which indicated a NJ Ex Order 26. 4B1. A review of "NJ Ex Order 26. 4B1 Functional Status" reflected the resident was an extensive NJ Exec Order 26.4b1 and for NJ Ex Order 26. 4B1 and the resident was identified as NJ Exec Order 26.4b1, only NJ Exec Order 26.4b1 with staff assistance. It further included that the resident had NJ Exec Order 26.4b1 with NJ Exec Orde that is not NJ Exec Order 26.4b1 and NJ Exec Order 26 NJ Exec Order 26.4b1 since admission to the facility. A review of the NJ Exec Order 26.4b1 Evaluation dated NJ Ex Order 26., reflected the resident was assessed to be at NJ Ex Orde due to diminished safety awareness, taking three to four medications that can predispose a person to NJ Ex Ord, and had three or more predisposing conditions that put the resident at greater risk for NJ Ex Ord. The NJ Exe risk assessment did not incorporate recommendations for interventions for inclusion into the care plan, as a result of scoring a NJ Ex Order 26. 4B1 on the risk assessment. A review of the individualized care plan initiated as early as NJ Ex Order 26. 4B revealed that there was no care plan to address the resident's risk for NJ Ex Ord until 11 days after the fall risk assessment which revealed that the resident was at NJ Ex Order 26. 4B1	{F 689}		

{F 689} Continued From page 3
[NJ Ex Order]. The care plan for [NJ Ex Order] was not initiated until [NJ Ex Order 26. 4B1].

The care plan that was not initiated until [NJ Ex Order 26. 4B1], included the resident was at [NJ Ex Order 26. 4B1], due to a history of [NJ Exec Or] [NJ Ex Order 26. 4B1] [redacted], with four actual [NJ Exec O] noted on [NJ Ex Order 26.], [NJ Ex Order 26. 4B1]. The care plan included an intervention for [NJ Exec Order 26.4b1] on [NJ Ex Order 26. 4B1], which was after the resident's fourth [NJ Ex O] at the facility.

On 10/6/22 at approximately 1:05 PM, the surveyor attempted to get the resident's assigned [NJ Ex Order 26. 4B1] for an interview regarding how the surveyor observed Resident #2.

At approximately 1:10 PM, another [U.S. FOIA (b)] stated that the resident's assigned [U.S. FOIA (b)] was on a lunch break and was not available for an interview at that time. The surveyor was unable to locate a nurse on the unit.

On 10/6/22 at 1:45 PM, three surveyors accompanied by the [U.S. FOIA (b)] and the [U.S. FOIA (b) (6)] [redacted], as well as the assigned [U.S. FOIA (b)], went to Resident #2's room and observed the resident in bed with his/her eyes closed and the resident still had the furniture and equipment pressed up against the bed as seen at 1:05 PM, with a dresser and bedside table to the left side of the bed and a standard chair and unlocked [NJ Ex Order 26. 4B1] to the right side of the bed. The [NJ Exec Order 26.4b1] were [NJ Ex] at the head of the bed. There were no [NJ Exec Order 26.4b1] observed on either side of the bed. The [U.S. FOIA (b)] stated, "I know [he/she] is a [NJ Ex O] risk." The surveyors asked if this

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{F 689}	Continued From page 4	{F 689}		

was acceptable and the U.S. FOIA (b) (6) replied, "Absolutely not. This is not the normal setup."

At this time, the surveyor interviewed the resident's assigned U.S. FOIA (b) who stated he performed Activities of Daily Living (ADLs) and moved the resident to the nurses' station common area. The NJ Ex Order stated he observed Resident #2 in their NJ Ex Order 26. 4B1 falling asleep at the nurses' station prior to going on a lunch break. The NJ Ex Order continued he could not find any staff at the nurse's station to cover his shift while he went on a lunch break, so he returned the resident to bed and arranged the furniture around the bed to prevent the resident from falling out of bed. The U.S. FOIA (b) stated, "Someone was supposed to cover for me today during lunch, but nobody was around." The U.S. FOIA (b) stated he normally would not move the furniture around the bed, but he could not find another US FOIA (b) prior to going on his lunch break. The U.S. FOIA (b) stated the resident was able to move the chair and NJ Ex Order 26. 4B1 to sit up in bed and transfer to the NJ Ex Order 26. 4B1. The NJ Ex Order stated he does not follow a care plan for the resident, and he was unaware the resident was supposed to have NJ Exec Order 26.4b1 on either side of the bed. The U.S. FOIA (b) stated there were no [redacted], and that he had never seen NJ Exec Order 26.4b1 in the resident's room since the resident was admitted.

10/6/22 at 3:09 PM, the surveyor asked the U.S. FOIA (b) in the presence of the survey team if the resident had a care plan for NJ Exec Order 26.4b1 and the U.S. FOIA (b) replied that she had to "investigate" if the resident was supposed to have NJ Exec Order 26.4b1.

On 10/6/22 at 3:40 PM, the surveyors (3) along with the U.S. FOIA (b) (6) and U.S. FOIA (b) (6)

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{F 689}	Continued From page 5 NJ Ex Order 26. 4B1 observed the resident resting in bed with NJ Exec Order 26.4b1 leaning against the wall, and not on the floor next to the bed. The U.S. FOIA (b) stated that the NJ Exec Order 26.4b1 was found in the resident's closet and she could not speak to why the NJ Exec Order 26.4b1 was not in place next to the resident's bed while the resident was in bed or why the other NJ Exec Order 26.4b1 was missing. The U.S. FOIA (b) also stated the resident was able to move the furniture away from his/her bed in order to sit up and NJ Exec Order 26.4 to the NJ Ex Order 26. 4B1. At this time, the U.S. FOIA (b) asked the resident to move the chair next to his/her bed. The surveyors observed the resident, with much effort, move the chair slightly away from the bed, pull him/her-self up with the aid of the NJ Exec Order 26.4b1 and put both feet on the ground. The resident was NJ Exec Ord and NJ Exec Order 26.4b1 to the NJ Ex Order 26. 4B1. The U.S. FOIA (b) (6) assisted the resident into the wheelchair. At this time, the resident stated he/she NJ Exec Order 26.4b1. The resident also stated he/she had to move the chair if they wanted to get out of bed. The surveyor continued to review the medical record for Resident #2. A review of the NJ Exec report which are linked to the Progress Notes dated NJ Ex Order 26., reflected on NJ Ex Order 26. at 2:40 AM, the resident had a NJ Exec Order 26.4b1 NJ Ex O. Resident #2 was NJ Exec Order 26.4b1 next to the bed, NJ Exec O and NJ Exec Order 26.4b1 but NJ Exec Order 26.4b1 The resident complained of NJ out NJ Ex (NJ Ex Order 26. 4B1) and the resident was treated with NJ Ex Order 26. 4B1. There was no physical NJ Exec Order 26.4b1. The investigative report included interventions to	{F 689}		

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{F 689}	Continued From page 6 be put in place as a result of this NJ Ex O were to report development of NJ Ex Order 26. 4B1 per facility guidelines. This intervention was not updated and included in the resident's care plan until NJ Ex Order 26. 4B. A review of a second unwitnessed NJ Exec report linked to the Progress Notes dated two days later on NJ Ex Order 26. 4B, reflected on NJ Ex Order 26. 4B at 2:00 PM, Resident #2 was NJ Exec Order 26.4b1, NJ Exec Order on the NJ Exec Order 26.4b1 next to the bed and a "chair next to [him/her], NJ Exec Order 26.4b1." There were no NJ Exec Order 26.4b1. Interventions put in place as a result of this NJ Ex O were to encourage resident to NJ Exec Order 26.4b1. This intervention was not included in the resident's care plan until NJ Ex Order 26. 4B. A review of a third NJ Exec report linked to the Progress Notes dated two days later on NJ Ex Order 26. 4B, reflected on NJ Ex Order 26. 4B at 2:55 PM, Resident #2 was NJ Exec Order 26.4b1 on the floor next to his/her bathroom door. Resident #2's NJ Exec Order 26.4 l and NJ Exec Order 26.4b1. The resident had a NJ Ex Order 26. 4B1 to NJ Ex Order 26. 4B1 that NJ Exec Order 26.4b1 and NJ Ex Order 26. 4B1 to their NJ Ex Order 26. 4B1 and first aid provided. The resident denied pain. Interventions put in place as a result of this NJ Exe was to put NJ Exec Order 26.4b1 to bedside, however, this was not appropriate as the NJ Exe investigation from two days earlier revealed that the resident was NJ Exec Order 26.4b1. Again, this intervention was not included in the resident's care plan until NJ Ex Order 26. 4B A review of the fourth NJ Exec report linked to the Progress Notes dated NJ Ex Order 26. 4B, reflected on NJ Ex Order 26. 4B at 3:10 PM, Resident #2 was found in	{F 689}		

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{F 689}	Continued From page 7 NJ Exec Order 26.4b1 with their NJ Exec Ord NJ Exec Order 26.4b1. Resident was NJ Exec O and NJ Exec Order 26.4b1 and bed was 'NJ Exec Order 26.4b1 The report did not include the NJ Exec Order 26.4b1 were in place per the intervention added as a result of the NJ Ex O on NJ Ex Order 26. 4B1. Interventions put in place as a result of the NJ Ex O were patient to be in NJ Exec Order 26.4b1 area when out of bed. The resident stated that he/she was reaching for the remote which led to the NJ Ex O. The resident denied NJ Exec O but an NJ Ex Order 26. 4B1 were ordered which revealed NJ Exec Order 26.4b1. The investigation did not reveal why the bed was 'NJ Exec Order 26.4b1 nor did the care plan address the elevated bed. A review of the Active Physician's Orders dated NJ Ex Order 26. 4B1, included a physician's order (PO) dated NJ Ex Order 26. for precautions every shift. The Active Physician's Orders did not include a NJ Exec Order 26.4b1 at bedside. On 10/6/22 at 4:25 PM, the surveyors (3) interviewed the U.S. FOIA (b) (6) who acknowledged the resident did not have NJ Exec Order 26.4 on floor, the care plan did not address the interventions after each of the NJ Exec Or and the furniture around bed could pose a NJ Exec Order 26. A review of the facility policy, "Falls - Clinical Protocol" dated revised March 2018 included...if underlying causes cannot be readily identified or corrected, staff will try various relevant interventions, based on assessment of the nature or category of falling, until falling reduces or stops or until a reason is identified for its continuation (for example, if the individual continues to try to get up and walk without waiting for assistance)...Monitoring and Follow-up...the staff and physician will monitor and document the	{F 689}		

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{F 689}	Continued From page 8 individual's response to interventions intended to reduce falling or the consequences of falling... NJAC 8:39 27.1(a)	{F 689}		

New Jersey Department of Health

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{S 000}	Initial Comments THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES.	{S 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/09/22

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315152	A. Building B. Wing	10/11/2022

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WELLINGTON	301 UNION STREET HACKENSACK, NJ 07601

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 F0559 Reg. # 483.10(e)(4)-(6) LSC	Correction Completed 08/26/2022	ID Prefix F0609 Reg. # 483.12(c)(1)(4) LSC	Correction Completed 08/26/2022	ID Prefix F0610 Reg. # 483.12(c)(2)-(4) LSC	Correction Completed 08/26/2022
ID Prefix F0656 Reg. # 483.21(b)(1) LSC	Correction Completed 08/26/2022	ID Prefix F0658 Reg. # 483.21(b)(3)(i) LSC	Correction Completed 08/26/2022	ID Prefix F0690 Reg. # 483.25(e)(1)-(3) LSC	Correction Completed 08/26/2022
ID Prefix F0712 Reg. # 483.30(c)(1)-(4) LSC	Correction Completed 08/26/2022	ID Prefix F0836 Reg. # 483.70(a)-(c) LSC	Correction Completed 08/26/2022	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
8/3/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315152 Y1	A. Building B. Wing Y2	11/22/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WELLINGTON	301 UNION STREET HACKENSACK, NJ 07601

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 F0689 Reg. # 483.25(d)(1)(2) LSC	Correction Completed 11/01/2022	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 8/3/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
060205		10/11/2022

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WELLINGTON	301 UNION STREET HACKENSACK, NJ 07601

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 08/26/2022	ID Prefix S2115 Reg. # 8:39-31.1(b) LSC	Correction Completed 08/26/2022	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
8/3/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315152	A. BUILDING **02** B. WING ______	**08/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WELLINGTON	**301 UNION STREET** **HACKENSACK, NJ 07601**

(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 This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 8/2/22 and 8/3/22, was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy The facility is a 3-story building that was built in 70's, It is composed of Type I fire resistant construction. The facility is divided into 6- smoke zones. The generator does 100% of the facility. The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions. The facility has 128 certified beds. At the time of	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed — TITLE — (X6) DATE: 08/25/2022

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315152	A. BUILDING **02** B. WING ______	**08/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 000	Continued From page 1 the survey the census was 87.	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 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	K 222		8/26/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315152	A. BUILDING **02** B. WING ______	**08/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WELLINGTON	**301 UNION STREET** **HACKENSACK, NJ 07601**

(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 222	Continued From page 2 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 observation and interview, in the presence of US FOIA (b)(6) on 8/3/22, it was determined that the facility failed to provide exit doors in the means of egress readily accessible and free of all obstructions or impediments to full instant use in the case of fire or other emergencies in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.2.2.2.5.1, 19.2.2.2.5.2 and 19.2.2.2.6 for 1 of 2 sets of exterior exit/egress doors observed. This deficient practice was identified for 1 of 2 sets of doors and was evidenced as follows:	K 222	K222SSF What corrective action will be accomplished for those residents affected by the deficient practice? There were no patients identified who were affected by the condition. How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken? Patients residing in the facility have the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315152	A. BUILDING **02** B. WING ______	**08/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WELLINGTON	**301 UNION STREET** **HACKENSACK, NJ 07601**

(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 222	Continued From page 3 At 11:08 AM, the surveyor, US FOIA (b)(6) observed two sets of glass sliding doors located at the rear of the facility, the interior set of sliding doors had a lockset that engaged a hook-type deadbolt. The device on the door could restrict emergency use of the exit. The current evacuation plan indicated that the front doors were designated an exit/egress route. At the time of the observation, the surveyor interviewed the US FOIA (b)(6) who stated that the lockset (hook type deadbolt) could restrict use of the exit from the egress-side in the event of an emergency. The US FOIA (b)(6) was notified of the findings at the Life Safety Code Exit Conference on 8/3/22. NJAC 8:39-31.2(e) NFPA 101, 2012 Edition, Section - 19.2.2.2.5.1, 19.2.2.2.5.2 and 19.2.2.2.6. NFPA 101:2012 Edition, Section - 7.2.1.6.1.1(3)C	K 222	potential to be affected. What measures will be put into place, or what systematic changes will you make to ensure that the deficient practice will not reoccur? The lock set that was removed from the sliding glass door, disabling the deadbolt allowing unrestricted entrance/exit. Maintenance staff will be in-serviced on that exit doors, in the means of egress should be readily accessible and free of all obstructions or impediments for instance use in the case of fire or other emergencies. How will the corrective be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance program will be put into place? The maintenance director or designee will monitor and audit the exit doors weekly for four weeks, then monthly for two months to ensure all exits are unrestricted and accessible for emergency use. The findings will be presented to the QAPI committee and the administrator. The QAPI committee who meet monthly will determine the need for further performance improvement.	
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure	K 321		8/26/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 321	Continued From page 4 Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 8/3/22, in the presence of the US FOIA (b)(6) [redacted], it was determined that the facility failed to provide and maintain self-closing device on doors to hazardous area in accordance with NFPA 101, 2012 Edition, Section 19.3.2.1, 19.3.2.1.3, 19.3.2.1.5, 19.3.6.3.5, 19.3.6.4, 8.3, 8.3.5.1, 8.4, 8.5.6.2 and 8.7. This deficient practice was	K 321	K321(E) What corrective action will be accomplished for those residents affected by the deficient practice? There were no patients identified who were affected by this condition. How will you identify other residents having the potential to be affected by the	

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K 321	Continued From page 5 identified in 1 of 10 hazardous storage areas in the facility and was evidenced by the following: At 12:10 PM, the surveyor, US FOIA (b)(6) observed Resident Room #315 was now being used to store construction material. The room was more than 50 square feet in size and contained combustible boxes, paper bags, ceiling tiles, shop vacuum, clear plastic sheet, spackle bucket and a gray plastic garbage container. The door to the room did not have an auto-closing device installed. At the time of the observation, the surveyor interviewed the US FOIA (b)(6) who confirmed that hazardous storage areas must have a door with a self-closing device. The US FOIA (b)(6) was informed of the findings at the Life Safety Code Exit Conference on 8/3/22. NJAC 8:39-31.2(e)	K 321	same deficient practice, and what corrective action will be taken? Patients residing in the facility have the potential to be affected. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice will not recur? An auto-closing device was installed in resident room 315. Maintenance staff will be in-serviced that all hazardous storage areas should have automatic self-closing devices on each door. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The maintenance director or designee will monitor and audit all doors in hazardous areas for two times weekly for two months and then monthly for four months to ensure all doors to hazardous areas have self-closing devices. The findings will be presented to the QAPI committe which meet monthly and the administrator. The QAPI committee will determine the need for further performance improvement. Audits are conducted weekly to ensure all hazardous areas are locked and secure. This will be done weekly for 3 months.	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance	K 345		8/26/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315152	A. BUILDING **02** B. WING ______	**08/03/2022**

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K 345	Continued From page 6 A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 8/2/22, it was determined that the facility failed to ensure that their building's fire alarm system was maintained in accordance with the requirements of NFPA 70 and 72. This deficient practice had the potential to affect all residents in the facility and was evidenced by the findings below: On 8/2/22 at approximately 9:40 AM, in the presence of the facility's US FOIA (b)(6) , the surveyor observed that the fire alarm annunciator panel indicated, "Trouble." The surveyor observed that the amber trouble light was activated in 3 of 3 panels observed. The US FOIA (b)(6) provided a document from the facility vendor dated 7/21/22 which indicated that 2-troubles on arrival and departure (negative ground fault and city tie trouble); the facility's vendor disconnected all of the field wiring from the panel and the ground did not clear. They also detected a ground on the connected to the auxiliary [aux] normally open contacts. The panel is a NJ Ex Order 26.4b1; the vendor recommends replacing the panel that has an internal ground, then troubleshoot the ground on the aux contacts.	K 345	K345 (F) What corrective action will be accomplished for those residents affected by the deficient practice? There are no patients identified who were affected by the issue. How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken? Patients residing in the center have the potential to be affected. What measures will be put into place or what systematic changes will you put into place to ensure the deficient practice will not recur? Facility maintenance director ordered the main board for the fire alarm panel, as the parts to repair are obsolete. Maintenance staff will be in-serviced to monitor panel until replacement arrives from vendor. A new fire alarm panel is required; the Time Limited Waiver Request was	

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K 345	Continued From page 7 At this time, the surveyor interviewed the US FOIA (b)(6) who stated that the trouble issue with the fire alarm annunciator panels was a problem with a ground wire from a recent storm. US FOIA (b)(6) stated that the fire alarm system currently operated normally, but the grounding issue remained. NFPA 9.6.1.5* To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70,National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. The US FOIA (b)(6) was informed of the deficiency at the Life Safety Code Exit Conference on 8/3/22. NFPA 70 NFPA 72 NJAC 8:39-31.2(e)	K 345	submitted because the vendor has informed us that supply chain issues are delaying the ability to obtain the parts needed to complete the repair. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The maintenance director or designee will monitor the fire alarm panel seven times weekly until panel is replaced and will continue after it is replaced. Findings will be presented to the QAPI committee, which meets monthly, and the administrator. The QAPI committee will determine the need for further performance improvement.	
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	K 353		11/7/22

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	315152	A. BUILDING 02 B. WING	08/03/2022

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CAREONE AT WELLINGTON	301 UNION STREET HACKENSACK, NJ 07601

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K 353	Continued From page 8 _____________________ 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 by: Based on observation and interview on 8/2/22, it was determined that the facility failed to a.) maintain the sprinkler system by ensuring that the ceiling was smoke resistant and fire rated in accordance with NFPA 101, 2012 LSC Edition, Section 19.3.5.1, Section 4.6.12, Section 9.7, NFPA 13, 2010 Edition, Section 6.2.7.1 and NFPA 25, 2011 Edition, Section 5.1, 5.2.2.1. and b.) maintain all parts of their automatic sprinkler system in optimal condition as per section 5.2.1.1.1 of National Fire Prevention Association (NFPA) 25. This deficient practice was determined by the following: 1. On 8/2/22 at 10:48 AM, the surveyor, US FOIA (b)(6) observed in the basement/ground floor (construction closet) that 4-oversized ceiling tile cuts around wires and pipes. This would allow for the passage of heat and smoke into the space above which would delay the activation of the fire sprinkler system and smoke detectors. 2. On 8/2/22 at 10:55 AM, the surveyor, US FOIA (b)(6) observed in the basement/ground floor (communication closet)	K 353	K353(F) What corrective action will be accomplished for those residents affected by the deficient practice? There were no patients identified who were affected by the condition. How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective actions will be taken? Patients residing in the center have the potential to be affected. What measures will be put into place or what systematic changes will be made to ensure the deficient practice will not recur? All ceiling tiles were replaced that were affected to ensure ceilings are smoke resistant and fire rated. Maintenance director arranged for hydrostatic testing for the fire department connection with the sprinkler system. The hydrostatic test was completed on November 7, 2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315152	A. BUILDING **02** B. WING ______	**08/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WELLINGTON	**301 UNION STREET** **HACKENSACK, NJ 07601**

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K 353	Continued From page 9 that an approximately two-inches by two-inches (2" x 2") opening in the ceiling. This would allow for the passage of heat and smoke into the space above which would delay the activation of the fire sprinkler system and smoke detectors. 3. On 8/2/22 at 11:10 AM, the surveyor, US FOIA (b)(6) observed 4-oversized ceiling tile openings, in the basement/ground floor (Chapel Closet). This would allow for the passage of heat and smoke into the space above which would delay the activation of the fire sprinkler system and smoke detectors. 4. On 8/2/22 at 11:34 AM, the surveyor, US FOIA (b)(6) observed 15-oversized drop ceiling tile openings around pipe and wiring in the basement electrical room. This would allow for the passage of heat and smoke into the space above which would delay the activation of the fire sprinkler system and smoke detectors. 5. On 8/2/22 at 11:45 AM, the surveyor, US FOIA (b)(6) observed during the fire sprinkler documentation review dated 6/7/22 that no device deficiencies were observed, but under other deficiencies it was noted that the fire department connection (FDC) requires hydrostatic testing. The US FOIA (b)(6) confirmed the above findings during the building tour on 8/2/22. The US FOIA (b)(6) was informed of the findings at the Life Safety Code Exit Conference on 8/3/22.	K 353	What measures will be put into place or what systematic changes will be made to ensure the deficient practice will not recur? Maintenance director or designee will monitor and audit ceiling tiles weekly for four months to ensure compliance. Findings will be presented to QAPI committee, which meets monthly, and administrator. QAPI committee will determine the need for further performance improvement. Maintenance director or designee will ensure hydrostatic testing is completed within regulatory guidelines and monitored annually. Report will be sent to the administrator and QAPI committee	

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	315152	A. BUILDING **02** B. WING ______	**08/03/2022**

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K 353	Continued From page 10 NJAC 8:39-31.2(e) NFPA 101, 2012 LSC Edition, Section 19.3.5.1, Section 4.6.12, Section 9.7, NFPA 13, 2010 Edition, Section 6.2.7.1 and NFPA 25, 2011 Edition, Section 5.1, 5.2.2.1.	K 353		
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no	K 363		8/4/22

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	315152	A. BUILDING **02** B. WING ______	**08/03/2022**

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K 363	Continued From page 11 restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview on 8/3/22, it was determined that the facility failed to ensure that corridor doors were able to resist the passage of smoke in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5. This deficient practice of not ensuring that room doors will close and latch restricts the ability of the facility to properly confine fire and smoke products and to properly defend occupants in place. This deficient practice was identified in 3 of 50 resident room doors observed and was evidenced by the following: On 8/3/22 at 9:30 AM, the surveyor, US FOIA (b)(6) [redacted] toured the facility and observed the following: Resident Room #302 the door would not latch due to a hardware issue. Resident Room #325 the door rubbed onto the floor preventing closure. Resident Room #332 the door would not latch due to a hardware issue. At the time of observations, the surveyor interviewed the US FOIA (b)(6) who	K 363	K363(E) What corrective action will be accomplished for those residents affected by the deficient practice? The resident room doors identified (302, 325, 332) will be repaired and/or replaced to fit properly in their door frames. How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken? Patients residing in the facility have the potential to be affected. What measures will be put into place or what systematic changes will you make to ensure the deficient practice will not recur? An audit of corridor and patient room doors was conducted to identify any doors that do not fit properly into the door frames. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance	

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	315152	A. BUILDING 02 B. WING ______	08/03/2022

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K 363	Continued From page 12 confirmed the above findings. The US FOIA (b)(6) was informed of the finding at the Life Safety Code Exit Conference on 8/3/22. NJAC 8:39-31.1(c), 31.2(e) NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5.	K 363	program will be put into place? Director of Maintenance or designee will inspect and audit 10 doors once weekly to ensure those doors fit properly into their frames, therefore being able to resist the passage of smoke. The audit will be conducted weekly for 4 weeks and then monthly for 2 months. The findings will be presented to the administrator and QAPI committee monthly and the QAPI committee will determine the need for further performance improvement.	
K 521 SS=E	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 8/3/22, it was determined that the facility failed to ensure resident bathroom ventilation systems for 4 of 28 units were adequately maintained, in accordance with the National Fire Protection Association (NFPA) 90 A, B. This deficient practice was evidenced by the following: On 8/3/22 at 9:30 AM, the surveyor with the	K 521	K521(E) What corrective action will be accomplished for those residents affected by the deficient practice? The resident bathroom ventilation systems (313,319,323,325) will be repaired and replaced as necessary to ensure compliance. How will you identify other residents	9/13/22

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K 521	Continued From page 13 US FOIA (b)(6) toured the facility and observed that the ventilation in the following Resident Room bathrooms did not function: #313, #319, #323 and #325. At the time of observations, the surveyor requested that the US FOIA (b)(6) confirm if the units were functioning by placing a piece of single-ply toilet tissue paper across the ceiling grills to confirm ventilation. When tested, the tissue did not hold in place. The resident bathrooms were not provided with a window and required reliance on mechanical ventilation. At that time, the surveyor interviewed the maintenance staff member and US FOIA (b)(6), who confirmed that the exhaust vents in the above resident room bathrooms were not functioning when tested. The US FOIA (b)(6) was informed of the findings at the Life Safety Code Exit Conference on 8/3/22. NFPA 90 A NFPA 101-2012 -19.5.2.1 section 9.2.2 NFPA 101-2012- 19.5.2.1 Chapter 9.1 Utilities 9.2.1 NJAC 8:39-31.2(e)	K 521	having the potential to be affected by the same deficient practice, and what corrective action will be taken? Patients residing in the facility have the potential to be affected. What measures will be put into place or what systematic changes will be made to ensure the deficient practice will not recur? An audit of bathroom ventilation systems for patient bathrooms will be conducted. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Director of Maintenance or designee will inspect and audit 10 patient bathrooms weekly to ensure there is proper ventilation. The audit will be conducted weekly for 4 weeks and monthly for 2 months after. The findings will be presented to the administrator and the QAPI committee monthly. The QAPI committee will determine the need for further performance improvement.	
K 531 SS=F	Elevators CFR(s): NFPA 101 Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in	K 531		8/26/22

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K 531	Continued From page 14 ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review on 8/3/22, it was determined that the facility failed to ensure that elevators' firefighters service was operated monthly with a written record for 2 of 2 elevator devices, in accordance with NFPA 101, 2012 Edition, Section 19.5.3, 9.4.2, 9.4.3. This deficient practice was evidenced by the following: During record review with the Surveyor, US FOIA (b)(6) on 8/3/22 at 12:50 PM, there was no documented evidence that all existing elevators; having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes conformed with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke	K 531	K531(F) What corrective action will be accomplished for those residents affected by the deficient practice? No patients were identified who were negatively affected. How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken? Patients residing in the facility have the potential to be affected. What measures will be put into place or what systematic changes will you make to ensure the deficient practice will not recur? The facility will conduct accurate testing	

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K 531	Continued From page 15 detector automatic recall, firefighter's service Phase II emergency in-car key.19.5.3, 9.4.2, 9.4.3. The US FOIA (b)(6) provided a Monthly Fire Service Test Log indicating on the following dates: 1/17/22; 2/6/22; 3/15/22; 4/6/22; 5/11/22; and 6/20/22. The provided log indicated a check for pass or fail on the phase II test, but did not indicate if the tests had passed or failed. The phase I was left blank. The current document only provided an incomplete log for 1-elevator and the facility had two elevators. The findings were verified by the US FOIA (b)(6) at the time of the observations. The US FOIA (b)(6) was informed of the finding at the Life Safety Code Exit Conference on 8/3/22. NJAC 8:39-31.2(e) NFPA 101, 2012 Edition, Section 19.5.3, 9.4.2, 9.4.3.	K 531	and complete the log for phase 2 testing. Log will be completed in full monitoring the phase 2 test and documents to be posted in elevator room as required. How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place? Director of Maintenance or designee will complete elevator logs to ensure compliance. The logs will be reviewed and the audit will be conducted 1x monthly for 6 months. The findings will be presented to the administrator and the QAPI committee, who meet monthly and determine the need for further improvement.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches.	K 918		8/26/22

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K 918	Continued From page 16 Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observations, interview, and review of facility documents on 8/3/22, it was determined that the facility failed to a.) certify the time needed by their generator to transfer power to the building was within the required 10-second time frame, in accordance with NFPA 99 for emergency electrical generator systems and b.) ensure that a remote manual stop station for the generator was provided in accordance with the requirements of NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1.	K 918	K918(F) What corrective action will be accomplished for those residents affected by the deficient practice? No patients were affected by this deficient practice. How will you identify other residents having the potential to be affected by the same practice and what corrective action	

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K 918	Continued From page 17 This deficient practice was evidenced for 1 of 1 generator logs provided by the US FOIA (b)(6) by the following: 1. On 8/3/22, a review of the generator records for the previous twelve months, did not reveal documented certification that the generator would start and transfer power to the building within ten seconds. Currently the US FOIA (b)(6) was performing a monthly load test, but he was not recording the required transfer times completely on the testing log. and the times documented (4 of 12) were over the 10-second requirement. The current monthly dates indicated : 9/30/21 load test transfer time-16-seconds 10/27/21 load test transfer time-16-seconds 3/29/22 load test transfer time-16-seconds 4/29/22 load test transfer time-16-seconds An interview was conducted with the US FOIA (b)(6) at the time of record review, who confirmed there were only 4 of 12 load test transfer times on his log, that was provided to the surveyor. 2. On 8/3/22 at 12:40 PM, the surveyor, US FOIA (b)(6), observed that the facility exterior generator did have an exterior shutoff, but it was on the generator cabinet next to an open vent and not remote of the prime mover. An interview was conducted during the observation with the US FOIA (b)(6). He stated that he was unaware that the manual stop station needed to be remote of the prime mover	K 918	will be taken? Patients residing in the facility have the potential to be affected. What measures will be put into place or what systematic changes will you make to ensure the deficient practice will not recur? A remote manual stop station installation date was obtained and scheduled. Compliance with monthly load test and transfer time will be completed. The generator program will be replaced to meet standards of ten second transfer. A remote manual stop station installation was completed on 8/26/2022. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Director of maintenance or designee will inspect the manual stop station to ensure there is unrestricted access. Full load testing will be completed by competent personnel weekly to include a complete simulated cold start and automatic transfer of all EES (Essential Electrical System) loads. An audit will be conducted for compliance of weekly test for 6 months and findings reported to the administrator and QAPI committee, which meets monthly. The QAPI committee will determine the need for further performance improvement.	

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K 918	Continued From page 18 cabinet. The US FOIA (b)(6) and US FOIA (b)(6) were informed of the findings at the Life Safety Code Exit Conference on 8/3/22. NJAC 8:39-31.2(e), 31.2(g) NFPA 99 NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1. NFPA 101 Life Safety Code 2012 edition 9.1.3.1 Standard for Emergency and Standby Power Systems	K 918	A TIME LIMITED WAIVER REQUEST HAS BEEN REQUESTED IN CONNECTION WITH THIS POC THIS TIME LIMITED WAIVER REQUEST WORKS WAS COMPLETED 11.10.2022	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315152	A. Building 02 - WELLINGTON HALL B. Wing	1/18/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT WELLINGTON	301 UNION STREET HACKENSACK, NJ 07601

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix Reg. # NFPA 101 LSC K0222	Correction Completed 08/26/2022	ID Prefix Reg. # NFPA 101 LSC K0321	Correction Completed 08/26/2022	ID Prefix Reg. # NFPA 101 LSC K0345	Correction Completed 08/26/2022
ID Prefix Reg. # NFPA 101 LSC K0353	Correction Completed 11/07/2022	ID Prefix Reg. # NFPA 101 LSC K0363	Correction Completed 08/04/2022	ID Prefix Reg. # NFPA 101 LSC K0521	Correction Completed 09/13/2022
ID Prefix Reg. # NFPA 101 LSC K0531	Correction Completed 08/26/2022	ID Prefix Reg. # NFPA 101 LSC K0918	Correction Completed 08/26/2022	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
8/3/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO