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New Jersey Department of Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		060210	B. WING		05/0	05/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
INGLEMOOR CENTER 333 GRAND AVE							
			OD, NJ 07631			I	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE			
S 000	Initial Comments		S 000				
\$1405	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 CORRET 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. 8:39-19.5(a) Mandatory Infection Control and Sanitation a) The facility shall require all new employees to complete a health history and to receive an examination performed by a physician or advanced practice nurse, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment by a registered professional nurse upon employment, the physician's or advanced practice nurse's examination may be deferred for up to 30 days from the first day of employment. The facility shall establish criteria for determining the completeness of physical examinations for employees.		S1405			6/11/21	
	This REQUIREMENT	is not met as evidenced					

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

TITLE (X6) DATE

Electronically Signed 05/20/21

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INCW JCIS	ey Department of Fleat	IU I				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
060210		B. WING		05/0	5/2021	
NAME 05 B	20,4252 02 0422452	070557.400	DE00 0171/ 07/	ATE 7/D 0005		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	ATE, ZIP CODE		
INICI EMO	OD CENTED	333 GRAN	D AVE			
INGLEMO	OR CENTER	ENGLEWO	OD, NJ 0763	1		
040.15	STIMMADV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N.	0/5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE		DATE
				DEFICIENCY)		
S1405	Continued From page 1		S1405			
	by:				ļ	
	by:		A. The LDN bine desiller of material to the			
		nd review of one recently		1. The LPN hired will not return to work		
		was determined that the		until she has an examination performed by		
	•	e that 1 of 1 recently hired		a physician or advanced practice nurse or		
	employee received an examination by a			NJ licensed physician assistant and		
	Physician, an Advanc	ed Practice Nurse, or a		submit same to the Assistant Director of		
	Licensed Physician A	ssistant within two weeks		Nursing.		
	prior to employment of	or upon employment or a			ļ	
		by a Registered Professional		2. Any resident has the potential to be	e	
	Nurse (RN) upon emp			affected by this deficient practice.	_	
	rtaroo (rtit) apon oni	sioymone.		ancolou by the denoish practice.	ļ	
	This deficient practice was evidenced by the following: On 4/29/21 during the Entrance Conference, the			3. Upon hire all new employees will h	121/0	
				1		
			a physical examination performed by a physician or advanced practice nurse, or NJ licensed physician assistant within two			
	Team Coordinator (TC) requested a list of all new			weeks prior to the first day of employment		
	employees hired within the last four months.			or the new employee will receive a nursin		
				assessment by a registered professio	nal	
	On 5/4/21 at 10:30 Al	M, the Licensed Nursing		nurse at Inglemoor upon employment		
	Home Administrator (LNHA) stated that there was only one new hire within the last four months and		The physician's or advanced practice nurse's examination may be deferred		,	
	provided the employee file. Review of the			up to 30 days from the first day of		
	employee file revealed a Licensed Practical			employment if the nursing assessment is		
	Nurse (LPN) was hire			performed. The Assistant Director of		
		sessment completed by an		Nursing will be responsible for	ļ	
	RN upon hire or a phy			documenting the receipt of the employ	voo's	
	completed by a Physi	cian.		physical examination upon hire or with		
				30 days of the nursing assessment ea	ich	
		, the TC interviewed the		month.	ļ	
		that the new employee did				
	not have a physical e	xam and stated it was the		4. The Assistant Director of Nursing v	vill	
	Assistant Director of I	Nursing's (ADON)		present the results of her monthly	ľ	
	responsibility to ensur	re all new hires received a		documentation of New Hire physical		
		nire or prior to, but the facility		examination to the QAPI Committee f	or 3	
		ON and "that's how it got		months or until substantial compliance		
	missed." She further			achieved.		
		ng to do with new employee				
	physicals."	ig to do with new employee				
	priyoloaio.					
	On E/E/04 -+ 40:00 A	14 Abo NII A man dal ad 41 a				
	On 5/5/21 at 10:00 Al	M, the LNHA provided the	1			

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STATEMENT OF DEFICIENCIES (X

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		060210	B. WING		05/05/2021		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						72021	
INGLEMOOR CENTER 333 GRAND AVE ENGLEWOOD, NJ 07631							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
\$1405	date of "Employees in states physical is required w return a completed st to providing patient/re On 5/5/21 at 11:53 Af the Administrator, Dir. Nurse and the Director	Employee Health equirements with a revision w of the policy indicated where a pre-employment rill be provided with and atement of Health form prior esident care." M, the survey team met with ector of Nursing, Regional or of Operations for [name he above concern. There	S1405				