STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315176	A. BUILDING _____ B. WING _____	C 10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD CARE CENTER	**185 TUCKERTON ROAD MEDFORD, NJ 08055**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS COMPLAINT #: NJ166708, NJ171794, NJ172033, NJ173186, NJ173778, NJ175516, NJ175809, NJ176120, NJ176662, NJ177503, NJ177541 CENSUS: 83 SAMPLE SIZE: 12 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 656 SS=G	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §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).	F 656		12/17/24

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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 656	Continued From page 1 (iii) Any specialized services or specialized 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. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Complaint # NJ173186, NJ175516 Based on interviews, medical record review, and review of other pertinent facility documents on 10/09/2024 and 10/10/2024, it was determined that the facility a.) failed to follow Care Plan (CP) interventions for a resident which resulted in the resident NJ Exec Order 26.4b1 and b.) failed to update the CP and interventions after a NJ Exec Order 26.4b1 occurred. The facility also failed to follow its policy titled "Care Management Policy". This deficient practice was identified for 3 of 3 residents (Resident #1,	F 656	1. Care plans for residents #1, #11 and #12 have been updated to reflect the needs of the individual residents. 2. Current residents have the potential to be effected by the concern identified. 3. Unit Managers and Nursing Supervisors will be re-educated by the Director of Nursing regarding updating care plans to reflect changes in residents condition, status and/or care needs and communicating these changes to care	

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F 656	Continued From page 2 Resident #11, and Resident #12) reviewed for care plans. This deficient practice was evidenced by the following: According to the Admission Record (AR), Resident #1 was admitted to the facility with diagnoses which included but were not limited to, NJ Exec Order 26.4b1 [redacted] A review of Resident #1's most recent Quarterly Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1 revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated the resident's NJ Exec Order 26.4b1. A review of Resident #1's Progress Notes (PNs) dated NJ Exec Order 26.4b1 revealed that Resident #1 reported a [redacted] while in the [redacted] room. The PNs further revealed that Resident #1's NJ Exec Order 26.4b1 were NJ Exec Order 26.4b1 from the NJ Exec Order 26.4b1, but resident's NJ Exec Order 26.4b1 remained on the NJ Exec Order 26.4b1. The PNs revealed that Resident #1 NJ Exec Order 26.4b1 to the [redacted] of resident's [redacted] The physician was made aware, and an order was given for an [redacted] of Resident #1's NJ Exec Order 26.4b1 [redacted]. A review of Resident #1's [redacted] results report with an examination date of NJ Exec Order 26.4b1 and a reported date of NJ Exec Order 26.4b1 revealed under findings a NJ Exec Order 26.4b1 [redacted].	F 656	staff if/when they occur. This education will be completed by 12/17/2024. 4. The IDCP team will randomly audit three care plans of residents identified as having a change in condition weekly for the next twelve weeks to verify care plans are being properly updated to reflect care needed. Areas of concern will be addressed. Results of these audits will be reviewed by the Quality Assurance Performance Improvement committee for the next two quarters with follow up provided as needed.	

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A review of Resident #1's CP revealed under "Focus", "The resident was NJ Exec Order 26.4b1 towards staff" with an initiated date of NJ Exec Order 26.4b1 and a revision date of NJ Exec Order 26.4b1. Under "Interventions" revealed an intervention to "provide NJ Exec Order 2 care" with an initiated date of NJ Exec Order 26.4b1.

During an interview with the surveyor on 10/09/2024 at 10:53 AM, Resident #1 stated remembering the incident that occurred in the NJ Exec Order 26 room. Resident #1 stated Certified Nursing Assistant (CNA #1) did not put up the NJ Exec Order 26.4b on the NJ Exec Order 26.4b1 while in the NJ Ex Order 26.4(room. Resident #1 further stated that when CNA #1 NJ Ex Order 26.4(b)(1), the resident's NJ Exec Order 26.4b1. Resident #1 stated only CNA #1 was in the NJ Ex Order 26.4(room with resident at time of the incident. Resident #1 NJ Exec Order 26.4b1 after the incident occurred. Resident #1 stated he/she went to the hospital and was told the NJ Exec O NJ Exec Order 26.4b1 and a NJ Exec Orde was placed on the NJ Exec Order 26.4b

During an interview with the surveyor on 10/10/2024 at 2:01 PM, the US FOIA (b) stated that "NJ Exec Order 2 care" meant that NJ Exec O people were present for all aspects of a resident's care. The US FOIA (b) stated that the expectation was that staff should follow the care plan.

During a telephone interview with the surveyor on 10/10/2024 at 2:35 PM, the Licensed Practical Nurse (LPN #1) stated she remembered being called into the NJ Ex Order 26.4(room on the date of the incident. LPN #1 stated she observed Resident #1 NJ Exec Order 26.4b1 with resident's NJ Exec Order 26.4b1 off the

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F 656	Continued From page 4 NJ Exec Order 26.4b1. LPN #1 stated "I don't remember how the resident NJ Exec Order 26.4b1 on his/her NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b1". LPN #1 further stated there was only CNA #1 and the resident in the NJ Ex Order 26.4 room at that time. LPN#1 stated she had to get more staff to help NJ Exec Order 26.4b1 Resident #1 back onto the NJ Exec Order 26.4b1. The surveyor was unable to reach CNA #1 for a telephone interview. According to the AR, Resident #11 was admitted to the facility with diagnoses which included but were not limited to, NJ Exec Order 26.4b1 [redacted] A review of Resident #11's most recent Quarterly MDS, an assessment tool dated NJ Exec Order 26.4b1 revealed that the resident had a BIMS score of NJ out of 15, which indicated the resident's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1. According to the AR, Resident #12 was admitted to the facility with diagnoses which included but were not limited to, NJ Exec Order 26.4b1 [redacted] A review of Resident #12's most recent Quarterly MDS, an assessment tool dated NJ Exec Order 26.4b1 revealed that the resident had a BIMS score of NJ Exec which indicated the resident was NJ Exec Order 26.4b1 [redacted] According to the Facility Reportable Event (FRE), a New Jersey Department of Health (NJDOH)	F 656		

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F 656	Continued From page 5	F 656		

document used by healthcare facilities to report incidents on NJ Exec Order 26.4b1 with an event date of NJ Exec Order 26.4b1 and a time of event date of 8:17 PM, Resident #11 was observed standing next to Resident #12's wheelchair with his/her NJ Exec Ord on Resident #12's NJ Exec Order 26.4b1. Resident #11 stated that Resident #12 NJ Exec Order 26.4b1 Resident #11. Resident #11 NJ Exec Order 26.4b1 Resident #12's NJ Exec Order 26.4b1 Resident #11.

A review of Resident #11's CP revealed that the CP was not updated to reflect the NJ Exec Order 26.4b1. No interventions were implemented on the CP after the incident occurred.

A review of Resident #12's CP revealed that the CP was not updated to reflect the NJ Exec Order 26.4b1. No interventions were implemented on the CP after the incident occurred.

During an interview with the surveyor on 10/10/2024 at 2:01 PM, the US FOIA (b)(6) stated that care plans were updated quarterly and when a NJ Exec Order 26.4b1 occurred. The US FOIA (b) stated that anything new in a resident's care could be considered a NJ Exec Order 26.4b1 The US FOIA (b) stated the care plans should be updated when NJ Exec Order 26.4b1 incidents occurred. The US FOIA (b) stated that it was important that care plans were updated so that staff knew how to properly care for the residents. The US FOIA (b) confirmed there were no updated interventions for Resident #11 and Resident #12 on their care plans. The US FOIA (b) stated that "NJ Exec Order 26.4b1" on Resident #1's care plan meant that NJ Exec people were NJ Exec Order 26.4b1 of a resident's care.

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F 656	Continued From page 6 The US FOIA (b) stated that the expectation was that staff should follow the care plan. The US FOIA (b) further stated the US FOIA (b)(6) and nurses were responsible for updating the care plan. The US FOIA (b) stated she could not speak to why the care plans were not updated. Review of the facility policy titled "Care Management Policy" with last reviewed date of 10/2024 revealed under "Procedure", "9. All staff who provide care shall be knowledgeable of, and have access to, the plan of care. 10. The plan of care is continually updated to reflect current needs at all times. It can be modified without a formal interdisciplinary meeting by each discipline noting directly on Care Plan. 11. The nurse is responsible for coordinating and updating the plan of care."	F 656		
F 689 SS=G	NJAC 8:39-11.2 (e) (2) 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: Complaint #: NJ00175516 Based on interviews, medical record review, and	F 689	1. Resident #1's care plan has been reviewed. 2. Facility residents who require paired	12/17/24

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F 689	Continued From page 7 review of other pertinent facility documents on 10/09/2024 and 10/10/2024, it was determined that the facility failed to ensure that an [NJ Exec Order 26.4b1] [redacted] was prevented because care plan interventions for providing "[NJ Exec Order] care" were not followed for Resident #1, and resident [NJ Exec Order 26.4b1] [redacted] This deficient practice was identified for 1 of 3 residents (Resident #1) reviewed for incidents and accidents. This deficient practice was evidenced by the following: According to the Admission Record (AR), Resident #1 was admitted to the facility with diagnoses which included but were not limited to, [NJ Exec Order 26.4b1] [redacted]. A review of Resident #1's most recent Quarterly Minimum Data Set (MDS), an assessment tool dated [NJ Exec Order 26.4b1] revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [NJ Ex] out of 15, which indicated the resident's [NJ Exec Order 26.4b1]. A review of Resident #1's Progress Notes (PNs) dated [NJ Exec Order 26.4b1] revealed that Resident #1 reported having a [NJ Exec] while in the [NJ Ex Order 26.4b] room. The PNs further revealed that Resident #1's [NJ Exec O] [redacted] but resident's entire [NJ Exec Order 26.4b1] remained on the [NJ Exec Order 26.4b1]. PNs revealed that Resident #1 [NJ Exec Order 26.4b1] [redacted] The physician was made aware, and an order was given for an [NJ Exec Orde] of Resident #1's [NJ Exec Order 26.4b1]	F 689	care have the potential to be effected by the concern identified. 3. Nursing staff, including licensed nurses, certified nurse aides, will be re-educated by the Director of Nursing regarding following paired care interventions when indicated for a resident. This education will be completed by 12/17/2024. 4. Unit Manager/Nursing Supervisor will randomly observe two resident care provisions weekly for the next twelve weeks to verify paired care interventions are followed by staff when indicated. Areas of concern will be addressed. Results of the random observations will be reviewed by the Quality Assurance Performance Improvement Committee for the next two quarters with follow up provided as needed.	

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F 689		F 689		

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NJ Exec Order 26.4b1.

A review of the facility's incident report for Resident #1 dated NJ Exec Order 26.4b1 at 20:14 revealed that Resident #1 was NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b1 by staff members.

A review of Resident #1's NJ Exec Order 26.4b1 results report with an examination date of NJ Exec Order 26.4b1 and a reported date of NJ Exec Order 26.4b1 revealed under findings a NJ Exec Order 26.4b1.

A review of Resident #1's Care Plans (CP) revealed under "Focus", "The resident was NJ Exec Order 26.4b1" with an initiated date of NJ Exec Order 26.4b1 and a revision date of NJ Exec Order 26.4b1. Under "Interventions" revealed an intervention to "provide NJ Exec Order 2 care" with an initiated date of NJ Exec Order 26.4b1.

During an interview with the surveyor on 10/09/2024 at 10:53 AM, Resident #1 stated remembering NJ Exec that occurred in the NJ Exec Order 26 room. Resident #1 stated the Certified Nursing Assistant (CNA #1) did not put up the NJ Exec Order 26.4b on the NJ Exec Order 26.4b1 while in the NJ Exec Order 26 room. Resident #1 further stated that when CNA #1 NJ Exec Orde resident over, the resident's NJ Exec Order 26.4b1 off the NJ Exec Order 26.4b1. Resident #1 stated only CNA #1 was in the NJ Ex Order 26.4(room with resident at the time of the incident. Resident #1 stated NJ Exec Order 26.4b1 Resident #1 stated went to the hospital and NJ Exec Order 26.4b1.

During an interview with the surveyor on 10/09/2024 at 3:19 PM, the US FOIA (b)(6) stated she had no recollection of any

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information related to Resident #1's [redacted] in [redacted]. The [redacted] stated she was not working at the facility at the time of Resident #1's [redacted]

During an interview with the surveyor on 10/10/2024 at 2:01PM, the [redacted] stated that "[redacted] care" meant that [redacted] people were [redacted] of a resident's care. The [redacted] stated that the expectation was that staff should follow the care plan.

During a telephone interview with the surveyor on 10/10/2024 at 2:35 PM, the Licensed Practical Nurse (LPN #1) stated she remembered being called into the [redacted] room on the date of the incident. LPN #1 stated she observed Resident #1 [redacted] on the [redacted] PN #1 stated "I don't remember how resident [redacted] on his/her [redacted] on the [redacted]". LPN #1 further stated there was only CNA #1 and the resident in the [redacted] room at that time. LPN#1 stated she had to get more staff to help [redacted] Resident #1 back onto the [redacted]. LPN #1 stated "I do not know how the incident was avoidable, the CNAs know how to do their job everyday". LPN #1 further stated "They know the resident's care".

The surveyor was unable to reach CNA #1 for a telephone interview.

Review of the facility policy titled "Care Management Policy" with last reviewed date of 10/2024 revealed under "Procedure", "9. All staff who provide care shall be knowledgeable of, and have access to, the plan of care."

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F 689	Continued From page 10 NJAC 8:39-27.1 (a)	F 689		

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 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 The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ166708, NJ171794, NJ172033, NJ173186, NJ173778, NJ175516, NJ175809, NJ176120, NJ176662, NJ177503, NJ177541 Based on review of facility documents on 10/09/2024 and 10/10/2024, it was determined that the facility failed to ensure staffing ratios were met for 7 of 7-day shifts and 5 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance	S 560	1. The facility cannot retroactively address the concern identified. 2. The Administrator and Executive Director have reviewed current hiring initiatives to further incentivize new staff (recruiting) and current staff (retention), Open positions are advertised with physical ads placed in various locations throughput this and neighboring locations. Recruitment efforts include: sign on bonuses, tuition reimbursement and child care cost savings programs. Interviews are scheduled at various times to accommodate applicants and on the spot	12/17/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/31/24

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD CARE CENTER	185 TUCKERTON ROAD MEDFORD, NJ 08055

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 1 with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as 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 of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide 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. For the week of Complaint staffing from 09/01/2024 to 09/07/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: On 09/01/24 had 8 CNAs for 86 residents on the day shift, required at least 11 CNAs. On 09/02/24 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. On 09/03/24 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. On 09/04/24 had 7 CNAs for 86 residents on the day shift, required at least 11 CNAs. On 09/05/24 had 9 CNAs for 85 residents on the day shift, required at least 11 CNAs.	S 560	offers are made. Walk in applicants are interviewed directly and offered positions if they qualify for employment. Referral bonuses are offered to staff who refer nursing staff. Current staff are offered tuition reimbursement, child care reimbursement and bonuses to work extra shifts in addition to time and one half paid in excess of full time hours. Pay rates for nursing staff have been increased across the board. Nursing management is utilized for patient care and is "on-call" on a rotating basis to assist with patient needs and staffing to verify that patients receive proper care and treatment. 3. The Staffing Coordinator will monitor daily staffing and meet with nursing management to review schedules. The Staffing Coordinator will be responsible to verify adequate staffing levels to be certain that requirements are being met. Staffing will continue to be reviewed with nursing management daily. 4. The Administrator and Executive Director will review recruitment and retention on an "on-going" basis and report findings to the quality assurance Performance Improvement Committee on a quarterly basis for the next six months with follow up provided as needed. The Administrator will be responsible to verify that staffing meets the required levels and to take corrective action to address if concerns are identified.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060313	A. BUILDING: _____ B. WING _____	C 10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD CARE CENTER	185 TUCKERTON ROAD MEDFORD, NJ 08055

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 2 On 09/06/24 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs. On 09/07/24 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs. 2. For the 2 weeks of staffing prior to survey from 09/22/2024 to 10/05/2024, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows: On 09/22/24 had 7 CNAs for 83 residents on the day shift, required at least 10 CNAs. On 09/23/24 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs. On 09/26/24 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs. On 09/29/24 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs. On 09/30/24 had 8 CNAs for 85 residents on the day shift, required at least 11 CNAs.	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315176	A. BUILDING _____ B. WING _____	R-C 02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD CARE CENTER	185 TUCKERTON ROAD MEDFORD, NJ 08055

(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: 10/10/24 Revisit Date: 2/14/25 Census: 58 Sample: 11 A 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=D	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: NOT CORRECTED Based on observation, interview, record review and review of pertinent documentation, it was determined that the facility failed to follow their Plan of Correction (POC) and ensure staff identify and assist a resident who required NJ Exec staff for assistance. This deficient practice was identified for 1 of 3 residents (Resident #1) reviewed who required NJ Exec Order 26.4b1 and was evidenced as follows:	{F 689}	1. Resident #1 was evaluated by NJ Exec Order 26. to determine NJ Exec Order 26.4b1 . Resident #1's care plan was updated to reflect current NJ Ex Order 26.4(b status. 2. The facility recognizes that current residents requiring assistance with transfers have the potential to be effected by the concern identified. 3. Residents requiring 2 person assist to transfer were evaluated by therapy to	3/7/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Electronically Signed — 03/01/2025

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
	315176	A. BUILDING _____ B. WING _____	R-C 02/14/2025

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{F 689}	Continued From page 1 On 2/14/25 at 9:30 AM, the US FOIA (b)(6) provided a list of 13 residents who required the assistance of NJ Exec staff members. A review of the Admission Record (AR) an admission summary revealed that Resident #1 had diagnoses which included, but were not limited to; NJ Exec Order 26.4b1 A review of the quarterly Minimum Data Set (MDS- an assessment tool used to prioritize care) dated NJ Exec Order 26.4b1, included but was not limited to; a Brief Interview for Mental Status (BIMS) NJ Exec Order 26.4b1 . The MDS was coded that the resident was NJ Exec - NJ Exec Order 26.4b1 on staff to NJ Exec NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 and did NJ Exec Order 26.4b1. A review of the individual Care Plan (CP) included a Focus area dated NJ Exec Order 26.4, NJ Exec Order 26.4b1 ... episodes of being NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 with staff and care. An intervention dated NJ Exec Order 26.4, was for NJ Exec person assist for NJ Exec Order 26.4b1 to promote safety as the resident was NJ Exec Order 26.4b1 to care. An additional Focus area dated NJ Exec Order 26.4, the resident had NJ Exec Order 26.4b1 . An intervention dated NJ Exec Order 26.4b1 was that the resident required NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 to the wheelchair and the bed. On 2/14/25 at 10:45 AM, the surveyor interviewed the US FOIA (b)(6)) and a US FOIA (b)(6)) who were located at the NJ Exec Order 26.4b1 Unit nursing desk which was the unit where Resident #1 resided. The surveyor inquired about the care Resident #1 required and the US FOIA (b)(6) stated the resident was a NJ Exec Order 26.4b1	{F 689}	determine the safest way to transfer. Care plans were updated as needed. Residents noted with declines in physical mobility and/or change in condition with reference to transfer status will be evaluated by therapy to verify the safest mode of transfer. Care plans will be updated as needed. MDS/designee will re-educate nursing staff regarding ADLs/Care Plans specifically as they relate to mobility and safe transfers. This re-education will be completed by 03/07/25. 4. DON/designee will observe 3 resident transfers three resident transfers per week for the next twelve weeks to verify residents are transferred safely with proper adherence to ADL/Care Plan. Areas of concern will be addressed. These observations will be reviewed at the QAPI Committee meeting for the next three months with follow up provided as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315176	A. BUILDING _____ B. WING _____	R-C 02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD CARE CENTER	**185 TUCKERTON ROAD MEDFORD, NJ 08055**

(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 689}	Continued From page 2 and that the resident w[NJ Exec Order 26.4b1] The [US FOIA (b)] then stated the resident required [NJ Exec Order 26.4b1] for [NJ Exec Order 26.4] and [NJ Exec Order 26.4b1] but Resident #1 was able to [NJ Exec Order 26.4b1] with a [NJ Exec Order 26.4b1]. The [US FOIA (b)] further stated if there were any changes regarding the care that Resident #1 needed, the staff would be informed during the shift change. On 2/14/25 at 10:56 AM, the surveyor interviewed the [US FOIA (b)(6)]), along with the [US FOIA (b)] regarding what the process was to determine what level of staff care a resident required. The [US FOIA (b)] stated the process was for the resident to be evaluated, and the type of staff assistance would be documented on the Activities of Daily Living (ADL) sheet, which was paper documentation that was located on the unit. The [US FOIA (b)] stated the residents would be reevaluated quarterly, and as needed. On 2/14/25 at 11:25 AM, the surveyor returned to [NJ Exec Orde] Unit and asked for the [US FOIA (b)] was who was caring for Resident #1. The [US FOIA (b)] informed the surveyor that the [US FOIA (b)] was assisting another resident. The surveyor asked if the resident would be [NJ Exec Order 26.4b1] and the [US FOIA (b)] replied" "yes after morning care." The surveyor asked what the CNAs process was for getting Resident #1 out of the bed. The [US FOIA (b)] stated, "I can show you", and the [US FOIA (b)] proceeded to escort the surveyor to Resident #1's room. The [US FOIA (b)] then explained to Resident #1 that the [US FOIA (b)] was going to [NJ Exec Order 26.4b1], and then proceeded to moved the wheelchair next to the bed. Resident #1 was [NJ Exec Order 26] to the side of the bed, the [US FOIA (b)] counted to three and then [NJ Exec Order 26.4b1]. The resident was observed as being [NJ Exec Order 26.4b1]	{F 689}		

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	315176	A. BUILDING _____ B. WING _____	R-C 02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{F 689}	Continued From page 3 and [NJ Exec Order 26.4b1], and the [US FOIA (b)] had to [NJ Exec Order 26.4b1]. The [US FOIA (b)] then stated, "I do not know how they ([US FOIA (b)(6)] do that. You (Resident #1) seem like a [NJ Exec] person there. I will have [NJ Exec Order 26.4b1] evaluate you." On 2/14/25 at 1:34 PM, the [US FOIA (b)(6)] were in the conference room with the survey team, and the concerns were addressed with the facility. The facility provided an updated CP with an Intervention Initiated [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1]. The resident requires [NJ Exec Order 26.4b1] assistance for [NJ Exec Order 26.4b1] to w/c [wheelchair" NJAC 8:39-27.1(a)(b)	{F 689}		

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
	060313	A. BUILDING: _____ B. WING _____	R-C 02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD CARE CENTER	185 TUCKERTON ROAD MEDFORD, NJ 08055

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{S 000}	Initial Comments Survey Date: 10/10/24 Revisit Date: 2/14/25 The facility is 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: Electronically Signed

TITLE

(X6) DATE: 03/01/25

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
315176 Y1	A. Building B. Wing Y2	2/14/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD CARE CENTER	185 TUCKERTON ROAD MEDFORD, NJ 08055

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 F0656	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/17/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
10/10/2024	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
060313 Y1	A. Building B. Wing Y2	2/14/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD CARE CENTER	185 TUCKERTON ROAD MEDFORD, NJ 08055

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/17/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
10/10/2024	☐ 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
315176 Y1	A. Building B. Wing Y2	3/18/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD CARE CENTER	185 TUCKERTON ROAD MEDFORD, NJ 08055

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0689	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/07/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
10/10/2024	☐ YES ☐ NO