

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

PRINTED: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

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|--|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315176 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/03/2023 |
| NAME OF PROVIDER OR SUPPLIER MEDFORD CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055 | | |
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| F 000 | <p>INITIAL COMMENTS</p> <p>COMPLAINT#: NJ165110</p> <p>CENSUS: 107</p> <p>SAMPLE SIZE: 3</p> <p>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.</p> <p>Based on interviews, medical records reviews, and review of other pertinent facility documentation on 6/28/2023 and 7/3/2023, it was determined that the facility failed to thoroughly investigate an alleged Staff to Resident physical abuse between a Certified Nursing Assistant (CNA) and a Resident (Resident #2). The date of this alleged incident could not be determined. Resident #2 reported to his/her family on [REDACTED] that when the CNA was taking the Resident to the shower, he/she was holding onto the doorway because he/she did not want to move. The CNA hit the Resident on the [REDACTED], and the Resident [REDACTED] her back. The family reported it to the Social Worker (SW) that same day. The CNA was sent to the lounge area while the SW spoke with the Resident. The CNA resumed working on the next shift on a different floor that same day, [REDACTED] to provide unsupervised care to residents on the next shift [3:00 p.m. -11:00 p.m.] The facility also failed to follow its policy titled "Freedom From Abuse, Neglect, and Exploitation." There was no</p> | F 000 | | | |

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

TITLE

(X6) DATE

Electronically Signed

08/01/2023

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 000 | Continued From page 1 documented evidence of a thorough investigation. The CNA was allowed to continue to provide unsupervised care to residents on another floor for the next shift, 3:00 p.m. - 11:00 p.m., working until 11:02 p.m. that night. The facility also failed to follow its policy titled " Freedom From Abuse, Neglect and Exploitation." The facility's failure to thoroughly investigate and follow its policies and procedures for abuse and allowing the alleged CNA to continue caring for other residents placed other residents being cared for by this staff member in an immediate jeopardy (IJ) situation. This IJ was identified and reported to the facility's Licensed Nursing Home Administrator (LNHA) on [REDACTED] at 6:15 p.m. The Administrator was presented with the IJ template that included information about the issue. The IJ began on [REDACTED] and continued through [REDACTED] when the facility started in-services on Abuse, Reporting, Investigating and Dealing with Difficult Residents. On 7/3/2023, the Surveyor verified the Removal Plan was implemented. The facility was educating all staff on the Policy "Freedom From Abuse, Neglect and Exploitation," the Reporting and Investigation protocols, Supervisor's Responsibilities, and Dealing with Difficult Residents. So, the noncompliance remained on 6/28/2023 for no actual harm with the potential for more than minimal harm that is not immediate jeopardy. | F 000 | | | |
| F 607 SS=F | Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: | F 607 | | 7/28/23 | |

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| F 607 | <p>Continued From page 2</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d) (3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ165110</p> <p>Based on interviews, medical record reviews, and other pertinent facility documentation on 6/28/2023 and 7/3/2023, it was determined that the facility failed to implement its policy for "Background Investigations" regarding criminal history background checks (CHBC) on its employees. This deficient practice was evidenced</p> | F 607 | <p>1. As per facility policy, a criminal history attestation is completed for new hires prior to/on their start date. Per CMS regulation for prospective employees, the following is reviewed: the employment history (e.g., dates of employment position or title), particularly where there is a pattern of inconsistency; information from former employers, whether favorable or unfavorable; and/or documentation of</p> | | |

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| F 607 | <p>Continued From page 3</p> <p>by the following:</p> <p>During an interview on 6/28/2023 at 8:55 a.m., when the Surveyor asked about Criminal History background checks, the Administrator stated, "No, the company has never done criminal histories upon hire. [The] Company does a personal history questionnaire." She continued, "On the personal history questionnaire, if the person checks yes, then they are not hired, and [the] staff sign the bottom and date the form."</p> <p>During a second interview on 6/28/2023 at 10:00 a.m., the Administrator stated, "Upon hire and annually, [the] employee will be requested to do a personal history questionnaire, a criminal history attestation (verification that the information is true) signed by the employee." At 3:14 p.m., the Administrator stated, "It's the policy of [the] company."</p> <p>On 7/3/2023 at 9:00 a.m., the Surveyor requested a current staff list with criminal history background checks listed from the Director of Nursing (DON). The DON stated, "We don't do criminal history background checks. I just know the facility does [a] questionnaire; no CHBC is done. If [a] staff checked yes to a box on [the] questionnaire, then [the] criminal history is done. If not [a staff checked] no [to a box], only a personal history questionnaire [is done]."</p> <p>On 7/3/2023 at 2:20 p.m., the Surveyor received the CHBC list.</p> <p>A review of the CHBC list revealed the following information: Employee Name, Hire Date, Home Department, Background check in file, and Previously a TNA (temporary nursing assistant).</p> | F 607 | <p>status and any disciplinary actions from licensing or registration boards or other registries. The facility followed its policy after the allegation and no additional background check was completed for the CNA and allegation was not substantiated.</p> <p>2. A whole house audit of current employee files was completed by [REDACTED], [REDACTED], to verify CMS regulations pursuant to employment screening process for abuse prevention have been met.</p> <p>3. Facility department heads were re-educated regarding completion of criminal history attestations for new and current employees on [REDACTED] by the Chief Operations Officer. Human Resources will continue to verify criminal history attestations are completed for new and current employees per facility policy.</p> <p>4. Three new employee and three current employee personnel files will be audit monthly for the next three months by the Licensed Nursing Home Administrator to verify criminal history attestations have been completed per facility policy. Areas of concern will be addressed. Results of these audits will be reviewed at the monthly Quality Assurance Performance Improvement meeting for the next three months with follow up provided as needed.</p> | | |

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| F 607 | <p>Continued From page 4</p> <p>There was a total of 163 employees, with only 6 employees having a CHBC done.</p> <p>During a second interview on 7/3/2023 at 2:20 p.m., when the Surveyor asked about the employees who received background checks, the DON stated CHBCs were only done on previous staff who were TNAs."</p> <p>A review of a facility policy "Background Investigations" with a last reviewed and approved date 11/2022 revealed the following Under "POLICY" included "Personal reference checks, driving record investigations and license verifications, if applicable, are conducted on all personnel applying for employment with this facility as part of the background investigation check." Under "PROCEDURE" included "1. The HR (Human Resources) Director or Department may conduct background investigations on individuals making application for employment with the facility and on any current employee if such background investigation(s) is/are appropriate for which the individual applied ...5. Upon hire and annually, employees will be required to complete a personal history questionnaire. This is a criminal background check attestation signed by the employee ...7. Should the background investigation(s) disclose any material misrepresentation or omission on the employment application form(s) or disclose information indicating that the individual is not suited for hire; the applicant will not be employed, or, if already employed, will be terminated ...10. All background investigations will be initiated within forty-eight (48) hours of hire or conditional offer of employment and prior to reporting to work. Ongoing background license verifications will be conducted prior to license expiration."</p> | F 607 | | | |

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| F 607 | Continued From page 5 | F 607 | | | |
| F 610 SS=J | <p>N.J.A.C. 8:39-9.3 (b) Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§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: COMPLAINT: #NJ165110</p> <p>Based on interviews, medical records reviews, and review of other pertinent facility documentation on 6/28/2023 and 7/3/2023, it was determined that the facility failed to thoroughly investigate an alleged Staff to Resident physical abuse between a Certified Nursing Assistant (CNA) and a Resident (Resident #2). The date of this alleged incident could not be determined. Resident #2 reported to his/her family on [REDACTED] that when the CNA was taking the Resident to the shower, he/she was holding onto</p> | F 610 | <p>1. CNA was immediately suspended from providing resident care for the full time the investigation was in progress until the investigation was completed and abuse not substantiated. This process took approximately one hour. CNA was sent to the administrative area of the facility where she was supervised by facility staff and was prohibited from resident contact pending investigation. She was informed that the investigation was in process and if it could not be completed in a timely manner, she would</p> | 7/28/23 | |

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| F 610 | <p>Continued From page 6</p> <p>the doorway because he/she did not want to move. The CNA hit the Resident on the [REDACTED], and the Resident [REDACTED] her back. The family reported it to the Social Worker (SW) that same day. The CNA was sent to the lounge area while the SW spoke with the Resident. The CNA resumed working on the next shift on a different floor that same day, [REDACTED] to provide unsupervised care to residents on the next shift [3:00 p.m. -11:00 p.m.] The facility also failed to follow its policy titled "Freedom From Abuse, Neglect, and Exploitation." There was no documented evidence of a thorough investigation. The CNA was allowed to continue to provide unsupervised care to residents on another floor for the next shift, 3:00 p.m. -11:00 p.m., working until 11:02 p.m. that night. The facility also failed to follow its policy titled " Freedom From Abuse, Neglect and Exploitation."</p> <p>The facility's failure to thoroughly investigate and follow its policies and procedures for abuse and allowing the alleged CNA to continue caring for other residents placed other residents being cared for by this staff member in an immediate jeopardy (IJ) situation. This IJ was identified and reported to the facility's Licensed Nursing Home Administrator (LNHA) on [REDACTED] at 6:15 p.m. The Administrator was presented with the IJ template that included information about the issue. The IJ began on [REDACTED] and continued through [REDACTED] when the facility started in-services on Abuse, Reporting, Investigating and Dealing with Difficult Residents.</p> <p>On 7/3/2023, the Surveyor verified the Removal Plan was implemented. The facility was educating all staff on the Policy "Freedom From Abuse, Neglect and Exploitation," the Reporting and</p> | F 610 | <p>be sent home until there was a conclusion to the allegation. She was only allowed back on the unit after the investigation was concluded. Social Worker initiated and completed investigation of the allegation which included interviews of the CNA, Resident #2 and four other residents on the CNA's care assignment. The investigation was concluded and the allegation unsubstantiated. Resident continues to reside at the facility.</p> <p>2. All residents have the potential to effected by the concern identified. There was no harm to any resident.</p> <p>3. Facility department heads were re-educated on [REDACTED] by the Chief Nursing Officer, regarding policies, procedures and protocols related to abuse/abuse investigation. CNA was re-educated regarding handling difficult patients and residents by the Director of Nursing on [REDACTED]. Facility staff were re-educated regarding abuse policies and procedures on [REDACTED] by the Staff Development Nurse.</p> <p>4. The IDCP team will audit any allegations related to potential abuse monthly for the next three months to verify thorough investigations and related documentation have been completed that comply with facility policy and procedure, as well as state and federal regulations. Areas of concern will be addressed. Results of these audits will be reviewed at the monthly Quality Assurance Performance Improvement meeting for</p> | | |

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| F 610 | <p>Continued From page 7</p> <p>Investigation protocols, Supervisor's Responsibilities, and Dealing with Difficult Residents. So, the noncompliance remained on [REDACTED] for no actual harm with the potential for more than minimal harm that is not immediate jeopardy.</p> <p>This deficient practice was identified for 1 of 3 residents (Resident #2) and was evidenced by the following:</p> <p>According to the Facility Reportable Event (FRE), a New Jersey Department of Health (NJDOH) document used by the healthcare facilities to report incidents on [REDACTED] with an event date of [REDACTED] and a "time of event" of 11:00 a.m. On [REDACTED], at approximately 11:00 a.m., Resident #2's family alerted the Social Worker (SW) that the Resident reported that 2 weeks ago [...] a certified nursing assistant (CNA), hit him/her on the [REDACTED]. The family stated they had not previously heard of this from the Resident but wanted to alert staff. The Resident did not report this incident to the facility at any time. The SW interviewed Resident #2, and she stated about two weeks ago, the CNA was pushing the Resident out [of] the room to be showered. The Resident did not want to go and was trying to hold onto the doorway. The CNA tried to move his/her [REDACTED], and he/she stated that the CNA [REDACTED] him/her on the [REDACTED], and the Resident [REDACTED] her back. The Resident did not report it because she is a good CNA and has not had any further issues with her. The Resident stated that the CNA had her today, and she had not [had] other issues with the CNA. He/She identified the CNA. The CNA was interviewed and stated that she was trying to take the Resident out of the room, and the Resident became combative. She denies hitting [Resident</p> | F 610 | the next three months with follow up provided as needed. | | |

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| F 610 | <p>Continued From page 8</p> <p>#2] and only asked the Resident to let go of the door so that he/she did not get hurt. The CNA was immediately removed from the assignment.</p> <p>According to the Admission Record (AR), Resident #2 was admitted on [REDACTED] with diagnoses which included but were not limited to NJ EX Order. 264b1 [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident # 2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] which indicated the Resident had NJ EX Order. 264b1. The MDS also showed Resident #2 needed NJ EX Order. 264b1 and [REDACTED] physical assistance with most Activities of Daily Living (ADLs) and total dependence with locomotion on and off the unit.</p> <p>A review of the Resident's Care Plan (CP) initiated on [REDACTED] revealed under "Focus": that Resident #2 is NJ EX Order. 264b1 r/t (related/to) [REDACTED]. Under "Goal," indicated, "The Resident will cooperate with care through the next review date; the resident will participate in care by performing ADLS, as functionality allows, through [the] next review date." Under Interventions," included: "Allow the Resident to make decisions about treatment regime, to provide a sense of control, Educate resident/family/caregivers of the possible outcome(s) of not complying with treatment or care, Encourage as much participation/ interaction by the Resident as possible during care activities, Give [a] clear explanation of all care activities prior to and as they occur during each contact. If possible, negotiate a time for</p> | F 610 | | | |

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| F 610 | <p>Continued From page 9</p> <p>ADLs so that the Resident participates in the decision-making process. Return at the agreed upon time; if Resident resists with ADLs, reassure Resident, leave and return 5-10 minutes later and try again. Praise the Resident when behavior is appropriate, Provide consistency in care to promote comfort with ADLs. Maintain consistency in the timing of ADLs, caregivers, and routine, as much as possible; provide Resident with opportunities for choice during care provision."</p> <p>A review of Resident '#2's Progress Notes (PNs) dated 6/19/2023 at 10:09 a.m. written by the Unit Manager/Registered Nurse (UM/RN) revealed "Patient was interviewed by write[r] and stated someone [REDACTED] his/her [REDACTED] while he/she was coming from the bathroom. Spoke with an aide. Aide stated Patient opened his/her [REDACTED] while being pushed out of the bathroom; the Patient's NJ EX Order. 264b1 t. It was not intentional. Assessed Patient no visual injury noted."</p> <p>A review of the CNA's "Timecard & Pay Records with Comments," dated [REDACTED], revealed she worked from 7:05a (a.m.) to 11:02p (p.m.).</p> <p>During an interview on 6/28/2023 at 8:55 a.m., the Administrator, in the presence of the Director of Nursing (DON), stated, Resident #2 told his/her family on [REDACTED] that a few weeks ago, the aide was taking care of him/her. [The] Resident was fighting with her. The CNA was taking [the Resident] out of the room. Resident #2 was holding onto the door frame, [and] the aide moved his/her [REDACTED] and put the [REDACTED] on the wheelchair. Then, the Resident said the aide [REDACTED] him/her on the [REDACTED] and said, "Don't do that!" and the Resident [REDACTED] the CNA back. "I got a call from</p> | F 610 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315176 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/03/2023 |
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| NAME OF PROVIDER OR SUPPLIER MEDFORD CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055 | | |
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| F 610 | <p>Continued From page 10</p> <p>the Social Worker at 2:15 p.m. on [REDACTED] NJ EX Order: 264b1, and I took [the] aide off the assignment right away, so then the SW interviewed the Resident, and the Resident said the same CNA is his/her aide today. The exact day of the incident is not known. I took the aide off the Resident's assignment, but [the] aide still works on the floor." The Administrator further stated, "the SW interviewed other residents on the CNA's assignment, and she did not provide me with any documentation on the interviews."</p> <p>During an interview on 6/28/2023 at 9:27 a.m., when the Surveyor asked what the CNA should do if a resident refuses care or a shower, the DON replied, " I have not really spoken to the CNA myself, [the] SW Director did the interview." She continued to say, "If a resident refuses any ADL, the aide should tell [the] charge nurse, Unit Manager or Supervisor so we can investigate further ...If [a] resident is combative, we provide in-service education on behavior to staff. I don't know if the aide had behavior training done ..."</p> <p>During an interview on 6/28/2023 at 10:26 a.m., the Administrator stated, "We haven't done any Behavior Training in-services and Abuse Training since the incident [was reported] on [REDACTED] NJ EX Order: 264b1 "</p> <p>During an interview on 6/28/2023 at 11:08 a.m., Resident #2 stated when he/she was going out of the room, he/she held onto the doorway, and the CNA said, "I'm not putting up with this!" and the aide [REDACTED] NJ EX Order: 264b1 with her [REDACTED] and I [REDACTED] her back. There was no one else in the room. I was in a state of shock." The Resident continued, "When I [REDACTED] her, she removed her hand and brought me back to my room. It only happened that one time with the aide, and she doesn't care</p> | F 610 | | | |

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| F 610 | <p>Continued From page 11 for me anymore."</p> <p>During an interview on 6/28/2023 at 11:49 a.m., the CNA stated Resident #2 was in the dayroom for an activity, he/she needed to use the bathroom, so I took him/her[,] and when we were leaving the room to return to the dayroom, the Resident put his/her [REDACTED] out against the doorway to stop from leaving the room, I took his/her right hand and put it down to his/her side as the Resident sat in the wheelchair (w/c) then I took him/her out to the dayroom, but I don't remember what day it was. It had nothing to do with a shower [that day]."</p> <p>In the same interview, the CNA stated, "I was behind him/her pushing him/her in the w/c, I reached from behind, [REDACTED] his/her [REDACTED] and said, "put it down" to make him/her let go of the wall and the Resident did not say anything to me."</p> <p>In the same interview, when the Surveyor asked the CNA, what do you do if a resident is combative, the CNA replied, "If a resident is NJ EX Order. 264b1 to go out, I'd tell the nurse, but no, for some reason, I did not tell the nurse that day, and I don't remember who the nurse was that day either. I haven't cared for Resident #2 since NJ EX Order. 264b1"</p> <p>During an interview on 6/28/2023 at 1:00 p.m., the Unit Manager/Registered Nurse (UM/RN) stated I spoke to the Resident and the CNA on [REDACTED] when I returned. The Resident said he/she did not want to come out of the room, so he/she opened his/her [REDACTED] against the doorway, but the exact date was not known, and Resident #2 didn't say any words were exchanged, but the Resident requested the aide be removed from</p> | F 610 | | | |

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| F 610 | <p>Continued From page 12</p> <p>his/her care. Then, I assessed him/her with no injuries noted.</p> <p>In the same interview, the UM/RN stated the CNA tried to remove the Resident from the doorway, and their NJ EX Order: 264b1, but not intentionally [ly]; there was no mention of touching his/her NJ EX Order: 264b1 or any words spoken.</p> <p>In a second interview on 6/28/2023 at 2:04 p.m., the CNA stated, "the Resident didn't NJ EX Order: 264b1 me, [the] Resident had a NJ EX Order: 264b1 wheelchair (w/c), and when I pushed him/her out of the doorway, my NJ EX Order: 264b1 his/her NJ EX Order: 264b1 it was a quick reaction, and the Resident didn't say anything to me."</p> <p>During an interview on 6/28/2023 at 2:35 p.m., the Administrator stated the "CNA was removed from the unit and placed on a different unit on NJ EX Order: 264b1 then the CNA worked on NJ EX Order: 264b1, NJ EX Order: 264b1 on Resident #2's unit, but a different assignment."</p> <p>During a second interview on 6/28/2023 at 3:14 p.m., when the Surveyor asked the Administrator if she followed the facility policy titled "Freedom From Abuse, Neglect, and Exploitation" under "Investigation," it reads, "If the person implicated is a staff, the staff will be suspended, pending an investigation ...", the Administrator stated "depends, the aide was caring for the Resident [for] NJ EX Order: 264b1 weeks prior with no issues, so I don't know it happened. I never had an issue like this before. The SW told me that the aide NJ EX Order: 264b1 his/her NJ EX Order: 264b1, and the Resident NJ EX Order: 264b1 the aide back. The Resident said [the] aide tried to take him/her to a shower, but he/she didn't want to go, so the Resident held onto the doorframe, and the aide</p> | F 610 | | | |

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| F 610 | <p>Continued From page 13</p> <p>moved his/her [REDACTED] onto [his/her] [REDACTED] [The] CNA said at no point did she [REDACTED] him/her. The Resident said it was [REDACTED] weeks ago. Resident #2 was mad because he/she didn't want to go to a shower. If [the] Resident doesn't want to do things, he/she says things to get out of it ..." "I didn't feel a need to suspend ...This was a unique occurrence ...Policy is there, but there are anomalies to things ...SW said Resident #2 was fine with [the] aide, no reason to suspend."</p> <p>When the Surveyor asked if she usually suspends the staff if abuse is alleged, the Administrator replied, "Totally, usually every other time if abuse is alleged, I'd suspend [the] employee, this was [a] different situation. I removed her from the assignment. [The] Resident said [the] aide [REDACTED] him/her, but [the] aide said she didn't. The Administrator stated, "There is no documentation that [the] aide was in [the] lounge area, [the] SW removed her [is what] was told to me. While the investigation was done, the aide was not in the Resident care area, but [there's] no documentation."</p> <p>During an interview on 7/3/2023 at 9:27 a.m., the SW stated it was on [REDACTED]; I was the Administrator on duty. The family of Resident #2 informed me that the Resident had an issue with an aide, the aide taking care of me today, the one with [the] [REDACTED]. The SW said per the Resident, about [REDACTED] weeks ago, on the way to the shower, the Resident was fighting with the aide that he/she didn't want to go, so the Resident had his/her [REDACTED] up on the doorway, the aide removed his/her [REDACTED] him/her on the [REDACTED], said "I'm not going to take this today" and placed his/her [REDACTED] on his/her [REDACTED] to go through the door. The Resident hit the CNA back." The SW</p> | F 610 | | |

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| F 610 | <p>Continued From page 14</p> <p>continued to say she asked the Resident why he/she did not say anything [earlier]; Resident #2 stated, "I took care of it; I've had no issues since this one time, leaving it up to God, didn't want anyone to lose their job, since my family was visiting, I wanted someone to know ..."</p> <p>The SW stated she spoke with the aide (CNA); the Resident was [REDACTED] that day; the aide was trying to protect him/her, she didn't want the Resident to get hurt, and the aide did not [REDACTED] the Resident. The SW stated she verbally educated the aide in her conversation on what to do if a resident has [REDACTED] behavior, but there is no documentation of the education. The family didn't say [a] shower issue, just said there was an issue with an aide, no specifics given, nor date known. [The] family just wanted to let someone know.</p> <p>The Surveyor asked the SW about the investigation; the SW stated the investigation lasted about a half hour; she only interviewed and got statements from the Resident and the CNA, spoke to the other residents on the assignment, and the Nurse Supervisor (NS). The aide was sent to the lounge area. After speaking to the Administrator, the Administrator and I concluded we couldn't substantiate it, and the aide could resume working on the next shift, a double, on a different floor that same day, [REDACTED].</p> <p>When the Surveyor asked her about the policy concerning staff being suspended during an investigation, the SW replied, "Yes, in the past we [facility] suspended, but it depends on the situation. I informed [the] Administrator, and she didn't alert me to do anything further. I did my investigation, and the NS worked a double [shift], and she was aware of the incident. I can't say if</p> | F 610 | | | |

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| F 610 | <p>Continued From page 15</p> <p>the aide was monitored [while] caring for other residents, but the NS was aware. NS is the Supervisor for the whole building. I did what I thought I should do. I wouldn't think the aide would be monitored because my investigation was concluded, and the NS was aware."</p> <p>During a telephone interview on 7/3/2023 at 10:38 a.m., the NS stated, "The Resident said it happened 2 weeks ago, the SW talked to me, and I brought the CNA to the SW, so the 3 of us talked about what the Resident/family reported. [The] CNA had no idea what happened, [the] aide said she didn't hit the Resident, [the] Resident was in the bathroom, the aide said she was trying to move the Resident's hand from the doorway is all I remember. All [the] information I got came from the SW. I didn't talk to the Resident. I didn't give a statement, but the CNA gave a statement, and I left the conversation. After speaking to the Administrator, the SW and I moved the CNA to a different unit for the remainder of the day. I was there the rest of the day with the CNA. I wasn't next to the CNA, but I did rounds throughout my shift. I didn't monitor her. [The] CNA did Resident care, and I was aware there were no Resident care issues with [the] CNA."</p> <p>Review of the facility policy titled " Freedom From Abuse, Neglect and Exploitation" revealed the following: Under "Policy:" included "The organization will protect the resident/patient right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, misappropriation of property and involuntary seclusion. Resident must not be subjected to abuse by anyone, including but not limited to: facility staff, other residents, consultants or volunteers, visitors, staff of other agencies family</p> | F 610 | | | |

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| F 610 | Continued From page 16 members or legal guardians, friends or other individuals. This policy will be accomplished through the seven components of abuse prevention: 1. Screening of potential staff 2. Training of staff, through orientation and on-going sessions 3. Prevention information and grievance procedure for resident, representatives and staff 4. Identification of possible incidents or allegations which need investigation 5. Investigation of all incidents and allegations by qualified and trained individuals 6. Protection of resident during investigations 7. Reporting of abuse incidents, investigation and facility response" Under "Purpose:" included "To provide a proactive and systematic approach to the protection of the resident's rights and safeguarding resident from harm due to abuse, neglect and or misappropriation of property. This will be accomplished by incorporating the seven components of abuse prevention into the facility's procedural practices. All incidents of resident abuse or suspected resident abuse will be investigated thoroughly and appropriately addressed." Under "Definitions" included: a) Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish ...Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse physical abuse, and mental abusef) Physical abuse is defined as hitting, slapping, pinching, kicking etc ..." Under "Procedure:" included "1. The organization will not condone resident abuse by anyone, including staff members, other | F 610 | | | |

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| F 610 | Continued From page 17 residents, consultants, volunteers, staff of other agencies serving the resident, resident representative, legal guardians, power of attorney, sponsors, friends, or other individuals. 2. The organization considers seven components with the development of this policy: ...e) Investigation: The Administrator and/or Director of Nursing will be notified and review the investigation of any incident initiated by the Supervisor, Nurse Manager or Charge Nurse at the time the situation occurs ...If the person implicated is a staff, the staff will be suspended pending a full investigation ..." N.J.A.C.:8.39-4.1 (a) (5) | F 610 | | | |

New Jersey Department of Health

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| S 000 | <p>Initial Comments</p> <p>Complaint#: NJ165110</p> <p>Census: 107</p> <p>Sample: 3</p> <p>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.</p> | S 000 | | |
| S 560 | <p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ165110</p> <p>Based on interviews and review of facility documents on 6/28/2023 and 7/3/2023, it was determined that the facility failed to ensure staffing ratios were met for 31 of 35 day shifts and 6 of 35 overnight shifts reviewed. This deficient practice had the potential to affect all residents.</p> | S 560 | <p>1. The facility can not retroactively address the concern identified. The Administrator and the DON reviewed recruitment procedures in place. The facility has hired 21 nurse aides over the last 6 months. Incentive bonuses are in place, agency staff are utilized as needed. The facility instituted a hiring incentive for all nurses and certified aides. Rates for both nurses and certified aides were</p> | 7/28/23 |

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

Electronically Signed

TITLE

(X6) DATE

08/01/23

New Jersey Department of Health

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| S 560 | <p>Continued From page 1</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified 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:</p> <p>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.</p> <p>A review of Nursing Staffing Reports from 5/21/2023 through 05/31/2023; and 6/1/2023 through 6/24/2023 revealed the following shifts:</p> <p>On 05/21/23 had 8 CNAs for 112 residents on the day shift, required 14 CNAs. On 05/22/23 had 13 CNAs for 112 residents on the day shift, required 14 CNAs. On 05/23/23 had 11 CNAs for 112 residents on the day shift, required 14 CNAs. On 05/24/23 had 13 CNAs for 111 residents on the day shift, required 14 CNAs. On 05/26/23 had 10 CNAs for 111 residents on the day shift, required 14 CNAs. On 05/27/23 had 9 CNAs for 111 residents on the</p> | S 560 | <p>reviewed and increases and shift differential were given to all existing staff as well as all new hires. Nursing schools and CNA schools have been contacted for recruiting. Student nurses who perform their clinical rotation in the building are being interviewed for hire upon graduation. Advertising is being done on various hiring sites. Nursing management is on call on a rotating basis and work when needed to assist with staffing issues. Daily staffing meetings are held with the DON and staffing coordinator to verify that staff levels are being achieved. All open shifts are posted daily.</p> <p>2. The facility recognizes the concerns may effect the residents.</p> <p>3. DON will monitor daily staffing and will continue to meet with the staffing coordinator and continue to review the schedules. DON will be responsible to verify staffing levels to ensure the facility is meeting current requirements. Staffing is reviewed with supervisors daily. In 2021 the facility initiated and has since maintained/increased hiring incentives, which include sign on bonuses, rate increases and increases in shift and weekend differentials, referral bonuses, child care cost savings program and has increased tuition reimbursements.</p> <p>4. DON will review recruitment and retention on an ongoing basis and report results to at the QAPI meeting monthly with continued monitoring.</p> | |
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| S 560 | <p>Continued From page 2</p> <p>day shift, required 14 CNAs. On 05/28/23 had 7 CNAs for 115 residents on the day shift, required 14 CNAs. On 05/29/23 had 9 CNAs for 115 residents on the day shift, required 14 CNAs. On 05/31/23 had 12 CNAs for 113 residents on the day shift, required 14 CNAs. On 06/01/23 had 11 CNAs for 118 residents on the day shift, required 15 CNAs. On 06/02/23 had 13 CNAs for 118 residents on the day shift, required 15 CNAs. On 06/03/23 had 9 CNAs for 118 residents on the day shift, required 15 CNAs. On 06/04/23 had 7 CNAs for 118 residents on the day shift, required 15 CNAs. On 06/05/23 had 12 CNAs for 118 residents on the day shift, required 15 CNAs. On 06/06/23 had 10 CNAs for 117 residents on the day shift, required 15 CNAs. On 06/06/23 had 7 total staff for 117 residents on the overnight shift, required 8 total staff. On 06/07/23 had 12 CNAs for 117 residents on the day shift, required 15 CNAs. On 06/08/23 had 12 CNAs for 117 residents on the day shift, required 15 CNAs. On 06/09/23 had 10 CNAs for 117 residents on the day shift, required 15 CNAs. On 06/09/23 had 7 total staff for 117 residents on the overnight shift, required 8 total staff. On 06/10/23 had 10 CNAs for 117 residents on the day shift, required 15 CNAs. On 06/11/23 had 6 CNAs for 117 residents on the day shift, required 15 CNAs. On 06/11/23 had 7 total staff for 117 residents on the overnight shift, required 8 total staff. On 06/12/23 had 11 CNAs for 116 residents on the day shift, required 14 CNAs. On 06/12/23 had 7 total staff for 116 residents on the overnight shift, required 8 total staff. On 06/13/23 had 13 CNAs for 113 residents on</p> | S 560 | | |
|-------|--|-------|--|--|

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060313 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 07/03/2023 |
|--|---|---|---|

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|--|--|
| NAME OF PROVIDER OR SUPPLIER MEDFORD CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 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 | <p>Continued From page 3</p> <p>the day shift, required 14 CNAs. On 06/14/23 had 13 CNAs for 113 residents on the day shift, required 14 CNAs. On 06/15/23 had 13 CNAs for 113 residents on the day shift, required 14 CNAs. On 06/17/23 had 8 CNAs for 115 residents on the day shift, required 14 CNAs. On 06/18/23 had 9 CNAs for 115 residents on the day shift, required 14 CNAs. On 06/19/23 had 13 CNAs for 115 residents on the day shift, required 14 CNAs. On 06/20/23 had 12 CNAs for 115 residents on the day shift, required 14 CNAs. On 06/20/23 had 7 total staff for 115 residents on the overnight shift, required 8 total staff. On 06/21/23 had 10 CNAs for 114 residents on the day shift, required 14 CNAs. On 06/22/23 had 13 CNAs for 114 residents on the day shift, required 14 CNAs. On 06/23/23 had 11 CNAs for 112 residents on the day shift, required 14 CNAs. On 06/24/23 had 8 CNAs for 111 residents on the day shift, required 14 CNAs. On 06/24/23 had 7 total staff for 111 residents on the day shift, required 8 total staff.</p> | S 560 | | |

POST-CERTIFICATION REVISIT REPORT

| | | | | | |
|--|----|---|--|------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315176 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | Y2 | DATE OF REVISIT 8/24/2023 | Y3 |
| NAME OF FACILITY MEDFORD CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 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 F0607 | Correction | ID Prefix F0610 | Correction | ID Prefix | Correction |
| Reg. # 483.12(b)(1)-(5)(ii)(iii) | Completed | Reg. # 483.12(c)(2)-(4) | Completed | Reg. # | Completed |
| LSC | 07/28/2023 | LSC | 07/28/2023 | 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 <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

FOLLOWUP TO SURVEY COMPLETED ON 7/3/2023

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 060313 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 8/24/2023 |
| Y1 | Y2 | Y3 |
| NAME OF FACILITY MEDFORD CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055 |

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

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|--------------------|------------|-----------------|------------|-----------------|------------|
| ID Prefix S0560 | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # 8:39-5.1(a) | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | 07/28/2023 | 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 _____ | |

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|---|------------------------|------|-----------------------|------|
| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

| | | | |
|---|---|------------------------------|-----------------------------|
| FOLLOWUP TO SURVEY COMPLETED ON 7/3/2023 | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|---|------------------------------|-----------------------------|