

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

PRINTED: 07/17/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE EAST</b> <b>CHERRY HILL, NJ 08034</b>		
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F 000	INITIAL COMMENTS  Complaint NJ #: 158364; 158492; 159044; 165699; 166639; 166835  STANDARD SURVEY: 02/23/2024  CENSUS: 92  SAMPLE SIZE: 19 + 7 closed records  A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.  §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly,	F 584			3/25/24

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

TITLE

(X6) DATE

Electronically Signed

03/13/2024

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

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F 584	<p>Continued From page 1 and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of other pertinent facility documentation, it was determined that the facility failed to maintain a safe clean, comfortable, and homelike environment by a.) ensuring that the resident's wheelchairs were cleaned and repaired in a timely manner and b.) ensuring that each resident had their own waste receptacle (trash can) in their room. This deficient practice was observed for 8 out of 8 residents (Resident #2, #6, #25, #29, #44, #65, #72 and #78) and 3 out of 9 rooms (Rooms <b>NJ EX 01</b>, <b>NJ EX 02</b> and <b>NJ EX 03</b> observed during environmental rounds.</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) On 02/16/24 at 09:14 AM, the surveyor</p>	F 584	<p>1) Wheelchairs belonging to residents #s 2, 6, 25, 29, 44, 65, 72 &amp; 78 were cleaned. Trash cans were placed in rooms <b>NJ EX 01</b>, <b>NJ EX 02</b> and <b>NJ EX 03</b></p> <p>2) All residents have the potential to be affected by this deficient practice.</p> <p>3) The Housekeeping department was in-serviced on proper housekeeping &amp; sanitary protocol to maintain all wheelchairs clean as well as ensuring that each resident have their own trash in their room. An audit will be conducted by the housekeeping director to identify any other potential unclean surfaces and to ensure that residents' rooms are in a Clean/Homelike environment having a trash can for each resident.</p> <p>4) Housekeeping supervisor or designee will conduct daily rounds to ensure a</p>		

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F 584	<p>Continued From page 2</p> <p>observed Resident #65's wheelchair in the hallway folded but the bottom portion of the wheelchair where the footrest attached and to lock the wheelchair appeared to be dusty and have brown rust on it.</p> <p>On 02/16/24 at 09:16 AM, the surveyor observed Resident #72's wheelchair right arm rest was ripped, the bottom portion of the wheelchair where the footrest attached and to lock the wheelchair appeared to be dusty and have brown rust on it.</p> <p>On 02/16/24 at 11:52 AM, the surveyor observed Resident #44's wheelchair left arm rest was ripped and the bottom portion of the wheelchair where the footrest attached and to lock the wheelchair appeared to be dusty and have brown rust on it.</p> <p>On 02/20/24 at 11:20 AM, the surveyor observed Resident #6 sitting in their wheelchair in the dayroom area. At that time, the wheelchair appeared to be dusty.</p> <p>On 02/20/24 at 11:23 AM, the surveyor interviewed the Certified Nursing Assistant (CNA #1) who stated that the housekeeping department was responsible for cleaning the wheelchair. She stated that the housekeepers had certain days that they took the wheelchair to be cleaned. She further stated that if the wheelchairs needed to be clean in between the housekeeping staff would.</p> <p>On 02/20/24 at 11:33 AM, the surveyor interviewed the Housekeeper (HK #1) who stated the housekeeping staff was responsible to clean the wheelchairs. She stated that she cleaned the wheelchair every one to two hours. HK #1 stated</p>	F 584	<p>clean/homelike environment as well as monthly audits for three months. Findings will be submitted quarterly to the QAPI committee for review.</p>		

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F 584	<p>Continued From page 3</p> <p>that while she was conducting her rounds she looked to see if any wheelchairs need cleaning. She explained she used disinfectant wipes to clean the wheelchairs. When asked if there was a cleaning log for the wheelchairs? HK #1 stated she was not sure if the housekeeping staff kept a log of cleaning the wheelchairs.</p> <p>On 02/20/24 at 11:42 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated that the housekeeping department was responsible for cleaning the wheelchairs. She stated that the housekeeping department cleaned the wheelchairs periodically but was not sure of how often. The [U.S. FOIA (b) (6)] stated that the [U.S. FOIA (b) (6)] was very good with following thought with anything they needed. At that time, the surveyor and the [U.S. FOIA (b) (6)] observed a wheelchair in the hallway that appeared to have dust on the cushion. The [U.S. FOIA (b) (6)] lifted the seat cushion and observed debris underneath. The [U.S. FOIA (b) (6)] identified that the wheelchair belonged to Resident #78. She then stated that Resident #78 [NJ Exec Order 26.401] the wheelchair. The [U.S. FOIA (b) (6)] explained that the housekeeping department would check the wheelchairs but that if nursing staff seen the wheelchair needed to be clean then they would notify housekeeping for the wheelchair to be cleaned. The [U.S. FOIA (b) (6)] stated she would expect the wheelchair to be cleaned. She then confirmed that the wheelchair was dusty and needed to be cleaned. She further stated that the wheelchair should be clean because of infection control and if the resident needed to use the wheelchair, they would want it to be cleaned.</p> <p>On 02/20/24 at 11:48 AM, the surveyor observed Resident #29's wheelchair and one (1) unidentified wheelchair in between rooms [NJ Ex O] and [NJ Ex O] observed to have dust and debris on</p>	F 584			

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F 584	<p>Continued From page 4 them.</p> <p>On 02/20/24 at 11:51 AM, the surveyor interviewed HK #2 who stated the CNAs were responsible for cleaning the wheelchair. She then stated that the CNAs cleaned them but that if it was an emergency and needed to be cleaned immediately then the housekeeping staff would clean them.</p> <p>On 02/20/24 at 11:53 AM, the surveyor interviewed CNA #2 who stated that the housekeeping staff was responsible for cleaning the wheelchairs. She stated she would let the housekeeping staff know that the wheelchairs needed to be cleaned. CNA #2 stated it was important for the wheelchairs to be cleaned for infection control. She explained because we do not want the residents to get sick from their wheelchairs being dirty <b>NJ Exec Order 26.4b1</b> " At that time, CNA #2 described the 2 wheelchairs in between rooms <b>U.S. FOIA</b> and <b>U.S. FOIA</b> as "rough" and looked like they needed to be cleaned and disinfected.</p> <p>On 02/20/24 at 12:03 PM, the surveyor interviewed the <b>U.S. FOIA (b) (6)</b> who stated that the housekeeping staff was responsible for cleaning the wheelchairs. She stated that the CNAs would also inform the housekeeping staff if a wheelchair needed to be cleaned. The <b>U.S. FOIA</b> stated that she used to have a schedule for cleaning the wheelchairs, but it became a challenge because the residents were mainly in their chairs during the day. She explained that cleaning the wheelchairs was her hardest challenge because "the wheelchairs have not been cleaned like they should be." The <b>U.S. FOIA</b> stated that the evening shift 3 PM to 11 PM, there</p>	F 584			

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F 584	<p>Continued From page 5</p> <p>was only one HK staff that went around to clean the wheelchairs. She further stated that it became difficult because most of the residents were still in their wheelchairs during the evening shift. The [U.S. FOIA] stated that she sometimes tried to clean the wheelchair while the resident was sitting in the wheelchair but only the handles. She then stated if they see the wheelchairs were ripped then they would report it to therapy. She indicated that she was working with therapy to see if they could replace them. The [U.S. FOIA] emphasized about [NJ Exec Order] they had a "really good system" for cleaning the wheelchairs but that for the long-term care residents it became more difficult to keep a schedule for cleaning the wheelchairs. The [U.S. FOIA] stated she had a schedule for staff to follow and explained the schedule was based off the room numbers and that a few were picked and cleaned that week. She again stated it has been [NJ Exec Order 28] since they have been able to follow the schedule she created.</p> <p>On 02/20/24 at 12:13, the surveyor and the [U.S. FOIA] conducted an environmental tour of all the wheelchairs in the hallway that the surveyor observed since 02/16/24 and revealed the following:</p> <p>At 12:13 PM, the [U.S. FOIA] observed Resident #44's wheelchair and confirmed that the wheelchair needed to be cleaned.</p> <p>At 12:14 PM, the [U.S. FOIA] observed Resident #72's wheelchair and stated that the resident was [NJ Exec Order 28.451]. At the time, the [U.S. FOIA] confirmed the wheelchair needed to be cleaned and the armrest needed to be replaced.</p> <p>At 12:15 PM, the [U.S. FOIA] observed Resident #6's</p>	F 584			

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F 584	<p>Continued From page 6</p> <p>sitting in their wheelchair but confirmed the wheelchair needed to be cleaned.</p> <p>At 12:16 PM, the [U.S. FOIA] observed Resident #78's wheelchair and confirmed it needed to be cleaned.</p> <p>At 12:17 PM, the [U.S. FOIA] observed Resident #2's wheelchair and confirmed that it needed to be cleaned thoroughly and that the armrest needed to be replaced. She stated she would ask therapy to replace the seat cushion.</p> <p>At 12:18 PM, the [U.S. FOIA] observed Resident #29's wheelchair and stated the resident was discharged. At that time, she confirmed that the wheelchair needed to be cleaned, the armrest needed to be replaced and then removed from the hallway since the resident was discharged.</p> <p>At 12:19 PM, the [U.S. FOIA] stated she was not sure who the unidentified wheelchair was in the hallway but confirmed it needed to be clean, the arm rest needed to be replaced and then returned to therapy.</p> <p>At 12:21 PM, the [U.S. FOIA] observed Resident #25's wheelchair and confirmed that it needed to be disinfected because it was dusty.</p> <p>On 02/20/24 at 12:22 PM, the [U.S. FOIA] stated that it was important for the wheelchairs to be cleaned and disinfected because it was the [NJ Exec Order 26.4b] " and [NJ Exec Order 26.4b1]. She further stated that the wheelchairs should be cleaned and disinfected to prevent infection control.</p> <p>On 02/20/24 at 01:25 PM, the surveyor and the [U.S. FOIA (b) (6)]</p>	F 584			

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F 584	<p>Continued From page 7</p> <p>observed Resident #65's wheelchair. At that time, the [U.S. FOIA (b) (6)] stated the wheelchair should have been cleaned and the arm rest needed to be changed. He then stated he was going to take the wheelchair right now to get cleaned.</p> <p>On 02/21/24 at 10:31 AM, the [U.S. FOIA (b) (6)] stated in the presence of the survey team that it was important to ensure the wheelchairs were cleaned and disinfected because of infection control.</p> <p>On 02/21/24 at 12:21 PM, the [U.S. FOIA (b) (6)] stated the housekeeping staff was responsible for cleaning the wheelchairs and that they should be cleaned monthly. He further stated that it was important to ensure the wheelchairs were cleaned and disinfected because it "was a dignity issue and infection control". The [U.S. FOIA (b) (6)] stated they did not want the resident sitting in a contaminated wheelchair and that the residents deserved to sit in a clean chair.</p> <p>A review of the facility policy Cleaning and Disinfection of Resident-Care Items and Equipment reviewed 12/2023, included, "Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC [Centers for Disease Control and Prevention] for disinfection."</p> <p>2.) On 02/21/24 at 12:45 PM, the surveyor toured Rooms [NJ Exec], [NJ Exec], [NJ Exec], [NJ Exec], [NJ Exec], [NJ Exec], [NJ Exec], [NJ Exec] and [NJ Exec] that were increased in sized to meet the required square footage for double occupancy and revealed the following:</p>	F 584			



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F 584	<p>Continued From page 8</p> <p>-Room [REDACTED] (Residents #9 and #22) only had one trash can in the room.</p> <p>-Room [REDACTED] (Residents #44 and #70) only had one trash can in the room.</p> <p>-Room [REDACTED] (Residents #23 and #61) only had one trash can in the room.</p> <p>On 02/22/24 at 10:41 AM, the surveyor interviewed the [REDACTED] who stated that each resident should have a trash can in their room. He further stated that each resident should have one, so they could put their trash in it and not on the floor. The [REDACTED] concluded that residents in a double occupancy room were not expected to share a trash can.</p> <p>On 02/22/24 at 10:44 AM, the surveyor observed there was still one trash can in the room for both Resident #9 and #22.</p> <p>On 02/22/24 at 10:45 AM, the surveyor observed there was still one trash can in the room for both Resident #44 and #70.</p> <p>On 02/22/24 at 10:46 AM, the surveyor observed there was still one trash can in the room for both Resident #23 and #61. At that time, the surveyor observed Resident #23 lying in bed [REDACTED] while the TV was playing. Resident #23 stated that he/she did not realize that there was only one trash can in the room but that it was fine.</p> <p>On 02/22/24 at 11:13 AM, the surveyor interviewed the [REDACTED] who stated that each resident should have a trash can in their room unless the resident moved it. He stated that each</p>	F 584			

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F 584	Continued From page 9 resident should have a trash can in their room for infection control and for cleanliness. When asked were residents expected to share a trash can? The [REDACTED] stated that he did not have an answer but then stated that every resident should have one. He concluded that "it was not ideal to have only one trash in the room for two residents."  A review of the facility policy Clean/Homelike Environment reviewed 09/2023, included, "Residents are provided a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to the extent possible. 2. These characteristics include: d. personalized furniture and room arrangements."	F 584			
F 637 SS=B	NJAC 8:39-27.1(a), 31.4(f), 31.8(c)(14) Comprehensive Assessment After Significant Chg CFR(s): 483.20(b)(2)(ii)  §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of	F 637	1) Residents #17 [REDACTED] NJ Exec Order 26.4b1		3/25/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE EAST</b> <b>CHERRY HILL, NJ 08034</b>		
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F 637	<p>Continued From page 10</p> <p>facility documents, it was determined that the facility failed to complete a <b>NJ Exec Order 26.4b1</b> in <b>NJ Exec Order 26.4b1</b> Assessment within 14 days for a resident who was admitted to <b>NJ Exec Order 26.4b1</b> services.</p> <p>This deficient practice was identified for 1 of 1 resident (Resident #17) reviewed for <b>NJ Exec Order 26.4b1</b> and was evidenced by the following:</p> <p>According to the Admission Record, Resident #17 had diagnoses which included, but were not limited to, <b>NJ Exec Order 26.4b1</b>.</p> <p>Review of the "Long Term Care Facility - Change in Billing" form, dated <b>NJ Exec Order 26.4b1</b>, revealed, "This is to advise that, effective <b>NJ Exec Order 26.4b1</b>, [Resident #17] is: Admitted to <b>NJ Exec Order 26.4b1</b>."</p> <p>Review of the Care Plan, revised <b>NJ Exec Order 26.4b1</b>, included, "Patient started on <b>NJ Exec Order 26.4b1</b> services <b>NJ Exec Order 26.4b1</b>."</p> <p>Review of the Social Services progress note, dated <b>NJ Exec Order 26.4b1</b>, included, "Family initiated referral for <b>NJ Exec Order 26.4b1</b> services. [Resident #17] was picked up by <b>NJ Exec Order 26.4b1</b> company] effective <b>NJ Exec Order 26.4b1</b>, care plan updated."</p> <p>Review of the <b>NJ Ex Order 26.4b1</b> Minimum Data Set (MDS), an assessment used to facilitate the management of care, dated <b>NJ Exec Order 26.4b1</b>, revealed the Assessment Reference Date (ARD) was <b>NJ Exec Order 26.4b1</b>, four days past the 14-day due date, and the MDS was signed as complete by the <b>U.S. FOIA (b) (6)</b> on <b>NJ Exec Order 26.4b1</b>.</p> <p>During an interview with the surveyor on 02/21/24 at 10:20 AM, the <b>U.S. FOIA (b) (6)</b> explained the various scenarios in which a <b>NJ Exec Order 26.4b1</b></p>	F 637	<p><b>NJ Exec Order 26.4b1</b> MDS was completed.</p> <p>2) All residents have the potential to be affected by this deficient practice.</p> <p>3) The <b>US FOIA (b)(6)</b> was in-serviced on properly completing Significant Change Status MDS <input type="checkbox"/> in a timely manner.</p> <p>4) The Administrator or designee will conduct audits monthly for three months to ensure that Significant Change Status MDS <input type="checkbox"/> are completed in a timely manner. Findings will be submitted quarterly to the QAPI committee for review.</p>		

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F 637	<p>Continued From page 11</p> <p>in [NJ Exec Order] MDS would be triggered, including when a resident was admitted to [NJ Exec Order 26] services. The <b>U.S. FOIA (b) (6)</b> further stated that MDS should be completed within 14 days of the resident starting [NJ Exec Order 26] services. When asked about Resident #17, the <b>U.S. FOIA (b) (6)</b> stated the <b>NJ Exec Order 26.4b1</b> in [NJ Exec Order] MDS should have been completed by [NJ Exec Order 26.4b].</p> <p>During an interview with the surveyor on 02/22/24 at 1:10 PM, the <b>U.S. FOIA (b) (6)</b> stated when a resident was admitted to [NJ Exec Order 26] services, the <b>NJ Exec Order 26.4b1</b> in [NJ Exec Order] MDS should be completed within 14 days.</p> <p>Review of the facility's MDS policy, dated 10/2023, included, "Schedules Minimum Data Set (MDS) and Care Plan Meeting in accordance to existing regulations governing RAI [Resident Assessment Instrument] process."</p> <p>Review of the Review of the Centers for Medicare and Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2023, revealed that a Significant Change in Status Assessment "is required to be performed when a terminally ill resident enrolls in a hospice program (Medicare-certified or State-licensed hospice provider) or changes hospice providers and remains a resident at the nursing home. The ARD must be within 14 days from the effective date of the hospice election."</p> <p>NJAC 8:39-11.2(i)</p>	F 637			
F 656 SS=E	<p>Develop/Implement Comprehensive Care Plan</p> <p>CFR(s): 483.21(b)(1)(3)</p>	F 656			3/25/24

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F 656	Continued From page 12  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized 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	F 656			

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F 656	<p>Continued From page 13</p> <p>plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to develop a person-centered comprehensive care plan to include a resident's <b>NJ Exec Order 26.4b1</b> for 1 of 2 residents (Resident #75) reviewed for <b>NJ Exec Order 26.4b1</b>.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 02/15/24 at 10:13 AM, the surveyor observed Resident #75 in a <b>NJ Exec Order 26.4b1</b>. The resident stated he/she had a <b>NJ Exec Order 26.4b1</b> that was recently changed. The surveyor observed the resident's <b>NJ Exec Order 26.4b1</b> was secured to the <b>NJ Exec Order 26.4b1</b> without <b>NJ Exec Order 26.4b1</b> and the <b>NJ Exec Order 26.4b1</b> was touching the floor.</p> <p>According to the Admission Record, Resident #75 had diagnoses which included, but were not limited to, <b>NJ Exec Order 26.4b1</b></p>	F 656	<p>1) Residents # 75 care plan was developed accordingly.</p> <p>2) All residents that have a specified Care Plan have the potential to be affected by his deficient practice.</p> <p>3) Nursing staff were in-serviced on developing a resident specific Care Plan.</p> <p>4) DON or designee will audit monthly for three months to ensure that nurses develop residents specific Care Plan. Findings will be submitted quarterly to the QAPI committee for review.</p>		

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F 656	<p>Continued From page 14</p> <p>Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] NJ Exec Order 26.4b1, included the resident had a Brief Interview for Mental Status score of [REDACTED] NJ Exec Order 26.4b1 which indicated the resident's [REDACTED] NJ Exec Order 26.4b1. Further review of the MDS included the resident had [REDACTED] NJ Exec Order 26.4b1.</p> <p>Review of the Order Summary Report, as of [REDACTED] NJ Exec Order 26.4b1 included a physician's order to "Change [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1," ordered [REDACTED] NJ Exec Order 26.4b1.</p> <p>Review of the Medical Practitioner Note, dated [REDACTED] NJ Exec Order 26.4b1, included, "[REDACTED] NJ Exec Order 26.4b1 : Patient sent to [hospital] for [REDACTED] NJ Exec Order 26.4b1 ... [REDACTED] NJ Exec Order 26.4b1 placed."</p> <p>Review of the resident's Care Plan did not include any focuses, goals, or interventions related to the resident's [REDACTED] NJ Exec Order 26.4b1.</p> <p>During an interview with the surveyor on 02/21/24 at 9:49 AM, the [REDACTED] U.S. FOIA (b) (6) stated that the [REDACTED] U.S. FOIA s empty the [REDACTED] NJ Exec Order 26.4b1 and ensure the [REDACTED] NJ Exec Order 26.4b1 are [REDACTED] NJ Exec Order 26.4b1 the resident. The [REDACTED] U.S. FOIA further stated that the [REDACTED] NJ Exec Order 26.4b1 should not be touching dirty surfaces to prevent [REDACTED] NJ Exec Order 26.4b1.</p> <p>During an interview with the surveyor on 02/21/24 at 12:17 PM, the [REDACTED] U.S. FOIA (b) (6) stated the [REDACTED] U.S. FOIA (b) (6) was responsible for updating resident care plans. The [REDACTED] U.S. FOIA further stated that care plans should be updated as soon as there was a [REDACTED] NJ Exec Order 26.4b1 in the resident's [REDACTED] NJ Exec Order 26.4b1 to promote the continuity of care.</p>	F 656			

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F 656	<p>Continued From page 15</p> <p>During an interview with the surveyor on 02/21/24 at 12:25 PM, the [U.S. FOIA (b) (6)] stated each department was responsible for updating the resident care plans. The [U.S. FOIA (b) (6)] further stated that care plans should be updated as soon as there was a [NJ Exec Order 26.4b1] in the resident's [NJ Exec Order 26.4b1] to provide proper care for the resident. At that time, the [U.S. FOIA (b) (6)] reviewed Resident #75's care plan in the presence of the surveyor and acknowledged there was no care plan for the [NJ Exec Order 26.4b1]. The [U.S. FOIA (b) (6)] then stated that the [NJ Exec Order 26.4b1] should have been added to the care plan as soon as the resident had the [NJ Exec Order 26.4b1].</p> <p>During an interview with the surveyor on 02/22/24 at 1:10 PM, the [U.S. FOIA (b) (6)] stated that interventions for a [NJ Exec Order 26.4b1] included ensuring the [NJ Exec Order 26.4b1] was [NJ Exec Order 26.4b1] and not touching dirty surfaces. The [U.S. FOIA (b) (6)] further stated that the nurses were responsible for updating resident care plans and that they should be updated at the time the resident had [NJ Exec Order 26.4b1].</p> <p>Review of the facility's Care-Plans Comprehensive policy, dated 06/2023, included, "Each resident's comprehensive care plan is designed to: Incorporate identified problem areas; Incorporate risk factors associated with identified problems; ... Identify the interdisciplinary care team and professional services that are responsible for each element of care; ... Reflect currently recognized standards of practice for problem areas and conditions." Further review of the policy included, "The Care Planning/Interdisciplinary Team is responsible for the review and updating of care plans: When there has been a significant change in the resident's condition; When the desired outcome</p>	F 656			



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F 656	Continued From page 16 is not met; When the resident has been readmitted to the facility from a hospital stay; and at least quarterly."	F 656			
F 657 SS=D	NJAC8:39-11.2 (g) Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review,	F 657		3/25/24	
			1) Resident # 78's care-plan has been		

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F 657	<p>Continued From page 17</p> <p>and review of pertinent facility documents it was determined that the facility failed to revise a resident's comprehensive care plan (CCP) for one (1) of 19 residents reviewed (Resident #78).</p> <p>This deficient practice was identified by the following:</p> <p>On 02/15/24 at 10:55 AM, during the initial tour the surveyor observed Resident #78 lying in bed watching TV. Resident #78 stated that he/she [redacted] and [redacted] at that time.</p> <p>The surveyor reviewed the medical record for Resident #78.</p> <p>A review of the Admission Record (AR) reflected that the resident was admitted to the facility with diagnoses that included, [redacted]</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool dated [redacted], revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15 which indicated the resident [redacted].</p> <p>A review of the Order Summary Report (OSR) for [redacted] reflected a physician order [redacted] discontinued [redacted] and [redacted] and [redacted] active start date [redacted].</p> <p>A review of the individualized comprehensive care plan (ICCP) included a focus area for [redacted]</p>	F 657	<p>revised and updated accordingly.</p> <p>2) All residents have the potential to be affected by this deficient practice.</p> <p>3) Nurses &amp; managers were in-serviced on properly updating residents' care-plans specifically regarding their code status.</p> <p>4) DON, ADON, or designee will conduct monthly audits to ensure that resident's care-plan has been updated and reflect their correct code status. Findings will be submitted quarterly to the QAPI committee for review.</p>		

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F 657	<p>Continued From page 18</p> <p>NJ Exec Order 26.4b1." Interventions date initiated NJ Exec Order 26.4b1 included "at any time, resident or legal representative may change the NJ Exec Order 26.4b1. Upon this decision, the order will be changed and documented in the medical record. Ensure that NJ Exec Order 26.4b1 is communicated to staff per facility protocol."</p> <p>On 02/16/24 at 11:44 AM, the surveyor interviewed Resident #78 who stated that he/she NJ Exec Order 26.4b1 and confirmed their NJ Exec Order 26.4b1.</p> <p>On 02/21/24 at 12:05 PM, the surveyor interviewed the US FOIA (b)(6) who stated the resident's NJ Exec Order 26.4b1 would be in the electronic medical record (EMR). She stated that it was a physician order (PO) as well as on the care plan (CP). The US FOIA (b)(6) stated that all residents should have their NJ Exec Order 26.4b1 on the CP and that the U.S. FOIA (b)(6) completed and updated the CP. She further stated that the nurses could update the CPs as well, but it was typically the UMs.</p> <p>On 02/21/24 at 12:10 PM, the surveyor interviewed the U.S. FOIA (b)(6) for the long-term care unit. She stated that the NJ Exec Order 26.4b1 was asked upon admission so they would know how to care for the resident in the event of an NJ Exec Order 26.4b1. She further stated that the NJ Exec Order 26.4b1 was also assessed quarterly. The U.S. FOIA (b)(6) stated that the NJ Exec Order 26.4b1 was on the CP and that the U.S. FOIA generally updated the CP but that each department head would also update their sections in the CP. The U.S. FOIA (b)(6) then clarified that the nurses or any licensed staff could update the CP.</p>	F 657			

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F 657	<p>Continued From page 19</p> <p>At 12:12, the LPN/UM stated to her knowledge the resident was a [REDACTED] NJ Exec Order 26.4b1. She stated that in an [REDACTED] NJ Exec Order 26.4b1 she would look in the EMR to confirm the resident's [REDACTED] NJ Exec Order 26.4b1.</p> <p>At 12:16 PM, the surveyor and the [REDACTED] U.S. FOIA (b) (6) reviewed the EMR together. At that time, the [REDACTED] U.S. FOIA (b) (6) stated the resident had a PO for [REDACTED] NJ Exec Order 26.4b1 and it was ordered on [REDACTED] NJ Exec Order 26.4b1. She then reviewed the CP and stated that Resident #78 was a [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] U.S. FOIA (b) (6) acknowledged the CP should have been updated and that she should have updated it. Upon further review, she stated that the 3 PM to 11 PM supervisor put the PO into the EMR but never updated the CP. At that time, in front of the surveyor the [REDACTED] U.S. FOIA (b) (6) confirmed she was updating the CP in the EMR to reflect the resident's [REDACTED] NJ Exec Order 26.4b1.</p> <p>A review of the updated ICCP after surveyor inquiry included a focus area for [REDACTED] NJ Exec Order 26.4b1 [REDACTED] NJ Exec Order 26.4b1. Interventions date initiated [REDACTED] NJ Exec Order 26.4b1 included "at any time, resident or legal representative may change the [REDACTED] NJ Exec Order 26.4b1. Upon this decision, the order will be changed and documented in the medical record."</p> <p>On 02/21/24 at 12:23 PM, the surveyor interviewed the [REDACTED] U.S. FOIA (b) (6) who stated that the nurses were responsible for updating the CP. At that time, the [REDACTED] U.S. FOIA (b) (6) reviewed the EMR and stated that Resident #78 was a [REDACTED] NJ Exec Order 26.4b1. The DON then reviewed the CP for Resident #78 and stated that the focused area reflected [REDACTED] NJ Exec Order 26.4b1 but was revised today [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] U.S. FOIA (b) (6) stated that the CP should have been updated prior to surveyor inquiry. He then acknowledged that the CP should have been</p>	F 657			

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F 657	Continued From page 20 updated when the [NJ Exec Order 26.4b1] was changed.  A review of the facility Care-Plans Comprehensive policy revised 06/2023, included, "7. Revisions a. Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change. 8. Revising and Updating a. the Care Planning/Interdisciplinary Team is responsible for the review and updating of care plans: i. when there has been a significant change in the resident's condition; iv. At least quarterly."	F 657			
F 677 SS=D	NJAC 8:39-11.2(i) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility-provided documentation, it was determined that the facility failed to ensure that [NJ Exec Order 26.4b1] care was provided to dependent residents in a timely manner for 4 of 6 residents (Residents #17, #35, #39, #63) observed for [NJ Exec Order 26.4b1] care on 1 of 4 units ([NJ Exec Ord]).  This deficient practice was evidenced by the following:  On 02/20/24 at 09:04 AM, the [US FOIA (b)(6)]	F 677	1) Residents # 17, 35, 39 and 63 were provided proper ADL care. 2) All residents that are unable to provide their own ADL Care have the potential to be affected by this deficient practice. 3) CNA staff were in-serviced on providing proper ADL Care for all residents that need assistance with their ADL Care. 4) DON or designee will audit monthly for three months ensuring that CNA's	3/25/24	

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F 677	<p>Continued From page 21</p> <p>US FOIA (b)(6) provided the surveyor with a list of incontinent residents in the facility.</p> <p>On 02/21/24 at 07:49 AM, the surveyor met with the Certified Nursing Assistant (CNA#1) on [redacted] to complete an [redacted] tour. At that time, CNA#1 stated it was the previous CNA's responsibility to do [redacted] rounds before they finished their shift.</p> <p>On 02/21/24 at 07:59 AM, the surveyor and CNA#1 greeted Resident #35 in their room and the resident was made aware of the [redacted]. Resident #35 was observed to have worn [redacted], with the [redacted] and the [redacted]. The resident was wearing a red tshirt with [redacted]. The resident was lying on a [redacted], with a fitted sheet on the bed [redacted]. The resident [redacted]. CNA#1 acknowledged that the resident should not have been [redacted] and stated that she did [redacted] rounds on each resident every two hours. CNA#1 further stated that it was important to keep the residents [redacted] for the prevention of [redacted].</p> <p>A review of Resident #35's Admission Record (AR) reflected that the Resident was admitted to the facility with diagnoses which included but were not limited to [redacted].</p> <p>[redacted]</p> <p>The quarterly Minimum Data Set (MDS), an assessment tool, dated [redacted], revealed</p>	F 677	<p>provided proper ADL Care for all residents that need assistance with their ADL Care. Findings will be submitted quarterly to the QAPI committee for review.</p>		

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F 677	<p>Continued From page 22</p> <p>Resident #35's Basic Interview for Mental Status (BIMS) was <sup>NJ Exec Order 26.4b1</sup> out of 15 which meant the resident had <sup>NJ Exec Order 26.4b1</sup>. The MDS further assessed that the resident required extensive assistance from staff for <sup>NJ Exec Order 26.4b1</sup> and was <sup>NJ Exec Order 26.4b1</sup> of <sup>NJ Exec Order 26.4b1</sup> and <sup>NJ Exec Order 26.4b1</sup>.</p> <p>On 02/21/24 at 08:12 AM, the surveyor met with CNA#2 on <sup>NJ Exec Order 26.4b1</sup> to complete an <sup>NJ Exec Order 26.4b1</sup>. At that time, CNA#2 stated that <sup>NJ Exec Order 26.4b1</sup> were done at morning rounds, after lunch and before the CNA left for the day.</p> <p>On 02/21/24 at 08:15 AM, the surveyor and CNA#2 greeted Resident #17 in their room and the resident was made aware of the <sup>NJ Exec Order 26.4b1</sup>. Resident #17's <sup>NJ Exec Order 26.4b1</sup> was observed to <sup>NJ Exec Order 26.4b1</sup>. The resident was <sup>NJ Exec Order 26.4b1</sup>. CNA#2 acknowledged the <sup>NJ Exec Order 26.4b1</sup> and stated that the <sup>NJ Exec Order 26.4b1</sup> and that it was important for the residents to be <sup>NJ Exec Order 26.4b1</sup> and <sup>NJ Exec Order 26.4b1</sup> to <sup>NJ Exec Order 26.4b1</sup>.</p> <p>A review of Resident #17's AR reflected that the Resident was admitted to the facility with diagnoses which included but were not limited to <sup>NJ Exec Order 26.4b1</sup>.</p> <p>The significant change MDS, dated <sup>NJ Exec Order 26.4b1</sup>, revealed Resident #17's BIMS score was <sup>NJ Exec Order 26.4b1</sup> out of 15 which meant the resident had <sup>NJ Exec Order 26.4b1</sup>. The MDS further assessed that the resident was dependent on staff for <sup>NJ Exec Order 26.4b1</sup> and was <sup>NJ Exec Order 26.4b1</sup> and <sup>NJ Exec Order 26.4b1</sup>.</p>	F 677			

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F 677	<p>Continued From page 23</p> <p>NJ Exec Order 26.4b1</p> <p>On 02/21/24 at 08:25 AM, the surveyor and CNA#2 greeted Resident #63 in their room and the resident was made aware of the NJ Exec Order 26.4b1. Resident #63's NJ Exec Order 26.4b1 was observed to be NJ Exec Order 26.4b1. The resident was NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 with a NJ Exec Order 26.4b1. The resident was NJ Exec Order 26.4b1. CNA#2 stated that NJ Exec Order 26.4b1, and that the resident should not have been found that way.</p> <p>A review of Resident #63's AR reflected that the Resident was admitted to the facility with diagnoses which included but were not limited to NJ Exec Order 26.4b1.</p> <p>The annual MDS, dated NJ Exec Order 26.4b1, revealed Resident #63's BIMS score was NJ Exec Order 26.4b1 out of 15 which meant the resident NJ Exec Order 26.4b1. The MDS further assessed that the resident required assistance from staff for NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>On 02/21/24 at 08:32 AM, the surveyor and CNA#2 greeted Resident #39 in their room and the resident was made aware of the NJ Exec Order 26.4b1. Resident #39's NJ Exec Order 26.4b1 was observed to be NJ Exec Order 26.4b1. The resident's NJ Exec Order 26.4b1. The resident was NJ Exec Order 26.4b1. CNA#2 stated the resident should not have been found that way.</p> <p>A review of Resident #39's AR reflected that the</p>	F 677			



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F 677	<p>Continued From page 24</p> <p>Resident was admitted to the facility with diagnoses which included but were not limited to <b>NJ Exec Order 26.4b1</b></p> <p>The annual MDS, dated <b>NJ Exec Order 26.4b1</b>, revealed Resident #39's <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> were <b>NJ Exec Order 26.4b1</b>. The MDS further assessed that the resident required assistance from staff for <b>NJ Exec Order 26.4b1</b> and was <b>NJ Exec Order 26.4b1</b> of <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>.</p> <p>On 02/21/24 at 08:39 AM, the surveyor interviewed the Licensed Practical Nurse (LPN#1) who stated that CNAs were responsible for <b>NJ Exec Order 26.4b1</b> and that it should have been done every two hours, and in between if needed. LPN#1 was informed of the surveyor's <b>NJ Exec Order 26.4b1</b> observations. LPN#1 acknowledged the residents should not have been <b>NJ Exec Order 26.4b1</b> and stated that it was important that the residents <b>NJ Exec Order 26.4b1</b> with clean linen for the prevention of <b>NJ Exec Order 26.4b1</b>.</p> <p>On 02/21/24 at 08:45 AM, the surveyor interviewed LPN#2 who stated that the CNAs were responsible for <b>NJ Exec Order 26.4b1</b> care and that the nurses would help. She stated that <b>NJ Exec Order 26.4b1</b> care was done in the morning, afternoon and at the end of the shift, adding, "we check them every two hours." LPN#2 was informed of the surveyor's <b>NJ Exec Order 26.4b1</b> observations. LPN#2 acknowledged that the residents should not have been found <b>NJ Exec Order 26.4b1</b> nor <b>NJ Exec Order 26.4b1</b>, stating, "that is a big no no." LPN#2 stated that <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b> meant that it was there previously and <b>NJ Exec Order 26.4b1</b>. LPN#2 stated it was important to keep the</p>	F 677			

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F 677	<p>Continued From page 25</p> <p>residents [redacted] and [redacted] for the prevention of [redacted] and to prevent complications.</p> <p>On 02/21/24 at 08:54 AM, the surveyor interviewed the [redacted] U.S. FOIA (b) (6) who stated that the CNAs were responsible for [redacted] NJ Exec Order 26.4b1 care and that the residents should have been changed every two hours. The [redacted] U.S. FOIA (b) (6) stated that her expectation for her staff that found a resident [redacted] was to not [redacted] NJ Exec Order 26.4b1 and then to "correct it." The LPN/UM was informed of the surveyor's [redacted] NJ Exec Order 26.4b1 observations. The [redacted] U.S. FOIA (b) (6) acknowledged that the residents should not have been found [redacted] and stated, "it's very embarrassing." The [redacted] U.S. FOIA (b) (6) stated it was important for the prevention of [redacted] NJ Exec Order 26.4b1, that the residents were found [redacted] and [redacted] with [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1."</p> <p>On 02/21/24 at 09:01 AM, the surveyor interviewed the [redacted] U.S. FOIA (b) (6) who stated it was the CNAs responsibility for [redacted] NJ Exec Order 26.4b1 care and that they were to do rounds every two hours. The [redacted] U.S. FOIA (b) (6) stated that his expectation for his staff that found a resident [redacted] was to [redacted] NJ Exec Order 26.4b1 them. The [redacted] U.S. FOIA (b) (6) was informed of the surveyor's [redacted] NJ Exec Order 26.4b1 observations. The [redacted] U.S. FOIA (b) (6) acknowledged that the residents should not have been found "the way you described it." The [redacted] U.S. FOIA (b) (6) stated it was important for the prevention of [redacted] NJ Exec Order 26.4b1 that the residents were found [redacted] and [redacted] NJ Exec Order 26.4b1."</p> <p>A review of the facility policy titled, "Incontinent Care," reviewed 09/2023, revealed, Policy: It is the policy of this facility to promote resident comfort by keeping residents clean and dry to prevent skin breakdown. Procedures: 3. Remove</p>	F 677			

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F 677	Continued From page 26 all soiled items and place them in plastic bags. Soiled linen or briefs are to be properly disposed of in the waste bin.  A review of the facility policy titled, "ADL Care Policy," updated 09/2023, revealed, Policy: It is the policy and procedure of this facility for the CNA's to adequately provide ADL care to the residents. Procedure: 1. ADL care, including assisting residents with ...toileting.  A review of the facility document titled, "Position Title: Certified Nurse Aide," revealed Responsibilities/Accountabilities: 17. Collects and bags soiled linen.	F 677			
F 690 SS=D	NJAC 8:39-27.1 (a), 27.2 (d, h, j) Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)  §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.  §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an	F 690		3/25/24	

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F 690	<p>Continued From page 27</p> <p>indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to a.) ensure an NJ Exec Order 26.4b1 did not NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1, and b.) ensure the NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 for 1 of 2 residents (Resident #75) reviewed for NJ Exec Order 26.4b1</p> <p>This deficient practice was evidenced by the following:</p> <p>On 02/15/24 at 10:13 AM, the surveyor observed Resident #75 in a NJ Exec Order 26.4b1 chair NJ Exec Order 26.4b1. The resident stated he/she had a NJ Exec Order 26.4b1. The surveyor observed the resident's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 chair</p>	F 690	<p>1) Residents #75 NJ Exec Order 26.4b1 was lifted from the floor and off the wheel of his NJ Exec Order 26.4b1 chair and kept NJ Exec Order 26.4b1</p> <p>2) All residents with a urinary catheter have the potential to be affected by this deficient practice.</p> <p>3) CNA and nurse staff were in serviced on ensuring that urinary catheters were not to be left on the floor or on the wheel of a resident's geri-chair and kept below the level of the bladder.</p> <p>4) DON or designee will audit monthly for three months residents that have a urinary catheters ensuring that their urinary catheters are not to be left on the floor or on the wheel of a resident's geri-chair and kept below the level of the bladder. Findings will be submitted quarterly to the QAPI committee for</p>		

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F 690	<p>Continued From page 28</p> <p>without [REDACTED] and the [REDACTED] was touching the floor.</p> <p>On 02/16/24 at 12:39 PM, the surveyor observed Resident #75 in a [REDACTED] chair. The resident's [REDACTED] was [REDACTED] to the [REDACTED] chair without [REDACTED] and was touching [REDACTED] of the [REDACTED] chair.</p> <p>On 02/21/24 at 9:00 AM, the surveyor observed Resident #75 in a [REDACTED] chair. The resident's [REDACTED] was on the resident's lap, [REDACTED]</p> <p>According to the Admission Record, Resident #75 had diagnoses which included, but were not limited to, [REDACTED]</p> <p>Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED], included the resident had a Brief Interview for Mental Status score of [REDACTED] which indicated the resident's [REDACTED]. Further review of the MDS included the resident had [REDACTED].</p> <p>Review of the Order Summary Report, as of [REDACTED] included a physician's order to [REDACTED] "ordered [REDACTED].</p> <p>Review of the resident's Care Plan did not include the resident's [REDACTED].</p>	F 690	review.		

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F 690	<p>Continued From page 29</p> <p>Review of the resident's Progress Notes, dated [NJ Exec Order 26.4b1] through [NJ Exec Order 26.4b1], did not include any resident behaviors.</p> <p>During an interview with the surveyor on 02/21/24 at 9:49 AM, the [U.S. FOIA (b) (6)] stated that the CNAs [NJ Exec Order 26.4b1] and ensure the [NJ Exec Order 26.4b1] are [NJ Exec Order 26.4b1] the resident. The [U.S. FOIA] further stated that the [NJ Exec Order 26.4b1] should not be [NJ Exec Order 26.4b1].</p> <p>During an interview with the surveyor on 02/21/24 at 9:58 AM, the [U.S. FOIA (b) (6)] stated [NJ Exec Order 26.4b1] should be [NJ Exec Order 26.4b1] of the resident's [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1]. At that time, the [U.S. FOIA (b) (6)] accompanied the surveyor to Resident #75's room. The [U.S. FOIA (b) (6)] acknowledged that the [NJ Exec Order 26.4b1] was in the resident's [NJ Exec Order 26.4b1] and then [NJ Exec Order 26.4b1] the [NJ Exec Order 26.4b1] to the [NJ Exec Order 26.4b1] chair [NJ Exec Order 26.4b1].</p> <p>During an interview with the surveyor on 02/22/24 at 12:46 PM, the [U.S. FOIA (b) (6)] stated [NJ Exec Order 26.4b1] should be [NJ Exec Order 26.4b1] the resident's [NJ Exec Order 26.4b1] to prevent the [NJ Exec Order 26.4b1] into the resident. The [U.S. FOIA] further stated that the [NJ Exec Order 26.4b1] should not be [NJ Exec Order 26.4b1] to [NJ Exec Order 26.4b1].</p> <p>During an interview with the surveyor on 02/22/24 at 1:10 PM, the [U.S. FOIA (b) (6)] stated that [NJ Exec Order 26.4b1] should not be [NJ Exec Order 26.4b1] because the [NJ Exec Order 26.4b1] was a [NJ Exec Order 26.4b1]. The [U.S. FOIA] further stated that the [NJ Exec Order 26.4b1] should</p>	F 690			

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F 690	Continued From page 30 be <b>NJ Exec Order 26.4b1</b> the resident's <b>NJ Exec Order 26.4b1</b> to prevent <b>NJ Exec Order 26.4b1</b> which could cause <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b> .  Review of the facility's Urinary Catheter Care policy, dated 08/2023, included, "It is the policy and procedure of this facility to minimize the risk of catheter-associated urinary tract infection and its related problems, minimize trauma to the urethra, and maintain cleanliness of the catheter and perineum." Further review of the policy did not include specifics on how the urinary catheter drainage bag should be secured to prevent infection.	F 690			
F 695 SS=D	NJAC 8:39 - 27.1(a) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)  § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to maintain the necessary <b>NJ Exec Order 26.4b1</b> care and services for 1 of 1 resident (Resident #139) reviewed for <b>NJ Exec Order 26.4b1</b> care.  The deficient practice was evidenced by the	F 695	1) Residents #139 <b>NJ Exec Order 26.4b1</b> was changed, labeled and dated. 2) All residents on oxygen have the potential to be affected by this deficient practice. 3) Nursing staff were in serviced on ensuring oxygen tubing are changed,		3/25/24

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F 695	<p>Continued From page 31 following:</p> <p>On 02/15/2024 at 10:04 AM, Surveyor #1 observed Resident #139 resting in bed, reading a book and was fully dressed for the day. Surveyor #1 observed that Resident #139 had [REDACTED] being administered [REDACTED] at [REDACTED]. The [REDACTED] was not labeled or dated. Resident #139 stated that he/she has [REDACTED] and [REDACTED]. Resident #139 further stated that he/she was not sure how often the staff [REDACTED].</p> <p>On 02/16/2024 at 12:34 PM and on 02/20/2024 at 10:24 AM, Surveyor #1 observed Resident #139 with [REDACTED] being administered [REDACTED] at [REDACTED] and the [REDACTED] was not labeled or dated.</p> <p>On 02/22/2024 at 09:37 AM, Surveyor #2 conducted a review of the medical records which revealed that Resident #139 was admitted to the facility after hospitalization for [REDACTED]. The resident's past medical history included but was not limited to [REDACTED].</p> <p>The admission Minimum Data Set (MDS), an assessment tool dated [REDACTED] reflected a Brief Interview of Mental Status (BIMS) score of [REDACTED] out of 15 which indicated that the resident was [REDACTED]. The MDS also indicated that the resident had [REDACTED] was in use on admission and while a resident at the facility.</p> <p>On 02/22/24 at 09:37 AM, Surveyor #2 reviewed the physician orders dated [REDACTED], which included but were not limited to [REDACTED] at [REDACTED].</p>	F 695	<p>labeled and dated initailly and weekly thereafter.</p> <p>4) DON or designee will audit monthly for three months residents that are on oxygen ensuring that their oxygen tubing were changed, labeled and dated initailly and weekly thereafter. Findings will be submitted quarterly to the QAPI committee for review.</p>		



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F 695	<p>Continued From page 32</p> <p><b>NJ Exec Order 26.4b1</b> and change <b>NJ Exec Order 26.4b1</b> weekly on Wednesdays 11 PM to 7 AM shift and PRN (as needed) (label with date).</p> <p>A review of the Treatment Administration Record (TAR) for <b>NJ Exec Order 26.4b1</b> revealed the <b>NJ Exec Order 26.4b1</b> was changed on Wednesdays 11 PM to 7 AM shift on <b>NJ Exec Order 26.4b1</b>, and <b>NJ Exec Order 26.4b1</b>.</p> <p>On 02/22/2024 at 09:22 AM, Surveyor #2 interviewed the <b>U.S. FOIA (b) (6)</b> who stated the <b>NJ Exec Order 26.4b1</b> was changed weekly on the night shift. The <b>U.S. FOIA</b> also stated she thought the <b>NJ Exec Order 26.4b1</b> was changed on Wednesday nights and <b>NJ Exec Order 26.4b1</b> should have been dated when changed.</p> <p>On 02/23/2024 at 10:16 AM, Surveyor #2 interviewed the <b>U.S. FOIA (b) (6)</b> who stated the <b>NJ Exec Order 26.4b1</b> should have been labeled and dated with each change.</p> <p>A review the facility policy "Oxygen Administration" indicated "all oxygen tubing will be dated upon the first use and changed weekly".</p>	F 695			
F 727 SS=F	<p>NJAC 8:39-27.1 (a) RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3)</p> <p>§483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p>	F 727			3/25/24

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F 727	<p>Continued From page 33</p> <p>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and review of the Nurse Staffing Report and Payroll Based Journal (PBJ) Staffing Data Report, it was determined that the facility failed to ensure a Registered Nurse (RN) worked 7 days a week for at least 8 consecutive hours a day for 9 of 10 days reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>Review of the PBJ Staffing Data Report for Quarter 1 2023 (October 1 - December 31) revealed the facility had no RN hours for the following dates:</p> <ul style="list-style-type: none"> <li>-10/01/23 (Saturday)</li> <li>-10/02/23 (Sunday)</li> <li>-10/09/23 (Sunday)</li> <li>-10/15/23 (Saturday)</li> <li>-10/16/23 (Sunday)</li> <li>-10/29/23 (Saturday)</li> <li>-10/30/23 (Sunday)</li> <li>-11/12/23 (Saturday)</li> <li>-11/13/23 (Sunday)</li> <li>-12/24/23 (Saturday)</li> </ul> <p>Review of the Employee Daily Schedule By Shift, provided by the facility, for the aforementioned dates, verified that there was no RN scheduled to work 8 consecutive hours on the following days:</p>	F 727	<ol style="list-style-type: none"> <li>1) A Registered Nurse is scheduled for 8 consecutive hours per day.</li> <li>2) All residents have the potential to be affected by this deficient practice.</li> <li>3) <b>US FOIA (b)(6)</b> was in serviced on ensuring that a Registered Nurse is scheduled for 8 consecutive hours per day.</li> <li>4) Administrator or designee will audit the staffing schedule monthly for three months to ensure that a Registered Nurse is scheduled for 8 consecutive hours per day. Findings will be submitted quarterly to the QAPI committee for review.</li> </ol>		

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F 727	<p>Continued From page 34</p> <p>-10/01/22 -10/02/22 -10/09/22 -10/15/22 -10/16/22 -10/29/22 -10/30/22 -11/12/22 -12/24/22</p> <p>During an interview with the surveyor on 02/23/24 at 10:32 AM, the [U.S. FOIA (b) (6)] stated that they were to have staffed one RN within 24 hours, for a total of eight hours, and that they usually had two RNs, not including the [U.S. FOIA (b) (6)]. She stated that on the weekends now, they always had 1 RN in the morning and 1 RN at night and that the 3 PM to 11 PM shift had Licensed Practical Nurses. The [U.S. FOIA (b) (6)] further stated that on the weekends in question that she noticed there was no RN coverage on most of the dates and that the rest of the days should have had an RN for at least 8 hours.</p> <p>During an interview with the surveyor on 02/23/24 at 10:43 AM, the [U.S. FOIA (b) (6)] stated that they were to have staffed at least one RN for 8 hours each day and that on the weekends that they had an RN scheduled for every weekend clarifying that two RNs alternated weekends. The [U.S. FOIA (b) (6)] stated that if they were out of an RN that the [U.S. FOIA (b) (6)], or the [U.S. FOIA (b) (6)] would have covered the weekend and that they should have had an RN scheduled for 8 hours during the days that were requested.</p> <p>Review of the facility's policy, "Staffing," reviewed 08/2023, revealed, Policy: It is the policy and procedure of this facility to adequately staff the facility in accordance with the recommended</p>	F 727			

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F 727	Continued From page 35 guidelines.	F 727			
F 812 SS=E	<p>NJAC 8:39-25.2(h) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility documentation it was determined that the facility failed to a.) properly handle and store potentially hazardous foods in a manner that is intended to prevent the spread of foodborne illnesses, and b.) maintain equipment and kitchen areas in a manner to prevent microbial growth and cross-contamination.</p> <p>This deficient practice was observed and evidenced by the following:</p>	F 812	<p>1) All undated and exposed items have been removed or discarded from use in the kitchen. Trash cans have been replaced and covered with plastic bags. New cutting board was provided.</p> <p>2) All residents have the potential of being affected by this deficient practice.</p> <p>3) All dietary employees and nurses were in-serviced on proper handling/dating/discarding of food</p>	3/25/24	

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F 812	<p>Continued From page 36</p> <p>On 02/15/24 from 09:45 AM until 10:45 AM, the surveyor toured the kitchen in the presence of the <b>U.S. FOIA (b) (6)</b> and observed the following:</p> <ol style="list-style-type: none"> <li>1. At handwashing sink #1, there was a step lid trashcan that contained used paper towels, with no inner plastic bag. The <b>U.S. FOIA</b> had no response when asked if the trashcan should have had a plastic bag to contain the trash.</li> <li>2. In the walk-in refrigerator, there was one 2-inch half pan, that contained a ham sandwich, with clear plastic wrap partially covering the pan. The sandwich was visible and exposed to air. The <b>U.S. FOIA</b> stated it was important that the pan should have been fully covered to prevent bacteria growth and threw the sandwich into the trash.</li> <li>3. In the freezer there was one box marked Salisbury steaks, with a received sticker dated 2/7/24 and hand marked date 2/8/24, which the <b>U.S. FOIA</b> stated was the date it was opened. The box contained an opened clear plastic bag with the steak patties exposed to air with visible ice crystals on the patties. The <b>U.S. FOIA</b> acknowledged that the patties should not have been visible and exposed to air and stated that the bag should have been tied up and that ice crystals meant that the food was exposed to air. The <b>U.S. FOIA</b> stated she would discard the patties and that if they were served that someone could have gotten sick.</li> <li>4. There was one opened box marked chicken patties, with a received sticker dated 1/29/24, that contained one opened bag wrapped in clear plastic wrap with no open or use by date. The <b>U.S. FOIA</b> acknowledged that the bag should have had</li> </ol>	F 812	<p>properly maintaining kitchen equipment.</p> <p>4) The FSD and DON or designee will complete three monthly audits to ensure proper handling/dating/discarding of food and properly maintaining kitchen equipment. Findings will be submitted quarterly to the QAPI committee for review</p>		

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F 812	<p>Continued From page 37</p> <p>an opened date and stated it was important to label the food correctly so staff would know how long a food item was stored.</p> <p>5. There was one frozen eight-pound roast beef covered in ice crystals with no dates observed on the roast. The [REDACTED] acknowledged there was no label or date and stated that she usually put a received label on, but it must have come off.</p> <p>6. On a table in the kitchen at the condiment section, there was one uncovered opened roll of foil that the [REDACTED] stated was used for food that went into the oven. The [REDACTED] acknowledged the roll of foil should have been covered so no food debris fell into the container.</p> <p>7. There was a large free standing covered bin marked sugar, that was dated 1/10/24, with black specks observed. The [REDACTED] was unable to state what the black specks were and acknowledged that they should not have been there. The [REDACTED] stated that the sugar would be discarded, and the bin would be washed and sanitized.</p> <p>8. On the pot/pan dry rack there was one large green cutting board with brown and black smudges and large gouges. There was one large yellow cutting board with large gouges. The [REDACTED] acknowledged the stains and gouges and stated that it was important for the prevention of bacteria that the cutting boards did not contain stains and gouges.</p> <p>9. At the coffee station, there were large coffee filters, unbagged, resting on a shelf. The [REDACTED] acknowledged the coffee filters were stored incorrectly and stated that debris could have gotten on them or they could have fallen on the</p>	F 812			

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F 812	<p>Continued From page 38 floor.</p> <p>10. At handwashing sink #2, there was a step lid trashcan with a foot pedal that did not open the can. The [U.S. FOIA (b) (6)] acknowledged it was important for the trashcan to open hands free so staff did not touch the can after washing their hands.</p> <p>On 02/15/24 at 12:37 PM, the [U.S. FOIA (b) (6)] informed the surveyor that there was no cutting boards policy.</p> <p>On 02/16/24 at 10:02 AM, the surveyor toured the Nurse Station One locked pantry area with the [U.S. FOIA (b) (6)] who accessed the locked door. There was a refrigerator which the [U.S. FOIA (b) (6)] stated was used for the resident's personal food items. The [U.S. FOIA (b) (6)] stated that the nurse or certified nursing aide (CNA) would mark the items with the resident's name and date and that it was good for 2 to 3 days. The [U.S. FOIA (b) (6)] stated that the staff would dispose of items if they were outdated. The surveyor observed a plastic bag that contained a disposable take out container. The bag was marked with a resident's name and room number; there were no dates on the bag. The [U.S. FOIA (b) (6)] stated that she did not know how long the bag was in the refrigerator and that the bag should have had a date. She further stated that it was important to label and date all food items because spoiled food could have gotten a resident sick.</p> <p>On 02/20/24 at 10:45 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated the process when residents brought food into the facility was that the item was marked with the resident's name, date and room number and placed into the refrigerator in Nurse Station One, and that they were not left over 5 days. The</p>	F 812			

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F 812	<p>Continued From page 39</p> <p>U.S. FOIA (b) (6) stated that if there was no name or date noted that the food item would have been placed into the trash. The surveyor informed the U.S. FOIA (b) (6) of the undated personal food item that was observed on 02/16/24 and she stated that it was important to date the food correctly and that it should have been discarded.</p> <p>On 02/20/24 at 10:50 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that the process when residents brought food into the facility was that the family or the nurse labeled the item with the resident's name and the date, and that it should be kept "only a couple days." The surveyor informed the U.S. FOIA (b) (6) of the undated personal food item that was observed on 02/16/24 and he stated that it was important for the food item to have been dated so no one ate spoiled food.</p> <p>On 02/22/24 at 02:44 PM, the surveyors met with the administration team and made them aware of the kitchen concerns.</p> <p>A review of the facility's "Labeling and Dating Policy," reviewed 07/2023, revealed, Policy: All food items must be labeled and dated.</p> <p>A review of the facility policy, "Food from Outside Sources," updated 01/2024, revealed, Guidelines: 2. The food and beverages will be labeled with the resident's name, room number and date.</p> <p>A review of the undated facility policy, "Proper Food Handling and Storage," revealed, Label food. (Name and discard date)</p> <p>A review of the facility policy, "Solid Waste," updated 08/2023, revealed, Procedures: 1. ...and</p>	F 812			



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F 812	Continued From page 40  other solid wasted is stored in plastic bags which are sealed and placed in solidly constructed containers with plastic liners and tight fitting lids.	F 812			
F 842 SS=D	NJAC 8:39-17.2(g) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;	F 842		3/25/24	

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F 842	<p>Continued From page 41</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and review of facility documents, it was determined that the facility failed to maintain medical records that were accurate and consistent for 2 of 19 medical</p>	F 842	<p>1) Resident #17 and 24 medical records have been updated correctly.</p> <p>2) All residents have the potential to be affected by this deficient practice.</p>		

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F 842	<p>Continued From page 42</p> <p>records reviewed (Resident #17 and #24).</p> <p>This deficient practice was evidenced by the following:</p> <p>1). The surveyor reviewed Resident #17's Electronic Medical Record (EMR) which revealed the following:</p> <p>According to the Admission Record, Resident #17 had diagnoses which included, but were not limited to, <b>NJ Exec Order 26.4b1</b>.</p> <p>Review of the Significant Change in Status Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated <b>NJ Exec Order 26.4b1</b>, included the resident had a Brief Interview for Mental Status score of <b>NJ Exec Order 26.4b1</b> which indicated the resident's <b>NJ Exec Order 26.4b1</b> was <b>NJ Exec Order 26.4b1</b>. Further review of the MDS revealed the resident was receiving <b>NJ Exec Order 26.4b1</b> care.</p> <p>Review of the Order Summary Report, as of <b>NJ Exec Order 26.4b1</b>, included a physician's order for <b>NJ Exec Order 26.4b1</b> dated <b>NJ Exec Order 26.4b1</b>.</p> <p>Review of the Care Plan, revised <b>NJ Exec Order 26.4b1</b> included, "[Resident #17] has a <b>NJ Exec Order 26.4b1</b> of <b>NJ Exec Order 26.4b1</b> Patient started on <b>NJ Exec Order 26.4b1</b> services <b>NJ Exec Order 26.4b1</b>."</p> <p>Review of a progress note, dated <b>NJ Exec Order 26.4b1</b>, included, "[Resident #17] is now on <b>NJ Exec Order 26.4b1</b> services, and <b>NJ Exec Order 26.4b1</b> changed to <b>NJ Exec Order 26.4b1</b>."</p> <p>Review of the miscellaneous tab in the EMR included a scanned copy of a <b>NJ Exec Order 26.4b1</b> form for Resident #17 which was signed by the resident's representative and the physician.</p>	F 842	<p>3) Nursing staff were in-serviced on properly maintaining residents' medical records specifically regarding code status and dialysis residents.</p> <p>4) DON, ADON or designee will conduct monthly audits for 3 months to ensure that residents' medical records specifically regarding code status and dialysis residents are updated and correct. Findings will be submitted quarterly to the QAPI committee for review.</p>		

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F 842	<p>Continued From page 43</p> <p>The surveyor reviewed Resident #17's paper (physical) chart which revealed the following:</p> <p>Review of the first page in the resident's paper chart included a form which had NJ Exec Order 26.4b1 [REDACTED] written in large letters and Resident #17's name and date of birth written below it.</p> <p>Further review of the paper chart did not include the resident's NJ Exec O [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p> <p>During an interview with the surveyor on 02/21/24 at 12:10 PM, Certified Nursing Assistant (CNA) #1 stated that if a resident was NJ Exec Order [REDACTED], the staff would look at the resident's EMR to find out the NJ Exec Order 26.4b1 [REDACTED].</p> <p>During an interview with the surveyor on 02/21/24 at 12:17 PM, Licensed Practical Nurse (LPN) #1 stated that if a resident was NJ Exec Order 26.4b1 [REDACTED], the staff could look in either the EMR or paper chart to find out the NJ Exec Order 26.4b1 [REDACTED]. The LPN further stated that it was important for the EMR and paper chart to match consistently because, "if the resident is a NJ Exec Ord [REDACTED] you don't want to NJ Exec Ord [REDACTED] the resident.</p> <p>During an interview with the surveyor on 02/21/24 at 12:25 PM, the U.S. FOIA (b) (6) [REDACTED] stated that if a resident was found NJ Exec Order 26.4b1 [REDACTED] the staff could look in either the EMR or paper chart to find out the NJ Exec O [REDACTED]. The U.S. FOIA (b) (6) [REDACTED] further stated that it was important for the EMR and paper chart to match consistently, "to ensure the resident's wishes are carried out." At that time, the U.S. FOIA (b) (6) [REDACTED] reviewed</p>	F 842			

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F 842	<p>Continued From page 44</p> <p>Resident #17's EMR and paper chart in the presence of the surveyor and verified that the paper chart should not have included the resident was a [REDACTED] NJ Exec Order 26.4b1.</p> <p>During an interview with the surveyor on 02/22/24 at 1:10 PM, the [REDACTED] U.S. FOIA (b) (6) stated that if a resident was [REDACTED] NJ Exec Order 26.4b1, the staff could look in either the EMR or paper chart to find out the [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] U.S. FOIA further stated that the EMR and paper chart should match consistently to prevent confusion in the event the staff needed to know the resident's [REDACTED] NJ Exec Order 26.4b1.</p> <p>Review of the facility's Code Status policy, dated 10/2023, included, "The resident's resuscitation status will be clearly indicated on his/her clinical record."</p> <p>2). On 02/15/24 at 10:12 AM, the surveyor observed that Resident #24 was out of the facility that day. The surveyor interviewed LPN #2 who stated that the resident was out of the facility on Tuesdays, Thursdays, and Saturdays for [REDACTED] NJ Exec Order 26.4b1.</p> <p>The LPN also explained that the resident had an [REDACTED] NJ Exec Order 26.4b1 in the [REDACTED] NJ Exec Order 26.4b1 where he/she received [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 02/16/24 at 12:35 PM, the surveyor observed the Resident #24 in his/her room eating lunch. The resident stated that he/she goes to [REDACTED] NJ Exec Order 26.4b1 three times a week and had an [REDACTED] NJ Exec Order 26.4b1 in the [REDACTED] NJ Exec Order 26.4b1. He/she stated that the nurses check [REDACTED] NJ Exec Order 26.4b1 to make sure that it's working</p>	F 842			

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F 842	<p>Continued From page 45</p> <p>correctly. He/she further stated that he/she had <b>NJ Exec Order 26.4b1</b> that was provided.</p> <p>The surveyor reviewed Resident #24's medical record which revealed the following information:</p> <p>According to the Admission Record, Resident #24 had diagnoses, which included but were not limited to <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>.</p> <p>Review of the admission MDS dated <b>NJ Exec Order 26.4b1</b>, indicated that the resident was <b>NJ Exec Order 26.4b1</b> and received <b>NJ Exec Order 26.4b1</b>.</p> <p>Review of the Care Plan included an intervention that <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b> were to be done <b>NJ Exec Order 26.4b1</b>.</p> <p>Review of the Treatment Administration Record (TAR), dated <b>NJ Exec Order 26.4b1</b>, included a physician's order not to take <b>NJ Exec Order 26.4b1</b> in Resident #24's <b>NJ Exec Order 26.4b1</b>. Further review of the TAR revealed the nurses were signing that they were not taking <b>NJ Exec Order 26.4b1</b> in the resident's <b>NJ Exec Order 26.4b1</b>, however, the documentation in the <b>NJ Exec Order 26.4b1</b> and Vital Signs Record of the EMR indicated nurses were documenting <b>NJ Exec Order 26.4b1</b> in the <b>NJ Exec Order 26.4b1</b>.</p> <p>The <b>NJ Exec Order 26.4b1</b> and Vital Signs record for <b>NJ Exec Order 26.4b1</b> indicated that following documentation:</p> <ul style="list-style-type: none"> <li>- On <b>NJ Exec Order 26.4b1</b> at 05:44 AM, the <b>NJ Exec Order 26.4b1</b> was taken in the <b>NJ Exec Order 26.4b1</b>.</li> <li>- On <b>NJ Exec Order 26.4b1</b> at 21:06 (9:06 PM), the <b>NJ Exec Order 26.4b1</b> was taken in <b>NJ Exec Order 26.4b1</b>.</li> <li>- On <b>NJ Exec Order 26.4b1</b> at 16:47 (4:47 PM), the <b>NJ Exec Order 26.4b1</b> was taken <b>NJ Exec Order 26.4b1</b>.</li> <li>- On <b>NJ Exec Order 26.4b1</b> at 05:49 AM, the <b>NJ Exec Order 26.4b1</b> was taken in <b>NJ Exec Order 26.4b1</b>.</li> </ul>	F 842			

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F 842	Continued From page 46 the [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 05:21 AM, the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 21:06 (9:06 PM), the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 18:48 (6:48 PM), the [NJ Exec Order 26.4b1] was taken in [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 05:14 AM, the [NJ Exec Order 26.4b1] was taken in [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 05:50 AM, the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 16:43 (4:43 PM), the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 05:53 AM, the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 23:10 (11:10 PM), the [NJ Exec Order 26.4b1] was taken in [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 21:48 (9:48 PM), the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 20:23 (8:23 PM), the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 08:14 AM, the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 05:38 AM, the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 08:01 AM, the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 20:06 (8:06 AM), the [NJ Exec Order 26.4b1] was taken in [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 05:47 AM, the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 05:41 AM, the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 21:04 (9:04 AM), the [NJ Exec Order 26.4b1] was taken in [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 17:28 (05:28 PM), the [NJ Exec Order 26.4b1] was taken in [NJ Exec Order 26.4b1] - On [NJ Exec Order 26.4b1] at 06:00 AM, the [NJ Exec Order 26.4b1] was taken in the [NJ Exec Order 26.4b1]	F 842			

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NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE EAST</b> <b>CHERRY HILL, NJ 08034</b>		
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F 842	<p>Continued From page 47</p> <p>- On <sup>NJ Exec Order 26.4b1</sup> at 05:20 AM, the <sup>NJ Exec Order 26.4b1</sup> was taken in the <sup>NJ Exec Order 26.4b1</sup>.</p> <p>On 02/16/24 at 01:03 PM, the surveyor interviewed Resident #24 who stated that he/she knew that his/her <sup>NJ Exec Order 26.4b1</sup> had to be <sup>NJ Exec Order 26.4b1</sup> due to the <sup>NJ Exec Order 26.4b1</sup> and that staff did not take and <sup>NJ Exec Order 26.4b1</sup> or <sup>NJ Exec Order 26.4b1</sup> from the <sup>NJ Exec Order 26.4b1</sup>.</p> <p>On 02/20/24 at 10:34 AM, the surveyor interviewed the CNA #2 who stated that Resident #24 required <sup>NJ Ex Order 26.4b1</sup> with activities of daily living (ADLs). The CNA further stated that she thought that the resident had an <sup>NJ Exec Order 26.4b1</sup> in the <sup>NJ Exec Order 26.4b1</sup>, but she did not touch the <sup>NJ Ex</sup>. She then added that she did not take vital signs in the facility and that the nurses were the only ones that could take resident vital signs.</p> <p>On 02/20/24 10:41 AM, the surveyor interviewed LPN #3 who explained that if a resident was admitted with an <sup>NJ Exec Order 26.4b1</sup>, nurses would be responsible to check the <sup>NJ Exec Order 26.4b1</sup>. She further stated the nurses would check the <sup>NJ Ex</sup> for <sup>NJ Exec 9</sup> and <sup>NJ Exec 3</sup> every shift and would also monitor the site <sup>NJ Exec Order 26.4b1</sup>. She stated that <sup>NJ Exec Order 26.4b1</sup> that had the <sup>NJ Exec Order 26.4b1</sup> would have to be <sup>NJ Exec Order 26.4b1</sup> and the nurses should not take <sup>NJ Exec Order 26.4b1</sup> or <sup>NJ Exec Order 26.4b1</sup> from the <sup>NJ Exec Order 26.4b1</sup>. At that time, the LPN reviewed Resident #24's vital sign record with the surveyor and confirmed that the nurses were documenting that they were taking the <sup>NJ Ex</sup> in the <sup>NJ Exec Order 26.4b1</sup>. The LPN stated that she was not sure why some of the nurses were documenting on the VS record that they were taking the residents <sup>NJ Exec Order 26.4b1</sup> in the <sup>NJ Exec Order 26.4b1</sup> and that they documented in error.</p>	F 842			



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F 842	<p>Continued From page 48</p> <p>On 02/20/24 at 10:56 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who explained that if a resident was admitted to the facility with an [NJ Exec Order 26.4b], the nurses were not to take [NJ Exec Order 26.4b] or perform [NJ Exec Order 26.4b] on the [NJ Exec Order 26.4b]. The [U.S. FOIA (b) (6)] further stated that a physician's order would be obtained not to use that [NJ Exec Order 26.4b] or take [NJ Exec Order 26.4b] in that [NJ Exec Order 26.4b]. At that time, the [U.S. FOIA (b) (6)] and the surveyor reviewed Resident #24's Vital Sign record and the [U.S. FOIA (b) (6)] confirmed that the nurses were documenting that they were taking the residents [NJ Exec Order 26.4b] in the [NJ Exec Order 26.4b]. The [U.S. FOIA (b) (6)] stated that the resident was [NJ Exec Order 26.4b] and [NJ Exec Order 26.4b] and would notify the nurse not to use [NJ Exec Order 26.4b] for [NJ Exec Order 26.4b] or [NJ Exec Order 26.4b]. The [U.S. FOIA (b) (6)] also confirmed that it was a multitude of different nurses that documented that they took the residents [NJ Exec Order 26.4b].</p> <p>On 02/20/24 at 11:21 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] who confirmed that the nurses were documenting on the Vital Signs record that they took Resident #24's [NJ Exec Order 26.4b] in the [NJ Exec Order 26.4b]. The [U.S. FOIA (b) (6)] further stated that it was an error in documentation. The [U.S. FOIA (b) (6)] also stated that it could not be proven that they did not take the [NJ Exec Order 26.4b] in the [NJ Exec Order 26.4b] because the nurses documented that they did. The [U.S. FOIA (b) (6)] added that the nurses should not be documenting that they took the residents [NJ Exec Order 26.4b] in the [NJ Exec Order 26.4b], when they are also signing the physician's order in the TAR that they were not taking the resident's [NJ Exec Order 26.4b] in the [NJ Exec Order 26.4b].</p> <p>The facility provided the surveyor with a signed, typed confirmation from Resident #24 on</p>	F 842			

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F 842	Continued From page 49 02/22/24 that indicated that at no time did any nurse take his/her <b>NJ Exec Order 26.4b1</b> .  Review of the facility's Medical Records and Confidentiality of Information and Personal Privacy policy, dated 08/2023, did not include any policy related to ensuring the medical record is accurate or consistent.  NJAC 8:39-35.2 (d)	F 842			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880		3/25/24	

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F 880	<p>Continued From page 50</p> <p>but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 51</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, review of medical records and other pertinent facility documentation it was determined that the facility failed to a.) ensure the infection control practices for residents on <b>NJ Exec Order 26.4b1</b> were followed to prevent the potential spread of <b>NJ Exec Order 26.4b1</b> by not utilizing <b>NJ Exec Order 26.4b1</b> in accordance with facility policy and accepted national standards for 1 (one) of 1 (one) resident (Resident #140) reviewed for <b>NJ Exec Order 26.4b1</b> and b.) follow appropriate infection control practices and perform hand hygiene as indicated during meal tray pass for 1 of 4 units (Cart 1 unit) observed.</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) On 02/15/24 at 10:09 AM, Surveyor #1 observed the outside of Resident #140's room and observed a sign posted on the resident's door that the resident was on <b>NJ Exec Order 26.4b1</b></p> <p><b>[REDACTED]</b></p> <p>The sign also indicated that the proper personal protective equipment (PPE) to be worn in the room was an <b>NJ Exec Order 26.4b1</b> gown, gloves, protective eye shield, and an N95 mask (a mask designed to have a tight seal and provide efficient filtration of airborne particles). There was also an <b>NJ Exec Order 26.4b1</b> cart containing the necessary PPE set up outside the resident's door.</p> <p>On 02/15/24 at 10:40 AM, Surveyor #1 was in the hall outside of Resident #140's room and</p>	F 880	<p>1) Resident #140 is no longer on <b>NJ Exec Order 26.4b1</b> and CNA #2 no longer works in the facility.</p> <p>2) All residents have the potential of being affected by this deficient practice.</p> <p>3) Facility staff were in-serviced on proper infection control procedures specifically with residents on Transition Based Precautions and proper hand hygiene during meal pass. Facility staff will be in-serviced &amp; observed by nursing management to ensure proper protocol is being followed. Three monthly audits will be completed to ensure that proper infection control precautions are followed.</p> <p>4) The DON or designee will conduct 3 monthly audits to ensure that proper infection control protocol specifically with residents on Transition Based Precautions and proper hand hygiene during meal pass is followed. Findings will be submitted quarterly to the QAPI committee for review.</p>		

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F 880	<p>Continued From page 52</p> <p>observed the US FOIA (b)(6) cleaning Resident #140's room. The US FOIA (b)(6) was not wearing a protective gown, protective eyewear, or N95 face mask and Resident #140 was present in the room. The US FOIA (b)(6) was observed wearing a regular mask and gloves. The surveyor observed the US FOIA (b)(6) exit the resident's room to rewet the mop and again enter the resident's room without wearing the proper PPE of eye protection, NJ Exec Order 26.4b1 gown, or an N95 mask.</p> <p>At that time, Surveyor #1 observed Licensed Practical Nurse (LPN) #1 walk down the hall and the surveyor asked the LPN what type of PPE was required in Resident # 140's room. The LPN explained to the surveyor that Resident #140 had the diagnosis of NJ Exec Order 26.4b1 and that full PPE, such as N95 mask, protective gown, gloves, and protective eyewear, had to be worn in the room and removed upon leaving the room. The surveyor informed the LPN that the US FOIA (b)(6) was in Resident #140's room and did not don the appropriate PPE. The LPN observed the US FOIA (b)(6) in Resident #140's room not wearing the appropriate PPE and called the US FOIA (b)(6) out of the room to educate the US FOIA (b)(6) on the importance of wearing the proper PPE when in a NJ Exec Order 26.4b1 room. The surveyor interviewed the US FOIA (b)(6) at that time, and the US FOIA (b)(6) explained what type of PPE she should have worn in Resident #140's room. The US FOIA (b)(6) explained to the surveyor that she should have worn a protective gown, N95 mask, gloves, and eye protection. She then stated that she had been employed by the facility NJ Exec Order 26.4b1 and had been educated multiple times on the NJ Exec Order 26.4b1 and wearing the appropriate PPE in NJ Exec Order 26.4b1. The US FOIA (b)(6)</p>	F 880			

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F 880	<p>Continued From page 53</p> <p>further stated, "that was my fault and I should have put on the appropriate PPE." The <b>US FOIA (b)(6)</b> admitted to not wearing the protective eyewear, gown or N95 mask and explained to the surveyor where all the PPE was located. The <b>US FOIA (b)(6)</b> showed the surveyor the <b>NJ Exec Order 26.4b1</b> bin outside the resident's room which contained N95 masks, gowns, and protective eye shields.</p> <p>The surveyor reviewed Resident #140's medical record which revealed the following information:</p> <p>According to the Admission Record, Resident #140 was admitted to the facility with the diagnoses that included, but were not limited to, <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>.</p> <p>The admission Minimum Data Set (MDS), an assessment that facilitates a resident's care, dated <b>NJ Exec Order 26.4b1</b> indicated that Resident #140 was <b>NJ Exec Order 26.4b1</b> and was <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b>.</p> <p>The Physicians Order (PO) dated <b>NJ Exec Order 26.4b1</b>, indicated that Resident #140 was to remain on <b>NJ Exec Order 26.4b1</b> until <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b>.</p> <p>The Treatment Administration Record (TAR) dated <b>NJ Exec Order 26.4b1</b> reflected the aforementioned physician's order for Resident #140 to be on <b>NJ Exec Order 26.4b1</b> every shift for the diagnosis of <b>NJ Exec Order 26.4b1</b> until <b>NJ Exec Order 26.4b1</b>.</p> <p>The Care Plan indicated that Resident #140 was to be on <b>NJ Exec Order 26.4b1</b> due to diagnosis of <b>NJ Exec Order 26.4b1</b> until <b>NJ Exec Order 26.4b1</b>, with interventions that included:</p>	F 880			

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F 880	<p>Continued From page 54</p> <ul style="list-style-type: none"> <li>-Staff to wear proper PPE at all times when caring for the patient, initiated [REDACTED] NJ Exec Order 26.4b1.</li> <li>-Educate staff, therapy, family on the importance of maintaining [REDACTED] NJ Ex Order 26.4b1, initiated [REDACTED] NJ Exec Order 26.4b1.</li> <li>-Precaution signage on door of room and provide education to visitor and family member, initiated [REDACTED] NJ Exec Order 26.4b1.</li> <li>-Provide appropriate personal protective equipment for staff/visitor use. Infection Control Apron with PPE hanging on the door for easily access to facility staff/family</li> </ul> <p>On 02/21/24 at 09:49 AM, Surveyor #2 interviewed Certified Nursing Assistant (CNA) #1 who stated that when in a [REDACTED] NJ Exec Order 26.4b1 room, the staff were required to wear gloves, gown, N95 mask, and a face shield. She further stated that the required PPE were located outside of the resident's room in bins and that it was important to wear the proper PPE to prevent the spread of [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 02/21/24 at 9:58 AM, Surveyor #2 interviewed the [REDACTED] NJ Ex Order 26.4(b)(1) who stated that when in [REDACTED] NJ Exec Order 26.4b1 rooms, the required PPE to be worn were gown, goggles/face shield, N95 face mask, and gloves. She further stated that the required PPE was located outside of the resident's room and it was important to wear the correct PPE to prevent the spread of [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 02/22/24 at 10:50 AM, Surveyor #2 interviewed the [REDACTED] U.S. FOIA (b) (6) who stated that if a housekeeper was assigned a certain hallway that had [REDACTED] NJ Exec Order 26.4b1 rooms, then they were responsible to clean those rooms.</p>	F 880			

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F 880	<p>Continued From page 55</p> <p>The <b>U.S. FOIA (b) (6)</b> stated that when the housekeeper entered the <b>NJ Exec Order 26.4b1</b> room, they were required to wear an <b>NJ Exec Order 26.4b1</b> gown, N95 mask, face shield, and gloves. The <b>U.S. FOIA (b) (6)</b> confirmed that it was important to wear the appropriate PPE to protect yourself from <b>NJ Exec Order 26.4b1</b> <b>U.S. FOIA (b) (6)</b>."</p> <p>On 02/22/24 at 12:46 PM, Surveyor #2 interviewed the <b>U.S. FOIA (b) (6)</b> who confirmed that staff were required to wear faceshields, N95 mask, <b>NJ Exec Order 26.4b1</b> gowns, and gloves in <b>NJ Exec Order 26.4b1</b> rooms to protect themselves from a <b>NJ Exec Order 26.4b1</b>.</p> <p>On 02/22/24 at 01:10 PM, Surveyor #2 interviewed the <b>U.S. FOIA (b) (6)</b> who confirmed that when staff were in a <b>NJ Exec Order 26.4b1</b> room, staff were required to wear N95 face mask, face shield, <b>NJ Exec Order 26.4b1</b> gown, and gloves. He stated that the purpose for wearing the PPE was to protect the staff member and to prevent the spread of <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the facility policy titled, "Infection Control General Practices," with a review date of 10/01/23, indicated that staff must use appropriate PPE according to the transmission-based precaution guidelines such as gloves, mask, gowns, and eye protection when providing care to residents with an infectious disease.</p> <p>A review of the facility policy titled, "Transmission Based Precautions (TBP)," with a revised date of 07/2023, indicated that TBP are designed for patients documented or suspected to be infected with a highly transmissible pathogen for which additional precautions beyond standard/universal</p>	F 880			



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F 880	<p>Continued From page 56</p> <p>precautions were needed to interrupt transmission. Three types of TBP were identified as airborne, droplet and contact precautions.</p> <p>2.) On 02/16/24 at 12:15 PM, Surveyor #3 observed CNA #2 remove a food tray from the covered food cart and enter Resident #51's room. The CNA placed the tray on the bedside table (BST), moved the table closer to the resident, turned the light switch on, moved the BST over the resident, opened the cup lid, opened a sugar packet and poured it into the cup, handed the fork to the resident, opened the cardboard milk carton, removed the straw cover, and placed the straw into the milk carton. The CNA then moved some items on the tray, removed the plastic plate cover and exited the room where she then placed the plastic plate cover on top of the food cart in the hallway. The CNA then removed a meal tray from the covered food cart and entered Resident #44's room. The CNA placed the tray on the BST, moved the BST closer to the resident, touched the lotion container that on the BST, raised the BST, removed the plastic plate cover, used the bed control to adjust the head of the bed, moved the pillow, <b>NJ Exec Order 26.4b1</b> used the bed control to adjust the head of the bed, and moved the BST over the resident. She then opened the cardboard milk carton, removed the straw cover, placed the straw into the milk carton, took the silverware out of the plastic bag, removed the plastic plate cover, and exited the room where she then placed the plastic plate cover on top of the food cart. The CNA then entered another room to speak with other staff members. No hand hygiene (HH) was observed during the meal tray pass.</p>	F 880			

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F 880	<p>Continued From page 57</p> <p>On 02/16/24 at 12:21 PM, Surveyor #3 interviewed CNA #2 who stated that the CNAs were responsible for delivering the meal trays and that HH was to be performed before touching the meal trays, and that once the tray pass was completed, she would have washed her hands with soap and water. The surveyor informed the CNA of the meal tray pass observation and that no HH was observed. The CNA acknowledged that she should have performed HH before touching the trays, in between trays, and that HH should have been done after touching resident belongings or adjusting the resident in the bed. The CNA stated she had been in-serviced on HH and that it was important to perform it correctly to prevent the transfer of bacteria.</p> <p>On 02/16/24 at 12:32 pm, Surveyor #3 interviewed LPN #2 who stated that it was the CNA's responsibility to pass the meal trays and that HH should have been done before and after giving each resident a tray. The surveyor informed the LPN of the meal tray pass observation and that no HH was observed. The LPN acknowledged that the CNA did not perform HH correctly and stated that it was important for infection control to perform HH before and after entering each resident's room.</p> <p>On 02/16/24 at 12:40 PM, Surveyor #3 interviewed the <b>U.S. FOIA (b) (6)</b> who stated that it was the CNA's responsibility to pass the meal trays out and that HH should have been done when they exit a resident room and before grabbing the next tray. The surveyor informed the <b>U.S. FOIA (b) (6)</b> of the meal tray pass observation and that no HH was observed. The <b>U.S. FOIA (b) (6)</b> acknowledged the CNA did not perform HH correctly and stated that HH</p>	F 880			


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F 880	<p>Continued From page 58</p> <p>should have been performed upon exiting a resident's room and upon touching anything else between residents. She added that it was important for infection control to perform HH correctly.</p> <p>On 02/16/24 at 12:52 PM, Surveyor #3 interviewed the <b>U.S. FOIA (b) (6)</b> who stated that HH should have been performed before removing a meal tray from the food cart and after delivering a tray to a resident. The surveyor informed the <b>U.S. FOIA (b) (6)</b> of the meal tray pass observation and that no HH was observed. The <b>U.S. FOIA (b) (6)</b> acknowledged that the CNA did not perform HH correctly and stated that HH was important to avoid contamination.</p> <p>On 02/16/24 at 12:59 PM, Surveyor #3 interviewed the <b>U.S. FOIA (b) (6)</b> who stated that it was the CNA's responsibility to pass out the meal trays and that he expected staff to perform HH before they started the tray pass and when they opened the resident's food items. The surveyor informed the <b>U.S. FOIA (b) (6)</b> of the meal tray pass observation and that no HH was observed. The <b>U.S. FOIA (b) (6)</b> acknowledged that the CNA did not perform HH correctly and stated that HH was important for infection control and prevention.</p> <p>A review of the facility policy, "Handwashing/Hand Hygiene," dated 8/29/2023, revealed, "Procedure: 4. In most situations, the preferred method is washing hands with soap and water. If hands are not visibly soiled, the use of an alcohol-based hand rub may be used for the following situations: a. Before and after direct contact with resident, f. After contact with a resident's intact skin, g. After contact with inanimate objects ...,i. After contact</p>	F 880			

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F 880	Continued From page 59 with high touch surfaces ..."	F 880			
	A review of the facility policy, "Meal Pass Policy," reviewed 10/2023, revealed, "Procedure: 2. Once the dietary staff member delivers the truck to the floor, staff will begin to pass out trays after performing appropriate hand hygiene. 3. Staff members will sanitize their hands in between each tray."				
	A review of facility documentation titled, "In-Service," Topic: Infection Control, 3. Handwashing, revealed the CNA's signature that she attended on 03/20/23.				
	A review of facility documentation titled, "Hand Hygiene Competency Validation," revealed the CNA's signature that she performed a return demonstration on 03/20/23 and on 11/29/23.				
F 881 SS=E	NJAC 8:39-19.4 (m)(n), 27.1 (a) Antibiotic Stewardship Program CFR(s): 483.80(a)(3)  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility documents, it was determined that the facility failed to accurately utilize an 	F 881		3/25/24	
			1) Immediate in-service was conducted to the nursing staff regarding the use of proper protocols to optimize the treatment		

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F 881	<p>Continued From page 60</p> <p>assessment tool for 5 of 5 residents (Resident #12, #53, #66, #139, and #286) reviewed that were <b>NJ Exec Order 26.4b1</b> medications in the facility.</p> <p>This deficient practice was evidenced by the following:</p> <p>Review of the facility's <b>NJ Exec Order 26.4b1</b> line list for <b>NJ Exec Order 26.4b1</b>, revealed the following residents were <b>NJ Exec Order 26.4b1</b> while at the facility:</p> <ol style="list-style-type: none"> <li>1. Resident #12 was <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b>. The line list further indicated that an <b>NJ Exec Order 26.4b1</b> assessment tool was completed with <b>NJ Exec Order 26.4b1</b> use criteria met.</li> <li>2. Resident #66 was <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> days for an <b>NJ Exec Order 26.4b1</b>. The line list did not indicate whether an <b>NJ Exec Order 26.4b1</b> assessment tool was completed.</li> <li>3. Resident #139 was <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> days for <b>NJ Exec Order 26.4b1</b>. The line list further indicated that an <b>NJ Exec Order 26.4b1</b> assessment tool was completed with <b>NJ Exec Order 26.4b1</b> use criteria met.</li> <li>4. Resident #53 was prescribed an <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> days for a <b>NJ Exec Order 26.4b1</b>. The line list further indicated that an <b>NJ Exec Order 26.4b1</b> assessment tool was completed, but the criteria for <b>NJ Exec Order 26.4b1</b> use was not met.</li> <li>5. Resident #286 was <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> days for a <b>NJ Exec Order 26.4b1</b>. The line list did not indicate whether an</li> </ol>	F 881	<p>of infections by ensuring that residents who require an antibiotic, are prescribed the appropriate antibiotic.</p> <p>2) All residents have the ability to be affected by not meeting the requirements to provide a proper antibiotic stewardship program.</p> <p>3) Nursing staff and attending physicians were in-serviced on proper protocol of antibiotic prescribing and accurately utilizing the infection assessment tool.</p> <p>4) The Regional IP and/or DON/designee will monitor monthly for compliance to ensure that proper protocol of antibiotic prescribing is followed that staff are accurately utilizing the infection assessment tool. Findings will be submitted quarterly to the QAPI committee for review.</p>		

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F 881	<p>Continued From page 61</p> <p><b>[REDACTED]</b> assessment tool was completed.</p> <p>Review of the facility's <b>[REDACTED]</b> Report binder for <b>[REDACTED]</b> included suspected infection Situation Background Assessment Request (SBAR) forms, an <b>[REDACTED]</b> assessment tool, for the following residents:</p> <p>1. Review of Resident #12's <b>[REDACTED]</b> SBAR, dated <b>[REDACTED]</b>, revealed that the resident <b>[REDACTED]</b> the criteria in any of the four Assessment Input situations provided on the form, however, the nurse checked off the box below the section which indicated, <b>[REDACTED]</b> " Further review of the SBAR included the resident was started on an <b>[REDACTED]</b> treatment.</p> <p>2. Resident #66's SBAR was missing from the binder.</p> <p>3. Review of Resident #139's <b>[REDACTED]</b> SBAR, dated <b>[REDACTED]</b>, revealed the resident did <b>[REDACTED]</b> in either of the Assessment Input situations provided on the form and the nurse did not check off a box to indicate whether or not the nursing home protocol was met. Further review of the SBAR included the resident was started on an <b>[REDACTED]</b> treatment.</p> <p>4. Review of Resident #53's <b>[REDACTED]</b> SBAR, dated <b>[REDACTED]</b>, revealed the resident did <b>[REDACTED]</b> in either of the Assessment Input situations provided on the form and the nurse did not check off a box to indicate whether or not the nursing home protocol was met. Further review of the SBAR included the resident was started on an <b>[REDACTED]</b> treatment.</p>	F 881			

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F 881	<p>Continued From page 62</p> <p>5. Resident #286's SBAR was missing from the binder.</p> <p>During an interview with the surveyor on 02/22/24 at 11:08 AM, the <b>U.S. FOIA (b) (6)</b> stated that the <b>NJ Exec Order 26.4b1</b> assessment tool utilized by the facility was the SBAR forms. The <b>U.S.</b> further stated that she educated the nurses that when a resident is started on an <b>NJ Exec Order 26.4b1</b>, the nurse must complete the SBAR form and give it to the <b>U.S.</b> to review. When asked what happened if the resident <b>NJ Exec Order 26.4b1</b> on the SBAR, the <b>U.S.</b> stated that the nurse would notify the doctor to discuss discontinuing the <b>NJ Exec Order 26.4b1</b> treatment. The <b>U.S.</b> also stated that once the SBAR is completed, the information is input into the <b>NJ Exec Order 26.4b1</b> line list and filed into the <b>NJ Exec Order 26.4b1</b> Report binder for that year. The <b>U.S.</b> clarified that once the SBAR was completed, it was the <b>U.S. FO</b> responsibility to ensure the form was completed in its entirety.</p> <p>During the same interview, the <b>U.S.</b> reviewed the <b>NJ Exec Order 26.4b1</b> Report binder for <b>NJ Exec Order 26.4b1</b> in the presence of the surveyor, and stated the following:</p> <ol style="list-style-type: none"> <li>1. Resident #12's SBAR should have been completed accurately and the nurse should not have checked off that the <b>NJ Exec Order 26.4b1</b> based on what was filled out on the SBAR form.</li> <li>2. Resident #66's SBAR was missing from the binder and that the <b>U.S.</b> was still waiting for the nurse to complete the form.</li> <li>3. Resident #139's SBAR should have been completed accurately and the nurse should have</li> </ol>	F 881			

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F 881	<p>Continued From page 63</p> <p>checked off whether or not the criteria was met.</p> <p>4. Resident #53's SBAR indicated [REDACTED] NJ Exec Order 26.4b1 and the nurse should have checked off that the [REDACTED] NJ Exec Order 26.4b1.</p> <p>5. Resident #286's SBAR was missing from the binder and that the [REDACTED] U.S. was still waiting for the nurse to complete the form.</p> <p>The [REDACTED] U.S. further stated that the residents whose SBAR forms were missing had already completed their [REDACTED] NJ Exec Order 26.4b1 treatment, and that the forms should have been returned to the [REDACTED] U.S. within 24 to 48 hours for review to determine if [REDACTED] NJ Exec Order 26.4b1 treatment was needed. When asked about the importance of the [REDACTED] NJ Exec Order 26.4b1 program, the [REDACTED] U.S. stated it was to prevent [REDACTED] NJ Exec Order 26.4b1 resistance.</p> <p>During an interview with the surveyor on 02/22/24 at 1:10 PM, the [REDACTED] U.S. FOIA (b) (6) stated that if a nurse suspected that a resident had an [REDACTED] NJ Exec Order 26.4b1 the nurse should complete an SBAR form and notify the physician. The [REDACTED] U.S. FOIA further stated that the nurses should be completing the SBAR forms accurately and in their entirety, and submit the forms to the [REDACTED] U.S. within 24 to 48 hours. The [REDACTED] U.S. FOIA also stated that the importance of the SBAR forms were to meet the criteria for the [REDACTED] NJ Exec Order 26.4b1 program and to prevent [REDACTED] NJ Exec Order 26.4b1.</p> <p>Review of the facility's Antibiotic Stewardship Program policy, dated 10/01/23, included, "Review infections and monitor antibiotic usage patterns on a regular basis."</p>	F 881			



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

PRINTED: 07/17/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE EAST</b> <b>CHERRY HILL, NJ 08034</b>		
(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 881	Continued From page 64 NJAC 8:39-19.4(d)	F 881			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060403</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CEI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE EAST</b> <b>CHERRY HILL, NJ 08034</b>		
(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 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  (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey. This was evident for 14 of 14 day shifts reviewed.  Findings include:  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 at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in	S 560	1) The <b>US FOIA (b)(6)</b> was educated on the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. The facility will continue to reach out to existing staff to see if they want to pick up overtime shifts and continue to try and staff accordingly  2) All residents have the ability to be affected by the facility failing to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey.	3/25/24

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

Electronically Signed

TITLE

(X6) DATE

03/13/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060403</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CEI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE EAST</b> <b>CHERRY HILL, NJ 08034</b>		
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S 560	<p>Continued From page 1</p> <p>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.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>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>As per the "Nurse Staffing Report" completed by the facility for the weeks of 01/28/2024 to 02/10/2024, the staffing-to-resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift are documented below:</p> <p>-01/28/24 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-01/29/24 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs.</p> <p>-01/30/24 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs.</p> <p>-01/31/24 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs.</p> <p>-02/01/24 had 8 CNAs for 95 residents on the day shift, required at least 12 CNAs.</p> <p>-02/02/24 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs.</p> <p>-02/03/24 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs.</p> <p>-02/04/24 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs.</p>	S 560	<p>3) The facility will continue to post job openings on job sites to promote CNA openings</p> <p>The facility is offering a sign on bonus</p> <p>The facility has contracted with agency to assist with our staffing needs</p> <p>The administrator/designee will review the daily staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter.</p> <p>4) The Administrator/designee will review any findings of these audits and present them quarterly to the QAPI committee to determine frequency of future audits.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060403</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CEI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE EAST</b> <b>CHERRY HILL, NJ 08034</b>		
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S 560	<p>Continued From page 2</p> <p>-02/05/24 had 8 CNAs for 92 residents on the day shift, required at least 11 CNAs.</p> <p>-02/06/24 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs.</p> <p>-02/07/24 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs.</p> <p>-02/08/24 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs.</p> <p>-02/09/24 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs.</p> <p>-02/10/24 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs.</p> <p>On 02/22/24 at 12:44 PM, the surveyor interviewed the Staffing Coordinator (SC) who stated that she had been staffing appropriately and that the staffing level was determined by resident needs. The SC stated the required staffing ratio was 9 to 10 CNAs on the 7-3 shift, 9 to 10 CNAs on the 3-11 shift, and that night shift was "around 15, give or take."</p> <p>On 02/22/24 at 12:52 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who stated that the SC was responsible for staffing the nursing unit and that staffing issues were a challenge on the 7-3 shift. The LNHA stated that if there were staffing issues that they would have attempted to staff appropriately by utilizing the staff that were on duty, they would have called in staff or they would have used agency staff to cover shifts. The LNHA then stated, "my staff know how to prioritize and come together and help." The LNHA stated the required staffing ratio was 1:8 CNAs for 7-3 shift, 1:10 CNAs for 3-11 shift, and 1:14 CNAs for 11-7 shift.</p> <p>NJAC 8:39-5.1 (a)</p>	S 560		

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CEI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE EAST</b> <b>CHERRY HILL, NJ 08034</b>		
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S2110	Continued From page 3	S2110		
S2110	<p>8:39-31.1(a) Mandatory Physical Environment</p> <p>(a) No construction, renovation or addition shall be undertaken without first obtaining approval from the Department, Long-Term Care Licensing and Certification Program and/or the Department of Community Affairs, Health Care Plan Review Unit</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to notify the New Jersey Department of Health (NJDOH), Certificate of Need and Licensing Division (CN&amp;L) Health Care Plan Review Unit after renovations to the facility were completed to ensure it was inspected and approved prior to occupancy.</p> <p>This deficient practice was evidenced by the following:  On 02/15/24 at 09:53 AM, during the entrance conference the Licensed Nurse Home Administrator (LNHA) stated that construction</p>	S2110	<p>1) The facility notified the New Jersey Department of Health Certificate of Need and Licensing Division (CN&amp;L) that renovations were completed.</p> <p>2) All residents that reside in the cited rooms are affected by this deficient practice.</p> <p>3) The facility maintenance staff were in-serviced that no construction is permitted without prior approval from the DOH Department of Long-term Care Licensing and Certification Program and that and that the CN&amp;L must be notified when the construction is completed.</p>	3/25/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060403</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/23/2024</b>
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S2110	<p>Continued From page 4</p> <p>was done after their last recertification survey to expand rooms that did not meet the required square footage for double occupancy.</p> <p>On 02/16/24 at 09:40 AM, during tour, the surveyor observed Rooms [REDACTED] and [REDACTED] were each occupied by two residents, while Room [REDACTED] remained a single private room.</p> <p>On 02/16/24 at 09:48 AM, the LNHA stated that the construction included the removal of walls because there was no longer a waiver for the square footage of the rooms. He further stated they adjusted the room size and now they "should be in compliance."</p> <p>On 02/16/24 at 11:28 AM, the LNHA provided a letter dated 12/27/22 to the NJDOH for approval of architectural changes. A further review of the letter did not reflect an approval of occupancy in the reconstructed rooms.</p> <p>On 02/16/24 at 12:56 PM, the surveyor requested proof that the facility was inspected and approved prior to occupancy. At that time, the LNHA stated that they did not have a new certification of occupancy as they "did not make a new unit." He further stated that they "just made the rooms to meet the necessary requirements." The LNHA stated that he was unable to provide additional information at that time.</p> <p>On 02/22/24 at 10:54 AM, the LNHA stated that he did not receive anything additional. He stated that "my interpretation was that it was always occupied." The LNHA emphasized that the rooms were "never a not occupied space." He further stated that his understanding was that he did not need to get another approval of occupancy since</p>	S2110	<p>4) The Administrator/designee will review and audit any construction projects for 3 months to determine if they need approval from the DOH Department of Long-term Care Licensing and Certification Program and CN&amp;L and ensure that no construction is done without the prior approval from the above-mentioned departments. Findings will be submitted quarterly to the QAPI committee for review.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060403</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CEI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE EAST</b> <b>CHERRY HILL, NJ 08034</b>		
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S2110	<p>Continued From page 5</p> <p>there were always residents in the rooms. When asked if residents resided in the rooms during construction, the LNHA stated that the residents were moved to another room during the construction. He then explained to his understanding he did not know that another certificate of occupancy was needed to have both residents in the room. He further stated that they were in compliance from their previous plan of correction (POC) and that the space was always "deemed to be occupied."</p> <p>The LNHA was unable to provide documented evidence that the CN&amp;L had been notified that the renovations had completed to ensure the space was inspected and approved prior to occupancy.</p> <p>8:39-31.1(a)</p>	S2110		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315013	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/26/2024
NAME OF FACILITY BARCLAYS REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1412 MARLTON PIKE EAST CHERRY HILL, NJ 08034	

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 F0677	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.24(a)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/25/2024	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 2/23/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			



## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315013	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/26/2024
NAME OF FACILITY BARCLAYS REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1412 MARLTON PIKE EAST CHERRY HILL, NJ 08034	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0584	Correction	ID Prefix F0637	Correction	ID Prefix F0656	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.20(b)(2)(ii)	Completed	Reg. # 483.21(b)(1)(3)	Completed
LSC	03/25/2024	LSC	03/25/2024	LSC	03/25/2024
ID Prefix F0657	Correction	ID Prefix F0677	Correction	ID Prefix F0690	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed
LSC	03/25/2024	LSC	03/25/2024	LSC	03/25/2024
ID Prefix F0695	Correction	ID Prefix F0727	Correction	ID Prefix F0812	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.35(b)(1)-(3)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	03/25/2024	LSC	03/25/2024	LSC	03/25/2024
ID Prefix F0842	Correction	ID Prefix F0880	Correction	ID Prefix F0881	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # 483.80(a)(3)	Completed
LSC	03/25/2024	LSC	03/25/2024	LSC	03/25/2024
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 2/23/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060403	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/26/2024
NAME OF FACILITY BARCLAYS REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1412 MARLTON PIKE EAST CHERRY HILL, NJ 08034	

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 S2110	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-31.1(a)	Completed	Reg. #	Completed
LSC	03/25/2024	LSC	03/25/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 2/23/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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

PRINTED: 07/17/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE EAST CHERRY HILL, NJ 08034</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments	E 000			
K 000	<p>An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 02/22/24. The facility was found to be in compliance with 42 CFR 483.73</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 02/22/24 was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.</p> <p>Barclays Rehabilitation and Health Care Center is a one-story building that was built in the 1960's. It is composed of Type II protected construction. The facility is divided into 10 - smoke zones. The generator does approximately 100 % of the building per the Maintenance Director. The current occupied beds are 98 of 108.</p>	K 000			

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

TITLE

(X6) DATE

Electronically Signed

03/06/2024

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