STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315207	A. BUILDING _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #s: NJ 150996 NJ 152805 NJ 152906 NJ 153069 NJ 153846 NJ 157623 NJ 158414 NJ 160462 Survey Date: 01/23/24 Census: 209 Sample: 35 + 27 = 62 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT. 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 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.	F 550		2/7/24

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

Electronically Signed | 02/12/2024

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F 550	Continued From page 1 §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Complaint # 150996, #153069 Based on observation and interview, it was determined that the facility failed to ensure that the resident dining experience was provided in a	F 550	Residents affected by deficient practice: -The facility failed to ensure that the resident dining experience was provided in a manner to promote the dignity and respect for all residents. The facility failed	

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F 550	Continued From page 2 manner to promote the dignity and respect for all residents. The facility failed to have a system in place to ensure residents who resided in the same room were able to enjoy and share the meal experience at the same time. This deficient practice occurred on 1 of 4 resident units and for 1 of 1 residents reviewed for dignity related to dining (Resident #11) and was evidenced by the following: On 01/05/24 at 1:26 PM, Resident #11 reported to the surveyor that there were delays in the meal tray being delivered. When asked to elaborate, Resident #11 revealed that dinner would be delivered close to 6:30 PM. The resident stated, NJ Exec Order 26.4b1," was NJ Exec Order 26.4b1 and that it NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1". The resident added, "NJ Exec Order 26.4b1 On 01/09/24 at 12:59 PM, the surveyor observed the resident sitting in the room, with the head down. The resident stated it would be almost 2:00 PM when he/she would get the lunch tray. At 1:00 PM, the surveyor observed staff wheeling the NJ Ex O floor food cart on the floor, and assisted the roommate with the lunch meal. Resident #11 was sitting in the room waiting for his/her meal. On 01/12/24 at 7:00 AM, the survey team observed the meal delivery process on 4 of 4 resident units. According to the Dining Report dated NJ Ex Order 26.4(b provided by the facility, residents who shared the same room and received the meals in the room were not provided with the opportunity to share and enjoy the meal experience at the same time. On the NJ Exec floor the surveyor verified that Resident #39 and #11 shared the same room. Resident #39's meal tray	F 550	to have a system in place to ensure residents who resided in the same room were able to enjoy and share the meal experience at the same time This deficient practice occured on 1 of 4 resident units for 1 of 1 residents reviewed for dignity related to dining (Resident #11). Identify those individuals who could be affected by the deficient practice: -All residents have the potential to be affected by the deficient practice. -Resident #11 was provided with a revised tray delivery schedule, to ensure meals to be provided at the same time as their roommate. What corrective action will be accomplished for those residents affected by the deficient practice: -Resident #11 was provided with a revised tray delivery schedule, to ensure meals to be provided at the same time as their roommate. -All affected resident trays were audited for accuracy, to ensure that roommates consume meals at the same time. -All dining service staff re-educated on facility policy for 'Resident Rights/Exercise of Rights' and the importance of ensuring that all roommates are served together for all meals, via truck delivery schedule.	

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F 550	Continued From page 3 would be on the 2nd cart, while resident #11s meal tray would be the 3rd cart. Resident #144 shared the room with Resident #121. Resident #144's meal tray would be on the 2nd cart. Resident #121's on the 3rd cart. On [NJ Exec Order 26.4b] Resident #39 meal tray was delivered at 8:35 AM. Resident #11's meal tray was on the 3rd cart and arrived on the floor at 9:10 AM. Resident #39 was already being assisted and completed the meal while Resident #11 was still waiting. There was a 30 minutes delay between the tray delivery. On 01/12/24 at 11:30 AM, the surveyor interviewed a [U.S. FOIA (b) (6)]) who stated that this was the way the tray delivery was set for the unit. The [U.S. FOIA] stated, "The tray would be late for almost almost every meal and some of the residents would complain but nothing had been done". On 01/12/24 at 12:45 PM, the surveyor interviewed the [U.S. FOIA (b) (6)] who stated that the residents who ate in the dining room and the diabetic residents received their meals from the first tray delivery. Then the other residents would receive their meals. On 01/17/24 at 10:12 AM, the survey team conducted an interview with the [U.S. FOIA (b) (6)]) and the [U.S. FOIA (b) (6)]) regarding the meal delivery system. The surveyor informed the [U.S. FO] about the observations that occurred with Resident #11 and Resident #39 who received their meals at different times, although the residents resided in the same room. The [U.S. FO] stated that there were "different patients on different trucks" and stated there were several trucks. The [U.S. FO] confirmed that serving one resident a meal, while another	F 550	Measures of systemic changes to ensure that the deficiencies will not recur: -The Dining Services Director/designee will conduct audits of all truck deliveries for each floor. - The duration of all audits will consist of the completion of auditing 1 meal per unit per month one-time x4 weeks, and then one-time monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeeting over the duration of the audit process. Based on the results of these audits, a decision will be made regaridng the need for continued submission and reporting.	

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F 550	Continued From page 4 resident who resided in the same room and did not have a meal, was a "dignity issue". The U.S. FO stated "usually it is both", residents that are served together, and stated, "for dignity purpose", "they should eat together." The U.S. FO stated that "it maybe, that the one tray could go around the corner (a separate truck) and "it is not in our contract to serve food". The U.S. FO stated once the tray went up, "it is 100% on nursing" after the food was delivered on the cart. The U.S. FO stated "all I can tell you is that I go in order" (room number order), and as long as the tray is on the same floor a meal tray can be on another truck for the second person in the room. The U.S. FO stated, "there is a potential" for residents to not have the same truck deliver both trays. On 01/22/24 at 12:45 PM, the surveyor shared the above concerns with the Administration. The U.S. FOIA (b) (6) stated that the facility was in the process to to offer dining room service to residents. The facility did not provide additional information as to why residents who shared the same room could not receive their meals at the same time and what would occur for residents who chose to eat in their rooms. N.J.A.C 8:39-4.1 (a) 12	F 550		
F 636 SS=D	Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments	F 636		2/7/24

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§483.20(b)(1) Resident Assessment Instrument.
A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following:
(i) Identification and demographic information
(ii) Customary routine.
(iii) Cognitive patterns.
(iv) Communication.
(v) Vision.
(vi) Mood and behavior patterns.
(vii) Psychological well-being.
(viii) Physical functioning and structural problems.
(ix) Continence.
(x) Disease diagnosis and health conditions.
(xi) Dental and nutritional status.
(xii) Skin Conditions.
(xiii) Activity pursuit.
(xiv) Medications.
(xv) Special treatments and procedures.
(xvi) Discharge planning.
(xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS).
(xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.

§483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the

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F 636	Continued From page 6 timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs. (i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.) (iii)Not less than once every 12 months. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed to accurately complete the Minimum Data Set (MDS), an assessment tool to facilitate resident care. This deficient practice was identified for 1 of 35 (Resident #49) reviewed for Resident Comprehensive Assessments and was evidenced by the following: On 01/05/24 at 10:51 AM, the surveyor observed Resident #49 in bed. Resident #49 was observed to have a NJ Exec Order 26.4b1 [redacted] and an NJ Exec Order 26.4b1 covering the NJ Exec Order 26.4b1. There was also an NJ Exec Order 26.4b1, an NJ Exec Order 26.4b1, a NJ Exec Order 26.4b1 to provide NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and a NJ Exec Order 26.4b1. On 01/09/24 at 10:16 AM, the surveyor observed Resident #49 in bed with the NJ Exec Order 26.4b1 in	F 636	Residents affected by deficient practice: The facility failed to accurately complete the Minimum Data Set (MDS), an assessment tool, to facilitate patient care for Resident #49. Identify those individuals who could be affected by the deficient practice: -All residents who necessitate an accurate completion of the Minimum Data Set (MDS), have the potential to be affected by the deficient practice. What corrective action will be accomplished for those residents affected by the deficient practice: -The Minimum Data Set (MDS) for Resident #49 was immediately modified. -MDS Nurses re-educated on the policy for MDS completion and submission time frames. -Facility wide audit will be conducted by the MDS Nurses, to check on coding	

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F 636	Continued From page 7 place, NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1, NJ Exec Or, the NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and a NJ Exec Order 26.4b1. On 01/16/24 at 10:15 AM, the U.S. FOIA (b) (6)) providing direct care for the resident, stated Resident #49 required NJ Exec Order 26.4b1 through an NJ Exec Order 26.4b1 and had a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. A review of the Admission Record revealed that Resident #49 had been admitted to the facility with diagnoses which included but were not limited to; NJ Exec Order 26.4b1. A review of the most recent quarterly MDS, dated NJ Exec Order 26.4b, included but was not limited to; documentation that a Brief Interview for Mental Statu NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 were all left blank. The options were if the resident required them on admission, while a resident, or at discharge. The Section NJ Exec Order 26.4b1, was also entered as NJ Exec Order 26. The previous quarterly MDS, dated NJ Exec Order 26.4, included but was not limited to; BIMS NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 were both completed while a resident at the facility. A review of the Medication Administration Record (MAR), dated NJ Exec Order 26.4b through NJ Exec Order 26.4b, included but was not limited to; resident requires NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 every shift order dated NJ Exec Order 26.4b and had been signed by staff on all three shifts from NJ Exec Orde through NJ Exec Order 26 day shift, as	F 636	accuracy for all patients with G tubes, oxygen, foley catheters and tracheostomies. Measures or systemic changes to ensure that the deficiencies will not recur: -Facility will conduct chart audits monthly for accuracy and completion of MDS assessments. -The duration of all audits will consist of the completion of auditing 4 charts for accuracy and completion of MDS assessments, one-time per week x4 weeks; and then 2x monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeting over the duration of the process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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administered. A review of the Treatment Administration Record (TAR) dated NJ Exec Order 26.4 through NJ Exec Order 26.4b, included but was not limited to; NJ Exec Order 26.4b1 in the morning every Tue [Tuesday] for NJ Exec Order 26.4b1 weekly order dated NJ Exec Order 26 and signed by staff as having been administered. NJ Exec Order 26.4b1 every shift for NJ Exec Order 26.4b1 order dated NJ Exec Order 26.4b and signed by all three shifts as having been administered. A review of the "Order Summary Report" included but was not limited to; an order dated NJ Exec Order 26, to change NJ Exec Order 26.4b1; an order dated NJ Exec Order 26, NJ Exec Order 26.4b1 every shift; an order dated NJ Exec Order 26.4b, NJ Exec O as needed; and an order dated NJ Exec Order 26.4b, NJ Exec Order 26.4b1 every shift. A review of the resident-centered care plan included but was not limited to; a focus area of has a NJ Exec Order 26.4b1 r/t [related to] NJ Exec Order 26.4b1 with interventions that included but were not limited to NJ Exec Order 26.4b1; NJ Exec Order 26.4b1; NJ Exec Order 26.4b1; and what to do if the NJ Exec Order 26.4b1 were to NJ Exec Order 26.4b1.

A review of the Interdisciplinary Care Conference Progress Note dated NJ Exec Order 26.4b, included but was not limited to; resident required NJ Exec Order 2 with NJ Exec Order 26.4b1 and was followed by NJ Exec Order 26.4b1

A review of the NJ Exec Order 26.4b1 Progress Note dated NJ Exec Order 26.4b, included but was not limited to; NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 ... ... recommendations: continue NJ Exec Order 26.4b1, NJ Exec Order 26 pt [patient] as needed.

On 01/22/24 at 10:03 AM, both of the facility MDS

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coordinators in the presence of the survey team, were interviewed. MDS #1 stated that the process of completing the MDS/resident assessments was by obtaining information from progress notes, doing their own assessments, interviews with the resident and staff, and reviewing pain. MDS #1 stated, "we actually see the resident" and obtain information from the direct care staff. When asked about Resident #49's NJ Exec Order 26,4b1 and NJ Exec Order 26; MDS #2 stated, "yes" the current MDS should have reflected that care.

On 01/22/24 at 12:03 PM, MDS #1 stated that the MDS "was coded incorrectly" and required a modification.

A review of the facility provided, "MDS Nurse" job description, undated, included but was not limited to; Purpose: to provide professional nursing experience in performing assessments and completing the MDS in accordance with established nursing standards ..... Job Functions: routinely assess residents according to pre-set schedules, or "as needed" basis for changes in condition; responsible for accurate observation, assessment, and communication of condition changes; initiation and completion of MDS in a timely and accurate manner; and document in the resident's record an accurate description of the assessment of resident and care needs.
A review of the facility provided, "MDS Completion and Submission Timeframes", reviewed 1/2023, included but was not limited to; 1. The Assessment Coordinator or designee is responsible for ensuring the resident assessments are submitted ... ...in accordance with current federal and state guidelines.

On 01/22/24 at 1:43 PM, the above concerns

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F 636	Continued From page 10 were addressed with the facility. The facility had no additional documentation to provide. NJAC 8:39-11.1	F 636		
F 657 SS=E	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: Complaint #152906	F 657	Residents affected by deficient practice: The facility failed to ensure the facility	2/7/24

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F 657	Continued From page 11 Based on observation, interview, record review and review of facility provided documents, it was determined the the facility Interdisciplinary Team failed to ensure the facility policy was followed to ensure the Person-Centered Care Plan was revised to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being by including interventions that accurately reflected the resident status and to ensure the resident was involved in the care planning process. The deficient practice was identified for 2 of 35 resident's reviewed for Comprehensive Care Plan (Resident #97 and Resident #101) and was evidenced by the following: a) On 01/10/24 at 8:45 AM, Surveyor #2 observed Resident #97 in their room sitting in a wheelchair. The surveyor observed a large disposable cup that was full of a clear liquid. Resident #97 NJ Exec Order 26.4b1 . On 01/11/25 at 8:48 AM, Surveyor #2 observed Resident #97 sleeping in bed. The surveyor observed there was a large disposable cup on the overbed table. The surveyor picked up the cup which was full of liquid. The meal ticket documented NJ Exec Order 26.4b1 A review of the medical records revealed that Resident #97 had diagnoses which included but were not limited to; NJ Exec Order 26.4b1 . A review of the Order Summary Report included but was not limited to; an 'NJ Exec Order 26.4b1 order dated NJ Exec Order 26.4, for a NJ Exec Order 26.4b1	F 657	policy was followed to ensure a person-centered care plan was revised to attain the resident's highest practicable physical, mental, and psychosocial well-being by including interventions that accurately reflected the resident status and to ensure the resident was involved in the care planning process. This deficient practice was identifed for 2 of 25 residents (Resident #97 and Resident#101). Identify those individuals who could be affected by the deficient practice: -All residents have the potential to be affected by the deficient practice. -The residents affected care plans were reviewed nad revisions made to ensure individualized care. What corrective action will be accomplished for those residents affected by the deficient practice: -Resident #97's care plan was immediately reviewed and updated to include accurate NJ Exec Order 26.4b1. -Resident #101's care plan was immediately reviewed and signed by resident -All resident's care plans were reviewed for accuracy. No concerns noted. -All nursing staff re-educated on facility policy for 'Resident Participation-Assessment/Care Plans' and 'Care Plans, Comprehensive Person-Centered' and the importance of updating care plans timely; and reviewing care plans with residents.	

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F 657	Continued From page 12 NJ Exec Order 26.4b1 every shift for NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 . A review of the resident-centered on-going care plan reviewed on NJ Exec Order 26.4b, included but was not limited to; a focus area of potential for NJ Exec Order 26.4b1 r/t [related to] NJ Exec Orde date initiated NJ Exec Order 26.4b. Interventions included but were not limited to; follow NJ Exec Order 26 as ordered by NJ Exec Order 26.4b1 date initiated NJ Exec Orde. Ensure that all NJ Exec Order 26.4b1 offered .... Comply with NJ Exec Order 26.4b1. A review of the NJ Exec Progress Notes (PN) revealed the following: date NJ Exec Order 26.4b NJ Exec Order 26.4b1 . Care Plan updated. date NJ Exec Order 26.4, NJ Exec Order 26.4b1 updated. date NJ Exec Order 2, NJ Exec Order 26.4b1 Care Plan updated. date NJ Exec Order 26.4, NJ Exec Order 26.4b1 Care Plan updated. date NJ Exec Order 26.4, NJ Exec Order 26.4b1 Care Plan updated. date NJ Exec Order 26.4, NJ Exec Order 26.4b1 . Care Plan updated. On 01/11/24 at 10:46 AM, the U.S. FOIA (b) (6) responsible for Resident #97's care, confirmed that the resident was on NJ Exec and that the amount was noted on the NJ Exec Order 26.4b1. On 01/18/24 at 11:14 AM, the NJ Ex in the presence of the survey team, stated that she participates in resident care planning and that her responsibility would be NJ Exec Order 26.4b1, and	F 657	Measures or systemic changes to ensure that the deficiencies will not recur: -The Director of Nursing/Unit Manager/Designee will conduct audits of 8 random residents that require a flui restriction or a care plan review. -Audits will be completed one-time weekly x4 weeks then monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meetings over the duration of the audit process, to ensure compliance and reassessed for further action.	

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F 657	Continued From page 13 [redacted]. She stated that if there were a change in those things, she would update the care plan. The [redacted] further stated it was important to keep the care plan updated because it ensures the most up to date care for the resident. On 01/22/24 at 8:48 AM, the [redacted] stated that resident care plans are revised as needed and quarterly. She stated that the Unit Manager was responsible as was each respective department to revise the care plans as needed. The [redacted] further stated the care plan represents what care the resident was being provided and that the care plans were "patient centered". A review of the facility provided, "Dietitian" job title, undated, included but was not limited to; Duties and Responsibilities applies knowledge ..... to develop and implement care plans appropriate to patients' needs. Provides and maintains accurate documentation, pertinent reports, and statistics on nutrition care activities. Develops specific nutritional care plans based on patient's age, nutritional assessment, diagnosis ... . A review of the facility provided, "Director of Nursing" job description, undated, included but was not limited to; "encourage resident and their families to participate in the development and review of care plans. Ensure that all nursing services personnel are aware of the care plans and that care plans are used in providing daily nursing services to the resident. Review nurse notes and monitor resident to determine if the care plans are being followed and if each resident's needs are being met, and , participate in assessing, reviewing and revising care plans as required."	F 657		

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A review of the facility provided, "Assistant Director of Nursing" job description, undated, included but was not limited to; "coordinate services effecting resident care, working cooperatively with other department health care team members to provide the best quality resident care through involvement in patient care planning."

A review of the facility provided, "Staff Nurse RN (Registered Nurse)" job description, undated, included but was not limited to; "develops a nursing care plan, individualizing the care, revises the plan as necessary. Routinely assess the total needs of the residents and adjust care plans as needed. Reviews care plan daily to ensure that appropriate care is being rendered."

A review of the facility provided, "Staff Nurse" job description, undated, included but was not limited to; "develops a nursing care plan, individualizing the care, revises the plan as necessary. Routinely assesses the total needs of the residents and adjust Care Plans as needed. Reviews care plan daily to ensure that appropriate care is being rendered."

b) On 01/10/24 at 8:00 AM, the surveyor reviewed Resident #101's electronic medical record which revealed the resident was discharged to the [redacted] on [redacted]. A Social Service note dated [redacted] at 10:47 AM, revealed the social worker received a call from a [redacted] and [redacted] company who was requesting [redacted]. The resident's most recent annual Minimum Data Set (MDS), an assessment tool, dated [redacted], revealed the resident scored [redacted]/15 on the Brief

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Interview of Mental Status (BIMS) which was NJ Exec Order 26.4b1. Additionally, the MDS revealed the resident had NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. Section GG indicated the resident was NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 and required NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1. The admission record indicated the resident had a NJ Exec Order 26.4b1 A review of the current and resolved Care Plan revealed a Focus area for NJ Exec Order 26.4b1 due to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 ... Initiated NJ Exec Order 26.4b1, and Target Date of NJ Exec Order 26.4b1. Goals included the resident will remain free of NJ Exec Order 26.4b1, including NJ Exec Order 26.4b1 ... Initiated on NJ Exec Order 26.4b1, Revised NJ Exec Order 26.4b1 with a target date NJ Exec Order 26.4b1, and goals included that the resident will demonstrate the appropriate use of NJ Exec Order 26.4b1 wheelchair with NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 through the review date. Resident can NJ Exec Order 26.4b1. Initiated NJ Exec Order 26.4b1, Revised NJ Exec Order 26.4b1 with a Target Date of NJ Exec Order 26.4b1. A Care Plan for Activity of Daily Living (ADLs) NJ Exec Order 26.4b1 was initiated NJ Exec Order 26.4b1 with goals that included Resident will NJ Exec Order 26.4b1 in ADLs through the review date, initiated NJ Exec Order 26.4b1 and Revised NJ Exec Order 26.4b1 with a target date of NJ Exec Order 26.4b1. An Intervention included NJ Exec Order 26.4b1. Resident is NJ Exec Order 26.4b1 on staff to provide NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1, Resident "NJ Exec Order 26.4b1".

On 01/11/24 at 11:49 AM, the surveyor interviewed the social worker (SW #1) who documented the note and she proceeded to review her documentation. The SW #1 stated that she was asked to fax the document over and "I believe NJ Exec Order 26.4b1 was to follow up with that". The

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U.S. FOIA (b) (6)) was present and stated that would be handled between the NJ Exec Order 26.4b1. The surveyor asked the U.S. FOIA if the NJ Exec Order 26.4b1 was discussed in a care conference and if there was other documentation to provide to the surveyor. The U.S. FOIA stated, she left messages for the family and the family doesn't respond and stated the NJ Exec Order 26.4b1 ". The surveyor asked the U.S. FOIA to provide the most recent resident assessment. When asked what the U.S. FOIA was responsible for, the U.S. FOIA stated she was responsible to complete the BIMS NJ Exec Order 26.4b1 and NJ Exec Order assessment. The Interdisciplinary Care Conference note dated NJ Exec Order 26.4b revealed NJ Exec Order 26.4b1 were checked off as being in attendance at the meeting and the Resident was left blank. The Nursing Problems/Needs revealed the resident is "NJ Exec Order 26.4b1 NJ Exec O ". The NJ Exec Order section revealed Problems/Needs, NJ Exec Order 26.4b1 and the Evaluation/Goals section revealed NJ Exec Order 26.4b1 on NJ Exec Order 26 due to patient NJ Exec Order 26.4b1 ". The U.S. FOIA confirmed that there was nothing documented in the medical record regarding the NJ Exec Order 26.4b1 and if the resident had been made aware that he/she NJ Exec Order 26.4b1 . The NJ Exec Order 26.4b1 documentation was not available to the surveyor in the EMR.

On 01/11/24 at 11:58 AM, the surveyor went to the NJ Exec Order 26.4b1 Department to request any documentation. The surveyor interviewed the NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1. The NJ Exec O stated that the

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resident had not NJ Exec Order 26.4b1 since NJ Exec Order 26. The NJ Exec Order 26.4b1 provided the surveyor with a NJ Exec Order 26.4b1 Note, came in and showed the surveyor notes on NJ Exec Order 26 pt note that resident reported NJ Exec Order 26.4b1 and NJ Exec Order 26.4 The surveyor requested any documentation regarding a meeting with the resident/Interdisciplinary team regarding resident goals.

On 01/12/24 at 10:28 AM, the surveyor observed Resident #101 in his/her room in the bed and the resident stated he/she came back on NJ Exec Order 26.4b. The surveyor inquired if the resident was ever NJ Exec Order 26.4b1. The resident stated that the facility never informed him/her or provided any explanations regarding why he/she NJ Exec Order 26.4b1. The resident further stated that NJ Exec Order 26 was stopped without providing information. The surveyor inquired if the resident NJ Exec Order 26.4b1. Resident #101 stated that there was not enough staff to get NJ Exec Order 26.4b1. When asked how the resident was aware that there was not enough staff, the resident stated, "NJ Exec Order 26.4b1

On 01/22/24 at 8:33 AM, the surveyor interviewed Resident #101, who was in bed. The surveyor asked the resident if he/she had attended a care conference meeting. The resident stated, NJ Exec, when asked about having a shower, the resident stated NJ Exec Order 26.4b1 NJ Exec Order 26.4b1".

On 01/22/24 at 8:48 AM, the surveyor interviewed the U.S. FOIA (b) (6) regarding Resident #101 receiving a shower. The U.S. FOIA (b) (stated the resident was scheduled on Tuesday and Friday from 11:00 PM to 7:00 AM

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and showed the surveyor the shower book and then printed out the Shower/Bathing documentation which revealed the following entries: NJ Exec Order 26.4b1 were left blank and shower and reason not available were blank. Tuesday and Thursday, NJ Exec Orde and NJ Exec Order 26.4b were not documented as the assigned shower day.

On 01/22/24 at 9:16 AM the surveyor asked U.S. FOIA (b) (to show surveyor where to find the information regarding a shower. The U.S. FOIA (b) (could not locate documentation in the U.S. FOIA (b) (6)) or the medical record regarding the resident being provided a shower. The surveyor asked if the resident had refused, and the U.S. FOIA (b) (stated she did not see any documentation regarding a refusal. The U.S. FOIA (b) (stated Resident #101 NJ Exec Order 26.4b1

On 01/22/24 at 9:30 AM, the surveyor interviewed Resident #101 regarding being offered a shower and he/she stated, 'NJ Exec Order 26.4b1 and the resident stated NJ Exec Order 26.4b1 . The surveyor asked the resident about using a NJ Exec Order 26.4b1 and the resident stated, that he/she had NJ Exec Order 26.4b1 ".

On 01/22/24 at 10:29 AM, the surveyor interviewed the U.S. FOIA (b) (regarding any care plan meeting held. The U.S. FOIA (b) (stated the most recent meeting was held between her and the nurse. The U.S. FOIA (b) (stated there were "no issues, no questions" about nursing. The surveyor asked what the purpose of the Care Conference was and the U.S. FOIA (b) (stated "it was an overall update of the resident", "it is an overview of the resident

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was doing, any questions, etc." The U.S. FOIA (b) (stated the Care Plan is what the resident "needs and what is focused on" that someone should be able to look at it and know what the resident needs. The U.S. FOIA (b) (stated, "I don't print the care plan out and review with the resident". The surveyor asked where it was documented that the nurse reviews the care plan and the U.S. FOIA (b) (stated she doesn't know and doesn't know how it is reviewed. The U.S. FOIA (b) (stated I cannot say if it was reviewed or not because I don't bring it in the room to be reviewed. She only reviews her specific section.

On 01/22/24 at 10:35 AM, the surveyor asked U.S. FOIA (b) (6)) in the presence of the survey team what the nursing responsibility regarding the Care Plan was and what dictated the care the resident received. The U.S. FOIA (stated, the U.S. FO supervisor was responsible for the baseline care plan and baseline care plan and each department completes their section, "all patient centered", on admission and on quarterly meetings and anytime there is a change per U.S. FOIA (b The Care Plan is officially reviewed with the resident in the IDT quarterly meetings, it is important to review the care plan with the resident since it is patient centered. The U.S. FOIA (stated the resident received a written copy of the care plan, and it is the responsibility for the team to review each piece of the care plan. The U.S. FOIA (stated that every time the care plan was revised that the resident was provided a copy and there will be a copy in the paper record.

On 01/22/24 at 10:48 AM, the surveyor interviewed the U.S. FOIA (b) (about the resident Care Plans. The U.S. FOIA (b) (stated she participated in the care conferences and reviewed the Care Plans. The surveyor asked U.S. FOIA (b) (if she reviewed

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Resident #101's CP, "not in its entirety, though". The surveyor asked if she had a meeting with Resident #101 regarding the CP and she stated, "no, I did not". When asked if she was responsible for reviewing the CP with the resident and she stated that she was never informed about the need to do that. The [U.S. FOIA (b) (] stated she met with Resident #101, not to go over the CP line by line and stated she never discussed that.

On 01/22/24 at 10:54 AM, the [U.S. FOIA (b) (] to accompany the surveyor to Resident #101's room. The surveyor asked the resident if he/she received any showers. The resident [NJ Exec Order 26.4b1] The resident stated that he/she [NJ Exec Order 26.4b1] The [U.S. FOIA (b) (] stated that maybe the resident doesn't like the [NJ Exec Order 26.4b1]. The resident described the [NJ Exec Order 26.4b1] and stated that he/she had [NJ Ex] and the [U.S. FOIA (b) (] confirmed that she was not aware that the resident did not receive a shower.

On 01/22/24 at 12:33 PM, the surveyor interviewed the [U.S. FOIA] assigned to Resident #101 and asked if the resident [NJ Exec Order 26.4b1]. The [U.S. FOIA] stated before the resident used to get [NJ Exec Order 26.4b1]. The [U.S. FOIA] stated the resident [NJ Exec Order 26.4b1] and then [NJ Exec Order 26.4b1] when the next shift came in.

On 01/22/24, at 12:24 PM, the [U.S. FOIA (b)] provided the surveyor with [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] Notes that the surveyor did not have access to. The [NJ Exe] Evaluation and Plan of Treatment was dated for a certification period of [NJ Exec Order 26.4b1] through [NJ Exec Order 26.4b1], and the Assessment revealed

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Resident NJ Exec Order 26.4b1. "NJ Exec Order 26.4b1 ", Clinical impressions/reason for skilled services: NJ Exec Order 26.4b and transfers and nursing is aware of this. Patient will not need any further NJ Exec Order 26.4b1 treatment.

On 01/22/24 at 1:06 PM, the surveyor interviewed the NJ Exec Order 26.4b1 Director (NJ Exec), in the presence of the team regarding the NJ Exec Order 26.4 Physician Order for Resident #101 for a NJ Exec Order 26.4b1 evaluation and treatment, dated NJ Exec Order 26.4b. The NJ Exec stated that the NJ Exec completed an "evaluation only" due to the resident's NJ Exec Order 26.4b1 and she did not think that the resident NJ Exec Order 26.4b1 I asked what the goals were for the resident and the NJ Exec stated "NJ Exec Order 26.4b1 When the surveyor asked the NJ Exec what the Care Plan was for, she stated it is a communication tool between everybody. The surveyor asked the NJ Exec if the care plan has been updated and she stated, "no". The NJ Exec stated the NJ Exec Order 26.4b1 are "not added to the care plan", they are in the NJ Exec Order 26. notes. The NJ Exec stated it is the responsibility of the IDT to put the NJ Exec Order 2 notes in the Care Plan. The NJ Exec then asked the surveyor, "do you want me to copy and paste the NJ Exec Order 26.4b1 goals into the Care Plan? The NJ Ex then again confirmed the Care Plan was not updated.

On 01/22/24 at 1:43 PM, the above concerns were addressed to the facility administration.

On 01/23/24 at 9:38 AM, the U.S. FOIA stated that Resident #97's care plan was now revised to reflect the NJ Exec Order 26.4b1 that had been ordered on NJ Exec Order 26.4b

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F 657	Continued From page 22 A review of the following facility provided policies revealed: 1. Resident Participation-Assessment/Care Plans, Adopted 11/2018; Policy Statement: The resident and his or her representative are encouraged to attend and participate in the resident's assessment and in the development of the resident's person-centered care plan. 3. The resident/representative's right to participate in the development and implementation of his or her plan of care includes the right to: a. Particpate in the planning process; d. Request revisions; e. Participate in establishing his or her goals and expected outcomes of care; f. Participate in the type, amount, frequency and duration of care; g. Receive the services and/or items included in the care plan; h. Refuse, request changes to and/or discontinue care or treatment offered or proposed;, j. Have access to and review the care plan; and k. Be informed of, review and sign the care plan after any significant changes are made. 2. Care Plans, Comprehensive Person- Centered, Adopted 11/2018; Policy Statement: A comprehensive, person-centered care plan includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. 1. The IDT team, in conjunction with the resident and his/her family, develops and implements a comprehensive, person centered care plan for each resident. 5. The resident will be informed of the right to participate in their treatment. 8.b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.; j. Reflect the resident's	F 657		

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F 657	Continued From page 23 expressed wishes regarding care and treatment goals.; n. Enhance the optimal functioning of the resident by focusing on a rehabilitative program.; 13. Assessments of residents are ongoing and care plans are revised as information about the resident's and the residents' condition changes. The Nurse Manager Job Description revealed: Specific Job Funtions, Oversees or initiates care plans based upon resident needs identified in the Resident Assessment Protocols and for updating care plans according to Federal and State Guidelines. NJAC 8:39-11.2, 12.1, 13.2	F 657		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of documentation, it was determined that the facility failed to transcribe and document in the Medical Administration Record (MAR) or Treatment Administration Record (TAR) a physician's telephone order for NJ Exec Order 26.4b1. This deficient practice was identified for Resident #97, 1 of 2 residents reviewed for NJ Exec Order 26.4b1 and was evidenced by the following: Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states:	F 658	Residents affected by deficient practice: The facility failed to transcribe and document in the medication administration record (MAR) or treatment administration record (TAR), a physician's telephone order for NJ Ex Order 26.4b1. This deficient practice was identified for 1 of 2 residents (Resident #97) reviewed for NJ Ex Or [redacted]. Identify those individuals who could be affected by the deficienet practice:	2/7/24

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F 658	Continued From page 24 "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." On 01/10/24 at 8:45 AM, the surveyor observed Resident #97 in their room sitting in a wheelchair. The surveyor observed a large disposable cup that was full of a clear liquid. Resident #97 NJ Exec Order 26.4b1 . On 01/11/25 at 8:48 AM, the surveyor observed Resident #97 sleeping in bed. The surveyor observed there was a large disposable cup on the overbed table. The surveyor picked up the cup which was full of liquid. The meal ticket documented NJ Exec Order 26.4b1 A review of the medical records revealed that	F 658	-All residents with fluid restrictions have the potential to be affected by the deficient practice. What corrective action will be accomplished for those residents affected by the deficient practice: -Resident #97's order was immediately updated for documentaion on the MAR. -All residents on fluid restriction orders reviewed and ensured orders include amount in mLs documented on the MAR. -All nursing staff re-educated on facility policy for 'Telephone Orders' and 'Encouraging and Restricting Fluids', with emphasis on 'the amount (in mLs) of fluids consumed by the resident during the shift' documented on the MAR or TAR. Measures or systemic changes to ensure that the deficiencies will not recur: -The Director of Nursing/Unit Manager/Designee will conduct audits of 6 random residents that require a fluid restriction, with emphasis on 'the amount (in mLS) of fluids consumed by the residenet during the shift' documented on the MAR or TAR. Audits will be completed one-time weekly x4 weeks then monthly x2 months. - Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meetings, over the duration of the audit process, to ensure compliance and reassessed for further action.	

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Resident #97 had diagnoses which included but were not limited to; NJ Exec Order 26.4b1 [redacted]. A review of the Order Summary Report included but was not limited to; an 'NJ Exec Order 26.4b1 order dated NJ Exec Order 26.4b, for NJ Exec Order 26.4b1 [redacted] every shift for NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 [redacted]. A review of the resident-centered on-going care plan reviewed on NJ Exec Order 26.4b1 included but was not limited to; a focus area of NJ Exec Order 26.4b1 [redacted] date initiated NJ Exec Order 26.4b. Interventions included but were not limited to; NJ Exec Order 26.4b1 [redacted] date initiated NJ Exec Order 2 Ensure that all NJ Exec Order 2 and NJ Exec Order 26.4b1 offered .... Comply with NJ Exec Order 26.4b1. A review of the quarterly Minimum Data Set (MDS) an assessment tool used to facilitate resident care, dated NJ Exec Order 26.4b included but was not limited to; Section C. NJ Exec Order 26.4b1 a Brief Interview for Mental Status (BIMS) score of NJ Exec 15 which indicated the resident had NJ Exec Order 26.4b1. Section E. NJ Exec Order 26.4b indicated the resident did not NJ Exec Order 26.4b1. A review of Section GG. NJ Exec Order 26.4b1, A. NJ Exec Order, indicated NJ Exec O NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1. Section K. NJ Exec Order 26.4b1 indicated the resident required a NJ Exec Order 26.4b1 [redacted]. Section O. NJ Exec Order 26 indicated the resident was receiving NJ Exec Order 26.4b1.

On 01/11/24 at 10:46 AM, the U.S. FOIA (b) (6) [redacted]) responsible for Resident #97s care,

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confirmed that the resident was on [redacted] and that the amount was noted on the meal ticket.

On 01/18/24 at 12:29 PM, the surveyor observed Resident #97 in his/her room eating lunch. The surveyor observed a small cup with juice, a plastic hot cup with coffee, and a disposable large cup full of water. At that time, a Certified Nursing Assistant (CNA) #1 outside of the resident's room. CNA #1 stated that if a resident was on [redacted], it would be her responsibility to check the tray meal ticket and be sure the [redacted] match the meal ticket. She further stated that information would not be documented anywhere.

On 01/18/24, the surveyor reviewed copies of Resident #97's MARs and TARs ranging from [redacted] through [redacted] which included the following information:

[redacted]: the MAR consisted of 11 pages and the TAR consisted of 7 pages. The [redacted] was not entered on the MAR or TAR and the [redacted] was not being documented on each shift.

[redacted] the MAR consisted of 10 pages and the TAR consisted of 8 pages. The [redacted] was not entered on the MAR or TAR and the [redacted] was not being documented on each shift.

[redacted] the MAR consisted of 11 pages and the TAR consisted of 8 pages. The [redacted] was not entered on the MAR or TAR and the [redacted] was not being documented on each shift.

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On 01/22/24 at 8:28 AM, CNA #2 stated Resident #97 would receive a water cup every shift and that she was aware the resident was on [NJ Exec O] [redacted]. CNA #2 further stated that she was "[NJ Exec Order 26.4b1 redacted]" and should be documented in the electronic medical record.

On 01/22/24 at 8:30 AM, LPN #1 stated that the CNAs knew what to do regarding [NJ Exec O] [redacted]. LPN #1 and the surveyor went to Resident #97's room and both observed a large disposable cup. LPN #1 picked up the cup and acknowledged it was full of water and [NJ Exec Order 26.4b1 redacted]

On 01/22/24 at 8:36 AM, the interim [U.S. FOI redacted]) stated that [NJ Exec Order 26.4b1] were posted at the nursing desk for all to see. The [U.S. FO redacted] stated that CNAs were to check with the nurses regarding [NJ Exec O redacted]. She further stated that Resident #97 being provided [NJ Exec Order 26.4b1] was [NJ Exec Order 26 redacted]. The [U.S. FO redacted] stated that the nurses would document in the MAR how much [NJ Exec O redacted] per shift the resident would get so that all staff were aware and that it should also be reflected in the care plan.

On 01/22/23 at 8:48 AM, the [U.S. FOIA (b) (6) redacted] stated that each floor had noted on the assignments which residents were on a [NJ Exec O redacted] and that anyone with a [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] at the bedside.

At 10:35 AM, during another interview in the presence of the survey team, the [U.S. FOIA redacted] stated that the nurses should be documenting in the electronic medical record what [NJ Exec Order 26.4b1] the

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resident had that shift.

A review of the facility provided, "Director of Nursing" job description, undated, included but was not limited to; "review nurses' notes to ensure proper documentation is maintained relating to residents treatment, medications, and condition." ... ensure that all nursing services personnel are performing their respective duties. Is responsible for making daily rounds for observation of the care of residents .... Review nurse notes and monitor resident to determine ..... if each resident's needs are being met.

A review of the facility provided, "Assistant Director of Nursing" job description, undated, included but was not limited to; ensure that all nursing personnel are following their respective job descriptions. Assure that standards of nursing practice are of the highest quality consistent with standard of professional practice. Ensure services and activities can be adequately maintained to meet the needs of the residents.

A review of the facility provided, "Staff Nurse RN [Registered Nurse]" job description, undated, included but was not limited to; provide direct nursing care under the medical direction and supervision of the attending physicians, the DON, and the Medical Director. Documents accurately in resident chart .... Receives and transcribes written, verbal and telephone orders to the chart, MAR, TAR, ... and assures execution of same and communicate with appropriate department as needed. Review the resident's chart for treatments, medication orders. Responsible for interpretation and execution of physician's orders ..... makes at least daily rounds to observe and evaluate the residents. Observe and assure that

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residents are served diets as prescribed .....

A review of the facility provided, "Staff Nurse" job description, undated, included but was not limited to; perform all assigned tasks .... Documents accurately in resident chart ... ... receives and transcribes written, verbal and telephone orders to the chart, MAR, TAR ... and assures execution of same and communicate with appropriate department as needed. Review the resident's chart for treatments, medication, diet orders as necessary. Makes rounds at least daily to observe and evaluate resident care. Is responsible for accurate observation, evaluation, and reporting of the residents.

A review of the facility provided, "Certified Nursing Assistant" job description, undated, included but was not limited to; participate in and receive nursing report, maintain intake, and output records as instructed, record the residents' food/fluid intake.

A review of the facility provided, "Telephone Orders" policy reviewed 01/2023, included but was not limited to; 1. Verbal telephone orders must be reduced to writing and recorded in the resident's medical record.

A review of the facility provided, "Encouraging and Restricting Fluids" policy updated 01/2023, included but was not limited to; Purpose: to provide the resident with the amount of fluid necessary to maintain optimum health. Preparation: verify there is a physician's order. Review the care plan and/or the daily assignment. General Guidelines: Follow specific instructions concerning fluid intake or restrictions. Be accurate when recording fluid intake. When a

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F 658	Continued From page 30 resident has been placed on fluid restriction, remove the water pitcher and cup from the room, if the resident refuses notify the supervisor and physician. Be sure to record an intake and output. Documentation: The amount of fluid consumed by the resident during the shift. If a resident refuses, the reason why and interventions. The signature and title of the person recording the data. On 01/22/24 at 1:43 PM, the above concern regarding the failure to enter the physician's order on the MAR or TAR, to document the NJ Exec O [redacted] on each shift, and keeping water at the bedside, was addressed with the facility administration. On 01/23/24 at 9:38 AM, the facility provided additional added information which failed to provide the documentation of the NJ Exec Order 26.4b1 amount per shift. The information above and the newly provided information failed to follow the facility policy and standards of professional practice.	F 658		
F 677 SS=E	NJAC 8:39-27.1(a)(b) 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: Complaint # 152805, # 153069 Based on observation, interview, review of	F 677	Residents affected by deficient practice: The facility failed to consistently provide appropriate Activities of Daily Living	2/7/24

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F 677	Continued From page 31 records, and review of pertinent documents, it was determined that the facility failed to provide NJ Exec Order 26.4b1 care, and NJ Exec Order 26.4 care for 3 of 5 residents (Resident #39, #106 and Resident #144) reviewed for Activities of Daily Living (ADL). The deficient practice was evidenced by the following: 1. On 01/05/24 at 11:57 AM, the surveyor observed Resident #39 in bed, the head of the bed was elevated, the resident NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The resident's hands were NJ Exec Order 26.4b1 and NJ Exec Order. The NJ Exec Or were observed to be NJ Exec Order 26.4b1 On 01/09/24 at 9:41 AM, the surveyor observed the resident in NJ Exec Order 26.4b1 when approached and was NJ Exec Order 26.4b1. The bed was in a low position, the NJ Exec C were noted to be NJ Exec Order 26.4 01/10/24 at 8:50 AM, the surveyor observed in bed, NJ Exec Order 26.4b1 Head of bed elevated and NJ Exec Or. The NJ Exec Order 26.4b1 were NJ Exec Order 26.4b1. On 01/10/24 at 12:30 PM, the surveyor reviewed Resident #39's medical record. The Admission Face Sheet (an admission summary) reflected that Resident # 39 was admitted to the facility with diagnoses which included but were not limited to: NJ Exec Order 26.4b1.	F 677	(ADLs) care, for residents who were dependent on stdaff asssitance for crae, by failing to provide; a) NJ Exec Order 26.4b1 and b) NJ Exec Order 26.4b1. This deficient practice was identified for 3 of 5 dependent residents (Resident #39, #106, and Resident #144). Identify those individuals who could be affected by the deficient practice: -All dependent residents have the potential to be affected by the deficient practice. What corrective action will be accomplished for thoses residents affected by the deficient practice: NJ Exec Order 26.4b1 completed for Residents #39, #106 and #144. -Resident #'s 39, 106 and 144 had NJ Exec Ord and NJ Exec Order 26.4b1 immediately. -Resident #106 had NJ Exec care, NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 provided immediately. -Resident #144 was immediately NJ Exec Order 2; NJ Exec Order 26.4b1 -All nursing staff re-educated on facility policy for 'Activities of Daily Living (ADL) Support,' and emphasis of the importance of single use of briefs, providing nail care, providing foot care, providing colostomy care, and getting residents out of bed daily. - Certified Nursing Assistants re-educated on the NJ Ex Order 26.4 (Resident Care Schedule)	

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F 677	Continued From page 32 The Annual Minimum Data Set (MDS) a resident assessment tool used by the facility to prioritize care, dated [redacted], revealed that Resident #39 was [redacted]. Resident #39 scored [redacted]/15 on the Brief Interview for Mental Status (BIMS), which indicated the resident was [redacted]. Section GG of the MDS which addressed Functional Status with ADLs and indicated Resident #39 was [redacted] on staff for [redacted]. On 01/10//24 at 10:45 AM, the surveyor interviewed the [redacted]) who had Resident #39 on his assignment. The [redacted] revealed that Resident #39 was [redacted] on staff for all activities of daily living. The resident was [redacted] and [redacted], required staff assistance with [redacted]. On 01/10/24 at 12:21 PM, the surveyor returned to the room with another surveyor and verified that [redacted] care had not been provided. The surveyor interviewed the [redacted] in the presence of the surveyor. The [redacted] acknowledged that the [redacted] and [redacted] and stated that it was [redacted] care to the resident because the resident's [redacted] were very [redacted] The [redacted] added that the nurses [redacted] the resident's [redacted]. The [redacted] could not comment on the last time that [redacted] care was provided. On 01/10/24 at 1:30 PM, the surveyor inquired regarding care provided for dependent residents. The [redacted]) stated that the CNAs were responsible to provide	F 677	and Daily Assignment of ADL tasks to be completed. Measures or systemic changes to ensure that the deficiencies will not recur: - The Director of Nursing/Unit Manager/Designee will conduct audits of 8 random residents that require ADL care with an emphasis on nail care, foot care, colostomy care, getting residents out of bed consistently, and incontinence care. Audits will be completed one-time weekly x4 weeks then monthly x2 months. - Results of audit will be reviewed at the Monthly Quality Assurance Meeting and quarterly over the duration of the audit process to ensure compliance and reassesssed for further action.	

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NJ Exec Order 26.4b1. The surveyor then escorted the U.S. FOIA (b) (6) to the room where we both observed that NJ Exec care had not been provided and the NJ Exec O remained NJ Exec O with NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) was not aware and stated that she would address it.

2. On 01/05/24 at 12:23 PM, the surveyor observed a NJ Exec Order 26.4b1 odor in the hallway that permeated from Resident #106's room. The surveyor entered the room and the resident was NJ Exec Order 26.4b1.

On 01/09/24 at 9:44 AM, the surveyor observed the resident NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1.

On 01/10/24 at 9:25 AM, the surveyor conducted a care tour with the assigned U.S. FOIA for Resident #106. The resident's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1. The resident's NJ Exec Order 26.4b1 were NJ Ex and NJ Exec Order 26.4b1. The bedrails and the bed, were visibly soiled with grayish like substances. The NJ Exec O and noted with NJ Exec Order 26.4b1 NJ Exec Order 26.4b1. Upon inquiry the U.S. FOIA stated the NJ Ex Order 26.4b1 were from the NJ Exec Order 26 that the resident received NJ Exec Order 26.4b1. The U.S. FOIA further stated that they do not have enough staffing to perform certain tasks such as NJ Exec Or care and NJ Exec O care.
The surveyor summoned the U.S. FOIA (b) (6) to the room where we both observed the sanitary condition of the room and the resident not being cared for. The U.S. FO stated that she would address the issue today. The surveyor asked the U.S. FO to elaborate on ADLs care and was type of care was covered by ADL. The U.S. FO stated she would get the policy.

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F 677	Continued From page 34 On 01/10/24 at 10:45 AM, the surveyor reviewed Resident #106's medical record which revealed: the resident was admitted to the facility with diagnoses which included but were not limited to: NJ Exec Order 26.4b1 . Resident #106's plan of care. Resident #106 had a focus for ADL NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1 The goal was for Resident #106 to NJ Exec Order 26.4b1 through the review date. The interventions NJ Exec Order 26.4b1 as necessary, was NJ Exec Order 26.4b1 on staff for NJ Exec Order 26.4 and NJ Exec Order 26.4b. On 01/11/24 at 09:23 AM, the surveyor observed Resident #106 in bed, the NJ Ex Order 26.4b1, Resident #106 NJ Exec Order 26.4b1 with the surveyor. On 01/11/24 09:23 AM, the surveyor observed Resident #106, in bed. NJ Exec Order 26.4b1 with the surveyor. On 01/11/24 09:33 AM, the surveyor interviewed Resident #106's Representative (RR). During the interview RR revealed that she had not been able to visit recently. However, friends who were able to visit informed her that during the visits, the resident was not being cared for properly. The room was dirty, and the NJ Exec Order 26.4b1 . The resident NJ Exec Order 26.4b1 . She stated to the surveyor that she called the facility and expressed her concerns to the U.S. FOIA (b) (6) and the U.S. FOIA (b)).	F 677		

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01/11/24 at 9:35 AM, the surveyor interviewed the U.S. FO. The U.S. FO acknowledged that she had a conversation with the RR but could not remember the specifics.

On 1/11/24 at 9:46 AM, the surveyor interviewed the U.S. FO who confirmed that she had a conversation with the RR. The U.S. FO confirmed that the conversation was about care, and how often the resident was provided with NJ Exec Order 26.4b1. When prompted, the U.S. FO stated that she did not inform the RR that she could address her concerns by filing a NJ Exec Order 26.4b1. When asked for documentation regarding the call, the U.S. FO indicated that she did not have any documentation regarding the call.

The surveyor observed the resident in bed on 01/05, 01/09, 01/10 and 01/11/2024. The surveyor observed a NJ Exec Order 26 chair in the room. On 01/11/24 at 10:30 AM, the surveyor interviewed the U.S. FO regarding the resident NJ Exec Ord. The U.S. FO informed the surveyor that the resident NJ Exec Order 26.4b1 using a NJ Exec Order 26.4b1. The U.S. FO also referred to an out of bed policy for NJ Exec Order 26.4b1, which was not provided during the survey. The U.S. FO could not comment or provided documentation on the last time the resident NJ Exec Order 26.4b1.

On 01/11/24 at 10:32 AM, the surveyor showed to the U.S. FO the Physician Order Sheet with an original order dated NJ Exec Order 26.4b for the resident NJ Exec Order 26.4b1. When inquired why the order was not being implemented, the U.S. FO stated, "I am not sure, I can look out for you".

On 01/22/24 at 8:30 AM, the surveyor performed

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an NJ Exec Order 26.4b1 tour with the assigned U.S. FOIA (. The surveyor observed the resident with NJ Exec Order 26.4b1 , and summoned another surveyor who observed the same. The U.S. FOIA acknowledged the observation and informed the surveyor that was not the first time she observed the resident with NJ Exec Order 26.4b1 on. The U.S. FOIA stated that residents should not have on NJ Exec Order 26.4b1 The surveyor then inquired regarding staffing. The U.S. FOIA stated, "they do not have enough staff to provide care. We do the best that we can ".

3. On 01/05/24 at 10:17 AM, the surveyor observed the residents in bed, the NJ Exec O were NJ Exec Order 26.4b1. The resident was NJ Exec O and informed the surveyor that he/she had not NJ Exec Order 26.4b1 . The resident informed the surveyor that she/he would NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.

On 01/09/24 at 9:42 AM, observed in bed, had same complaints, NJ Exec Order 26.4b1. Not being cared for. Would like to be NJ Exec Order 2 . NJ Exec Or and NJ Exec Order . Would like the NJ Exec Order 26.4b1

On 01/09/24 at 10:15 AM, the surveyor asked the U.S. FC how information regarding the care was communicated to direct care staff. The U.S. FC informed the surveyor that the care required by each resident were documented in electronic medical record under "Tasks".

On 01/09/24 at 10:30 AM, the surveyor reviewed Resident #144's medical record which revealed: Resident #144 was admitted to the facility with diagnoses that included NJ Exec Order 26.4b1 . The

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Care Plan revealed a NJ Exec Order 26.4b1 plan of care and observed a "Focus" for ADL NJ Exec Order 26.4b [redacted]. The goal was for Resident #144 to NJ Exec Order 26.4b1 [redacted] through the review date. Interventions included: NJ Exec Order 26.4b1 [redacted], Resident is NJ Exec Order 26.4b1 on staff for care. Resident #144 was NJ Exec Order 26.4b1 on two staff for NJ Exec Order 26 and NJ Exec Order 26.4b1.

On 01/10/24 at 9:40 AM, the surveyor escorted the U.S. FO to the room where we both observed the NJ Exec Order 26.4b1 [redacted]. In the presence of the U.S. FO the resident stated he/she would like the NJ Exec O to be NJ Exec Order 26.4b and to NJ Exec Order 26.4b1 [redacted].

On 01/10/24 at 9:56 AM, the surveyor interviewed the assigned U.S. FOIA who stated that she had not been assigned to the resident lately. Usually an agency U.S. FOIA would have this assignment. The U.S. FOIA Informed the surveyor that she would trim and clean the NJ Exec Or today and get the resident NJ Exec [redacted] possibly today.

On 01/11/24 at 10:30 AM the surveyor visited the resident. The resident informed the surveyor that he/she was NJ Exec Order 26.4b1 until 9:30 PM and did NJ Exec Order 26.4b1 [redacted]. The resident added, he/she would like to NJ Exec Order 26.4b1 [redacted] The surveyor again accompanied the U.S. FO to the room and the resident was able to express the concerns.

On 01/22/23 at 11:30 AM, the above concerns with NJ Exec Order 26.4b1 and NJ Exec Order 26 were discussed with the facility Administration during the survey and again on NJ Exec Order 26.4b. The U.S. FOIA (b) (6)

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U.S. FOIA (b) (6) indicated that the staff were in -serviced.

A review of the Certified Nursing Assistant Job description revealed under purpose.
To provide each of your assigned residents with routine care and services in accordance with the residents assessment and care plan and as may directed by your supervisor in accordance with the requirements of the policies and procedures of the facility in accordance with current federal, state and local standards governing the facility.
Under specific job function it is stated:
Make resident comfortable
Assist residents with nail care. clipping and trimming.
keep residents dry.
Ensure that residents who are unable to call for help are checked frequently.
Provide daily perineal care.
Turn bedfast residents at least every two hours.

According to the Facility Policy titled, "Activity of Daily Living (ADL) Supporting" updated 1/2023 provided by the facility on 01/10/24, the following were documented:

Policy: Residents will be provided with care, treatment and services to ensure their activities of daily living do not diminish unless the circumstances of their clinical condition(s) demonstrate that diminishing ADLs are unavoidable.

Appropriate care and services will be provide for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the pal of care , including support and assistance with hygiene, mobility, elimination and communication.

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F 677	Continued From page 39 The policy was not being followed. Staff indicated that some tasks could not be completed, and per staff they were short-handed. NJAC 8:39-27.1(a)	F 677		
F 684 SS=G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Complaint # 150996 Based on interview, and review of medical records it was determined that the facility failed to ensure a NJ Exec Order 26.4b1 to monitor a NJ Exec Order 26.4b1 was carried out per physician order which resulted in a NJ Exec Order 26.4b1 determined upon transfer to the Emergency Department on NJ Exec Order 26.4b This deficient practice occurred for 1 of 1 closed medical records reviewed for physician orders (Resident #311) and was evidenced by the following: On 01/10/24 at 10:05 AM, the surveyor reviewed the closed medical record for Resident # 311 which revealed: a Care Plan dated NJ Exec Order 26 with a Care Plan Focus for "Resident is at NJ Exec Order 26.4b1	F 684	Residents affected by deficient practice: The facility failed to ensure a NJ Exec Order 26.4b1 to monitor a NJ Exec Order 26.4b1 for a NJ Exec Order 26.4b1 was carried out per physician order. This deficient practice was identified for 1 of 1 closed medical records (Resident #311) reviewed for physician orders. Identify those individuals who could be affected by the deficient practice: -All residents who receive blood thinners have the potential to be affected by the deficient practice.	2/7/24

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F 684	Continued From page 40 or NJ Exec Order 26.4b1 related to the use of NJ Exec Order 26.4b1 medication: NJ Exec Order 26.4b1 ", Date Initiated: NJ Exec Order 26.4b; Goal: Resident will not NJ Exec Order 26.4b1 Date Initiated NJ Exec Order 26.4b1 with a target date of NJ Exec Order 26.4b1, Interventions included 'NJ Exec Order 26.4b1", Date Initiated NJ Exec Order 26.4b1 A review of the Order Summary Report NJ Exec Order 26 revealed the following Physician Orders: -NJ Exec Order 26.4b1 one time only until NJ Exec Order 26.4b1 Order Date: NJ Exec Order 26.4b1, Start Date NJ Exec Order 26.4b NJ Exec Order 26., one time only until NJ Exec Order 26.4 Order Date: NJ Exec Order 26.4b1, Start Date NJ Exec Order 26.4b1 -NJ Exec Order 26.4b1 Order Date: NJ Exec Order 26.4b1, Start Date: NJ Exec Order 26.4b1 NJ Exec Order 26.4b one time only until NJ Exec Order 26.4 Order Date: NJ Exec Order 26.4b1, Start Date: NJ Exec Order 26.4b1 NJ Exec Order 26 one time only until NJ Exec Order 26.4b Order Date: NJ Exec Order 26.4b1 Start Date NJ Exec Order 26.4b1 Pharmacy Orders revealed: -NJ Exec Order 26.4b1 give one tablet by mouth in the evening for NJ Exec Order 26.4b1, Order Date: NJ Exec Order 26.4b -NJ Exec Order 26.4b1 give one tablet by mouth one time per day for NJ Exec Order 26.4b1), Order	F 684	What corrective action will be accomplished for those residents affected by the deficient practice: -Resident #311 is a closed medical record and discharged from the facility. -An audit was completed by the Assistant Director of Nursing; and 5 residents with the potential to be affected were identified and physician orders were reviewed to ensure laboratory monitoring of therapeutic value was completed with no concerns noted. - All residents with orders revised to ensure therapeutic range added to template of the order for accuracy. -All nursing staff re-educated on facility policy for 'Anticoagulation-Clinical Protocol,' and the importance of ensuring lab values are drawn and monitored per physician order. Measures or systemic changes to ensure that the deficiencies will not recur: - The Director of Nursing/Unit Manager/Designee will conduct audits of 2 random residents that require a therapeutic value for blood thinner. Audits will be completed weekly x4 weeks then monthly x2 months. - Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meetings over the duration of the audit process to ensure compliance and reassessed for further action.	

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Date: NJ Exec Order 26.4

-NJ Exec Order 26.4b1 give one tablet by mouth in the evening for NJ Exec Order 26.4b1, Order Date: NJ Exec Order 26.4b1 End Date: NJ Exec Order 26.4b1

The following progress notes revealed:

A General Progress Note dated NJ Exec Order 26.4b at 17:03 [5:03 PM] revealed This nurse advised the NJ Ex Order 2 of resident's NJ Exec Order 26 results. Advised by to increase to NJ Exec Ord and recheck on Monday.

A Practitioner Note (PN) dated NJ Exec Order 26.4b1 at 19:30 [7:30 PM] revealed NJ Exec Order 26.4b1

A PN dated NJ Exec Order 26.4b1 at 13:38 [3:38PM] revealed ... Patient continues on NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 pending for today.

A PN dated NJ Exec Order 26.4b1 at 18:15 [6:15 PM] revealed ... Patient continues on NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 not collected yesterday, ordered NJ Exec Ord today" ...

A PN dated NJ Exec Order 26.4b1 at 9:22 AM revealed ..NJ Exec Order 26.4b1 yesterday but at facility to obtain today. Continues NJ Exec Order 26.4b1 ...

There were no NJ Exec Order 26.4b1 documented in the electronic medical record (EMR).

On 01/10/24 at 1:51 PM, the U.S. FOIA (b) (6)) provided the

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surveyor with a copy of the closed paper medical record for Resident #311. The [U.S. FOIA (b)] stated that was everything the facility had for Resident #311. Upon review, the surveyor was unable to locate any documented [NJ Exec Order 26.4b1] in the medical record.

On 01/16/24 at 12:46 PM, the surveyor interviewed the [U.S. FOIA (b) (6)]) regarding why a [NJ Exec Order 26.4b1] would be checked. The [U.S. FOIA (b)] stated it was important to check that level because [NJ Exec Order 26.4b1] the [NJ Exec Order 26.4b1] and the physician adjusted the [NJ Exec Order 26.4b1]. When asked if the [NJ Exec Order 26.4b1] for Resident #311 were completed, the [U.S. FOIA (b)] stated [NJ Exec Order 26.4b1] at that time, but "it should be done if ordered." The surveyor asked about what a "[NJ Exec Order 26.4b1]" order was, and the [U.S. FOIA (b)] stated to be completed "[NJ Exec Order 26.4b1]" and the [U.S. FOIA (b)] stated she would look to see if the [NJ Exec Order 26.4b1] were completed for Resident #311.

On 01/17/24 at 10:00 AM, the [U.S. FOIA (b)] provided a copy of the [NJ Exec Order 26.4b1] collected [NJ Exec Order 26.4b1] and the [NJ Exec Order 26.4b1] dated [NJ Exec Order 26.4b1] that was referenced in the PN note from the same day. The [U.S. FOIA (b)] was unable to provide documented evidence that the [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1] physician ordered [NJ Exec Order 26.4b1] was completed. The EMR revealed on [NJ Exec Order 26.4b1] at 13:40 [1:40 PM], a PN documentation that the resident [NJ Exec Order 26.4b1], in the presence of the NP, and [NJ Exec Order 26.4b1]. The NP documented "[NJ Exec Order 26.4b1] ordered yesterday, but not collected. Will await [NJ Exec Order 26.4b1] results in ER [Emergency Room] to [NJ Exec Order 26.4b1] order if patient is [NJ Exec Order 26.4b1]."

A General Note, dated [NJ Exec Order 26.4b1] at 14:55 [2:55

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F 684	Continued From page 43 PM], revealed the resident was sent to the ED and was admitted with a NJ Exec Order 26.4b1 [redacted] A review of the ED Hospital Records, Date of Service NJ Exec Order 26.4b at 3:34 PM revealed: Chief Complaint "NJ Exec Order 26.4b1". ED Course as of NJ Exec Order 26.4b, 15:34 revealed: Patient with NJ Exec Order 26.4b1 [redacted]. And NJ Exec Order 26.4b1 [redacted] Patient with NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. Making [him/her] in NJ Exec Order 26.4b1. Which puts [him/her] at NJ Exec Order 26.4b1 [redacted] The History of Present Illness revealed: ... NJ Exec Order 26.4b1 [redacted] And then another NJ Exec Order 26.4b1 ... Patient does NJ Exec Order 26.4b1 NJ Exec Order 26.4b1. NJAC 8:39-27(a)	F 684		
F 686 SS=G	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent	F 686		2/7/24

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F 686	Continued From page 44 new ulcers from developing. This REQUIREMENT is not met as evidenced by: Complaint #152805, #153069 Based on observations, interviews, review of medical records and other facility documentation, it was determined that the facility failed to ensure: a) there was no delay for physician ordered NJ Exec Order 2 treatment that was not initiated for NJ Ex days, b) Care Plan (CP) interventions to prevent NJ Exec Order 26.4b1 were consistently implemented, c) ensure staff were competent to administer physician ordered NJ Exec Order treatments, and d) a comprehensive assessment was completed to ensure thorough identification of NJ Exec risk. The facility also failed to follow the facility NJ Exec Order 26.4b policy to accurately assess and prevent the NJ Exec Order 26.4b1 for a resident assessed as being at NJ Exec Order 26.4b1 who was initially identified with a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The deficient practice occurred for 1 of 2 residents (Resident #39) reviewed for NJ Exec, who was initially identified with the NJ Exec O on NJ Exec Order 26.4b NJ Exec Order 26.4b1 and was evidenced by the following: On 01/05/24 at 11:57 AM, the surveyor toured the NJ Exec Order 26.4 of the facility and observed Resident #39 in bed with the head of the bed elevated and the resident was facing the door. Resident #39 NJ Exec Order 26.4b1 When the surveyor inquired regarding the resident's status, the U.S. FOIA (b) (6) observed in the hallway informed the surveyor that the resident preferred	F 686	Residents affected by deficient practice: The facility failed to ensure; a)there was no delay for physician ordered NJ Exec Order that was not initiated for NJ Ex days, b)care plan (CP) interventions to prevent NJ Exec Order 26.4b1 were consistently implemented, c)ensure staff were competent to administer physician ordered NJ Exec Order 26.4b1, and d)a comprehensive assessment was completed to ensure thorough identification of NJ Exec risk. The facility also failed to follow the facility NJ Exec Order 26.4b1 policy to accurately assess and prevent the NJ Exec Order 26.4b1 for a resident assessed as being at NJ Exec Order 26.4b1 and initially NJ Exec Order 26.4b1 Stage 3. This deficient practice occurred for 1 of 2 residents reviewed (Resident #39) NJ Exec Order 26.4b1. Identify those individuals who could be affected by the deficient practice: -All residents with actual pressure ulcers/skin impairment and at risk for pressure ulcers and skin impairments have the potential to be affected. -All residents at risk with pressure ulcers assessed and skin assessments completed; a Braden assessment completed and interventions to prevent skin breakdown reviewed and initiated. - Weekly Skin Assessment scheduled for all residents with the risk for pressure ulcers or skin impairment.	

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F 686	Continued From page 45 NJ Exec Order 26.4b1 On 01/05/24 at 12:45 PM, the surveyor returned to the room and observed Resident #39 in bed, in the same position as observed at 11:57 AM, facing the door and his/her NJ Ex Order 26.4b1. On 01/09/24 at 9:41 AM, the surveyor observed the resident in bed, NJ Exec Order 26.4b1, and smiled when approached. Resident #39 NJ Exec Order 26.4b1 with the surveyor. The resident was NJ Exec Order 26.4b1 and was facing the door. On 01/09/24 at 12:10 PM, the surveyor returned to the room and observed the resident in bed, in the NJ Exec Order 26.4b1 as observed at 9:41 AM (approximately 2.5 hours later) on their NJ Exec Order 26.4b1. On 01/10/24 at 8:50 AM, the surveyor observed the resident in bed, NJ Exec Order 26.4b1 and the head of the bed was elevated. On 01/10/24 at 10:15 AM, the surveyor returned to the room and observed the resident in bed in the NJ Exec Order 26.4b1 as noted at 8:50 AM. The surveyor NJ Exec Order 26.4b1 with the resident, but the resident was NJ Exec Order 26.4b1 and only smiled. During an interview with the U.S. FOIA who cared for Resident #39, he stated that he provided morning care to the resident and was just waiting for the nurse to NJ Exec Order 26.4b1. On 01/10/24 at 10:29 AM, observation and interview with the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6)) during the NJ Exec Order 26.4b1 treatment, revealed that Resident #39 had NJ Exec Order 26.4b1 to the	F 686	What corrective action will be accomplished for those residents affected by the deficient practice; -The affected resident #39's NJ Exec Order orders were reviewed and updated. - Resident #39 received a NJ Exec O NJ Exec NJ Exec Order 26.4b1 and treatment and intervention orderd and implemented. A NJ Exec Order 2 Assessment was completed. -All Nurses were provided and completed a competency on completion of wound treatments. - Wound care log to be reviewed by Assistant Director of Nursing to ensure proper skin assessment is completed, proper order initiated and care plan is updated for all residents with skin impairment. -All nurses were re-educated on the policy for 'Prevention of Pressure Ulcers/Injuries', 'Wound Care', 'Pressure Ulcer/Skin Breakdown - Clinical Protocol' and the importance of initiating wound care treatments timely, implementation of interventions to prevent skin breakdown, completing comprehensive skin assessments, and completing Braden Scale assessments accurately. The education of all existing nursing staff is immediate; and will be ongoing with all new hires. Measures or systemic changes to ensure	

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F 686	Continued From page 46 NJ Exec Order 26.4b1 The surrounding NJ Exec Order 26.4b1 area appeared very NJ Exec Order 26.4b1. The U.S. FOI NJ Exec Order 26.4b1 the NJ Exec Order 2 and the NJ Exec Order 26.4b1 and applied the NJ Exec Order 26.4b1 directly to the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. On 01/10/24 at 12:30 PM, the surveyor reviewed Resident #39's medical record. The Admission Face Sheet (an assessment summary) reflected that Resident #39 was admitted to the facility with diagnoses which included but were not limited to; NJ Exec Order 26.4b1 The Annual Minimum Data Set (MDS) a resident assessment tool used by the facility to prioritize care, dated NJ Exec Order 26.4b1, revealed that Resident #39 was NJ Exec O and NJ Exec Order 26.4b1. Resident #39 scored NJ E out of 15 on the Brief Interview for Mental Status (BIMS), which indicated the resident had a NJ Exec Order 26.4b1 Section GG of the MDS which addressed NJ Exec Order 26.4b1 Status with activities of daily living, indicated Resident #39 was NJ Exec Orde on staff for NJ Exec Order 26 and NJ Exec Order 26. Section M - NJ Exec Order 26.4b1, revealed that Resident #39 had NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1. Review of the Order Summary Report dated NJ Exec Order 26.4b, did not reflect an order for NJ Exec O. However, review of the Task List Report provided by the facility with an original date of NJ Exec Order 26.4b, reflected an order for NJ Exec O	F 686	that the deficiencies will not recur: - The Director of Nursing/Unit Manager/Designee will conduct compliance audits of 8 random resident wound care orders, care plans, and Braden Scale assessment completion; as well as compliance audits of 4 nurses for competency wound treatments. The duration of all audits will occur x4 and then monthly x2 months. - Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meeting over the duration of the audit process.	

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NJ Exec Order 26.4b1 n every day every shift. Day 7-3, Night 11-7, Evening 3-11. A review of the NJ Exec Order 2 Treatment Administration Record (TAR) failed to reveal an order for NJ Exec O assessments.

Review of the Weekly NJ Exec O Reviews from NJ Exec Order 26.4b to NJ Exec Order 26.4b, provided by the facility revealed that Resident #39's NJ Exec Order 26.4b1. There was no documented evidence that staff reported any NJ Exec Order 26.4b1 during care prior to NJ Exec Order 26.4b (when the NJ Exec Order 26.4b1 was identified). The facility was unable to provide a NJ Exec Order 26.4b1 for NJ Exec Order 26.4b, and the U.S. FOIA (b) (6)) stated that she was unable to locate a NJ Exec Order 26.4b1. The U.S. FOIA provided the surveyor with an investigation regarding the NJ Exec Order 2 dated NJ Exec Order 26.4b. The investigation did not include a causal factor or summary regarding the failure for the delay to identify any NJ Exec O prior to the initial identification of the NJ Exec Order 26.4b1. Review of the investigation report provided revealed that the NJ Exec Order was identified on NJ Exec Order 26.4b. The family was notified on NJ Exec Order 26.4b and the physician was notified on NJ Exec Order 26.4b1

On 01/11/24 at 9:15 AM, during an interview with the U.S. FOIA (b) she stated that she could not provide a rationale for Resident #39, who was NJ Exec Orde on staff for care to, NJ Exec Order 26.4b1 , identified at NJ Exec Order 26.4b1 . When inquired if it was possible based on the level of care required by the resident, the U.S. FOIA stated, "It could happen" but declined to elaborate further. Resident #39 failed to have a documented NJ Exec Order 26.4b1 schedule in place, and the facility was unable to provide documentation that Resident #39 had been NJ Exec Orde and NJ Exec Order 26.4b1 at least every 2 hours per

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F 686	Continued From page 48 facility policy. Resident #39 was referred to NJ Exec Order 26.4b1 on NJ Exec Order 26.4b. The NJ Exec Order 26.4b1 Evaluation and Plan of Treatment revealed that the resident had been NJ Exec Order 26.4b1 and had NJ Exec Order 26.4b1 with NJ Exec Order 26.4b Resident #39 was NJ Exec Order 26.4b1 on staff for all activities of daily living including NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 provided caregiver education to her U.S. FOIA regarding use of NJ Exec Order 26.4b1 These recommendations were not entered on the CP as interventions. A further review of the Physician Order Summary dated NJ Exec Order 26.4b failed to reveal physician orders for a NJ Exec Order 26.4b1. Review of the [name redacted] NJ Exec Order 26.4b1 initiated NJ Exec Order 26.4b1, NJ Exec Order 26.4b after the facility identified NJ Exec Order 26.4b1, noted the following: Patient [referring to Resident #39] is seen for follow up and management of NJ Exec Order 26. Resident is NJ Exec Order 26.4b1. Social History: The resident is deemed NJ Exec Order 26.4b1. The above information was obtained from facility records, staff report. Staff reports, NJ Exec Order 26.4b1, NJ Exec O, NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 ... NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1	F 686		

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F 686	Continued From page 49 NJ Exec Order 26.4b1. Plan: NJ Exec Order 26.4b1: NJ Exec Order 26.4b1 previously classified NJ Exec Order 26.4b1 of the NJ Exec Order 26.4b1. Analysis: NJ Exec Order 26.4b1: NJ Exec Order found by staff on NJ Exec Order 26.4b. Contributing factors: NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 Apply [name redacted] NJ Exec Order 26.4b1) to NJ Exec Order 26.4b1 cover with NJ Exec Orde then NJ Exec Order 26.4b1 and as needed, for NJ Exec Order 2 NJ Exec Order 26.4b1 in accordance to assessed needs. NJ Exec Order 26.4b1. Apply NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 every shift and as needed. Monitor NJ Exec Order 26.4b1. Review of Resident #39's facility provided CP revealed an undated focus area for NJ Exec Order 26.4b1 related to NJ Exec Order 26. The goal was for Resident #39 to have NJ Exec Order 26.4b1 by /through review date. The interventions included: Follow facility policies/protocol for the NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1. Inform the resident/family care givers of any new area of NJ Exec Order 26.4b1. NJ Exec O. Monitor NJ Exec Order 26.4b1 Serve NJ Exec as ordered, monitor NJ Exec Orde and records. The resident needs: encouragement, assistance, supervision with use of NJ Exec Order 26.4b1; for resident to assist with NJ Exec Order 2. Another undated focus revealed: Resident #39 has NJ Exec Order 26.4b1	F 686		

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NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 of the NJ Exec Order 26.4b1. The goal: Resident #39 will NJ Exec Order 26.4b1 by review date (unspecified). Interventions included: Encourage NJ Exec Order 26.4b1 and NJ Exec Order 26.4b in order to NJ Exec Order 26.4b1. Follow facility protocols for treatment of NJ Exec Or. Monitor, NJ Exec Order 26.4b1 . Report NJ Exec Order 26.4b1 etc. to MD.

An intervention to NJ Exec O and NJ Exec Order 26.4b1 the resident at least every 2 hours was not included in the CP, not prior or, after the NJ Exec Order 26.4b1 was identified on NJ Exec Order 26.4b. There were no updated goals or interventions to NJ Exec Order 26.4b1 or NJ Exec Order 26 identified on NJ Exec Order 26.4b.

Review of the 'NJ Exec Order 26.4b1 for predicting NJ Exec Order 26.4b1 dated NJ Exec Order 26.4b, revealed that Resident #39 was assessed to be at NJ Exec Order 26.4b1. Resident #39 had a NJ Exec Order 26.4b1 which indicated being at NJ Exec Order 26.4b1. However, on the NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1: Resident #39 should have a NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 and NJ Exec Order 2 should have been NJ Exec Order 26.4b1. Resident #39 had been NJ Exec Order 26 according to the NJ Exec Order 26.4b1 documentation. NJ Exec Order 26.4b1 was rated. NJ Exec Order 26.4 Resident #39 received a NJ Exec Order 26.4b1 for being NJ Exec Order 26.4b1, while Resident #39 had been NJ Exec Order 26.4b1. NJ Exec Order 26.4 was coded as NJ Exec During the investigation dated NJ Exec Order 26.4, Resident # 39 was identified by the facility as having NJ Exec O

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On 01/11/24 at 8:50 AM, the surveyor completed a subsequent interview with the [U.S. FC] regarding the physician ordered [NJ Exec Order] treatment for Resident #39. The [U.S. FC] stated that there were "no other treatments ordered" for the [NJ Exec Order 2] The surveyor then reviewed the NJ Exec Order 26.4b1 recommendations with the [U.S. FOIA] The [U.S. FC] was not aware, that the treatment ordered on [NJ Exec Order 26.4b], had not been transcribed on the treatment administration record. After surveyor inquiry, the [U.S. FC] transcribed the order on [NJ Exec Order 26.4], this was [NJ Exec] days after the order was received.

On 01/11/24 at 9:15 AM, the surveyor observed Resident #39 in bed laying on his/her backside. Resident #39 had NJ Exec Order 26.4b1 during the morning shift. At 10:30 AM, the surveyor asked the [U.S. FOIA] to come to the room to check Resident #39. At that time the surveyor had observed that Resident #39's [NJ Exec Order 26.4b1] . The [U.S. FOIA] stated that he would provide [NJ Exec Order 26.4b1] care after breakfast was completed.

On 01/11/24 at 9:45 AM, the surveyor discussed the NJ Exec Order 26.4b1 and the treatment that was not transcribed from [NJ Exec Order 26.4] through [NJ Exec Order 26.2], with the [U.S. FOIA (b] The [U.S. FOIA] stated, in the presence of the survey team, that the [U.S. FC] was responsible to review and transcribe the order on the TAR. The [U.S. FOIA] was also made aware that Resident #39 was observed on several occasions in the [NJ Exec Order 26.4b1] for more than two hours during the survey. The [U.S. FOIA] stated that [NJ Exec Order 26.4b1] should have occurred every two to three hours during the shift.

On 01/11/24 at 10:29 AM, the surveyor, again

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reviewed the NJ Exec Order 26.4b1 treatment order for Resident #39's NJ Exec Order 26.4b1 The U.S. FOIA failed to follow the treatment ordered per the surveyors observation of NJ Exec Order 26.4b1 on NJ Exec Order 26.4 at 10:29 AM. The NJ Exec Order 26.4b1 practioner's order, dated NJ Exec Order 26.4, was to NJ Exec Order 26.4b1 . Primary treatment: NJ Exec Order 26.4b1 . covered with NJ Exec Order then apply NJ Exec Order 26.4b1. During the observed treatment, the U.S. FOIA NJ Exec Order 26.4b1 with the NJ Exec Order 26.4 The U.S. FOIA omitted to NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 as ordered and failed to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1.

On 01/11/24 at 11:30 AM, the surveyor interviewed the U.S. FOIA who cared for Resident #39 during the 7:00 AM to 3:00 PM shift. The U.S. FOIA stated that Resident #39 had been NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The U.S. FOIA stated that Resident #39 was NJ Exec Order on staff and required NJ Exec Order 26.4b1 assistance with all activities of daily living. Per the U.S. FOIA (Resident #39 had NJ Exec Order 26.4b1 because NJ Exec Order 26.4b1 . The U.S. FOIA further stated, in the morning he provided NJ Exec Order 26.4b1, NJ Exec Order 26.4, NJ Exec Order 26.4b1, and assist with NJ Exec Order 26.4b1 the resident for the NJ Exec Order care. He would check on the resident at the end of the shift. When inquired about how he NJ Exec Order 26.4b1 with the resident, he stated that you must NJ Exec Order 26.4b1

On 01/11/24 at 12:30 PM, the surveyor interviewed the U.S. FC regarding NJ Exec Order 26.4b1 for Resident #39. The U.S. FC informed the surveyor that

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the resident was NJ Exec Order 26.4b1. The surveyor then asked the U.S. FO if a resident on a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The U.S. FO declined to comment and stated that she would get back to the surveyor.

On 01/17/24 at 9:05 AM, the surveyor observed Resident #39 in bed, facing the door and was NJ Exec Order and NJ Exec O.

On 01/17/24 at 12:41 PM, the surveyor observed Resident #39 in bed facing the door in the same NJ Exec Order 26.4b1 at 9:05 AM (3.5 hours after the last observation). The surveyor interviewed the U.S. FOIA regarding the care required by the resident. The U.S. FOIA stated that he assisted the resident with meals, NJ Exec Order 26.4b the resident in the morning, and assist with NJ Exec Order 2 care. He will NJ Exec Order 26 the resident again after lunch. The U.S. FOIA did not address the need to NJ Exec Order 26.4b1 the resident every 2-3 hours. The resident would be provided with NJ Exec Order 26.4b1 care in the morning and prior to the end of the shift. The facility could not provide any documentation regarding NJ Exec Order 26.4b1 every 2-3 hours.

On 01/22/24 at 9:05 AM, the surveyor observed the U.S. FOIA at the bedside. At the surveyor's request, the U.S. FOIA asked the resident if he/she was provided with NJ Exec Order 26.4b1 care this morning. The resident stated that he/she was cared for last night not this morning. The U.S. FOIA proceeded to check the resident. Resident #39 was NJ Exec Order 26.4b1 . There was NJ Exec Order 26.4b1 in place to NJ Exec Order 26.4b1 which was directly NJ Exec Order 26.4b1 . The surveyor requested the U.S. FO to come to the room where we all observed that the resident NJ Exec Order 26.4b1 with NJ Exec Or and NJ Exec Or and there was NJ Exec Order 26.4b1 in

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place to NJ Exec Order 26.4b1. The treatment ordered was to NJ Exec Order 26.4b1 daily and as needed for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1, that was NJ Exec Order 26.4b1 prior, on NJ Exec Order 26.4b1, had NJ Exec Order 26.4b1. Per review of the NJ Exec Order 26.4b1 Assessment Report completed by the NJ Exec Order 26.4b1 Consultant, dated NJ Exec Order 26.4b1, the NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 was now a NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1

Review of additional NJ Exec Order 26.4b1 Assessment Reports revealed:

NJ Exec Order 26.4b1

NJ Exec Order 26.4b1 .NJ Exec Order 26.4b1 NJ Exec Order 26.4b1.

NJ Exec Order 26.4b1 NJ Exec Order 26.4b1.

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On 01/22/24 at 12:45 PM, the U.S. FC revealed in the

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

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presence of another surveyor that the NJ Exec Order should be covered to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.

On 01/22/24 at 1:20 PM, a telephone interview with the U.S. FOIA who cared for the resident during the 11:00 PM-07:00 AM shift, revealed that he provided NJ Exec Order 26.4b1 care to Resident #39 around 5:30 AM. The NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 and was noted in the NJ Exec Order He further stated that he "forgot" to inform the nurse. When asked why the NJ Exec Order should be NJ Exec Order 26, he stated, "NJ Exec Order 26.4b1 .

On 01/23/24 at 9:50 AM, during the pre-exit conference, regarding the NJ Exec Order, the U.S. FOIA stated, "This is not what I expected ". The U.S. FOIA stated that she could not explain it, "the nurse went rogue", and hopefully it "is an isolated situation". The U.S. FOIA stated the nurse should have clarified the NJ Exec Order treatment prior to the NJ Exec Order 26.4 . Education on NJ Exec Order 2 care will now be incorporated in QAPI (Quality Assurance Performance Improvement). The U.S. FOIA further stated that the U.S. FO was not aware of the recommendations and failed to transcribe the treatment order on the TAR. The U.S. FOIA confirmed the resident did not receive the prescribed NJ Exec Order treatment.

A review of the facility provided form titled, "Prevention of Pressure Ulcers/ Injuries" last revised 1/2023, revealed the following:

Purpose
The purpose of this procedure is to provide information regarding identification of pressure ulcer/injury risk factors and interventions for

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F 686	Continued From page 56 specific risk factors. Preparation Review the resident's care plan and identify the risk factors as well as the interventions designed to reduce or eliminate those considered modifiable. Risk Assessment 1. Assess the resident on admission for existing pressure ulcer/injury risk factors. Repeat the risk assessment weekly and upon any changes in condition. 2. Conduct a comprehensive skin assessment upon admission, including: a. Skin integrity - any evidence of existing or developing pressure ulcers or injuries; b. Tissue tolerance - the ability of the skin (and supporting structures) to endure the effects of pressure; and c. Areas of impaired circulation due to pressure from positioning or medical devices. 3. Inspect the skin on a daily basis when performing or assisting with personal care or ADLs. a. Identify any signs of developing pressure injuries (i.e., nonblanchable erythema). For darkly pigmented skin, inspect for changes in skin tone, temperature, and consistency; b. Inspect pressure points (sacrum, heels, buttocks, coccyx, elbows, ischium, trochanter, etc.); c. Wash the skin after any episodes of incontinence; d. Moisturize dry skin daily; and e. Reposition resident as indicated on the care plan. Prevention	F 686		

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Moisture
1. Keep the skin clean and free of exposure to urine and fecal matter.

Nutrition
1. Monitor the resident for weight loss and intake of food and fluids.
2. Include nutritional supplements in the resident's diet to increase calories and protein, as indicated in the care plan.

Mobility/Repositioning

1. Choose a frequency for repositioning based on the resident's mobility, the support surface in use, skin condition and tolerance, and the resident's stated preferences.
2. At least every two hours, reposition residents who are reclining and dependent on staff for repositioning.
3. Reposition more frequently as needed, based on the condition of the skin and the resident's comfort.
4. Teach residents who can change positions independently the importance of repositioning. Provide support devices and assistance as needed. Remind and encourage residents to change positions.

Monitoring
1. Evaluate, report and document potential changes in the skin.
2. Review the interventions and strategies for effectiveness on an ongoing basis.
The Care Plans, Comprehensive Person-Centered policy Adopted 11/2018 revealed: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical,

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F 686	Continued From page 58 psychosocial and functional needs is developed and implemented for each resident. 13. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change. The Nurse Manager, Job Description revealed: Review medication cards for completeness of information, accuracy in the transcription of physician orders and adherence to stop order policies. Periodically observes all residents' skin conditions and monitors weekly documentation of these conditions per facility policy. Make daily rounds and periodic rounds to observe and evaluate the residents' physical and emotional status, thereby ensuring continuing quality care. NJAC 8:39-27.1 (a)(e)	F 686		
F 697 SS=D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure a resident [NJ Exec Order 26.4b1] medication in a timely manner and in accordance with a physician order. This deficient practice was identified for 1 of 2 residents reviewed for [NJ Exec Order 26.4b1] (Resident #11) and was evidenced by the following:	F 697	The facility failed to ensure a resident received [redacted] in a timely manner and in accordance with a physician order. This deficient practice was identified for 1 of 1 residents (Resident #11) reviewed for [NJ Exec O] management.	2/7/24

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F 697	Continued From page 59 On 01/10/24 at 8:57 AM, the surveyor observed Resident #11 sitting in a chair in their room and was NJ Exec Order 26.4b1. The surveyor attempted to interview the resident and the resident was NJ Exec Order 26.4b1 and that he/she had informed the nurse that he/she would like to have NJ Exec Ord ". The surveyor asked about the resident's NJ Exec O and the resident stated that the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 on a scale of NJ Exec Order 2. He/she confirmed the presence of the NJ Exec O and stated that he/she was waiting for the nurse to bring the NJ Exec O medication. Resident #11 requested the surveyor to alert the nurse again. At 8:58 AM, the surveyor exited the resident's room, and observed the U.S. FOIA (b) (6) was at the medication cart that was positioned in the hallway. The surveyor approached the nurse and informed her of Resident #11's request for NJ Exec O medication. The nurse confirmed that she was already aware. The surveyor reviewed the medical record for Resident #11. A review of the Admission Record face sheet (an admission summary) reflected that the resident was re-admitted to the facility on NJ Exec Order 26.4b1 and had diagnoses which include NJ Exec Order 26.4b1 A review of the resident's Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated NJ Exec Order 26.4b, reflected that the resident had a brief interview for mental status (BIMS) score of NJ out of 15, indicating a NJ Exec Order 26.4b1. The assessment for NJ Exec O indicated that the resident	F 697	-All residents who receive pain medication have the potential to be affected by the deficient practice. -The resident affected was assessed; and a pain assessment was completed for any adverse effects fo the deficient practice - with none noted. -Resident #11 was immediately assessed for NJ Exec O and provided medication as ordered; NJ Exec Order 26.4b1 noted. - All residents who receive pain medication were assessed; and a Pain Assessment completed -All nursing staff re-educated on facility policy for 'Pain-Clinical Protocol', and the importance of administering pain medication timely an in accordance with physician order. -The Director of Nursing/Unit Manager/Designee will conduct audits of 8 random residents that require administration of pain medication. Audits will be completed weekly x4 weeks- then monthly x2 months. -Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meetings over the duration of the audit process, to ensure compliance and reassessed for further action.	

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was on [NJ Exec O] management medication and the [NJ Exec O] did not NJ Exec Order 26.4b1 activities.

A review of the resident's individualized, comprehensive care plan reflected that the resident had a focus area revised on [NJ Exec Order 26.4b] which reflected that the resident has [NJ Exec Order 26.4b1] related to [NJ Exec Order 26.4b1], initiated [NJ Exec Order 26.4]. The goal indicated that the resident will not have an interruption in normal activities due to [NJ Exec O] through the review date. Interventions included to administer medications as per orders. Give 1/2 hour before treatments or care. Anticipate Resident #11's [NJ Exec Order 26.4b1] and respond immediately to any [NJ Exec Order 26.4b1], Initiated [NJ Exec Order 26.4b].

Monitor, record, report to nurse resident complaints of [NJ Exec O] or [NJ Exec Order 26.4b1] treatment. A review of the Physician's Orders sheet (POS) for [NJ Exec Order 26.4b1] reflected a physician's order (PO) dated [NJ Exec Order 26.4b] for NJ Exec Order 26.4b1 to be administered three times daily for [NJ Exec Order 26.4b1]. Also NJ Exec Order 26.4b1 to be administered every 8 hours as needed for [NJ Exec O].

On 01/10/24 at 9:32 AM, the surveyor returned to the [NJ Exec Order 26.4] and observed Resident #11 standing in the hallway. Resident #11 stated that he/she NJ Exec Order 26.4b1 medication yet. The surveyor informed the nurse again and the nurse informed the surveyor that she had other things to do.

On 01/10/24 at 9:34 AM the resident came out of the room again and stood by the door and stated,

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F 697	Continued From page 61 "NJ Exec Order 26.4b1". On 01/10/24 at 9:38 AM the nurse administered the NJ Exec Order 26.4b1 with the morning medications to Resident #11. On 01/11/24 at 12:28 PM, the surveyor shared the above concerns with the U.S. FOIA (b) (6). The U.S. FOIA revealed that the nurse required and received and in-service education on NJ Exec O On 01/11/24 at 12:35 PM, the surveyor interviewed Resident #11's assigned J.S. FOIA (b) (6)) who stated that the resident was always NJ Exec Order 26.4b1 and the resident NJ Exec Order 26.4b1 his/her needs. The U.S. FOIA stated that the resident NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 for himself/ herself. On 01/11/24 at 12:54 PM, the surveyor returned to the resident's room and observed the resident sitting quietly in the room. Resident #11 stated that he/she NJ Exec Order 26.4b1 and would like to receive the NJ Exec Order 26.4b1 when requested. A review of the facility's Pain-Clinical Protocol revised 01/2023 included under Treatment/Management: With input from the resident to the extent possible, the physician and staff will establish goals of pain treatment; for example, freedom from pain with minimal medication side effects, less frequent headaches, or improved functioning mood, and sleep. The physician will order appropriate non-pharmacologic and medication interventions to address the individual's pain. Staff will provide the elements of a comforting environment and appropriate physical and complementary	F 697		

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F 697	Continued From page 62 interventions; for example, local heat or ice, repositioning, massage, and the opportunity to talk about the chronic pain. NJAC 8:39-27.1(a)	F 697		
F 698 SS=E	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of documentation, it was determined that the facility failed to ensure a resident on NJ Exec Order 26.4b1 was consistently assessed, documented and monitored before and after NJ Exec Order 26.4b1 treatments. This deficient practice was identified for 1 of 2 residents (Resident #97) reviewed for NJ Exec Order 26.4b1 and was evidenced by the following: On 01/05/24 at 11:05 AM, the surveyor was touring the NJ Exec Order 26.4b1 unit. Resident #97 was not in their room, and the surveyor was informed the resident was NJ Exec Order 26.4b1. On 01/10/24 at 8:45 AM, the surveyor observed Resident #97 in their room. The resident NJ Exec Order 26.4b1 . On 01/11/24 at 8:48 AM, the surveyor observed Resident #97 sleeping in their bed.	F 698	Residents affected by deficient practice: The facility failed to ensure a resident on NJ Exec Order 26.4b1 was consistently assessed, documented, and monitored before and after NJ Exec Order 26.4b1 treatments. This deficient practice was identified for 1 of 2 residents (Resident #97), reviewed for NJ Exec Order 26.4b1 Identify those individuals who could be affected by the deficient practice: -All residents who receive dialysis have the potential to be affected by the deficient practice. -The affected resident (Resident #97), was assessed, and communication forms were reviewed for any missed information.	2/7/24

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F 698	Continued From page 63 A review of the medical records revealed that Resident #97 had diagnoses which included but were not limited to; NJ Exec Order 26.4b1 [redacted] A review of the Order Summary Report revealed a physician order dated [redacted], NJ Exec Order 26.4b1 days M-W-F [Monday, Wednesday, Friday], and a physician order dated [redacted], NJ Exec Order 26.4b1 [redacted] every shift for [redacted] NJ Exec Order 26.4b1 [redacted] A review of the quarterly Minimum Data Set (MDS) an assessment tool used to facilitate resident care, dated [redacted], included but was not limited to; a Brief Interview for Mental Status (BIMS) of [redacted] 15 which indicated the resident had NJ Exec Order 26.4b1 . The MDS also indicated the NJ Exec Order 26.4b1 [redacted]. A review of the resident-centered on-going care plan included but was not limited to; a focus area that the resident NJ Exec Order 26.4b1 [redacted] with interventions that included to encourage daily and educate of the possible outcomes of not complying with treatment or care. A focus area potential for NJ Exec Order 26.4b1 to [redacted] with interventions that NJ Exec Order 26.4b1 as ordered, NJ Exec Order 26.4b1 , monitor vital signs as ordered and record, and record post NJ Exec Order 26.4b1 when resident returns from [redacted] as ordered. A review of the NJ Exec Order 26.4b1 Communication Records in the resident's chart on the unit required the resident name, room, physician,	F 698	What corrective action will be accomplished for those residents affected by the deficient practice: -Resident #97's [redacted] orders and communication forms were reviewed for accuracy and completion. -All licensed nursing staff re-educated on facility policy for 'Hemodialysis Access Care' with an emphasis on assessing the patient before and after dialysis treatments, as well as completion of the dialysis communication form and documenting in the EHR. Measures or systemic changes to ensure that the deficiencies will not recur: - The Director of Nursing/Unit Manager/Designee will conduct compliance audits of 2 residents who receive hemodialysis for completion of assessments and documentation. The duration of all audits will occur one-time weekly x4 weeks and then monthly x2 months. - Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process.	

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[facility] nurse on top. The next section, "to be completed by Center [facility] licensed nurse for [redacted] patient prior to [redacted] treatment" asked for information regarding "[redacted]"; [redacted] patient's [redacted]; nurse's signature and date. The next section, "to be completed by Certified [redacted] Facility following [redacted] treatment and to accompany patient on return to Center [redacted]" asked for information regarding [redacted]; [redacted] nurse signature and date. The last section, "to be completed by Center Licensed Nurse [redacted] treatment" asked for information regarding [redacted]: [redacted] The "Instructions" on the bottom of the form included but was not limited to; yellow copy is placed in medical record under Assessments tab. Upon patient's return to the Center, replace yellow copy with original, and destroy yellow copy. If original is not returned, retain yellow copy in medical record.

A review of the electronic medical record (emr) and the [redacted] Communication Record forms in Resident #97's medical chart included the following:

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- [redacted]: The NJ Exec Order 26.4b1 treatment was not completed by the facility nurse, or signed or dated, and there was no documentation in the emr.
- [redacted]: The prior to section was not signed or dated by the facility nurse; the [redacted] center did not document the NJ Exec Order 26.4b1; the NJ Exec Order 26.4b1 section did not document if there were complications, new orders, and the facility nurse did not sign or date. There was no documentation of this information or communication with the [redacted] center in the emr.
- [redacted]: The prior to section missing time of last meal; and all of the NJ Exec Order 26.4b1 information. There was no documentation of the missing information in the emr.
- [redacted]: The NJ Exec Order 26.4b1 section was left blank by the facility. There was no documentation of the missing information in the emr.
- [redacted]: The NJ Exec Order 26.4b1 center information and NJ Exec Order 26.4b1 information was left blank. There was no documentation of the missing information or communication with the NJ Exec Order 26.4b1 center in the emr.
- [redacted]: a copy of the communication record prior to NJ Exec Order 26.4b1 treatment was in the medical record with the [redacted] facility information filled out and NJ Exec Order 26.4b1 The NJ Exec Order 26.4b1 treatment information by the facility was left blank with no nurse signature or date. There was no documentation of the missing information in the emr.
- [redacted]: The NJ Exec Order 26.4b1 information to be completed by the facility was left blank with no nurse signature or date. There was no documentation of the missing information in the emr.
- [redacted] The prior to section was filled out. The

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section to be completed by the NJ Exec Order 26 center was filled out but NJ Exec Order 26.4b1 The post facility information was also dated NJ Exec Order 26.4b. There was no documentation of the missing NJ Exec Order 26.4b information in the emr. There was no documentation of the NJ Exec Order 26.4b1 information sent by the facility for NJ Exec Order 26.4b. There was no documentation of communication to the NJ Exec Order 26.4b1 center for the missing information.

NJ Exec Order 26.4b: The NJ Exec Order 26.4b1 information to be completed by the facility was left blank and without a nurse signature or date. There was no documentation of the missing information in the emr.

-NJ Exec Order 26: The NJ Exec Order 26.4b1 information to be completed by the facility was left blank without a nurse signature or date. There was no documentation of the missing information in the emr.

-NJ Exec Order 26: The NJ Exec Order 26.4b1 information to be completed by the facility was left blank without a nurse signature or date. There was no documentation of the missing information in the emr.

-NJ Exec Order 26: The prior to NJ Exec Order 26.4b1 section was not signed or dated by the facility nurse. The NJ Exec Order 26.4b1 information was not complete and was missing the signature and date by the facility nurse. There was no documentation of the missing information in the emr.

-NJ Exec Order 26.4: The resident NJ Exec Order 26.NJ Exec Order 26.4b1

-NJ Exec Order 26.4: a different form was utilized. The form was, "Nursing Facility/NJ Exec Order 26 Center Communication Record". The "Information from sending facility" was missing the resident NJ Exec Orde reading. The "Information from NJ Exec Order 26 center" was missing NJ Exec Order 26.4b1. The "NJ Exec Order 26.4b1 review - signature and title of sending facility nurse" was left blank.

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COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

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-[redacted]: the "Nursing Facility[redacted] Center Communication Record" was utilized. The information from the [redacted] center was blank and there was no signature [redacted] review from the facility nurse. There was no documentation of the missing information or communication with the [redacted] center in the emr.

-[redacted]: the "Nursing Facility[redacted] Center Communication Record" was utilized. The information from the sending facility was left blank. There was information from the [redacted] center. The [redacted] review by facility nurse was not signed. There was no documentation of the missing information in the emr.

-[redacted] there was no resident name on the form. The[redacted] review by facility nurse was not signed. There was no documentation of the missing information in the emr.

-[redacted]: The previous [redacted] Communication Record was utilized. There was no [redacted] information completed by the facility and no nurse signature or date. There was no documentation of the missing information in the emr.

-[redacted]: the [redacted] information was left blank by the facility. There was no documentation of the missing information in the emr.

-[redacted]: the [redacted] information was left blank by the facility. There was no documentation of the missing information in the emr.

-[redacted]: the [redacted] information was left blank by the facility. There was no documentation of the missing information in the emr.

-[redacted]: the [redacted] information was

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left blank by the facility. There was no documentation of the missing information in the emr.
NJ Exec Order 26.4b1: the NJ Exec Order 26.4b1 information was left blank by the facility. There was no documentation of the missing information in the emr.
-"NJ Exec Order 26.4b1": the prior to NJ Exec Order 26.4b1 section was dated NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 center had a date of NJ Exec Order 26.4b1 The NJ Exec Order 26.4b1 was left blank by the facility. There was no corresponding documentation in the emr.
NJ Exec Order 26.4b1: the facility failed to fill out the prior to NJ Exec Order 26.4b1 treatment section and there was no nurse's signature. The facility failed to complete the NJ Exec Order 26.4b1 treatment section or have the facility nurse sign and date. There was no documentation of the NJ Exec Order 26.4b1 missing information in the emr.
NJ Exec Order 26.4b1: the NJ Exec Order 26.4b1 information was left blank by the facility. There was no documentation of the missing information in the emr.
-NJ Exec Order 26.4b1: the NJ Exec Order 26.4b1 information was left blank by the facility. There was no documentation of the missing information in the emr.
-NJ Exec Order 26.4b1: the NJ Exec Order 26.4b1 information was left blank by the facility. There was no documentation of the missing information in the emr.

The Communication Forms in Resident #97's medical record represented only NJ Exec Order 26.4b1 treatments and NJ Exec Order 26.4b1. The surveyor calculated NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 treatments were ordered three times a week which equated to NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 treatments. Resident #97 had documentation on the

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F 698	Continued From page 69 communication forms of [redacted] treatment and the surveyor reviewed the communication forms one day prior to the next [redacted] treatment. The facility should have had [redacted] completed and documented [redacted] communication forms readily available. On 01/10/24, the surveyor requested all policies and procedures related to the care and communication for the facility [redacted] residents. The surveyor was provided with one policy, [redacted] Care". On 01/11/24 at 9:27 AM, the U.S. FOIA (b) (6) [redacted]) in the presence of the survey team stated that the facility had changed the [redacted] communication form [redacted] prior to the survey. When asked about the staff assessment and documentation when a resident returned from [redacted] the [redacted] stated the nurses would document in the emr. At 9:44 AM, during a second interview, the [redacted] stated the facility did not have the procedure for the staff to follow regarding the recent use of the previous [redacted] communication form. The [redacted] stated that the staff "should have documented a [redacted] note and weight in the emr for all [redacted] residents." The [redacted] further stated that the U.S. FOIA (b) (6) would be responsible to monitor the communication forms but that the U.S. FOIA (b) (6) on Resident #97's unit was no longer working at the facility since the end of [redacted]. She stated that either the [redacted] or the U.S. FOIA (b) (6) would have been covering as the U.S. FOIA (b) (6). The [redacted] stated that if a communication form was incomplete or did not return with the resident, the nurse would be responsible for contacting the	F 698		

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F 698	Continued From page 70 NJ Exec Order 26.4b1 center for the missing information. On 01/11/24 at 10:46 AM, Resident #97's direct care Licensed Practical Nurse (LPN) #1 stated that prior to the resident going to NJ Exec Order 26.4b1 his/her vital signs NJ Exec Order 26.4b1 needed to be checked, the NJ Exec Order 26.4b1 needed to be assessed, and the NJ Exec Order 26.4b1 communication form needed to be sent with the resident. LPN #1 further stated that when a resident returned from NJ Exec Order 26.4b1, the nurse would be required to document a NJ Exec Order 26.4b1 assessment in the emr. On 01/18/24 at 10:57 AM, during an interview with the surveyor, LPN #1 stated that it was important to do a NJ Exec Order 26.4b1 assessment because the resident could NJ Exec Order 26.4b1 . LPN #1 further stated that the NJ Exec Order 26.4b1 assessment and documentation should be completed when the resident returned from NJ Exec Order 26.4b1 On 01/22/24 at 8:48 AM, the U.S. FOIA in the presence of survey team, stated that it was important to monitor residents upon return from NJ Exec Order 26.4b1, "NJ Exec Order 26.4b1". At 10:35 AM, during a subsequent interview on the same date, the U.S. FOIA in the presence of the survey team, stated that the nurse should fill out the NJ Exec Order 26.4b1 assessment "when the resident returns because it is an assessment, and it should not be done months later". The above concerns were addressed with the facility on 01/22/24 at 1:43 PM.	F 698		

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On 01/23/24 at 9:38 AM, the facility provided NJ Exec Order 26.4b1 communication forms which had now been completed, after surveyor inquiry, and as follows: NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 assessment filled out and signed and backdated; NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 assessment filled out and signed and backdated NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 assessment filled out and signed and backdated NJ Exec Order 26.4b1; NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 assessment filled out and signed and backdated NJ Exec Order 26.4b1; NJ Exec Order 26.4b1, post assessment not completed but signed by a nurse and not dated NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 review now signed by a nurse; NJ Exec Order 26.4b1, blank resident information now filled out but still not signed post NJ Exec Order 26.4b1 review; NJ Exec Order 26.4b1, noted on the prior to NJ Exec Order 26.4b1 treatment filled out, NJ Exec Order 26.4b1 center information filled out and dated NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 not completed but signed and dated NJ Exec Order 26.4b1 The U.S. FOIA stated that some of the nursing staff had went back and NJ Exec Order 26.4b1 and filled out NJ Exec Order 26.4b1 forms, and made late entries in the emr."

A review of the facility provided, "Director of Nursing" job description undated, included but was not limited to; Organize and direct .... Nursing services and resident care ... evaluating and directing the day-to-day functions of the nursing service department; ensure that all nursing services personnel are performing their respective duties; and review nurses' notes to ensure proper documentation is maintained.

A review of the facility provided, "Assistant Director of Nursing" job description undated, included but was not limited to; ensure all nursing personnel are following their respective job descriptions; and coordinate services effecting

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resident care .... To provide the best quality resident care through involvement in patient care planning.

A review of the facility provided, "Staff Nurse RN (Registered Nurse)" job description undated, included but was not limited to; ensure nursing personnel assigned to you comply with written policies and procedures established by the facility; .... Coordinating nursing services to ensure the resident's total regimen of care is maintained; document accurately in resident chart .... ; and sign and date all entries to the resident's medical record.

A review of the facility provided, "Staff Nurse" job description undated, included but was not limited to; responsible for complying with facility policies and procedures; perform tasks in accordance with established policies and procedures and as instructed by supervisors; document accurately in the resident chart; and sign and date entries in the resident's medical record.

A review of the facility provided, "Hemodialysis Access Care" policy, reviewed 01/2023, included but was not limited to; Documentation: "the general medical nurse should document in the resident's medical record every shift as follows: 1. Location of catheter. 2. Condition of dressing (interventions if needed). 3. If dialysis was done during shift. 4. Any part of report from dialysis nurse post-dialysis being given. 5. Observations post-dialysis."

A review of the facility provided, "Instruction for Completion of Dialysis Communication Form", undated, included but was not limited to; Intent: enhance communication between the facility and

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F 698	Continued From page 73 dialysis center staff to ensure the resident needs are met timely and to avoid medical complications. "The form should be completed each dialysis treatment day." Nursing facility: "nursing staff are to complete the top half of the communication tool prior to the resident leaving for dialysis." Dialysis center: to complete the lower half of the form prior to the resident return to the facility. Review of form upon return from dialysis: the facility nurse who receives the resident after dialysis treatment must review the communication tool, act on any information, and sign the form as reviewed. The form is to be put into the dialysis binder and kept at the nursing station until it can be scanned into the electronic health record. NJAC 8:39-13.1(a); 27.1(a)	F 698		
F 725 SS=F	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with	F 725		2/7/24

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F 725	Continued From page 74 resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Complaint #152805 Refer to F677, F697 Based on observation, interview, record review, and review of documentation, it was determined that the facility failed to provide sufficient staff to provide nursing and related services to meet the resident needs. This deficient practice was identified for 5 of 35 residents (Resident #39, #11, #101, #106, and #144), and on 1 of 4 resident units with the potential to affect all residents. This deficient practice was evidenced by the following: Review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the facility was deficient in (Certified Nurse Aide) CNA staffing as follows: For the 2 weeks of staffing prior to survey from 12/17/2023 to 12/30/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -12/17/23 had 17 CNAs for 210 residents on the day shift, required at least 26 CNAs.	F 725	Residents affected by deficient practice: Facility failed to ensure sufficient staff were available to; a)provide timely NJ Ex Order 26 and NJ Ex Order 26.4b1 of residents; b) provide timely and appropriate NJ Ex Order 26.4b1 care for residents who were dependent on staff for Activities of Daily Living (ADL's); c) provide out of bed schedule for residents; and d) failure to address request for NJ Ex Or medication. This deficient practice was identified for 5 of 35 residents on 1 of 4 units. Identify those individual who could be affected by the deficient practice: -All residents have the potential to be affected by this deficient practice. -All residents were monitored for any adverse effects of the deficient practice with none noted. What corrective action will be accomplished for those residents by the deficient practice: -The facility continues to actively fill open	

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F 725	Continued From page 75 -12/18/23 had 18 CNAs for 208 residents on the day shift, required at least 26 CNAs. -12/19/23 had 14 CNAs for 207 residents on the day shift, required at least 26 CNAs. -12/20/23 had 19 CNAs for 207 residents on the day shift, required at least 26 CNAs. -12/21/23 had 22 CNAs for 207 residents on the day shift, required at least 26 CNAs. -12/22/23 had 20 CNAs for 207 residents on the day shift, required at least 26 CNAs. -12/23/23 had 19 CNAs for 214 residents on the day shift, required at least 27 CNAs. -12/24/23 had 13 CNAs for 214 residents on the day shift, required at least 27 CNAs. -12/25/23 had 12 CNAs for 212 residents on the day shift, required at least 26 CNAs. -12/26/23 had 18 CNAs for 212 residents on the day shift, required at least 26 CNAs. -12/27/23 had 22 CNAs for 212 residents on the day shift, required at least 26 CNAs. -12/28/23 had 19 CNAs for 212 residents on the day shift, required at least 26 CNAs. -12/29/23 had 22 CNAs for 211 residents on the day shift, required at least 26 CNAs. -12/30/23 had 23 CNAs for 209 residents on the day shift, required at least 26 CNAs. 1.) On 01/5/24 at 12:45 PM, Surveyor #1 observed that Resident #39, who was dependent on staff for Activities of Daily Living (ADLs) and had a NJ Exec Order 26.4b1, was in the NJ Exec Order 26.4b1 in bed as observed earlier and had not been NJ Exec Order 26.4b1 by the staff. On 01/10/24 at 11:20 AM, Surveyor #1 observed that Resident #39 was in the NJ Exec Order 26.4b1 as observed earlier and had not been NJ Exec Order 26.4b1 by the staff.	F 725	C.N.A (Certified Nursing Assistant) shifts to comply with New Jersey State mandated ratios. Minimum staffing requirements were reviewed with the Human Resources Director, who was able to reiterate minimum staffing requirements for nursing homes. -The facility will take the following measures to ensure this deficient practice does not occur. The facility will focus on recruitment and retention strategies as follows; identify vacant positions daily and attempt to fill positions with current C.N.A. staff or agency; work diligently with Administrator, Director of Nursing and Corporate Recruiter to advertise, recruit and hire sufficient C.N.A. staff; continue to develop programs to attract Nursing Assistants including sign-on bonuses; shift bonuses; continue with in-house C.N.A. class; promote in-house programs to increase retention of current staff. Measures or systemic changes to ensure that the deficiencies will not recur: -Administrator/designee to conduct compliance audits on effectiveness of hiring strategies to include open C.N.A. and Licensed Nurse positions; reporting on new hires, successful strategies to hire and implementation of employee retention programs. -The duration of all audits will consist of completion 1x weekly x4 weeks, then 3x monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at the facility QAPI Committee Meeting, over the	

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F 725	Continued From page 76 On 01/11/24 at 9:15 AM, Surveyor #1 had observed Resident #39 in bed on his/her back, in the NJ Exec Order 26.4b1 as observed earlier. At 10:30 AM, Surveyor #1 asked the U.S. FOIA to do an NJ Exec Order 26.4b1 on Resident #39. Resident #39 was observed by the U.S. FOIA and Surveyor #1 to be NJ Exec Order 26.4b1. The U.S. FOIA stated he would "NJ Exec Order 26.4b1 care after breakfast was completed". On 01/17/24 at 9:15 AM, Surveyor #1 observed Resident #39 in bed on his/her side facing the door. At 12:41 PM, Surveyor #1 observed Resident #39 in NJ Exec Order 26.4b1. Resident #39 had NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 by the staff (approximately 3.5 hours later). On 01/22/24 at 9:05 AM, Surveyor #1 observed a U.S. FOIA (b) (6)) at the bedside of Resident #39. Surveyor #1 requested the U.S. FOIA ask Resident #39 when he/she last was provided with NJ Exec Order 26.4b1 Resident #39 was able to inform the U.S. FOIA (b in the presence of the surveyor, that he/she had not been cared for since last night and had not provided care that morning. 2.) On 01/10/24 at 8:57 AM, Surveyor #1 observed Resident #11 in their room. Resident #11 stated to the surveyor that NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. Resident #11 stated that he/she had already requested the PRN (as needed) NJ Exec Order 26.4b1 that he/she had scheduled from the Licensed Practical Nurse (LPN) #1 but would appreciate it if the surveyor informed LPN #1 again. At 8:58 AM, the surveyor observed LPN #1 in the hall at the medication cart and informed her about Resident #11's request for NJ Exec Order 26.4b1. LPN #1 acknowledged that she was aware of the	F 725	duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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request.

At 9:30 AM, Surveyor #1 returned to the unit and observed Resident #11 standing in the hallway. Resident #11 stated that he/she had not had the requested NJ Exec Order 26.4b1 yet. The surveyor again informed LPN #1. LPN #1 stated that she had "other things to do". LPN #1 did not administer the NJ Exec Order 26.4b1 to Resident #11 until 9:38 AM along with the resident's scheduled morning medications and 40 minutes after Resident #11 requested his/her PRN NJ Exec O [redacted]

3.) On 01/12/24 at 10:28 AM, Surveyor #2 observed Resident #101 in his/her room in bed. Resident #101 stated that he/she had returned to the facility from the hospital on NJ Exec Order 26.4b [redacted]. Surveyor #2 was interviewing the resident and inquired NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 Resident #101 replied that NJ Exec Order 26.4 [redacted] was stopped and that "there was not enough staff to get" NJ Exec Order 26.4b1. When asked how the resident was aware of there not being enough staff, the resident replied, NJ Exec Order 26.4b1.

On 01/22/24 at 8:33 AM, Resident #101 was observed in bed. Resident #101 informed Surveyor #2 that he/she had not had a shower in, "NJ Ex Order 26.4b1". When asked about getting out of bed, resident #101 stated, "they don't have enough staff to put him/her back". The resident stated if the call light is put on, they don't come, takes hours. When asked if he/she is NJ Exec Order 26.4b1 in time, how does it make him/her feel, Resident #101 stated, "NJ Exec Order 26.4 [redacted]" and he/she NJ Exec Order 26.4b1 [redacted] because, NJ Exec Order 26.4b1". At that time, the unsampled resident (UR) roommates stated staffing was bad, and weekends were the NJ Exec Order 26 [redacted]

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COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

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F 725	Continued From page 78	F 725		

and a few weekends ago there were only two CNA's on the floor.

On 01/22/24 at 9:16 AM, the U.S. FOIA (b) (6) was unable to provide documentation of Resident #101 being provided a shower. The U.S. FOIA (b) (6) stated there was no documentation of the resident refusing and that he/she "never refuses care".

At 10:54 AM, the U.S. FOIA (b) (6) and Surveyor #2 went to Resident #101's room. Resident #101 stated that he/sh NJ Exec Order 26.4b1 " for a shower. The U.S. FOIA (b) (6) confirmed that she was not aware that the resident had not been receiving showers.

A review of Resident #101's medical records included but were not limited to; the resident had a NJ Exec Order 26.4b1 requiring NJ Exec O The medical records also included that Resident #101 required staff assistance for ADLs including NJ Exec Order 26 and NJ Exec Order 26.4b1. A review of the shower schedule revealed that Resident #101 was to have a shower on Tuesday and Friday from 11:00 PM to 7:00 AM. The facility provided documentation revealed that on NJ Exec Order 26.4b, NJ Exec Order 26.4b, NJ Exec Order 26.4b, and NJ Exec Order 26.4b, the resident was not documented as having received a shower and there was no documentation as to why the shower was not provided.

4.) On 01/05/24 at 12:33 PM, Surveyor #1 noted a NJ Exec Order 26.4b1 in the hallway outside of and in the room of Resident #106. Surveyor #1 observed the resident NJ Exec Order 26.4b1.

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F 725	Continued From page 79 On 01/10/24 at 9:25 AM, Surveyor #1 conducted a resident care tour with CNA #2. The surveyor and CNA #2 both observed Resident #106 NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 . The U.S. FOIA (b) (6) was asked to come to the room and confirm the findings. The U.S. FOIA (b) (6)) confirmed the issues and stated she would address the resident's care right away. On 01/11/24 at 9:46 AM, the U.S. FOIA (b) (6) stated that Resident #106's representative had contacted the facility about the resident's care and how often the resident received NJ Exec Order 26.4b1 care. The U.S. FOIA (b) (6) stated she did not have any documentation regarding the concerns being addressed. Surveyor #2 had observed the resident in bed for three days. On 01/11/24 at 10:30 AM, the U.S. FO revealed that the resident NJ Exec Order 26.4b1 However, she could not remember when the resident NJ Exec Order 26.4b1. The U.S. FO reviewed the Care Plan and confirmed an order for the resident NJ Exec Order 26.4b1, but the U.S. FO could not explain why the order was not being implemented. On 01/22/24 at 8:30 AM, Surveyor #1 and #2 observed Resident #106 wearing NJ Exec Order 26.4b1 . At that time, the U.S. FOIA stated that was not the first time the NJ Exec Order 26.4b1 were applied. The U.S. FOIA stated that "they do not have enough staff to provide care" and that they do the best they can.	F 725		

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F 725	Continued From page 80 5.) 01/05/24 at 10:17 AM, Surveyor #2 observed Resident #144 with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 Surveyor #2 observed the resident was NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 Resident #144 stated that, NJ Exec Order 26.4b1 ". The resident stated that he/she NJ Exec Order 26.4b1 and that the call lights were not answered in a timely manner. The resident stated that he/she would wait up to an hour at times. On 01/09/24 at 9:42 AM, Surveyor #2 observed the resident in bed. Resident #144 stated that he/she NJ Exec Order 26.4b1 and would like NJ Exec Order 26.4b1. On 01/09/24 at 10:15 AM, the U.S. FC stated that the resident was NJ Exec Order 26.4b1 on staff for ADLs such as NJ Exec Order 26.4b1 On 01/10/24 at 9:40 AM, the U.S. FC and Surveyor #2 went to the resident's room where both observed the NJ Exec Order 26.4b1 with a NJ Exec Order 26.4b1 . In the presence of the UM, the resident stated he/she NJ Exec Order 26.4b1 to be NJ Exec Order 26.4b1 and to NJ Exec Order 26.4b1 . On 01/18/24 at 10:10 AM, the facility U.S. FOIA (b) (6) stated that staffing was based on the facility census. She stated that the facility had enough staff to care for the residents. The U.S. FOIA (b) (6) and the surveyor reviewed the facility provided staffing. The U.S. FOIA (b) (6) stated when she "scheduled" she had enough [staff] but with calls out the facility will be shorthanded. The facility had different staffing	F 725		

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F 725	Continued From page 81 agencies to cover the staffing, but they called out as well. The U.S. FOIA (b) (6) stated that the staffing ratios were one CNA for 8 residents on the 7:00 AM to 3:00 PM shift; one CNA for 10 residents on the 3:00 PM to 11:00 PM shift; and one CNA for 12 residents on the 11:00 PM to 7:00 AM shift. NJAC 8:39-4.1(a), 27.1(a)	F 725		
F 804 SS=F	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Complaint # 152906 Based on observation, interview, and document review it was determined that the meals were not served at a appetizing temperature and food items were not consistently palatable. The deficient practice was evidenced for 2 of 5 residents who attended a resident council meeting, on 4 of 4 resident units for 2 of 4 food items during a test meal observation, and for Resident #410, #144, #145 and #188. The deficient practice was evidenced by the following: On 01/05/24 at 10:17 AM, the surveyor interviewed Resident #144 about the meals	F 804	Residents affected by deficient practice: The facility failed to provide meals that were at acceptable temperatures for 2 of 5 residents who attended a Resident Council Meeting, on 4 of 4 units for 2 of 4 food items during a test meal observation. Identify those individuals who could be affected by the deficient practice: -All residents have the potential to be affected by this deficient practice. -All residents monitored for any adverse effects of temperature and/or palatable food. There were none noted.	2/7/24

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F 804	Continued From page 82 provided. Resident #144 stated, "NJ Exec Order 26.4b1 [redacted]" On 01/05/24 at 11:00 AM, the surveyor interviewed Resident #410 while in the resident's room. The surveyor asked about the meals provided and the resident stated, NJ Exec Order 26.4b1 [redacted]". The resident stated, NJ Exec Order 26.4b1 [redacted] On 1/05/24 at 11:15 AM, the surveyor interviewed Resident #188 in sitting in the room. The resident stated the NJ Exec Order 26.4b1, and NJ Exec Order 26 [redacted] On 01/05/24 at 11:36 AM, the surveyor interviewed Resident #145 about the meals. The resident stated the NJ Exec Order 26.4b1, and there is NJ Exec Order 26.4b1 . The surveyor interviewed Resident #410 about the meals during the following interviews: 01/09/24 at 9:30 AM, Resident #410 was in bed NJ Exec Order 26.4b1, stated, NJ Exec Order 26.4b1 [redacted]." 01/11/24 at 8:35 AM, Resident #410 was in bed NJ Exec Order 26.4b1. The Resident stated that he/she is NJ Exec Order 26.4b1. The resident stated he/she NJ Exec Order 26.4b1 . On 1/12/24 at 7:00 AM, four surveyors completed test tray meal observations on all four resident units and obtained the following results utilizing	F 804	- For those 5 of 5 residents who attended the Resident Council Meeting, Dining Service Director reviewed specific meals, which were at an unacceptable temperature. Test trays have been monitored by the Dining Service Director for these residents to meet acceptable temperatures, by including them in the sample test tray audits. What corrective action will be accomplished for those residents affected by the deficient practice: - For 4 of 4 units, where 2 of 4 food items were at unacceptable temperatures, these trays were replaced by the Dining Service Director- with meals meeting acceptable temperatures - as taken by the Dining Services Director. -The Dining Service Director/Administrator re-educated all Dietary staff on policy and procedures related to proper hot and cold food temperatures. This entails taking temperatures at point of service, by the cook; Dietary Managaer/ designee for test trays on each unit. -The Dining Service Director/Administrator re-educated Dietary staff on proper use and heat up time of facility base heater and plate warmer equipment prior to meal service. -US FOIA (b)(6) [redacted] re-educated regarding the importance of delivering meal trays to residents as soon as the meal delivery cart is delivered to the unit.	

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F 804	Continued From page 83 calibrated thermometers: Surveyor #1- 1st floor. On 01/12/24 at 7:34 AM, the surveyor observed a meal cart was brought to the unit and the first tray removed at 7:35 AM, and the second to last tray was removed at 7:40 AM and the surveyor removed the remaining meal tray which was for Resident #188 and tested the meal temperatures in the presence of the US FOIA (b)(6). The meal contained scrambled eggs, oatmeal, whole milk, and orange juice. The surveyor felt the meal plate and observed that the meal plate was also cold to the touch. Scrambled eggs: 106 degrees Farenheight (F) (39 degrees below acceptable per US FOIA (Oatmel: 126 F (19 degrees below acceptable per US FOIA ( ) Milk: 48 F Orange Juice: 45 F On 01/12/24 at 7:47 AM, the surveyor observed the U.S. FOIA (b) (6)) deliver another food cart to the first floor. At that time, the surveyor interviewed the U.S. FOIA regarding what the hot and cold food temperatures should be when the reach the resident. The U.S. FOIA stated, 145 F or higher for the the foods and 47 F or colder for the cold items. The tray line was in progress for the meal and at 7:59 AM, the U.S. FOIA (b) (6)) entered the kitchen. The surveyor asked the U.S. FO what the ideal food temperature for the hot food when it reached the resident was. The U.S. FO stated 140-150 degrees for the hot foods and the cold foods should be 45 to 55 F. Surveyor #2- 2nd Floor.	F 804	Measures or systemic changes to ensure that the deficiencies will not recur: -Cooks will continue to follow designated recipes for each meal, to ensure palatability. Residents will also continue to be offered the alternate meal available for each meal, should they desire. - Center has initiated 'Point of Service' dining for steamtable service for all residents on these respective units. -The Administrator/designee will conduct compliance audits on hot and cold temperatures, as evidenced by taking temperatures on test trays, which are delivered by the food trucks. - Outcomes of corrective actions will be monitored and documented for compliance, via the resident's monthly Food Committee Meeting. Administrator/designee will review meeting minutes for compliance. -The duration of all audits will consist of the completion of auditing 5 trays for proper temperature and delivery times, 2x per week x4 weeks; and then 2x monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Performance Improvement Meeting then Quarterly over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 804	Continued From page 84 On 01/12/24 at 7:16 AM, the surveyor observed the meal cart arrive on 7:47 AM and the and the second meal cart arrived at 8:25 AM. The surveyor removed the last tray which was in the presence of the U.S. FOIA (b) (6) and included: Grits: 123 F (22 degrees below acceptable per US FOIA ( ) 2-Hard Cooked Eggs: 121 F (24 degrees below acceptable per US FOIA ( ) Oatmeal: 145 F Apple Juice: 50 F (3 degrees above acceptable per US FOIA ( ) Milk: 47 F Surveyor 3- Third Floor. On 01/12/24 at 7:55 AM, the first food cart arrived and last tray obtained at 8:12 AM wish the U.S. FOIA (b) (6)) present. Eggs: 104.7 F (40.3 degrees below acceptable per US FOIA ( ) Oatmeal 126.3 F (18.7 degrees below acceptable per US FOIA ( ) Juice 50.2 F (3.2 degrees above acceptable per US FOIA ( ) Coffee 130 F An interview conducted with the U.S. FOIA (b) (6) at that time, revealed that "only one" resident complained of cold food yesterday. The surveyor observed the second meal cart arrive at 8:35 AM, the last tray was removed and the temperatures were checked in the presence of the U.S. F	F 804		

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F 804	Continued From page 85 Eggs: 90.1 F (54.9 degrees below acceptable per US FOIA (b) (6)) Milk: 47.3 F The surveyor observed the third meal cart arrive at 9:10 AM, and the last tray was removed and the temperatures again, checked in the presence of the U.S. FOIA (b) (6) Eggs: 94.7 (50.3 degrees below acceptable per US FOIA (b) (6)) Oatmeal: 155.1 F Cranberry Juice: 58.2 F (11.2 degrees above acceptable per US FOIA (b) (6)) Surveyor #4- Fourth Floor. On 01/12/24 the surveyor observed the meal cart ws delivered to the high hall at 7:27 AM, and the last tray was delivered at 7:36 AM. The surveyor, in the presence of the U.S. FOIA (b) (6), checked the temperatures of the tray. Eggs: 110 F (34 degrees below acceptable per US FOIA (b) (6)) Oatmeal: 131 F (14 degrees below acceptable per US FOIA (b) (6)) Apple Juice: 53 F (6 degrees above acceptable per US FOIA (b) (6)) Milk: 51.4 F (4.4 degrees above acceptable per US FOIA (b) (6)) On 01/17/24 at 12:22 PM, the surveyor entered the main kitchen during the meal service and selected a test test tray meal which included the turkey burger patty, one slice of pizza, cold cabbage salad and a puree cold green bean salad. At 12:28 PM, three surveyors proceeded to test the meal and 3 of 3 surveyors determined 2	F 804		

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F 804	Continued From page 86 of 4 items were not palatable. The pizza tasted very dry and was not appetizing, and the puree green bean salad appeared stiff and tasted gummy as if there was too much thickener. On 01/18/24 at 8:56 AM, the U.S. FOIA (b) (6)) was interviewed the meals and snacks. The U.S. FOIA (b) stated that "we developed a food committee a few months ago" and the plan is to serve meals on the individual units. On 01/22/24 at 1:53 PM, the informed the U.S. FOIA (b) and U.S. FOIA (b) (6) of the concerns regarding the food temperatures and the decreased palatability of the pizza and puree salad. On 1/23/24 at 9:34 AM, the U.S. FOIA (b) presented the surveyor with information regarding Meal Temperatures and Mealtimes". The document revealed that "Minimal trays will be delivered from our kitchen for those residents who choose not to leave their rooms- or who cannot leave their rooms for meals." Three attached Quarterly Improvemen Project Plan/Report, dated 10/1/23, 11/1/23 and 12/1/23 revealed a plan to resume the dining room meal service program. The goal was "To ensure residents who choose to attend this program benefit from the point of service meal program through an increased social environment and individualized meal service. The plan did not address the temperatures of the meals served on trays to the resident rooms or the quality of the meals served.	F 804		
F 809 SS=F	NJAC 8:39-17.4 (a)2 Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3)	F 809		2/7/24

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F 809	Continued From page 87 §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. §483.60(f)(2)There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span. §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. This REQUIREMENT is not met as evidenced by: Complaint # 153846 Based on observation, interview and review of facility documentation, it was determined that the facility failed to consistently offer residents evening/bedtime snacks. This deficient practice was identified for 3 of 5 residents (Resident #40, #128, and #142) during resident council meeting and for 4 of 4 nursing units, and was evidenced by the following: On 01/08/24 at 10:30 AM, the surveyor conducted resident council meeting with five residents. During that time, the surveyor inquired about evening/bedtime snacks. Three residents commented that they do not always get offered	F 809	Residents affected by deficient practice: The facility failed to consistently offer residents evening/bedtime snacks. This deficient practice was identifed for 3 of 5 residents during the Resident Council Meeting. Identify those individuals who could be affected by the deficient practice: -All residents have the potential to be affected by the deficient practice. -The residents affected were monitored for any adverse effects of the deficient practice with none noted.	

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F 809	Continued From page 88 bedtime snacks and that only those with a physician ordered bedtime snack are given snacks nightly. On 01/11/24 at 08:30 AM, the surveyor interviewed the U.S. FOIA (b) (6) for the first-floor unit who stated that evening snacks are provided by the kitchen and the nurses would sign a form when the snacks were delivered to the unit. 01/17/24 at 10:29 AM, the surveyor interviewed a U.S. FOIA (b) (6)) on the first-floor unit who stated that on evening shift the snacks were delivered by the kitchen for residents who were ordered a prescribed snack and a bag of square cheese crackers for the other residents. All snacks would come from the kitchen. On 01/17/24 at 02:01 PM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated there were not Periodic Automatic Replacement (PAR) levels for evening snacks for each unit/floor. The U.S. FOIA further stated that each floor received a bag of square cheese crackers, a bag of vanilla wafers and some graham crackers. The U.S. FOIA and the surveyor walked to the dry storage room and the U.S. FOIA showed the surveyor a bag of square cheese cracker (no weight on the bag) and a 12-ounce bag of vanilla wafers. The U.S. FOIA stated that the snacks on evening shift included the snacks ordered by the doctor for specific residents such as applesauce, pudding or sandwiches, and the bag of square cheese crackers and a bag of vanilla wafers. When the evening snacks were delivered to each unit, the dietary staff and the nursing staff would sign a form with the date and time the snacks were delivered to each unit. At that time, the U.S. FOIA	F 809	What corrective action will be accomplished for those residents affected by the deficient practice: -All Dietary personnel were re-educated regarding the distribution and maintaining proper par level of bulk snacks at bedtime for each unit. -The amount of nutritious and bulk H.S. snacks in the evening, were increased to accommodate all the residents - on 4 of 4 units. A revised par level was developed for all 4 units. The snacks include the following; a variety of sandwiches (peanut butter and jelly and the sandwich of the day); fruit cup; puddings; yogurts; cheese-its and wafers. - Residents will be monitored by Nurses who will document via physician's orders in the electronic medical record, for each resident on all 4 units, whether they received or declined the evening snack for that respective evening. -The greater than 14-hour timeframe between dinner and breakfast the next day, had been approved by the President of the Resident Council and the resident group. - Outcomes of corrective actions will be monitored and documented for compliance, via the resident's monthly Food Committee Meeting. Administrator/designee will review meeting minutes for compliance. Measures or systemic changes to ensure that the deficiencies will not recur:	

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F 809	Continued From page 89 provided the surveyor with the "Snack Delivery Log" forms dated 01/02/23 to 01/15/24. A review of the "Snack Delivery Logs", dated 01/2/24 through 01/15/24, revealed missing signatures or logs for evening snack delivery on the following dates: 01/03/24, 01/06/24, 01/07/24, 01/11/24, and 01/12/24. A review of the "Truck Delivery Log" provided by the facility, which indicated the first dinner cart was served to First Floor nursing unit at 4:55 PM, and the first breakfast cart was served to First Floor nursing at 7:22 AM. This was a fourteen-hour time span between dinner and breakfast. On 01/17/24 at 2:41 PM, the U.S. FOIA (b) (6) provided the surveyor with list of 99 residents who had a physician order for an evening snack. The facility census was 209, minus the 99 residents prescribed a snack, reflected that the facility should have enough bulk evening snacks available for 110 residents. On 01/17/24 at 2:51 PM, the surveyor interviewed a U.S. FOIA (b) (6)) who stated she worked the evening shift (3PM-11PM) shift on the second-floor unit. The U.S. FOIA further stated that on the evening shift the kitchen would send up snacks to the unit a bag of square cheese crackers and a bag of vanilla wafers for those residents not prescribed evening snack. "I would then put the crackers or cookies in a plastic cup and cover with plastic wrap then give to those residents who requested a snack." On 01/17/24 at 3:10 PM, the surveyor interviewed a U.S. FOIA who stated she worked the evening shift	F 809	-Dietary Director or designee will conduct compliance audits regarding snack deliveries to the units for proper par levels and ensure snacks are being offered to all residents at H.S. -The duration of all audits will consist of completion three times weekly x4 weeks; then three times monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeting, over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 809	Continued From page 90 on the 3rd floor unit The U.S. FOIA further stated that the snacks on the evening shift consisted of square cheese crackers, vanilla wafers and graham crackers. "The residents will ask for a snack and I would put the cheese crackers and vanilla wafers in a plastic cup and give it to the resident. The yogurt and applesauce are for the residents scheduled for a snack." On 01/17/24 at 3:11 PM, the surveyor interviewed an U.S. FOIA who worked the 3pm-11pm shift on the 2nd floor and stated we get vanilla wafers and square cheese crackers from the kitchen on evening shift for bulk snacks.. On 01/18/24 at 8:53 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that there were bulk snacks available, such as square cheese crackers, vanilla wafers, bananas, crackers and yogurt. "I believe the kitchen have the staff sign a form when the snack was delivered to the units. I am aware what snacks are provided to the residents and I would expect that a snack is available for each resident who doesn't have a scheduled snack and each resident should be offered a snack." On 01/18/24 at 9:18 AM, the surveyor interviewed the U.S. FOIA (b) (6)) who stated that on evening shift there are snacks for the residents prescribed a snack and there are bulk snacks of vanilla wafers and square cheese crackers. The U.S. FO stated that the CNA's were not trained on how to distribute the bulk snacks to the residents. "The staff know their residents and their preferences, and the snacks are given to the residents based on their preferences."	F 809		

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F 809	Continued From page 91 On 01/18/24 at 9:54 AM, the surveyor interviewed the U.S. FC who stated that the kitchen sent up bulk snacks at 7pm to each unit. "We do not have PAR levels for the evening snacks, "just bulk snacks". "Obviously, if they do need something, the nursing staff could come into the kitchen and grab a snack, even at 8 PM." On 01/18/24 at 11:12 AM, the surveyor interviewed the U.S. FC who stated mealtime hours from dinner to breakfast is 14 hours unless you provide a snack then the time increases to 16 hours. The U.S. FC further stated that a nourishing snack provided at least two main nutrients such as a carbohydrate and a protein. A nourishing snack between meals would be a sandwich, fruit, milk, or the bulk snacks. If the resident did not want the bulk snack, the nursing supervisor had access to the kitchen and could prepare a sandwich, grab crackers, milk etc. The U.S. FC stated "the nursing supervisors were not trained on how to make a sandwich. It is my understanding that snacks are offered to the residents." On 01/18/24 at 12:46 PM, the surveyor interviewed Resident #40 who stated that he remembered the surveyor from resident council. Resident #40 stated that he still had not received an evening snack and had not been offered a snack on evening shift. A review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 26.4, reflected a Brief Interview for Mental Status (BIMS) score of NJ Exec out of 15 which indicated that Resident #40 was NJ Exec Order 26.4b1.	F 809		

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F 809	Continued From page 92 On 01/18/24 at 12:51 PM, the surveyor interviewed Resident #128, in the presence of the resident's [NJ Exec Order 26.4b] stated that he had not been receiving an evening snack or had been offered an evening snack. A review of the Annual MDS, dated [NJ Exec Order 26.4b], reflected a BIMS score of [NJ Ex] out of 15 which indicated that Resident #126 had [NJ Exec Order 26.4b] [redacted] On 01/18/24 at 12:53 PM, the surveyor interview Resident #142 who stated "[NJ Exec Order 26.4b1] [redacted] " Resident #142 further stated [NJ Exec Order 26.4b1] [redacted]." Resident #142 confirmed that snacks were not always available. A review of the Quarterly MDS, dated [NJ Exec Order 26.4b] reflected a BIMS score of [NJ Ex] out of 15 which indicated that Resident #142 was [NJ Exec Order 26.4b1] [redacted] On 01/18/24 at 9:31 AM, the [U.S. FOIA (b) (] in the presence of the survey team, stated that snacks were to be offered to those residents who request them. The staff would go down to the kitchen and make food or snacks as needed as there are no snacks in the pantries on the units. We do not have PAR levels for the bulk snacks for the units. A review of the facility's policy titled "Snacks", revised 9/2017, revealed that bedtime (A.K.A.	F 809		

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F 809	Continued From page 93 HS) snacks will be provided for all residents. Nursing services is responsible for delivering the individual snacks to the identified residents and for offering evening snacks to all other residents. NJAC 8:39-17.4(b)	F 809		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §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. §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 document review it was determined that the facility failed to ensure the dish machine was operated in a manner to appropriately sanitize, and the large blender was stored appropriately, to limit the potential growth of bacteria and food borne illness. The deficient practice was evidenced by the following:	F 812	Residents affected by deficient practice: -The facility failed to; a)ensure the dish machine was operated in a manner to appropriately sanitize, and the large blender was stored appropriately, to limit the potential growth of bacteria and food borne illness; and b)ensure recently delivered milk was not past the expiration	2/7/24

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F 812	Continued From page 94 On 01/05/24 at 10:00 AM, the surveyor toured the main kitchen with the U.S. FOIA (b) (6)) and observed the dish machine in use to wash tray items which included the tray food trays, insulated food lids and insulated bases. At that time the surveyor interviewed the U.S. FOIA regarding what the type of dish machine was and how the dishes were sanitized. The U.S. FOIA stated the machine was a low temperature machine, as the surveyor observed the rinse temperature was 140 degrees Fahrenheit and the U.S. FOIA then pointed to a chemical bottle on the floor underneath the machine which was identified as the sanitizing agent for the machine and was not a hot water sanitizing machine. The surveyor asked the U.S. FOIA how he would know if the sanitizing agent was effectively sanitizing. The U.S. FOIA brought a small bottle of test strips and placed a strip into the water that was exiting the dish machine. The U.S. FOIA removed and shook the strip looked at the strip and it barely changed color and the U.S. FOIA stated, "it is usually right on", and "I am trying to see what is going on." He then compared the strip to the bottle, which was a very faint color of gray and stated the strip matched the "10" Parts Per Million (PPM). The U.S. FOIA proceeded to put another test strip into the water, move it around, lifted it up and the test strip it did not change color. At that time the Food Service Management CompanyDistrict Manager (DM #1) interjected and told the surveyor, "it will be re-washed". The surveyor asked the DM #1 why he was re-washing the dishes and he stated, "it is not clean, it is not sanitizing", and directed the staff to re-wash the dishes. The surveyor asked the FSM #1 how he would have known if the sanitizer was not working unless the surveyor brought it to his attention. and he did not respond	F 812	date. Identify those individuals who could be affected by the deficient practice: -All residents have the potential to be affected by this deficient practice. -All residents were monitored for any adverse effects of the deficient practice with none noted. What corrective action will be accomplished for those residents affected by the deficient practice: -The expired milk was immediately removed from the walk in and sent back to the milk distributor for credit. -The large blender was immediately re-washed and sanitized and air dried, as per policy. -All dietary staff were re-educated as to ensure that an inspection of all milk deliveries take place prior to the employee signing for this delivery. -All dietary staff were re-educated to the proper manner to utilize the dish machine and ensure appropriate sanitation measures are taking place. -All dietary staff were re-educated to the policy of ware washing. Measures or systemic changes to ensure that the deficiencies will not recur: -Administrator/designee will conduct compliance audits for all kitchenware washing, correct usage of dish machine and inspection of milk delivery process.	

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F 812	Continued From page 95 and then pushed the nozzle into the sanitizer chemical bucket so it would pull the sanitizer solution into the machine and he stated the nozzle was in the solution. The surveyor reviewed the Dish Machine Log dated 01/05/24 for the breakfast meal which revealed 100 PPM was documented on the log for the sanitizer concentration and the surveyor requested the PPM requirements for the sanitizer. There were four crates of low fat chocolate milk that was stored inside of the walk in refrigerator and asked the U.S. FOIA to remove the crates for observation, he confirmed there were 50 per crate. They had an expiration date of 1/4/24 and the U.S. FOIA acknowledged they were out of date, in the presence DM #1, the U.S. FOIA stated the milk vendor just dropped the milk off and had no explanation why it was out of date. A large blender was stored upright on a metal table and confirmed clean by the U.S. FOIA (The surveyor asked to see the interior of the blender which was visibly wet inside. The U.S. FOIA stated it should not be stored wet. On 01/17/24 at 10:29 AM, the surveyor interviewed the DM #2 to confirm the type of dish machine that was utilized and he stated it was a low temperature machine. The surveyor again requested what the proper sanitation PPM was for that specific machine. On 01/17/24 at 10:40 AM, the surveyor reviewed an Invoice provided by the U.S. FOIA from the milk company, dated 01/05/24 at 9:11 AM, Quantity 200, "SKM, ACH FREE, CH, HP", and the Invoice was signed by the US FOIA (.	F 812	-The duration of all audits will consist of completion one time weekly x4 weeks - then 2x monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and quarterly at facilty QAPI Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 812	Continued From page 96	F 812		

On 01/22/24 at 12:18 PM, the surveyor interviewed the DM #2, and again, requested the documentation specific to the dish machine regarding the PPM for the sanitizing solution. The FSM #2 stated he had a policy, "but it was not specific".

On 01/22/24 at 12:49 PM, the [redacted] stated the DM #2 was contacting the vendor regarding the information for the specific PPM that must be obtained to ensure the dish machined was functioning.

A Warewashing Policy, dated 05/2014 revealed: All dishware, serviceware, and utensils will be cleaned and sanitized after each use. 2. All dish machine water temperatures will be maintained in accordance with manufacturer recommendations for high temperature or low temperature machines; 3. Temperature and/or sanitizer concentration logs will be completed, as appropriate. 4. All dishware will be air dried and properly stored.

The test strip bottle for the "Chlorine Test Paper", revealed "dip and remove quickly, blot immediately with paper towel. Compare to color chart.

The Food and Nutrition Services, "Use By" Dating Guidelines, dated 03/16/15 revealed: The following is a guide to use when establishing a "use by" date for food items. The manufacturer's expiration date, when available, is the "use by" for unopened items.

On 01/23/24 at 10:18 AM, the [redacted] provided the surveyor with the previously requested "Sanitizer Requirements" for the dish machine which

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F 812	Continued From page 97 revealed "50" PPM. NJAC 8:39-17.2(g)	F 812		
F 842 SS=E	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; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight	F 842		2/7/24

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F 842	Continued From page 98 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. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview and document review, it was determined that facility failed to ensure all medical records remained readily accessible. The deficient practice occurred during an on site survey conducted from 01/05/24 through 01/23/24 and was evidenced by the following:	F 842	Residents affected by deficient practice: -The facility failed to ensure that all medical records remained readily accessible. This was evidenced by; a) the surveyor□s review of closed Electronic Medical Record (EMR) for Resident #311-	

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F 842	Continued From page 99 On 01/10/24 at 9:43 AM the surveyor reviewed the closed Electronic Medical Record (EMR) for Resident # 311 and could not locate any NJ Exec Order 26.4b1 notes and on 10:05 AM, the surveyor requested the any additional closed medical records for Resident #311. On 01/10/24 at 11:00 AM, the U.S. FOIA (b) (6)) provided the surveyor with a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 dated NJ Exec Ord Evaluations dated NJ Exec Order 26.4b. On 01/10/24 at 12:33 PM, the surveyor interviewed the NJ Exec Order 26.4b1 who stated there was a transition from the former NJ Exec Order 26.4b1 company to the present company and new evaluations were completed on NJ Exec Order 26.4b for NJ Exec Order 26.4b1 was completed on NJ Exec Order 26.4b. The surveyor requested any treatment notes for the original evaluations. The NJ Exec stated that she did not have access to the former NJ Exec Order 26.4b1 company's documentation and she stated there were no treatment notes included in what the surveyor was provided. The NJ Exec stated that on NJ Exec Order 26.4b1 current rehabilitation completed a NJ Exec Order 26.4b1 evaluation for the transition and the NJ Exec treatment began on NJ Exec Order 26.4b. The surveyor asked if there should be documentation regarding the treatments and the NJ Exec stated "NJ Exec Or there should be NJ Exec Order 26.4b1 notes from NJ Exec Order 26.4b and the NJ Exec stated the NJ Exec Order 26.4b1 notes cannot be located by the current NJ Exec Order 26.4b1 company. The NJ Exec stated she will discuss with the U.S. FOIA (b) and confirmed that there were no NJ Exec Order 26.4b notes to provide for NJ Exec Order 26.4b. On 01/10/24 at 1:06 PM, the U.S. FOIA (b) (6)	F 842	unable to locate NJ Exec Order 26.4b1 notes; b) unable to locate communication for NJ Exec Order 26.4b1 records for Resident #97. Identify those individuals who could be affected by the deficient practice: -All residents with open and closed Electronic Medical Records (EMR434wes), have the potential to be affected by the deficient practice. What corrective action will be accomplished for those residents affected by the deficient practice: -Offer process to state survey team on how to access previous NJ Ex Order 26.4b1 company's electronic health records information for Resident #311. Although this was a closed medical record from a previous company, access to be granted immediately to surveyer, upon request. If unable, then center will access and print requested copies for surveyor. -Resident #97 NJ Ex Order 26.4b orders and communication forms were reviewed for accuracy and completion. -All licensed nursing staff were re-educated on facility policy for Hemodialysis Access Care with an emphasis on assessing the patient before and after dialysis treatments, as well as completion of the dialysis communication form and documenting in the electronic medical record. -All licensed staff and US FOIA (b)(6) re-educated on maintaining medical records for open and closed	

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	315207	A. BUILDING _____ B. WING _____	C 01/23/2024

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COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

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F 842	Continued From page 100 [redacted] provided an investigation for Resident #311 and at 1:15 PM provided the closed record for Resident #311 and stated, "it was everything they had". On 01/10/24 at 1:22 PM the surveyor interviewed the [redacted] who confirmed that she provided all of the [redacted] records that she had access to. The [redacted] was unable to provide all surveyors with access to all of the [redacted] documentation from the current [redacted] company. On 01/18/23 at 10:18 AM, ten days after initially requesting the information, the [redacted] and [redacted] provided the surveyor with additional [redacted] documentation for Resident #311 dated which included [redacted] notes beginning [redacted]. On 01/18/23 at 9:30 AM, Surveyor #2 reviewed the [redacted] communication forms for Resident #97. Surveyor #2 reviewed the dates ranging from [redacted] through [redacted]. Resident #97 attending [redacted] treatments three times a week. Surveyor #2 was unable to locate communication forms for dates [redacted], and [redacted]. This represented only [redacted] treatments and [redacted]. Calculating [redacted] treatments ordered three times a week equates to [redacted] treatments. Resident #97 has documentation on the communication forms of one refused treatment and the surveyor reviewed the communication forms one day prior to the next	F 842	medical records. - Administrator/designee will ensure that any surveyor and/or outside party (public), wishing to obtain easy access to any open and closed medical records, will be provided with immediate proper 'sign in/log in' for current and/or previous electronic medical records. Measures or systemic changes to ensure that the deficiencies will not recur: - Access to any prior company's medical and/or rehabilitation electronic medical records will be made available to all surveyors - or printed copies made available to surveyor for all requested information. -Director of Nursing/designee will conduct compliance audits of 2 residents who receive hemodialysis for completion of assessments and documentation. -The duration of all audits will consist of the completion of auditing 2 residents receiving dialysis one time per week x4 weeks, and then monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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F 842	Continued From page 101 NJ Exec Order 26.4b1. The facility should have had NJ Exec Order 26.4b1 communication forms readily available and completed. On 01/23/24, the facility was unable to provide all of the missing, requested NJ Exec Order 26.4b1 communication forms.	F 842		
F 880 SS=D	NJAC 8:39-35.2(k) 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, but are not limited to:	F 880		2/7/24

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F 880	Continued From page 102 (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:	F 880		

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F 880	Continued From page 103 Based on observation, interview and record review, it was determined that the facility failed to ensure that all staff were familiar with and adhered to infection control practices in accordance with facility policy guidelines and infection prevention protocol. This deficient practice was identified for 1 of 1 resident reviewed for NJ Exec Order 26.4b1 (Resident #39) and was evidenced by the following: On 01/09/24 at 12:10 PM, the surveyor observed Resident #39 in bed. Also noted on the bedside table was a NJ Exec Order 26.4b1 and a bottle of NJ Exec Order 26.4b1 on the dresser. On 01/10/24 at 8:30 AM, the surveyor reviewed Resident #39's medical record. The Admission Face Sheet (an assessment summary) reflected that Resident 39 was admitted to the facility with diagnoses which included but were not limited to: NJ Exec Order 26.4b1 The Annual Minimum Data Set (MDS) a resident assessment tool used by the facility to prioritize care, dated NJ Exec Order 26.4b1, revealed that Resident #39 was NJ Exec Order 26.4b1 Resident #39 scored NJ Exec /15 on the Brief Interview for Mental Status (BIMS), which indicated the resident had a NJ Exec Order 26.4b1 . Section GG of the MDS which addressed Functional Status with activities of daily living indicated Resident #39 was NJ Exec Order Section NJ Exec Order 26.4b1, revealed that Resident #39 had NJ Exec Order 26.4b1 to	F 880	Residents affected by deficient practice: The facility failed to ensure that all staff were familiar with and adhere to infection control practices in accordance with facility policy guidelines and infection prevention protocol. This deficient practice was identified for 1 of 1 residents (Resident #39) reviewed for NJ Exec Order care. Identify those individuals who could be affected by the deficient practice: -All residents with actual pressure ulcers/skin impairment have the potential to be affected by the deficient practice. -The residents affected were monitored for any adverse effects of the deficient practice with none noted. What corrective action will be accomplished for those residents affected by the deficient practice: -Resident #39 had NJ Exec Order care administered. -The US FOIA (b)(6) immediately educated; and competency was completed for completing wouind treatments. -All nurses were provided competency and completed on completion of wound treatments. -All nursing staff re-educated on facility policy for 'Pressure Ulcer/Skin Breakdown Clinical Protocol', hand hygiene and 'Wound Care' and the importance of disinfecting the surface to be used, maintaining a clean field, providing a protective barrier; and washing and drying	

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F 880	Continued From page 104 the NJ Exec Order 26.4b1 Review of the NJ Exec Order 26.4 Treatment Administration Record (TAR) reflected an order to NJ Exec Order 26.4b1 [redacted]. On 01/10/23 at 10:15 AM, the surveyor observed the U.S. FOIA in the hallway with the treatment cart by Resident #39's door. Upon inquiry, the U.S. FOIA informed the surveyor that Resident #39 was ready for the NJ Exec Order 26.4b1 NJ Exec Order 26.4 to be NJ Exec Order 26.4. The surveyor followed the nurse to observe the NJ Exec Order 26.4b1. The U.S. FOIA (b) (6)) prepared for the NJ Exec Order 26.4b1 in the hallway by the resident's room. The U.S. FOIA wheeled the treatment cart and positioned the cart by the door. The U.S. FOIA reached in her jacket for the keys, opened the cart, retrieved an NJ Exec Order 26.4b1, opened the package and with her bare hands removed the NJ Exec Order 26.4b1 needed to NJ Exec Order 26 the NJ Exec Order 26 and NJ Exec Order 26.4b1 in a plastic cup. The U.S. FOIA then collected the other supplies consisted of NJ Exec Order 26.4b1 [redacted] While in the hallway, the U.S. FOIA opened the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The U.S. FOIA then entered the room and placed the supplies on the bedside table. The U.S. FOIA (b) (6)) was in the room to assist with the NJ Exec Order 26.4b1. The U.S. FOIA used Alcohol based hand rub (ABHR) to sanitize her hands. The U.S. FOIA then NJ Exec Order 26.4 the bed and NJ Exec Order 26.4b1. The U.S. FOIA did	F 880	hands. Measures or systemic changes to ensure that the deficiencies will not recur: -The DON/Unit Manager/Designee will conduct audits of 4 random nurses for competency of wound treatments. Audits will be completed weekly x4 weeks - then monthly x2 months. - Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeting over the duration of the audit process. Based on the results of these audits, a decision will be made regading the need for continued submission and reporting.	

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F 880	Continued From page 105	F 880		

NJ Exec Order 26.4b1 . The U.S. FOIA donned gloves, removed the NJ Exec Order 26.4b1, removed her gloves and used ABHR to sanitize her hands. The U.S. FOIA used the NJ Exec Order 26.4b1 . The U.S. FOIA then returned the NJ Exec Order 26.4b1 on the bedside table. The U.S. FOIA NJ Exec Order 26.4b1, removed her gloves, don gloves again, applied the NJ Exec Order 26.4b1 the resident. NJ Exec Order 26.4b the bed, NJ Exec Order 26.4b1 in the receptacle bin inside the room, removed her gloves and went to the bathroom to wash her hands. The U.S. FOIA and the U.S. FOIA (b) (6) left the room and did not disinfect the resident's bedside table. The surveyor remained in the room.

On 01/10/23 at 10:38 AM, the surveyor observed the U.S. FOIA (b) (6) and the U.S. FOIA sitting at the nursing station. The surveyor then informed the U.S. FOIA (b) (6) regarding the concern that the bedside table was not disinfected as the U.S. FOIA left the room and did not disinfect the bedside table. The U.S. FOIA (b) (6) returned to the room disinfected the resident's bedside table at 10:40 AM (20 minutes later).

On 01/10/23 at 10:45 AM, the surveyor interviewed the U.S. FOIA regarding the facility's NJ Exec Order care protocol. The U.S. FOIA stated that she was not aware of the facility protocol for NJ Exec Order care. The U.S. FOIA added that the protocol was to check the treatment book and follow the order. The U.S. FOIA did not acknowledge that she had to wash her hands before or after removing her gloves, or if she had needed to set up a clean field for the NJ Exec Order care. In regards to hand hygiene, the U.S. FOIA stated she

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F 880	Continued From page 106 used ABHR during the [NJ Exec Order] care. On 01/10/24 at 12:30 PM, the surveyor interviewed the [U.S. FOIA] regarding [NJ Exec Order] care protocol and the surveyor requested the employee's file for review. The [U.S. FOIA] stated that she was informed by the [U.S. FOIA (b) (6)] of the infection control issues during the [NJ Exec Order] care. The [U.S. FOIA] further added,the nurse completed in-service education on [NJ Exec Order] care during orientation. A review of the facility's wound care protocol last revised 1/2023 revealed the following: Purpose: The purpose of this procedure is to provide guidelines for the care of wound to promote healing. Preparation: Verify that there is a physician's order for this procedure. Review the resident's care plan to assess for any special needs of the resident. a. For example the resident may have PRN [as needed] orders for pain medication to be administered prior to wound care. Assemble the equipment and supplies as needed. Date and initials all bottles and jar upon opening. Steps in the procedure Use disposable cloth (paper towel is adequate) to establish clean field on resident's overbed table. Place all items to be used during procedure on the clean field. Arrange the supplies so they can be easily reached. Wash and dry your hands thoroughly. Position resident. Place disposable cloth next to resident (under the wound) to serve as a barrier to protect the bed linen and other body sites.	F 880		

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F 880	Continued From page 107 Put on clean gloves. Loosen tape and removed dressing. Pull gloves over dressing and discard into appropriate receptacle. Perform hand hygiene. Use no-touch technique. Pour liquid solutions directly on gauze sponges on their papers.... Discard disposable items into the designated container. Use clean field saturated with alcohol to wipe the overbed table. The [redacted] was not aware of the facility's protocol for [redacted] care and failed to apply the steps required for wound care. NJAC 8:39-19.4 (a) (1, 2)	F 880		

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S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: ADD STAFFING COMPLAINT NUMBERS Based on observation, 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 that from (a) from 2/13/2022 to 2/19/2022, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts (b) from 08/21/2022 to 09/03/2022, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts (c) from 12/04/2022 to 12/10/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts (d) for the 2 weeks of staffing prior to survey from 12/17/2023 to 12/30/2023, the facility was	S 560	Residents affected by deficient practice: The facility failed to ensure staffing ratios were met to maintain the required minimum staff-to resident ratio mandated by the State of New Jersey. Identify those individuals who could be affected by the deficient practice: -All residents have the potential to be affected by this deficient practice. -All residents were monitored by Dirctor of Nursing/ designee; RN Supervisors; Unit Managers; Front Line Nurses; and C.N.A's for any adverse effects of the deficient practice with none noted. Residents received the required care by all of these	2/7/24

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

Electronically Signed | 02/12/24

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S 560	Continued From page 1 deficient in CNA staffing for residents on 14 of 14 day shifts. 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 nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. Review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the facility was deficient in CNA staffing as follows: 1)For the week of Complaint staffing from 02/13/2022 to 02/19/2022, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows: -02/13/22 had 12 CNAs for 169 residents on the day shift, required at least 21 CNAs. -02/14/22 had 12 CNAs for 169 residents on the day shift, required at least 21 CNAs.	S 560	entitities. What corrective action will be accomplished for those residents affected by the deficient practice: -The facility will actively fill open C.N.A (Certified Nursing Assistant) shifts to comply with New Jersey State mandated ratios. Any open C.N.A. positions will be filled by in-house Nursing team (i.e. Director of Nursing, Assistant Director of Nursing, Unit Managers, RN Supervisors, Licensed Nurse). -The facility will take the following measures to ensure this deficient practice does not occur. (1). The facility will focus recruitment and retention strategies as following; (2) identify vacant positions daily and attempt to fill positions with current C.N.A. staff or agency; (3) Advertise open positions each week, (4) recruit and hire sufficient C.N.A. staff; (5) continue to develop programs to attract Nursing Assistants including sign-on-bonuses; shift bonuses, etc; (6) continue with in-house C.N.A. classes provided to identify potential students; (7) promote in-house programs to increase retention of current staff. (8) Continue to fill open C.N.A positions with in-house staff (i.e. Director of Nursing, Assistant Director of Nursing, Unit Managers, RN Supervisors, Licensed Nurses). Measures or systemic changes to ensure that the deficiencies will not recur: -Administrator/Designee to conduct compliance audits on effectiveness of	

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COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 2 -02/15/22 had 19 CNAs for 169 residents on the day shift, required at least 21 CNAs. -02/16/22 had 18 CNAs for 169 residents on the day shift, required at least 21 CNAs. -02/18/22 had 18 CNAs for 168 residents on the day shift, required at least 21 CNAs. 2)For the 2 weeks of Complaint staffing from 08/21/2022 to 09/03/2022, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -08/21/22 had 18 CNAs for 190 residents on the day shift, required at least 24 CNAs. -08/22/22 had 14 CNAs for 190 residents on the day shift, required at least 24 CNAs. -08/23/22 had 18 CNAs for 190 residents on the day shift, required at least 24 CNAs. -08/24/22 had 20 CNAs for 190 residents on the day shift, required at least 24 CNAs. -08/25/22 had 21 CNAs for 190 residents on the day shift, required at least 24 CNAs. -08/26/22 had 18 CNAs for 190 residents on the day shift, required at least 24 CNAs. -08/27/22 had 20 CNAs for 195 residents on the day shift, required at least 24 CNAs. -08/28/22 had 17 CNAs for 194 residents on the day shift, required at least 24 CNAs. -08/29/22 had 19 CNAs for 194 residents on the day shift, required at least 24 CNAs. -08/30/22 had 22 CNAs for 194 residents on the day shift, required at least 24 CNAs. -08/31/22 had 21 CNAs for 194 residents on the day shift, required at least 24 CNAs. -09/01/22 had 18 CNAs for 196 residents on the day shift, required at least 24 CNAs. -09/02/22 had 19 CNAs for 196 residents on the day shift, required at least 24 CNAs. -09/03/22 had 16 CNAs for 196 residents on the day shift, required at least 24 CNAs.	S 560	hiring strategies to include open C.N.A. and Licensed Nurse positions; reporting on new hires, successful strategies to hire and implementation of employee retention program. -The duration of all audits will consist of completion one-time weekly x4 weeks; then three times monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeting, over the duration of the audit process. Based on the results of these audits, a decision will ge made regarding the need for continued submission and reporting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060413	A. BUILDING: _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 3 3)For the week of Complaint staffing from 12/04/2022 to 12/10/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -12/04/22 had 16 CNAs for 200 residents on the day shift, required at least 25 CNAs. -12/05/22 had 9 CNAs for 199 residents on the day shift, required at least 25 CNAs. -12/06/22 had 18 CNAs for 199 residents on the day shift, required at least 25 CNAs. -12/07/22 had 16 CNAs for 199 residents on the day shift, required at least 25 CNAs. -12/08/22 had 17 CNAs for 199 residents on the day shift, required at least 25 CNAs. -12/09/22 had 16 CNAs for 199 residents on the day shift, required at least 25 CNAs. -12/10/22 had 14 CNAs for 196 residents on the day shift, required at least 24 CNAs. 4)For the 2 weeks of staffing prior to survey from 12/17/2023 to 12/30/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -12/17/23 had 17 CNAs for 210 residents on the day shift, required at least 26 CNAs. -12/18/23 had 18 CNAs for 208 residents on the day shift, required at least 26 CNAs. -12/19/23 had 14 CNAs for 207 residents on the day shift, required at least 26 CNAs. -12/20/23 had 19 CNAs for 207 residents on the day shift, required at least 26 CNAs. -12/21/23 had 22 CNAs for 207 residents on the day shift, required at least 26 CNAs. -12/22/23 had 20 CNAs for 207 residents on the day shift, required at least 26 CNAs. -12/23/23 had 19 CNAs for 214 residents on the day shift, required at least 27 CNAs. -12/24/23 had 13 CNAs for 214 residents on the day shift, required at least 27 CNAs.	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060413	A. BUILDING: _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 4 -12/25/23 had 12 CNAs for 212 residents on the day shift, required at least 26 CNAs. -12/26/23 had 18 CNAs for 212 residents on the day shift, required at least 26 CNAs. -12/27/23 had 22 CNAs for 212 residents on the day shift, required at least 26 CNAs. -12/28/23 had 19 CNAs for 212 residents on the day shift, required at least 26 CNAs. -12/29/23 had 22 CNAs for 211 residents on the day shift, required at least 26 CNAs. -12/30/23 had 23 CNAs for 209 residents on the day shift, required at least 26 CNAs. On 01/05/24, during the entrance conference held with the Licensed Nursing Home Administrator (LNHA), the surveyor requested the staffing information for the dates listed above and for the weeks 01/12/21 and 01/19/21. On 01/16/24 at 10:31 AM, the LNHA informed the surveyor that the current company took the facility over during the month 04/2021. The LNHA stated she had not access to the former company's payroll and when she was unable to obtain the information. On 1/18/24 at 10:10 AM, the surveyor interviewed the staffing coordinator who stated she was aware of the state mandatory staffing ratio for CNA's as 1:8 day shift (7am-3pm), 1:10 evening shift (3pm-11pm) and 1:12 for night shift (11pm-7am).	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315207	A. BUILDING _____ B. WING _____	R-C 03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	**2601 EVESHAM ROAD VOORHEES, NJ 08043**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS Survey Date: 01/23/24 Revisit Date: 03/27/24 Census: 225 Sample Size: 8 A Revisit survey was conducted by the New Jersey Department of Health. The facility was found to be in substantial compliance with 42 CFR 483 subpart B for long term care facilities.	{F 000}		

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

Electronically Signed | 03/28/2024

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.

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315207 Y1	A. Building B. Wing Y2	3/27/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

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 F0657	Correction	ID Prefix F0684	Correction	ID Prefix F0686	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	02/07/2024	LSC	02/07/2024	LSC	02/07/2024
ID Prefix F0725	Correction	ID Prefix F0804	Correction	ID Prefix F0809	Correction
Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.60(d)(1)(2)	Completed	Reg. # 483.60(f)(1)-(3)	Completed
LSC	02/07/2024	LSC	02/07/2024	LSC	02/07/2024
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	
1/23/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315207 Y1	A. Building B. Wing Y2	3/27/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

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 F0550 Reg. # 483.10(a)(1)(2)(b)(1)(2) LSC	Correction Completed 02/07/2024	ID Prefix F0636 Reg. # 483.20(b)(1)(2)(i)(iii) LSC	Correction Completed 02/07/2024	ID Prefix F0657 Reg. # 483.21(b)(2)(i)-(iii) LSC	Correction Completed 02/07/2024
ID Prefix F0658 Reg. # 483.21(b)(3)(i) LSC	Correction Completed 02/07/2024	ID Prefix F0677 Reg. # 483.24(a)(2) LSC	Correction Completed 02/07/2024	ID Prefix F0684 Reg. # 483.25 LSC	Correction Completed 02/07/2024
ID Prefix F0686 Reg. # 483.25(b)(1)(i)(ii) LSC	Correction Completed 02/07/2024	ID Prefix F0697 Reg. # 483.25(k) LSC	Correction Completed 02/07/2024	ID Prefix F0698 Reg. # 483.25(l) LSC	Correction Completed 02/07/2024
ID Prefix F0725 Reg. # 483.35(a)(1)(2) LSC	Correction Completed 02/07/2024	ID Prefix F0804 Reg. # 483.60(d)(1)(2) LSC	Correction Completed 02/07/2024	ID Prefix F0809 Reg. # 483.60(f)(1)-(3) LSC	Correction Completed 02/07/2024
ID Prefix F0812 Reg. # 483.60(i)(1)(2) LSC	Correction Completed 02/07/2024	ID Prefix F0842 Reg. # 483.20(f)(5), 483.70(i)(1)-(5) LSC	Correction Completed 02/07/2024	ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 02/07/2024

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

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
1/23/2024	☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060413	A. BUILDING: _____ B. WING _____	R-C 03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

(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 REVISIT TO STANDARD SURVEY OF 01/23/24 Revisit Date: 03/27/24 Census: 225 Sample Size:8 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 deficieny 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: Uncorrected Deficiency Based on 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 as evidenced by: Reference: New Jersey Department of Health	{S 560}	Residents affected by deficient practice: The facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio mandated by the State of New Jersey Identify those individuals who could be affected by the deficient practice:	3/28/24

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

Electronically Signed | 03/28/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060413	A. BUILDING: _____ B. WING _____	R-C 03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 560}	Continued From page 1 (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 nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. Review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the facility was deficient in CNA staffing as follows: the 2 weeks of staffing from 03/10/2024 to 03/23/2024 for the 03/27/2024 Revisit survey conducted at Complete Care Kresson View. The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -03/10/24 had 14 CNAs for 223 residents on the day shift, required at least 28 CNAs. -03/11/24 had 15 CNAs for 219 residents on the day shift, required at least 27 CNAs. -03/12/24 had 19 CNAs for 219 residents on the day shift, required at least 27 CNAs.	{S 560}	- All residents have the potential to be affected by this deficient practice. - All residents were monitored by the Director of Nursing/designee; RN Supervisors; Unit Managers; Front Line Nurses; and Certified Nursing Assistants, for any adverse effects of the deficient practice with none noted. Residents received the required care by all of these entitites. What corrective action will be accomplished for those residents affected by the deficient practice: - The facility has now scheduled agency and emergency pick up shifts, as a regular part of scheduling 4 weeks in advance to avoid open positions. - Onsite bonuses have been reintroduced to fill open positions. - Any open C.N.A. positions will be filled by in-house Nursing team (i.e. Director of Nursing, Assistant Director of Nursing, Unit Managers, RN Supervisors, Licensed Nurse). - Continue with in-house C.N.A. classes provided to identify potential students. These classes will continue on a rotating basis every 10 weeks. Measures or systemic changes to ensure that the deficiencies will not recur: - Administrator/Designee to conduct compliance audits on effectiveness of hiring strategies to include open C.N.A. and Licensed Nurse positions; reporting on new hires, successful strategies to hire and implementation of employee retention	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060413	A. BUILDING: _____ B. WING _____	R-C 03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 560}	Continued From page 2 -03/13/24 had 20 CNAs for 219 residents on the day shift, required at least 27 CNAs. -03/14/24 had 20 CNAs for 219 residents on the day shift, required at least 27 CNAs. -03/15/24 had 22 CNAs for 219 residents on the day shift, required at least 27 CNAs. -03/16/24 had 20 CNAs for 224 residents on the day shift, required at least 28 CNAs. -03/17/24 had 16 CNAs for 224 residents on the day shift, required at least 28 CNAs. -03/18/24 had 17 CNAs for 224 residents on the day shift, required at least 28 CNAs. -03/19/24 had 19 CNAs for 228 residents on the day shift, required at least 28 CNAs. -03/20/24 had 23 CNAs for 228 residents on the day shift, required at least 28 CNAs. -03/21/24 had 23 CNAs for 227 residents on the day shift, required at least 28 CNAs. -03/22/24 had 18 CNAs for 227 residents on the day shift, required at least 28 CNAs. -03/23/24 had 20 CNAs for 227 residents on the day shift, required at least 28 CNAs.	{S 560}	program. - The duration of all audits will consist of completion one-time weekly x4 weeks; then three times monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeting, over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reorting.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
060413		4/24/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 03/28/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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

FOLLOWUP TO SURVEY COMPLETED ON	
1/23/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
060413	A. Building B. Wing	4/24/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 03/28/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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

FOLLOWUP TO SURVEY COMPLETED ON	
1/23/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

 EVENT ID: 3QYY13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315207	A. BUILDING **01** B. WING _____	**01/23/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	**2601 EVESHAM ROAD** **VOORHEES, NJ 08043**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments This facility is in substantial compliance with Appendix Z - Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 01/22/2024 and Complete Care at Kresson View was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. Complete Care at Kresson View is a four-story building that was built in 1963 and 1986. The 1963 addition has a partial basement that is unoccupied and is separated from the nursing home with a two-hour separation. The 1986 addition is of Type II (222) construction and is fully sprinklered with battery-operated smoke detection in resident rooms and has hard-wired smoke detection in corridors and spaces open to the corridor.	K 000		
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall.	K 372		2/7/24

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

Electronically Signed | 02/12/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315207	A. BUILDING **01** B. WING _____	**01/23/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	**2601 EVESHAM ROAD** **VOORHEES, NJ 08043**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 372	Continued From page 1 Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to maintain 2 of 12 smoke barrier walls in accordance with NFPA 101:2012, Section 19.3.7.3, 8.6.7.1(1). This deficient practice had the potential to affect 60 of 240 residents who currently reside in the facility. Findings included: On 01/22/2024 at 10:45 AM, a tour of the facility was conducted with U.S. FOIA (b) (6) U.S. FOIA (b) (6) , and U.S. FOIA (b) (6). The surveyor observed the 4th floor West and East smoke barriers had a 2- to 3-inch gap filled with wool fiber material above the smoke barrier doors that did not extend to the roof deck. The smoke barrier walls had penetrations on both sides of the wall that exposed steel studs which extended to the exterior walls. The U.S. FOIA (b) (6) stated that he was not aware of the penetrations above the smoke barrier doors and the walls that extended to the exterior wall. He also stated that he was only concerned about the wall above the doors. According to the U.S. FOIA (b) (6) , he understood the importance of the smoke barrier walls and how they should extend to the exterior walls. In an interview on 01/22/2024 at 10:46 AM, the	K 372	Residents affected by the deficient practice: The facility failed to maintain 2 of 12 smoke barrier walls in accordance with NFPA 101:2012, Section 19.3.7.3,8.6.7.1(1) Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected by the deficient practice. What corrective action will be accomplished for those residents affected by the deficient practice: -The Maintenance Director sealed all penetrations for rooms 414, 415, 418 and 419 - and ensured the smoke barrier wall extended from outside wall to outside wall. -All areas with penetrations were sealed with NJ Ex Order 26.4b1. PLEASE SEE ATTACHED (4) PICTURES. -Facility wide inspection to ensure there were no issues with smoke barrier walls- none noted. -US FOIA (b)(6) re-educated on K372 - penetration to smoke barriers.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315207	A. BUILDING **01** B. WING _____	**01/23/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	**2601 EVESHAM ROAD** **VOORHEES, NJ 08043**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 372	Continued From page 2 U.S. FOIA (b) (6) stated she was not aware of the penetrations at the time of observation. In an interview on 01/22/2024 at 10:47 AM, the U.S. FOIA (b) (6) stated he was not aware of the penetrations at the time of observation. NJAC 8:39-31.1(c), 31.2(e)	K 372	Measures or systemic changes to ensure that the deficiencies will not recur: -The Maintenance Director/Designee will conduct compliance audits on all facility ceilings for any smoke barrier penetration. -The Maintenance Director/Designee will audit facility ceiling for smoke barrier penetrations one-time weekly x4 weeks; and then one-time monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly at facility QAPI Committee Meeting, over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315207	A. Building 01 - MAIN BUILDING 01 B. Wing	3/27/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	2601 EVESHAM ROAD VOORHEES, NJ 08043

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix Reg. # NFPA 101 LSC K0372	Correction Completed 02/07/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
1/23/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO