

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

PRINTED: 06/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/20/2023
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT KRESSON VIEW, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 # NJ00162198 Census: 223 Sample Size: 4 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in	F 609		4/18/23	

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

TITLE

(X6) DATE

Electronically Signed

04/19/2023

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

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F 609	<p>Continued From page 1</p> <p>accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint # NJ00162198</p> <p>Based on interviews and review of the medical records (MRs) and other facility documentation, it was determined that the facility failed to report allegations of EX. Order 26.(4) B1 abuse immediately to the Administrator and failed to notify the New Jersey Department of Health (NJ DOH) according to their abuse policy for 1 of 4 sampled residents (Resident #4) reviewed for abuse. This deficient practice is evidenced by the following:</p> <p>1. According to the Admission Record, Resident #4 was admitted to the facility in 5/1/20 with diagnoses which included but were not limited to; EX. Order 26.(4) B1</p> <p>A Minimum Data Set (MDS), an assessment tool, dated EX. Order 26.(4) B1, revealed the resident had a Brief Interview for Mental Status (BIMS) score of EX. Order 26.(4) B1 which indicated EX. Order 26.(4) B1 and the resident needed assistance with activities of daily living (ADLs).</p> <p>A Care Plan (CP), initiated on EX. Order 26.(4) B1 included that the resident had ADL self-care performance deficit. Interventions included but were not limited to; Resident is a EX. Order 26.(4) B1 for transfers.</p> <p>During an interview with the surveyor on 3/16/23 at 10:30 AM, Resident #4 stated Certified Nurse Aide (CNA) #1 EX. Order 26.(4) B1 and EX. Order 26.(4) B1 him/her</p>	F 609	<p>Resident #4 from the survey sample was interviewed by the Administrator and the Director of Nursing immediately upon notification by surveyor, to ensure her safety and to determine any ill effects of the allegations reported to the center. Residents #4, indicated that she suffered no negative outcomes or injury from the allegations presented at the time of survey. Administrator called in all of the allegations presented by the surveyor to the Department of Health and the Office of the Ombudsman for the Institutionalized and Elderly - as reportable events- for the abuse allegations. Human Resources Manager received a re-education of the proper process for reorting any allegation of abuse or mistreatment of any resident by the Administrator on 3/16/2023.</p> <p>All residents have the potential to be affected by reporting of allegations of abuse; and actual abuse, neglect, exploitation or mistreatment by the facility.</p> <p>Employees will follow the proper process for reporting any allegation of abuse or mistreatment of any resident. All allegations of abuse and/or mistreatment of any residents reported to any employee, will be reported immediately to</p>		

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F 609	<p>Continued From page 2</p> <p>from the wheelchair to the bed despite knowing his/her preference to EX, Order 26,(4) B1 during transfers. Resident #4 added, being lifted causes EX, Order 26,(4) B1 to his/her EX, Order 26,(4) B1. Resident #4 further stated sometime in EX, Order 26,(4) B1, CNA #1 responded to the call light with an attitude. He/she turned the call light on to inform CNA #1 to transfer him/her back to bed whenever CNA is ready, but CNA #1 yelled at the resident stating he/she knew not to turn the call light on. Resident #3 could not remember the date and never reported both events.</p> <p>During an interview with the surveyor on 3/16/23 at 11:03 AM and 12:41 PM, and a telephone interview on 3/20/23 t 10:41 AM, CNA #2 stated sometime in the beginning of EX, Order 26,(4) B1, Resident #4 complained to her that CNA #1 was rude and did not follow his/her choice to stand and pivot during transfer; he/she was EX, Order 26,(4) B1 and EX, Order 26,(4) B1 the resident instead. Also, the resident complained he/she did not like the way CNA #1 approached or talked to him/her. CNA #2 continued to state on that same day she reported Resident #4's complaint to the agency nurse on duty. She was unable to recall the date and the agency nurse's name and was unsure if what she reported was investigated. Additionally, CNA #2 confirmed she and another CNA complained to the Human Resource Manager (HRM) in February about CNA #1's attitude towards them and the residents. During that time, they reported about a resident or some residents who complained about CNA#1's rude attitude and the way she talked to them.</p> <p>During an interview with the surveyor on 3/16/23 at 1:45 PM and 3/20/23 at 1:41 PM, the HRM stated on EX, Order 26,(4) B1 she had a conversation with</p>	F 609	<p>their supervisor and/or Administrator or their designee. This allegation of abuse will be reported within the designated time frame to the New Jersey Department of Health; Office of the Ombudsman for the Institutionalized and Elderly; Family; Physician and Local Police Department (if applicable).</p> <p>Employees within all departments were re-educated by the Administrator and the Staff Development Coordinator, to the proper procedure for reporting all allegations of abuse starting on 03/16/2023. Abuse prevention and reporting will continue to be part of the center's yearly education protocol-inserviced by the Staff Development Coordinator or designee. This training will also be part of the center's orientation program - inserviced by the Staff Development Coordinator or their designee.</p> <p>All reportable events will continue to be incorporated into our Quality Assurance Performance Improvement (QAPI) process. Each reportable event will be reviewed at our monthly QAPI meeting - with a thorough investigation and summary and conclusion - reported by the Administrator or their designee. Risk management events, incidents reports and all grievances will be reviewed during morning meeting, to determine any allegations of abuse or mistreatment. Monitoring of these issues will continue for 6 months - to be presented at our monthly QAPI meetings and reported on</p>		

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F 609	<p>Continued From page 3</p> <p>CNA #2 and another CNA about the conflict they had with CNA #1. She explained the 2 CNAs did not like the way CNA #1's attitude towards them or the residents. Both CNAs reported to her that a resident or some residents complained they did not like the way CNA #1 talked to them. The HRM stated she did not report the allegations because she was unsure who was telling the truth and both CNAs were unable to provide specific information or the resident(s) name. She stated the resident(s) would have reported those concerns to the Director of Nursing (DON) or Administrator already if they were true. The HRM agreed any allegations of abuse must be reported to the administrator immediately, so an investigation could be initiated timely. She agreed the allegation was a concern she should have reported immediately.</p> <p>During a telephone interview with the surveyor on 3/20/23 at 10:08 AM, CNA #1 confirmed there was conflict between her and CNA #2 and another CNA. She stated she honors resident's care and [REDACTED] choices in according to the residents' plan of care. She could not recall bearhugging or lifting the resident but stated Resident #4 could [REDACTED] EX. Order 26.(4) B1 with assistance during transfers.</p> <p>During an interview with the surveyor on 3/20/23 at 2:28 PM, the DON stated staff must report immediately to her or the Administrator if they suspect anything or for any reported allegations of abuse. She confirmed no verbal or physical abuse allegation was reported to her by the aforementioned CNAs or HRM.</p> <p>During an interview with the surveyor on 3/20/23 at 1:57 PM, the Administrator stated she expects</p>	F 609	<p>by the Administrator or designee. Staff will continue to be educated upon orientation and annually by Staff Development or designee -as to the mandatory elements in reporting allegations of abuse or mistreatment. This is inclusive as to whom they report such allegations - and the time frame required.</p>		

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F 609	<p>Continued From page 4</p> <p>all staff to immediately report to her any allegations of abuse, mistreatment or when something caused resident(s) emotional or physical distress. She confirmed no allegations of abuse or mistreatment was reported to her by the aforementioned CNAs and HRM.</p> <p>Review of a facility policy titled "Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating", dated 9/2022 included but was not limited to the following: under "Reporting Allegations to the Administrator and Authorities" it was indicated that "1. If resident abuse, neglect ...is suspected, the suspicion must be reported immediately to the administrator and to the other officials according to the state law. 3. Immediately is defined as: a. within two hours if an allegation of abuse or serious bodily injury, b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury. 6. Upon receiving any allegations of abuse ..., the administrator is responsible for determining what actions (if any) are needed for the protection of resident". Under "Investigating Allegations" it was indicated that "1. All allegations are thoroughly investigated. The administrator initiates investigations."</p> <p>NJAC 8:39-9.4 (f)</p>	F 609			