PRINTED: 05/15/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		315289	B. WING			l '	C 04/11/2023	
	PROVIDER OR SUPPLIER	LITY		•	STREET ADDRESS, CITY, STATE, ZIP CODE 1304 LAUREL OAK ROAD VOORHEES, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENT	rs	FO	000				
	NJ00110496 Deficie F656, F689, and F7	issued related to Intakes: encies were cited at F600, 710. encies were cited at F684 and						
	Survey Census: 10	7						
	Resident Sample S	ize: 6						
	COMPLIANCE WIT 42 CFR PART 483,	NOT IN SUBSTANTIAL TH THE REQUIREMENTS OF SUBPART B, FOR LONG LITIES BASED ON THIS /EY.						
	Management Soluti Jersey Department	was conducted by Healthcare ions LLC on behalf of the New of Health. The facility was ubstantial compliance with 42						
		7 PM, the Administrator and Coordinator were notified of ly (IJ) at:						
	on when the staff safely secured resulted in R5 EX Order 26.4B1; and	Immediate Jeopardy began he facility neglected to ensure I R5 in the wheelchair which order 26.4B1 by R5's subsequently failed to take uture accidents caused by						
ABORATORY	/ DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE		TITLE		(X6) DATE	

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

Electronically Signed

05/02/2023

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED		
		315289	B. WING _		1	C 11/2023
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1304 LAUREL OAK ROAD VOORHEES, NJ 08043	1 041	11/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 000	Continued From pa	ge 1	F 00	00		
	Immediate Jeopard EX Order 26.4B1 EX Order 26.4B1 Individualized EX Order were not included of					
	Jeopardy began on in R5 EX Order 26.481 R5 and the utilized EX Order 26.481					
	safety.  During the exit conf PM, the Administration	erence on 04/06/23 at 8:15 tor and the Quality Safety otified the IJ remained for				
	on 4/6/2023. The r	•	F 60	00		5/12/23
	Exploitation The resident has th neglect, misapprop and exploitation as includes but is not I corporal punishmer	rom Abuse, Neglect, and e right to be free from abuse, riation of resident property, defined in this subpart. This imited to freedom from nt, involuntary seclusion and mical restraint not required to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l	TIPLE CONSTRUCTION ING	COM	E SURVEY IPLETED		
		315289	B. WING			11/2023	
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, ZIP COD 1304 LAUREL OAK ROAD VOORHEES, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE  (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 600	treat the resident's §483.12(a) The face §483.12(a)(1) Not uphysical abuse, cor involuntary seclusic This REQUIREMED by: Complaint # NJ00 <sup>a</sup> Based on interview facility policy, the faresident out of four reviewed for EX Or secured in the whe resulted in EX Order	medical symptoms.  illity must- use verbal, mental, sexual, or reporal punishment, or on; NT is not met as evidenced 110496  s, review of records, and the acility neglected to ensure one residents (Resident (R) 5)  der 26.4BT was safely elchair to prevent vas safely elchair to prevent value er 26.4BT  the incident, the facility error as the cause and neasures to prevent future  7 PM, the Administrator and Coordinator (QSC) were ediate Jeopardy (IJ) for F600 ediate Jeopardy began on facility neglected to ensure of R5 in the wheelchair which order 26.4BT by R5's subsequently failed to take future accidents caused by	F 6	1. All residents could be affer deficient practice. After the init Resident #5's specialty wheeld immediately sequestered for eithe Director of Rehabilitative Stound to be in good working or returned to service. In addition #5 was placed in the chair and system was reevaluated and and the chair NJ Exec. Order 2 . Staff (newly existing), including clinical staff leadership and ancillary staff at to attend a rehabilitation in-ser specialized wheelchair operati and on an annual basis. This i proper placement, positioning securement. The competency will be completed and become permanent part of the staff me personnel file. This competency will be completed and become permanent part of the staff me personnel file. This competency will be orientation process with a sign-off by a preceptor. The dimanager/designee will sign-off education was completed. Dep Heads will conduct monthly au new hires, to ensure that the residuation was completed.	tial event, chair was evaluation by services and der and president to the seating assessed to the seating and to the seating art to the seating art the seating at the seating		
	immediate jeopard	and QSC were informed that y was still present and ongoing rom the survey on 04/06/23 at		information is completed. The DON/designee will conduct a crounding audit of residents (4)			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` /	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315289	B. WING			1	11/2023
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F 600	8:15 PM.  The facility submitted on 4/6/2023. The rimplemented on site states of the facility and the series of the facility and the series of the facility has an welfare of its resides. Review of the facility has an welfare of its resides. Review of the facility has an welfare of its resided positioning," dated positioning, dated positioning and the control of the secure of th	ed an acceptable removal plan emoval plan was verified as e by surveyors on 4/7/2023. by's policy titled "Safety: Abuse beptember 2015, revealed obligation to protect the	F6	600	who are up in their wheel chairs to proper application of wheel chair s devices. The audits will be submitt monthly and reviewed by the Direct Quality, Safety and Compliance. Or results will be reported quarterly to Quality Assurance Committee who make the decision if the process heresolved and is stable. The commit also make recommendations for frequency intervals thereafter. Condate will be by Friday, May 12, 202	afety ed ttor of QA the will as been ttee will	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315289	B. WING			C 04/11/2023
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, ZIP 1304 LAUREL OAK ROAD VOORHEES, NJ 08043	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIAT	
F 600	(MDS)" with an Ass (ARD) of the "MDS" tab, reve Mental Status (BIM was assessed by secondary of R5's "Phender of R5's "Phender of R5's "Marked an order for Review of R5's "Marked an order for Review of R5's "Marked on the EMF orders for NJ Exec.  Review of R5's "Callocated on the EMF orders for NJ Exec.  Review of R5's "Callocated on the EMF NJ Exec. Order 26:  Review of R5's "NJ Exec.  Review of R5's "Prophy, under "Progresement of R5's "Enter of R5's "	sessment Reference Date and located in the EMR under caled a "Brief Interview for IS)" was not completed and R5 taff as EX Order 26.4B1 da EX Orde	F6	600		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		315289	B. WING			C 04/44/2022	
NAME OF	PROVIDER OR SUPPLIER	313209	B. WING	_	STREET ADDRESS, CITY, STATE, ZIP CODE	04/	11/2023
		LITY		l	304 LAUREL OAK ROAD		
VOORHI	EES PEDIATRIC FACI	LIIY		١v	OORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLICIENCY)	BE	(X5) COMPLETION DATE
F 600	Continued From pa	age 5	F	600			
	examination pt [part of the part of the physical of the physic	Per report,  Order 26.4B1 when eview of Systems  Skin EX Order 26.4B1					

CLIVIL	10 I OIL MEDICAILE	A MEDICAID SERVICES				INID INC.	0930-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		315289	B. WING	i		1	C 44/2022	
		013203	D	_		04/	11/2023	
	PROVIDER OR SUPPLIER	LITY		1	TREET ADDRESS, CITY, STATE, ZIP CODE 304 LAUREL OAK ROAD 7OORHEES, NJ 08043			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO	N	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	COMPLETION DATE	
F 600	[R5] had slid down	in the chair with [R5's]	F(	600				
	NJ Exec. Order 26: EX Order 26.4B1 plan of care develo	ped that addressed this issue . air with <mark>EX Order 26.4B1</mark> for <mark>4.b.1</mark>						
	Licensed Practical entering R5's room Nursing Assistant ( yelling for help. LPN EX Order 26.4B1 EX Order 26.4B1 stated R5's EX Order	. LPN1 er 26.4B1						
	R5's EX Order 26.4 R5. LPN1 stated Ro 3 entered R5's roor and began EX verified R5's care p	egistered Nurse Charge (RNC) m and transferred R5 to the Order 26.4B1 LPN1 lan did not include an						
	LPN2 stated the factorizate knowless resident's safety be wheelchairs during stated R5 required	on 04/04/23 at 3:22 PM, cility did not require staff to edge or skills of buckling the lts or harness on their their yearly training. LPN2 a EX Order 26.481						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		` ´cor	(X3) DATE SURVEY COMPLETED C	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	Continued From pa	age 7	F 60	0		
		view on 04/04/23 at 3:45 PM, CNA1 was not available for				
	DON stated she with because R5's code were providing R5 EX Order 26:481 via an arrived. The DON	on 04/05/23 at 11:48 AM, the ent to R5's room on expression and staff with EX Order 26.4B1 when she stated R5 developed				
	investigated R5's r	. The DON stated s possibly related to the and R5's and DON stated the facility oom accident/incident and use was due to human error.				
	not of the vithe facility did not i	to ensure R5's to ensure R5's to ensure R5 could wheelchair. The DON stated dentify R5's physician's orders, did not include N Exec. Order 26:3.65				
	responsible for ensithose interventions the facility's omissi interventions for physician's orders while investigating DON stated no train	and should have. he nurse manager was suring R5's care plan included and did not. The DON stated on of the resident's care plan exec. Order 26:4.5.1 or did not occur to the leadership R5's incident accident. The ining or education was on wheelchair safety following				
	Registered Nurse	v on 04/05/23 at 1:30 PM, (RN) 1 stated she was R5 on **XODER 25/15 the date of the				

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	PROVIDER OR SUPPLIER	LITY	•	STREET ADDRESS, CITY, STATE, Z 1304 LAUREL OAK ROAD VOORHEES, NJ 08043		3 W 1 W 2 G 2 G
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 600	incident, and was to RN1 stated she train the wheelchair prior secured and buckle and had placed R5's feet. Forders, TAR, or car informed of what ar wheelchair via anot she was a new empgained employmen.  During an interview Registered Nurse C to R5's room on yelling and on the walarming. RNC3 recroom, R5's X Order 26.4B1 unclasping R5's chex Order 26.4B1 unclasping R5's chex Order 26.4B1 unclasping R5's chex Order 26.4B1 recalled R5 had de EX Order 26.4B1 was required to have secured but did not RNC3 stated all the different. RNC3 stated wheelchairs did not care plans to secur with their safety stra	aking lunch break at the time. Insferred R5 from the bed to It to the lunch break and had It R5's chest harness, lap belt, Is feet on R5's footrest and IN1 stated R5's physician's IN1 stated she was IN1	F	600		

NAME OF PROVIDER OR SUPPLIER  VOORHEES PEDIATRIC FACILITY  VOORHEES, NJ 08043    VOORHEES, NJ 08043   STREET ADDRESS, CITY, STATE, ZIP CODE 1304 LAUREL OAK ROAD VOORHEES, NJ 08043   STREET ADDRESS, NJ 08045   S	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONST	(X3) DATE SURVEY COMPLETED			
VOORHEES PEDIATRIC FACILITY  (A4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WISTER EXPRESSED BY PULL REQULATORY OR LSC IDENTIFYING INFORMATION)  F 600  Continued From page 9 Some wheelchair training upon hire, but it was not resident individualized care.  During a brief interview on 04/05/23 at 6:40 PM, the QSC reported residents at the facility utilized CVORPE 20.481 to RS. NP1 stated RS room on 104/06/23 at 2:22 PM, Nurse Practitioner (NP) 1 recalled going to RS's room on 104/06/23 at 2:32 PM,			315289	B. WING			1	
F 600  Continued From page 9 some wheelchair training upon hire, but it was not resident individualized care.  During a brief interview on 04/05/23 at 6:40 PM, the QSC reported for residents at the facility utilized Counting and the staff were providing alarming, and the staff were providing alarming, and the staff were providing alarming, and the staff were providing alarming and the staff were providing alarming, and the staff were providing alarming and the staff were providing and mouth. NP1 stated R5's alarming and the staff were providing are for the residents care plan interventions guided all the facility's staff directives for providing care for the residents and should contain interventions for wheelchair safety and harness. NP1 was unsure why they did not discuss care plan interventions or physician orders for wheelchair safety and entering orders for the other residents. NP1 was unsure why they did not think about all the rest of the children utilizing wheelchair safety and entering orders for the other resident but should have. NP1 stated the facility did not provide her with wheelchair safety decident on at the start of employment in providing care doubt and the facility should have ensured the nursing staff were competent to secure the child in the wheelchair. NP1 stated the residents' wheelchair wheelchair.			LITY		1304 LAUF	REL OAK ROAD	1 04	1112020
some wheelchair training upon hire, but it was not resident individualized care.  During a brief interview on 04/05/23 at 6:40 PM, the QSC reported residents at the facility utilized COTET 26:481  During an interview on 04/06/23 at 2:22 PM, Nurse Practitioner (NP) 1 recalled going to R5's room on COTET because the code bell was alarming, and the staff were providing to R5. NP1 stated R5 developed XOTET 26:481 to R5. NP1 stated R5 developed XOTET 26:481 and mouth. NP1 stated R5's around R5's and caused COTET 26:481 and mouth. NP1 stated R5's incident's care plan interventions guided all the facility's staff directives for providing care for the residents' care plan interventions for wheelchair safety and harmess. NP1 stated R5's incident'accident was discussed with the facility's Medical Director but they did not discuss care plan interventions or physician orders for wheelchair safety for the residents. NP1 was unsure why they did not think about all the rest of the children utilizing wheelchair safety and entering orders for the other resident but should have. NP1 stated the facility did not provide her with wheelchair safety education at the start of employment in COTET and the start of employment in COTET and the facility should have ensured the nursing staff were competent to secure the child in the wheelchair. NP1 stated the facility in the wheelchair. NP1 stated the residents' wheelchair.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		EACH CORRECTIVE ACTION SHOUL OSS-REFERENCED TO THE APPRO	D BE	COMPLETION
During an interview on 04/06/23 at 4:41 PM, the Social Services Director (SSD) stated residents'	F 600	some wheelchair transident individualized During a brief intervithe QSC reported utilized X Order 2 During an interview Nurse Practitioner (room on X Order 20.38) It alarming, and the size of the property of the children of the children utilizing entering orders for have. NP1 stated the with wheelchair safety for unsure why they did the children utilizing entering orders for have. NP1 stated the with wheelchair safety for the children utilizing entering orders for have. NP1 stated the with wheelchair safety for the children utilizing entering orders for have. NP1 stated the with wheelchair safety for have. NP1 stated the with wheelchair safety for have. NP1 stated the with wheelchair safety belts and hard During an interview Social Services Directors.	aining upon hire, but it was not teed care.  All on 04/05/23 at 6:40 PM, residents at the facility 6.4B1  Ton 04/06/23 at 2:22 PM, (NP) 1 recalled going to R5's because the code bell was taff were providing to R5. NP1 stated R5 and R5's early and R5's early around R5's early and R5's early around R5's early and R5's early around R5's early and the interventions guided all the early and the facility's at they did not discuss care or physician orders for or the residents. NP1 was and not think about all the rest of g wheelchair safety and the other resident but should be facility did not provide her ety education at the start of entable accident, and the ensured the nursing staff secure the child in the eated the residents' wheelchair rness were a safety hazard.  Ton 04/06/23 at 4:41 PM, the ector (SSD) stated residents'	F	600			

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F 600	care the facility products of thing on the reside wheelchairs. The Sconduct a care comaccident/incident. Twas not revised to in R5 NJ Exec. Order 26:44.5 stated NJ Exec. Order 26:45.5 st	wided for the residents. The lity did not include "every little nts' care plans that utilized SD stated the facility did not ference after R5's 'he SSD stated R5's care plan nclude interventions after the accident. The SSD after the accident. The SSD was not an intervention ncluded on the resident's care taff "just knew" about securing ir wheelchairs and it was not ded to be on the resident's ntions.  on 04/06/23 at 5:54 PM, the ated she was one of the first on a came was one of the first on the medical Director as not something related to developed from and developed to developed from and developed ething seen during an and the Medical Director stated ething seen during an and the Medical Director stated ething seen during an and the Medical Director stated ght the incident could have be Medical Director stated she ent was a result of a human that put R5 in the wheelchair. For stated they looked at R5's ermined the wheelchair was ded the incident was caused the incident was	Fe	600		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING		COM	(X3) DATE SURVEY COMPLETED	
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F 600	The Medical Directoresident's care plan interventions, chest straps, and waist be was not included. The expected the rehave wheelchair sastraps, neck braces belt and she was uranged to the medical Directoresponsibility to ensorders were correct she had been at the never been on their physician's orders for different devices like though the staff utility provide care. The Mexplanation that the put R5 in the annex but did not put any in place for R5 or the NI Exec. Order 26:20	or stated she expected the as to include wheelchair safety a straps, neck braces, tray, leg elt and she was unsure why it he Medical Director stated esident's physician's orders to fety interventions, chest as, tray, leg straps, and waist asure why it was not included. For stated it was her sure the residents' care and at. The Medical Director stated as facility for years, and it had a radar to include resident's for wheelchair safety and a chest straps and such even fized the resident's TAR to Medical Director stated the only bey had was with the state of the office of the state of the other st	F6	500			
F 656 SS=L	CFR(s): 483.21(b)(1) §483.21(b)(1) The fimplement a compression of each resident rights set for §483.10(c)(3), that objectives and time medical, nursing, at	Comprehensive Care Plan	F6	356		5/12/23	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
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F 656	describe the followi (i) The services that or maintain the resist physical, mental, ar required under §48 (ii) Any services that under §483.24, §48 provided due to the under §483.10, inclustreatment under §4 (iii) Any specialized rehabilitative service provide as a result recommendations. findings of the PAS rationale in the resist (iv) In consultation versident's represent (A) The resident's godesired outcomes. (B) The resident's godesired outcomes. (B) The resident's godesired outcomes. (B) The resident's godesired outcomes. (C) Discharge plans plan, as appropriate requirements set for section. §483.21(b)(3) The section. §483.21(b)(3) The section. §483.21(b)(3) The section.	omprehensive care plan must ng - t are to be furnished to attain dent's highest practicable nd psychosocial well-being as 3.24, §483.25 or §483.40; and at would otherwise be required 3.25 or §483.40 but are not resident's exercise of rights uding the right to refuse 83.10(c)(6). services or specialized es the nursing facility will of PASARR If a facility disagrees with the ARR, it must indicate its dent's medical record. with the resident and the tative(s)-goals for admission and preference and potential for acilities must document not's desire to return to the sessed and any referrals to sies and/or other appropriate pose. In the comprehensive care as in the comprehensive care as in accordance with the porth in paragraph (c) of this services provided or arranged attlined by the comprehensive mpetent and trauma-informed. No is not met as evidenced	F6	356	All residents could be affected	by this		
	John plaint # 11000	110-700			deficient practice. Resident #5, #15			

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		315289	B. WING			04/11/2023	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				13	304 LAUREL OAK ROAD		
VOORHE	ES PEDIATRIC FACII	LITY		v	OORHEES, NJ 08043		
	OUR MARRY OTA	TEMENT OF DEFINITION					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656		ge 13 s, review of records, and	F6	656	and #23 care plan are updated to i	nclude	
		licy, the facility failed to ensure			specifics related to their	iciuue	
	for all exorem of exorem re	esidents utilizing EX Order 26.4B1			specifics related to trieff		
	that their care plans	s addressed NJ Exec. Order 26:4.b.1			An audit was conducted of all curre	nt .	
	triat trion out o plant	The facility's deficient			residents that utilize a specialized		
	practice resulted in	R5 EX Order 26.4B1			chair to ensure that a care plan is i		
	EX Order 26.4B1				place. A new process was added in	which	
		when the			the Director of Rehabilitative		
	resident was NJ Exec	c. Order 26:4.b.1 in the			Services/designee will communicate		
	wheelchair.				the clinical team at morning huddle		
	On 04/05/22 at 0:07	7 DM the Administrator and			through the EMR any time a chang		
		7 PM, the Administrator and Coordinator (QSC) were			been made in a specialty wheelcha device specific to a resident. All exi		
		diate Jeopardy (IJ) at F656:			care plans will be updated as nece		
		t Comprehensive Care Plan.			Monthly audits will be conducted by		
	The Immediate Jed	pardy began on EX Order 26.4B1			Director of Quality, Safety and		
	when R5 EX Order	26.4B1 after after by staff in R5's			Compliance. QA results will be rep	orted	
	being NJ Exec. Order 2	6:4.b.1 by staff in R5's			quarterly to the Quality Assurance		
		ualized NJ Exec. Order 26:4.b.1			Committee who will make the decis		
		not included on the care plans			the process has been resolved and stable. The committee will also ma		
	wheelchairs in the f	, including R5, who utilized			recommendations for frequency int		
	wilecicialis ili tile i	acility.			thereafter. Completion date will be		
	The Administrator a	and QSC were informed that			Friday, May 12, 2023.	Бу	
		was still present and ongoing			1 Hady, May 12, 2020.		
		om the survey on 04/06/23 at					
	8:15 PM.	-					
	<b>T</b> 6 99 1 99						
		ed an acceptable removal plan					
		emoval plan was verified as e by surveyors on 4/7/2023.					
	Findings include:						
		cy for comprehensive care ed but was not provided for					

Review of R5's undated electronic medical record

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		315289	B. WING			C 04/11/2023	
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, ZIP 1304 LAUREL OAK ROAD VOORHEES, NJ 08043	CODE		
(X4) ID PREFIX TAG				X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 656	(EMR) "ADMISSIO initially admitted to readmitted on include NJ Exec. Of Review of R5's qual (MDS)" with an Ass (ARD) of the "MDS" tab, revewed the sassessed by significant control of the sassessed by signif	N RECORD" revealed R5 was the facility on with multiple diagnoses to der 26:4.b.1  Terrerly "Minimum Data Set essment Reference Date and located in the EMR under ealed a "Brief Interview for S)" was not completed and R5 taff as EX Order 26.4B1 d a EX Order 26.4B1	F 6	556			
	Plan" tab revealed interventions for Review of R5's "Promotion, under the EMF was sent out to	R "Progress Notes" tab "  NJ Exec, Order 26:4.b.1					
	QSC and dated . presents to the EI	Provider Notes," provided by , revealed "  O via EMS   eir examination pt had  Physical Exam  present Skin					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCT	TION	(X3) DATE SURVEY COMPLETED		
		315289	B. WING		- 1	C /11/2023		
	PROVIDER OR SUPPLIER	LITY		STREET ADDRES  1304 LAUREL ( VOORHEES,			1112020	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH	OVIDER'S PLAN OF CORRECT I CORRECTIVE ACTION SHOUN REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 656	Making/Plan Lil Transfer to [hospital Review of R5's "PE PHYSICIAL," of Nursing (DON) r direct admission in estim minutes, found to h and was  no and Name of R5's "RE RECORD/REPOR revealed "Type of in Child was up in who Child was found to [R5] had	DIATRIC HISTORY AND provided by the Director evealed " presenting as a for concerns of per report patient was left ated to be unattended 30-40 ave with Reported that initiated was Per report, patient when eview of Systems	F6	56				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION ING	CON	(X3) DATE SURVEY COMPLETED	
		315289	B. WING		I	C /11/2023	
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, ZIP CO 1304 LAUREL OAK ROAD VOORHEES, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORF X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 656	plan of care develo Custom Development of the Custom During an interview Licensed Practical entering R5's room Nursing Assistant (yelling for help. LPN stated R5's was but was LPN1 stated R5's R5's R5. LPN1 stated R6 and began verified R5's care pintervention to secutive Director of Nursing R5's room on was alarming, and when s R5	ron 04/04/23 at 2:22 PM, Nurse (LPN) 1 recalled on because Certified CNA) 1 was heard frantically N 1 recalled witnessing R5's from R5's by the LPN1 s not on the seat of the with R5's ted R5 was not	F 6	556			
		R5's room accident/incident					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				E SURVEY PLETED
		315289	B. WING			l '	0
	PROVIDER OR SUPPLIER			13	TREET ADDRESS, CITY, STATE, ZIP CODE 304 LAUREL OAK ROAD OORHEES, NJ 08043	04/	11/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	error. The DON star R5's seat belt was a could not slip out of stated the facility diplan did not include the wheelchair incluharness or footrest stated the nurse may ensuring R5's care interventions and discility's omission of interventions for sar physician's orders of while investigating.  During an interview Registered Nurse (providing care for Fincident, and was taken and had placed R5's feet. In It wheelchair prior secured and buckled R5's feet. In It was informed to into the wheelchair RN1 stated she was facility and gained of During an interview Registered Nurse Our During an interview Registered Nurse Our Registered Nurse	ted the staff failed to ensure strapped/closed to ensure R5 if the wheelchair. The DON d not identify that R5's care care or safety for the use of uding the seat belt, chest and should have. The DON anager was responsible for plan included those id not. The DON stated the if the resident's care plan fety of wheelchairs or did not occur to the leadership R5's incident accident.  If on 04/05/23 at 1:30 PM, RN) 1 stated she was R5 on the date of the aking lunch break at the time. Insferred R5 from the bed to read the lunch break and had and R5's chest harness, lap belt; is feet on R5's footrest and RN1 stated R5's care plan did 1.5.1  In RN1 stated of what and how to strap R5 via another staff member. It is a new employee at the employment in 1.5 PM, Charge at (RNC) 3 recalled	F	356			
		the way the code bell was IC3 recalled when entering					

I v		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X:	(X3) DATE SURVEY COMPLETED	
		315289	B. WING			C 04/11/2023	
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, S 1304 LAUREL OAK ROA VOORHEES, NJ 0804	ND .		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES  ID PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)						
F 656	R5's RNC3 s RNC3 stated R5 to the RNC3 stated R5 was unsure why. R know" the residents their During an interview Nurse Practitioner (room on alarming, and the secure the residents. NP1 stated and caused discussed R5's incided Medical Director buinterventions NP1 exercised R5's incided and caused discussed R5's incided R5's incided R5's incided	R5's and R5 was R5's and R5's Acceptable of R5 and R5's and R5's Because the code bell was staff were providing R5. NP1 stated R5 and		56			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		315289	B. WING	i	04	C /11/2023	
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, ZIP COL 1304 LAUREL OAK ROAD VOORHEES, NJ 08043		711/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE	
F 656	stated wheelchair set that needed to be in plan because the set the residents to the During an interview Medical Director stated R5 began had a but becaused but but Stated Director stated a but becaused Was som Medical Director stated she absolute have been prevented stated she thought human error by the wheelchair. The Medical Director stated she expected the rewheelchair was addincident was caused wheelchair was addincident was caused wheelchair was addincident was caused she was unsure who Medical Director stated she was unsure who Medical Director stated she was unsure who Medical Director stated she resident correct. The Medical Director stated she resident correct. The Medical Director stated she was unsure who Medical Director stated she w	afety was not an intervention included on the residents' care taff "just knew" about securing ir wheelchairs.  on 04/06/23 at 5:54 PM, the lated she was one of the first in because R5's in because R5's in mig. The Medical Director and came are an analysis in the Medical Director stated ething seen during an are an are are an are are an are are are an are are are an are	F6	656			
	explanation that the NJ Exec. Order 26:4						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315289	B. WING			C 04/11/2023	
	PROVIDER OR SUPPLIER	LITY		1	TREET ADDRESS, CITY, STATE, ZIP CODE 304 LAUREL OAK ROAD /OORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	put R5 in the annex but did not put any for R5.  2. Review of R18's	to have closer supervision interventions or plans in place undated EMR "ADMISSION	F 6	556			
	the facility on with multi	d R18 was initially admitted to and readmitted on ple diagnosis to include					
	Review of R18's quarterly "MDS" with an ARD of 02/16/23, located in the EMR "MDS" tab, revealed a "BIMS" was not assessed and R18 was assessed by staff as and used a .						
	and locate	are Plan," target date ed under the EMR "Care Plan" erventions for "Peas oderseas"					
		undated EMR "ADMISSION d R15 was initially admitted to and readmitted on .					
	located in						
	EMR "Care Plan" ta	are Plan," located under the ab with a target date of no interventions for					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		315289	B. WING			1	11/2023
	PROVIDER OR SUPPLIER	LITY	,	1	TREET ADDRESS, CITY, STATE, ZIP CODE 304 LAUREL OAK ROAD OORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	REFIX (EACH CORRECTIVE ACTION SHOUL		BE	(X5) COMPLETION DATE
F 656	Continued From pa	ge 21	F6	656			
	RECORD" revealed the facility on	undated EMR "ADMISSION d R23 was initially admitted to and readmitted on ole diagnosis to include					
	and locate						
	EMR "Care Plan" ta	are Plan," located under the ab with a target date of no interventions for the color of the colo					
	DON stated the fac resident's care plan wheelchairs or phys the leadership while	on 04/05/23 at 11:48 AM, the ility's omission of the interventions for safety of sician's orders did not occur to e investigating R5's incident confirmed residents were not neelchair safety.					
	Registered Nurse C staff "just know" the while in their wheeld residents' wheelcha stated the facility's in not have intervention secure them on the straps which increal RNC3 stated the fa	on 04/05/23 at 4:35 PM, Charge (RNC) 3 stated the residents should be secured chairs. RNC3 stated all the airs were different. RNC3 residents with wheelchairs did ons on their care plans to ir wheelchairs with their safety sed their risk for accidents. cility provided some upon hire, but it was not					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED C		
		315289	B. WING			1	11/2023
	PROVIDER OR SUPPLIER	LITY		13	REET ADDRESS, CITY, STATE, ZIP CODE 04 LAUREL OAK ROAD DORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	resident individualized buring a brief intervented utilizing.  During an interview stated the residents guided all the facility providing care for the contain intervention harness. NP1 state incident/accident with Director but did not interventions for residents. NP1 state did not think about utilizing.  During an interview SSD stated residents. The other residents. The other residents. The other residents. The include "every licated wheelchairs that needed to be in plan because the stated wheelchairs that needed to be in plan because the stated wheelchairs that needed to the something that needed to the something that needed to the something that needed to be in plan because the stated wheelchairs that needed to the something that	riew on 04/05/23 at 6:40 PM, resided at the facility with safety harness/straps.  on 04/06/23 at 2:22 PM, NP1 is care plan interventions y's staff directives for the residents and should as for wheelchair safety and discussed R5's with the facility's Medical discuss care plan interventions and should discuss care plan interventions who was unsure why she all the rest of the residents and entering orders for bout she should have. NP1 is wheelchair who was unsure why she all the rest of the residents who was unsure why she all the rest of the residents and entering orders for bout she should have. NP1 is wheelchair who was unsure why she all the rest of the residents and entering orders for bout she should have. NP1 is wheelchair who was unsure why she all the rest of the residents and entering orders for bout she should have. NP1 is wheelchair who was not an intervention after the facility provided the SSD stated the facility did wittle thing" on the residents' care that "just knew" about securing ir wheelchairs and it was not ded to be on the residents'	F6	356			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		315289	B. WING		I	C <b>11/2023</b>
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, ZIP COI 1304 LAUREL OAK ROAD VOORHEES, NJ 08043		11/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORR  (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 656	straps, and waist be was not included. T was her responsibiled care and orders we Director stated the interventions or pla	age 23 elt and she was unsure why it the Medical Director stated it lity to ensure the residents' ere correct. The Medical facility did not put any ns in place for R5 or the other NJ Exec. Order 26:4.b.1	F 6	556		
F 684 SS=D	§ 483.25 Quality of Quality of care is a applies to all treatm facility residents. Be assessment of a rethat residents received accordance with propractice, the compressive plan, and the order plan, and the order plan and	care fundamental principle that nent and care provided to ased on the comprehensive esident, the facility must ensure ve treatment and care in ofessional standards of rehensive person-centered residents' choices. NT is not met as evidenced 107644 eview, interviews, and policy ailed to ensure one resident ats (Residents (R)23) reviewed with a diagnosis of tered  J. The ractice resulted in R23	F 6	1. All residents could be affed deficient practice. Resident ## physician's orders were updared include specific information or and if indicated dosing for Education where the deficient with the deficient processing the elements of sporders for In Resident #23 care plan has be	ted to n frequency as provided fety and aff pecific addition, een updated	5/12/23
	facility's deficient production admitted to the hos	and		Resident #23 care plan has be to include information on adm for a second and a new process established in which where one	inistration has been	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315289	B. WING			04/1	D  11/2023	
	PROVIDER OR SUPPLIER	LITY		13	TREET ADDRESS, CITY, STATE, ZIP CODE 304 LAUREL OAK ROAD OORHEES, NJ 08043	, , ,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 684	Findings include:  Review of the facility Services," dated Appresident's attending resident's assessment of the facility of the facility, and over the facility, and over the facility, and over the facility of R23's RECORD" located	ty's policy titled "Physician oril 2023, revealed " The g physician has oversight in the nent and care planning, s in resident's medical status, at or treatment when called by erseeing a relevant plan of care undated "ADMISSION on the electronic medical aled R23 was initially admitted and readmitted on	F6	\$84	currently reviewed at a weekly care coordination meeting with member medical staff, care coordinators an transport services; and information imparted to the charge nurse and manager of the respective wing. The information is placed in the charge communication book. Monthly audis specific to residents identified as reinfusion therapy will be conducted Director of Quality, Safety and Compliance. QA results will be repopularterly to the Quality Assurance Committee who will make the decist the process has been resolved and stable. The committee will also ma recommendations for frequency into the teather. Completion date will be Friday, May 12, 2023.	s of the d nurse nat nurse ts ecciving by the orted sion if d is ke		
	[MDS]" with an Ass (ARD) of 3 the "MDS" tab, reve Mental Status [BIM R23 was assessed Review of R23's "Public Bernell	Physician's Orders," dated and located under tab lacked orders for						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CON	CON	(X3) DATE SURVEY COMPLETED C		
		315289	B. WING				/11/2023
	PROVIDER OR SUPPLIER		•	1304 L	T ADDRESS, CITY, STATE, ZIP CODE AUREL OAK ROAD RHEES, NJ 08043	, ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 684	Review of R23's "Care Plan" tab review of R23's produced initiated frequency.  Review of R23's progress Notes" ta. " surphysician assistant values are showing occurring required right away b. " has shift"  c. "" c. "" c. "" c. "" c. "" d. "" c. "" d. "" c. "" d. "" c. "" d. "" c. "	Care Plan" under the EMR vealed "  as ordered"  and did not indicate the  rogress notes in the EMR ab revealed: apervisor spoke with PA at] ""  aving " batal of " baying " batal of " baying baying " b		584			
	) PLAN start "Patier resolution of	likely due to delays of the and set off by the recent Screen negative today by the Medical Doctor.  nt with					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION ING	_ (x	(X3) DATE SURVEY COMPLETED C	
		315289	B. WING		_	04/11/2023
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, ST 1304 LAUREL OAK ROAD VOORHEES, NJ 08043	)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)	
F 684	Symptoms improving flare triggered it. "by Medical Doctors." " Hos. Patient presented to "	on O4/06/23 at 3:03 PM, (NP) 1 stated R23 had a and required to required to required to required to required to require the supplies.  On O4/06/23 at 3:03 PM, (NP) 1 stated R23 had a and required to required to reduce the supplies.  On O4/06/23 at 3:03 PM, (NP) 1 stated R23 had a and required to reduce the supplies.  On O4/06/23 at 3:03 PM, (NP) 1 stated R23 had a and required to reduce the supplies.  On O4/06/23 at 3:03 PM, (NP) 1 stated R23 had a and required to reduce the supplies.  On O4/06/23 at 3:03 PM, (NP) 1 stated R23 had a and required to reduce the supplies.  On O4/06/23 at 3:03 PM, (NP) 1 stated R23 had a and required to reduce the supplies.  On O4/06/23 at 3:03 PM, (NP) 1 stated R23 had a and required to reduce the supplies.  On O4/06/23 at 3:03 PM, (NP) 1 stated R23 had a and required to reduce the supplies.  On O4/06/23 at 6:37 PM, the ated she expected residents to	Fe	884		

	IDENTIFICATION NUMBER:  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING		СОМ	COMPLETED		
		315289	B. WING			11/2023
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1304 LAUREL OAK ROAD VOORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 684	a terrible thing that late and R23 suffer Medical Director state The Medical Director hospital emergency evaluation.  N.J.A.C.: 8:39-27.	R23 administration addinated the consequences. The ated R23 was provided with by the facility. For stated R23 was sent to the room for treatment and	F 6			540/00
	CFR(s): 483.25(d)( §483.25(d) Acciden The facility must en §483.25(d)(1) The i as free of accident §483.25(d)(2)Each supervision and assaccidents.	its.	F6	89		5/12/23
	Based on interview facility policy, the faresident out of resident out of residing at the facility was safely secured accident hazards. Of failure resulted in a harness. The facility interventions or phylician in place for farest.	s, review of records, and the scility neglected to ensure one residents (Resident (R) 5) ty who utilized wheelchairs in the wheelchair to prevent on the wheelchair to prevent or the wheelcha		1. All residents could be affecte deficient practice. Res #5, #15, # #23 physician orders and care plabeen updated. In addition, all other residents using a specialty wheel have been identified and care plaphysician orders have been updaspecific to his/her specialty wheel Monthly audits will be conducted Director of Quality, Safety and Compliance. QA results will be requarterly to the Quality Assurance Committee who will make the deather process has been resolved as stable. The committee will also mercommendations for frequency in	18 and ans have er chair ns and ted - lchair. by the eported e cision if nd is ake	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		315289	B. WING			l	11/2023
	PROVIDER OR SUPPLIER	LITY		1	TREET ADDRESS, CITY, STATE, ZIP CODE 304 LAUREL OAK ROAD OORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 689		nge 28 he risk of accident hazards for	F 6	89	thereafter. Completion date will be Friday, May 12, 2023.	by	
	the Quality Safety C notified of an Imme Accident Hazards. began on secure R5 in the and the other wheelchairs did not or physician's order The Administrator a immediate jeopardy	7 PM, the Administrator and Coordinator (QSC) were ediate Jeopardy (IJ) for F689: The Immediate Jeopardy when staff failed to safely which resulted in R5 by R5's . R5 esidents who utilized thave care plan interventions are for NJ Evec. Order 26:4.b.1.  and QSC were informed that y was still present and ongoing from the survey on 04/06/23 at			2. All residents could be affected deficient practice. Resident #5's spowheelchair was immediately sequesafter the initial event for evaluation Director of Rehabilitative Services a found to be in good working order, other resident uses this type of whe chair. In addition, resident #5 was pring in the chair and the seating system reevaluated and assessed Staff (newly hired and existing including clinical staff, leadership and ancillary staff are required to attended.	ecialty stered by the and No eel blaced was 2554,511	
	on 4/6/2023. The r implemented on sit Findings include:  Review of the facilit Positioning," dated resident in a therap seating device, in o mobility and to insure sident is positione the seat belt to previous movement or fall support and secure feet on the foot resif present Ensure neck support system	ed an acceptable removal plan emoval plan was verified as e by surveyors on 4/7/2023.  ty's policy titled "Wheelchair 04/04, revealed "To position eutic and safe adaptive order to provide increased are proper positioning once ed in the wheelchair secure event any unexpected Align the resident's trunk e all straps on chair Place ts and secure with foot straps re that any type of head or m is properly in place and			rehabilitation in-service on specializ wheelchair operation presently and annual basis. This includes proper placement, positioning and securer The competency checklist will be completed and become a permane of the staff member's personnel file competency is part of the orientatio process with a required sign-off by preceptor. The department's manager/designee will sign-off that education was completed. Departm Heads will conduct monthly audits onew hires, to ensure that the requirinformation is completed. The DON/designee will conduct a daily rounding audit of residents (4 per dwho are up in their wheel chairs to proper application of wheel chairs and annual proper services.	on an ment. Int part e. This on a this nent of all ed	
	if present Ensur	re that any type of head or m is properly in place and dent properly Place lap tray			who are up in their wheel chairs to	ensure afety ed	

F 689 Continued From page 29  1. Review of R5's undated electronic medical record (EMR) "ADMISSION RECORD" revealed R5 was initially admitted to the facility on and readmitted on and readmitted on and readmitted on with multiple diagnoses to include with multiple diagnoses di		OF DEFICIENCIES OF CORRECTION	L. IDENTIFICATION NUMBER:		TIPL	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  VOORHEES PEDIATRIC FACILITY  PHERTY  (CACH DESCIDENCY WIST ARE PROCEEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 689  Continued From page 29  1. Review of R5's undated electronic medical record (EMR) "ADMISSION RECORD" revealed R5 was initially admitted to the facility on and readmitted on diagnoses to include with multiple diagnoses to include in the EMR under the "MDS" tab, revealed a Brief Interview for Mental Status (BIMS)" was not completed and R5 was assessed by staff as and used a Review of R5's "Physician's Orders," dated under the EMR "Orders" tab revealed there were no orders for wheelchair (Discussion) in the process orders for wheelchair (Discussion) in the EMR "Orders" tab revealed there were no orders for wheelchair (Discussion) in the EMR "Orders" tab revealed the EMR "Orders" tab revealed the EMR "Orders" tab revealed the ewere no orders for wheelchair (Discussion) in the EMR "Orders" tab revealed the EMR "Orders" tab revealed there were no orders for wheelchair (Discussion) in the EMR "Orders" tab revealed the care plan lacked interventions for wheelchair (Discussion) in the EMR "Orders" tab revealed the care plan lacked interventions for wheelchair (Discussion) in the EMR "Orders" tab revealed the care plan lacked interventions for wheelchair (Discussion) in the EMR "Orders" tab revealed the care plan lacked interventions for wheelchair (Discussion) in the process has been resolved and is stable. The committee will also make recommendations for frequency intervals thereafter. Completion date will be by Friday, May 12, 2023.  Review of R5's "Physician's Orders," dated under the EMR "Orders" tab revealed there were no orders for wheelchair (Discussion) in the process has been resolved and is stable. The committee will also make recommendations for frequency intervals thereafter. Completion date will be by Friday, May 12, 2023.  Review of R5's "Physician's Orders," dated under the EMR "Orders" tab revealed the care plan lacked interventions for wheelcha				A. DOILL	/II <b>V</b> O ,		(	c
SUMMARY STATEMENT OF DEFICIENCIES   DISTRICT			315289	B. WING	_		04/	11/2023
F 689  Continued From page 29  1. Review of R5's undated electronic medical record (EMR) "ADMISSION RECORD" revealed R5 was initially admitted to the facility on an and readmitted on electronic medical diagnoses to include with multiple diagnoses to include (EMR) "Minimum Data Set (MRD)" with an Assessment Reference Date (ARD) of coated in the EMR under the "MD5" tab, revealed a "Brief Interview for Mental Status (BIMS)" was not completed and R5 was assessed by staff as and used a "Review of R5's "Physician's Orders," dated under the EMR "Orders" tab revealed there were no orders for wheelchair (I) Executions for wheelchair (I)			LITY		1	304 LAUREL OAK ROAD		
An an analysis of R5's undated electronic medical record (EMR) "ADMISSION RECORD" revealed R5 was initially admitted to the facility on and readmitted on with multiple diagnoses to include  Review of R5's quarterly "Minimum Data Set [MDS]" with an Assessment Reference Date (ARD) of control of the modern of th	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETION
Review of R5's "Progress Note," PM. under the EMR "Progress Notes" tab	F 689	1. Review of R5's usercord (EMR) "ADM R5 was initially admand readmitted on diagnoses to include [MDS]" with an Ass (ARD) of "MDS" tab, reveale Status (BIMS)" was assessed by staff a and used a Review of R5's "Phunder the EMR "Orno orders for wheel Review of R5's "Me Record [MAR]" and Record [TAR], date "Orders" tab reveal wheelchair "J Exec.  Review of R5's "Ca Plan" tab revealed interventions for wheelchair tab revealed interventions for wheelc	andated electronic medical MISSION RECORD" revealed nitted to the facility on with multiple le with multiple le with multiple le with multiple le l	F	689	results will be reported quarterly to Quality Assurance Committee who make the decision if the process har resolved and is stable. The commit also make recommendations for frequency intervals thereafter. Com	the will as been tee will apletion	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 689	revealed " was so department] for NJ Exec. Order 26:  NJ Exec. Order 26:  Review of R5's "ED QSC and dated presents to the ED services] for evaluation and had a EMS reports on the Exam Skin  J to Decision Making/Pl Transfer to [hospon Review of R5's hospon AND PHYSICIAL," by the Director of North presenting as a direct of accidental patient was left in word unattended 30-40 metal patient found to be recorded.	after having a  4.b.1  Provider Notes," provided by revealed "  O via EMS [emergency medical from of revealed "  Ss reir examination pt [patient] resent  as a result of resent revealed revent revealed revent r	F6	689			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP O 1304 LAUREL OAK ROAD VOORHEES, NJ 08043		11112020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		I SHOULD BE	(X5) COMPLETION DATE
F 689	Review of R5's "RE RECORD/REPORT revealed "Type of ir  [R5] had  . [R5] was called, and [R5] respo  plan of care develoCustom wheelcha  During an interview Licensed Practical entering R5's room Nursing Assistant (( yelling for help. LPN  stated R5's wheelchair but was LPN1 state and R5's R5's R5. LPN1 stated R6 3 entered R5's roor bed and began	PORTABLE EVENT  Improvided by QSC neident: Resident Care  [sic] awaiting therapy  [R5]  Improvided by QSC neident: Resident Care  [R5]  Improvided by QSC neident: Resident Care  [R5]  Improvided by QSC neident Care  Improvided by QSC neident Care	F6	689		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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	PROVIDER OR SUPPLIER			130	REET ADDRESS, CITY, STATE, ZIP CODE 04 LAUREL OAK ROAD DORHEES, NJ 08043	0-11	11/2023
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F 689	During an interview LPN2 stated the fademonstrate her k the resident's safe wheelchairs during stated R5 required During a brief interthe QSC reported interview.  During an interview DON stated she w because R5's code were providing R5  The DON stated R5  was postaround R5's	w on 04/04/23 at 3:22 PM, acility did not require her to nowledge or skills of buckling ty belts or harness on their gatheir yearly training. LPN2 a NJ Exec. Order 26:4.b.1  Eview on 04/04/23 at 3:45 PM CNA1 was not available for w on 04/05/23 at 11:48 AM, the ent to R5's room on the bell was alarming, and staff with when she arrived.	Fé	689	DEFICIENCY)		
	accident/incident a due to human erro failed to ensure R5 strapped/closed to the wheelchair. Th not identify R5's pl	and determined the cause was r. The DON stated the staff					
	ensuring R5's care	and should have. The DON nanager was responsible for a plan included those					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION  NG	CON	(X3) DATE SURVEY COMPLETED C	
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	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, ZIP OF 1304 LAUREL OAK ROAD VOORHEES, NJ 08043		
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F 689	facility's omission of interventions for physician's orders of while investigating.  During an interview Registered Nurse (providing care for Flunch break at the stated she transfer wheelchair prior to secured and buckled and had placed R5 buckled R5's feet. Forders, TAR, or car INTERES.	of the residents' care plan  Exec. Order 26:4.b.1 or did not occur to the leadership R5's incident accident.  on 04/05/23 at 1:30 PM, RN) 1 stated she was R5 on and was taking time of the incident. RN1 red R5 from the bed to the the lunch break and had ed R5's chest harness, lap belt; 's feet on R5's footrest and RN1 stated R5's physician's e plan did not include 4.b.1  RN1 stated she was	F 6			
	wheelchair via and she was a new employmen.  During an interview Registered Nurse Cowent to R5's room yelling and, on the salarming. RNC3 staroom she found R5's waist, around R5's  RNC3 stated she and R5's transferred R5 to the developed RNC3 stated.	the staff member. RN1 stated ployee at the facility and tin N Bec. Order 26:4.6.3.  If on 04/05/23 at 4:53 PM, Charge (RNC) 3 stated she because she heard CNA1 way, she heard the code bell ated when she entered R5's is lap belt was not secured and the chest harness was RNC3 stated R5 was RNC3 stat				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		315289	B. WING			1	11/2023
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F 689	was unsure why.  During an interview Nurse Practitioner (room on alarming, and the standard and the children utilizing entering orders for should have. NP1 spreventable accide ensured the nursing secure the child in the residents' whee standard and the standard and the standard and the standard and the securing the and it was not some the resident's care plandard and the standard and the standa	on 04/06/23 at 2:22 PM, (NP) 1 stated she went to R5's because the code bell was taff were providing to R5. NP1 stated R5	F6	889			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315289	B. WING		_	C 04/11/2023	
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, ST 1304 LAUREL OAK ROAD VOORHEES, NJ 08043		- WINZ025	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE ICIENCY)	(X5) COMPLETION DATE	
F 689	Medical Director stated in R5's room of code bell was alarn stated R5 began had a stated was som of a was som of a was not on the wheel was not on the wheel was not on the wheel chair and deta dequate and decide because her lap be the Medical Direct wheel chair and deta dequate and decide because her lap be the Medical Direct residents' care plan was not included. The Medical Direct residents' care plan was not included. The Medical Direct residents' care plan was not included. The Medical Direct responsibility to ensorders were correct the only explanation was not secured prand they put R5 in and they put R5 in a state of the control of the c	ated she was one of the first because R5's ning. The Medical Director and and developed. The Medical Director eveloped from obstruction of the Medical Director stated atthing seen during an autopsy due to the Medical Director stated at the Medical Director stated R5 and The Medical Director stated R5 and The Medical Director stated aght the incident could have ne Medical Director stated she ent was a result of a human that put R5 in the wheelchair. For stated they looked at R5's ermined the wheelchair was ded the incident was caused at was not clasped correctly. For stated she expected the sto include the expected the sto include the sto include the was unsure why it was not clasped correctly. The Medical Director stated esident's physician's orders to expected the sto include the was not included. The Medical Director stated esident's physician's orders to expect the residents' care and that they had was the lap belt operly or not secured at all the annex to have closer not put any interventions or	F6	689			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· /	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
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F 689	2. Review of R18's RECORD" revealed the facility on with multiple with m	undated EMR "ADMISSION d R18 was initially admitted to and readmitted on ple diagnosis to include arready "MDS" with an ARD of a the EMR "MDS" tab, was not assessed and R18 taff as d a	F 6	89	DEFICIENCY			
	, located in							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		315289	B. WING			l	C 11/2023
	PROVIDER OR SUPPLIER	LITY		1	TREET ADDRESS, CITY, STATE, ZIP CODE 304 LAUREL OAK ROAD /OORHEES, NJ 08043		
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F 689			F6	89			
		hysician's Orders' under cated on the EMR revealed no order 26:4.b.1					
	Review of R15's "M" "Orders" tab located order for NJ Exec. C	d on the EMR revealed no					
	EMR "Care Plan" ta	are Plan," located under the ab with a target date of no interventions for the second					
	RECORD" revealed the facility or	undated EMR "ADMISSION d R23 was initially admitted to and readmitted on ole diagnosis to include					
	and locate	arterly "MDS" with an ARD of ed in the EMR "MDS" tab, was not assessed and R23 taff as					
	the "Orders" tab loc order for NJ Exec. C	under atted on the EMR revealed no order 26:4.b.1					
	Review of R23's "M "Orders" tab located order for NJ Exec. C	d on the EMR revealed no					
	EMR "Care Plan" ta	are Plan," located under the ab with a target date of no interventions for the color of the colo					

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	IPLE CONSTRUCTION  IG	CON	COMPLETED		
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F 689	During an interview LPN2 stated the fademonstrate her k the residents' safe wheelchairs during During an interview DON stated the faresidents' care pla or phy the leadership while accident.  During an interview staff "just know" the while in their wheel residents' wheelch stated the facility's not have interventive staffs wheelchair training resident individualic During a brief interthe QSC reported utilizing wheelchair training the facility's Medic care plan interventive stated she discuss the facility's Medic care plan interventive wheelchair safety is she was unsure wheelchair safety is she was u	or on 04/04/23 at 3:22 PM, icility did not require her to nowledge or skills of buckling ty belts or harness on their their yearly training.  or on 04/05/23 at 11:48 AM, the cility's omission of the interventions for sician's orders did not occur to le investigating R5's incident  or on 04/05/23, RNC3 stated the eresidents should be secured lichair. RNC3 stated all the airs were different. RNC3 residents with wheelchairs did ons on their care plans to eir wheelchairs with their safety ased their risk for accidents. accility provided some grupon hire, but it was not zed care.  View on 04/05/23 at 6:40 PM, resided at the facility resided residents. NP1 stated by she did not think about all		39			
	and entering order	dents utilizing wheelchair safety s for the other residents, but NP1 stated the facility did not					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		315289	B. WING			1	11/2023
	PROVIDER OR SUPPLIER	LITY		13	REET ADDRESS, CITY, STATE, ZIP CODE 04 LAUREL OAK ROAD DORHEES, NJ 08043	1 0-11	11/2020
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F 689	provide her with who the start of her emp NP1 stated the resist and harness were at the social Services Director plan interventicare plan interventicare the facility process of stated the facility process of thing on the reside wheelchairs. The Swas not an interventiculated on the resistaff just knew about their wheelchairs at needed to be on the interventions.  During an interview Medical Director staresidents' care plar interventions, chest straps, and waist be was not included. The expected the residents wheelchair sate straps, neck braces belt and she was un. The Medical Director staresponsibility to ensorders were correct she had been at the never been on their physician's orders fulfiferent devices like	deelchair safety education at ployment in the property of the		689			
	though the staff util provide care. The N	ized the residents' TAR to Medical Director stated the ny interventions or plans in					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION  NG	COMPLETED	
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F 689	Continued From pa place for R5 or the	nge 40 other residents with	F 68	39	
	CFR(s): 483.30(a)( §483.30 Physician A physician must perecommendation the	spervised by a Physician 1)(2) Services ersonally approve in writing a lat an individual be admitted to	F 7	10	5/12/23
	care of a physician assistant, nurse pra				
	The facility must en	nsure that- medical care of each resident			
	medical care of res physician is unavail	her physician supervises the idents when their attending lable.  NT is not met as evidenced			
	Complaint # NJ002  Based on record re review, the facility for residents utilizing with physician orders for resulted in actual hands appropriately see	view, interviews, and policy ailed to ensure of heelchairs at the facility had record of the wheelchairs. This arm when Resident (R) 5 was ecured in the wheelchair and The facility failed to ensure of three residents (R23, R18)		1. All residents could be affecte deficient practice. Res #5, physic orders have been updated. In adouther residents using a specialty wheelchair have been identified a plans and physician orders have updated - specific to his/her spec wheelchair. A new process was a which the Director of Rehabilitativ Services/designee will communic	cian dition, all and care been cialty added in

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		LE CONSTRUCTION		SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER		<del></del>		STREET ADDRESS, CITY, STATE, ZIP CODE	04/	11/2023
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VOORHE	ES PEDIATRIC FACIL	_ITY					
				'	VOORHEES, NJ 08043		
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F 710		ge 41 ian services had physician's	F 7	710	the clinical team at morning huddle	and	
	orders included for facility's deficient pr	.) The ractice increased R23 and			through the EMR any time a chang been made in a specialty wheelcha device specific to a resident. Month audits will be conducted by the Dire Quality, Safety and Compliance.	e has hir hly ector of A	
		k of treatment (medication rlooked and not administered.			results will be reported quarterly to Quality Assurance Committee who make the decision if the process ha	will	
	Findings include:				resolved and is stable. The commit		
	Services" April 2023	y's policy titled "Physician 3 revealed "The resident's has oversight in the resident's			frequency intervals thereafter. Con date will be by Friday, May 12, 202		
	changes in resident	re planning, monitoring 's medical status, providing			All residents could be affected deficient practice. Res #18 and #23	3	
	and overseeing a reresident prescri	nent when called by the facility, elevant plan of care for the be an appropriately regimen			physician orders were updated to r frequency of doses and specific do when indicated. Res #18	sing of and	
	. Physician orders . accordance"	shall be maintained in			#23 care plans have been updated included frequency of doses and monitoring for side effects Negative.		
	RECORD" located	ndated "ADMISSION on her electronic medical aled R5 was initially admitted			In addition, common side have been added to the care plan	effects specific	
	to the facility on	and readmitted on ble diagnoses to include			the Director of Quality, Safety and Compliance to the medical staff		
					addressing the elements of specific orders for infusion therapy. A new process has been established in w		
	(MDS)" with an Ass (ARD) of the "MDS" tab, reve	rterly "Minimum Data Set essment Reference Date and located in the EMR under ealed a "Brief Interview for			infusion orders are currently review weekly care coordination meeting weekly care coordination meeting weekly care members of the medical staff, care coordinators and transport services	ved at a vith s; and	
		S)" with a score of was not /as assessed by staff as and used a			information imparted to the charge and nurse manager of the respecti wing. That information is placed in charge nurse communication book Monthly audits specific to residents	ve the	

` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	СОМ	(X3) DATE SURVEY COMPLETED C	
		315289	B. WING			11/2023	
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, ZIP C 1304 LAUREL OAK ROAD VOORHEES, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 710	Review of R5's "Phendia and located upon lacked orders for lacked	edication Administration I "Treatment Administration under EMR "Orders"  spital "PEDIATRIC HISTORY dated and provided lursing (DON), revealed " ect admission for concerns per report wheelchair estimated to be minutes, found to have  Per was patient ency medical services] arrived ems  EPORTABLE EVENT	F 710	identified as receiving infusible conducted by the Director Safety and Compliance. QA be reported quarterly to the Assurance Committee who decision if the process has learned is stable. The committee make recommendations for intervals thereafter. Comple be by Friday, May 12, 2023.	or of Quality, A results will Quality will make the been resolved be will also frequency tion date will		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		315289	B. WING			C 04/11/2023	
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, 2 1304 LAUREL OAK ROAD VOORHEES, NJ 08043	(IP CODE	<u> </u>	
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROFILIENCY)		BE	(X5) COMPLETION DATE
F 710	(QSC), revealed "TChild Child was [R5] [R5] [R5] [R5] [R5] [R5] [R5] [R5]	gic [sic]  found to be had and [R5] was placed in the bed, and [R5] was placed in the bed, and [R5] was placed in the bed, and [R5] and [R5] was placed in the bed, and [R5] was placed that addressed with a state of the wheelchair but with R5's [R5] was placed in the bed and [R5] with a state of the wheelchair but with R5's [R5] was placed and [R5] with a state of the bed and [R5] with a state of t	F7	10			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	ELE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		315289	B. WING			/11/2023	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI 1304 LAUREL OAK ROAD VOORHEES, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 710	R5's wa arou The investigated R5's redetermined the ca The DON stated the not slip out of the withe facility did not care plan or TAR of DON stated the faresident's physicial did not investigating R5's During an interview stated she was produced and was taking lurincident. RN1 state bed to the wheelch had secured and be RN1 TAR, or care plan RN1 RN1 TAR, or care plan RN1	when she stated R5 developed The DON stated is possibly related to the land R5's DON stated the facility room accident/incident and lase was due to human error. The staff failed to ensure R5's R5 could wheelchair. The DON stated identify R5's physician's orders, did not include last and should have. The cility's omission of the last orders for R5 on last order accident.  W on 04/05/23 at 1:30 PM, RN1 oviding care for R5 on last orders at the time of the last prior to the lunch break and	F 710				

` ,		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD		PLE CONSTRUCTION	CON	(X3) DATE SURVEY COMPLETED C	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1304 LAUREL OAK ROAD VOORHEES, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	DED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE		
F 710	yelling and, on the alarming. RNC3 stated she used and R5's waist, R5's transferred R5 to the developed RNC3 stated wheelchair lap belt was unsure why. Reson Row" the resident their wheelchairs were of facility's residents winterventions on the on their wheelchair increased their risk the facility provided upon hire, but it was care.  During a brief inter the QSC reported utilizing  During an interview Nurse Practitioner room or	way, she heard the code bell ated when she entered R5's 5's and the was RNC3 stated R5 was RNC3 stated R5 was RNC3 stated R5 was Inclasped R5's was Inclasped R5's Include R5'					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315289	B. WING	_		l '	C 11/2023
	PROVIDER OR SUPPLIER	LITY		13	REET ADDRESS, CITY, STATE, ZIP CODE 304 LAUREL OAK ROAD OORHEES, NJ 08043	041	11/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 710	residents' care plar facility's staff direct residents and show wheelchair safety a she discussed R5's facility's Medical Diplan interventions of stated she was unsabout all the rest of wheelchair safety a other resident, but stated the facility diwheelchair safety employment in R5's incident was a facility should have were competent to wheelchairs. The N	age 46 In interventions guided all the lives for providing care for the lid contain interventions for and harness. The NP1 stated is incident/accident with the rector but did not discuss care for physician orders for or the residents. The NP1 sure why she did not think if the children utilizing and entering orders for the she should have. The NP1 id not provide her with education at the start of her excident and the rensured the nursing staff secure the child in the liP1 stated the residents' pelts and harness were a safety	F	710			
	Director stated she R5's room on was alarming. The began NJ Exec. Ord but became The Medi was not something developed from NJ The Medical Direct something seen du decreased body du Medical Director stalked to the staff. was not on the whe R5's NJ Exec. Order 26	Medical Director stated R5 der 26:4.b.1 and had a cal Director stated related to Director stated related to Director stated was uring an autopsy of a					

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		315289	B. WING		l l	C / <b>11/2023</b>	
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, ZIP C 1304 LAUREL OAK ROAD VOORHEES, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
F 710	have been prevent stated she thought human error by the wheelchair. The Molooked at R5's wheelchair was adincident was caused clasped correctly, she expected the resident was unsure who Medical Director stated it was the resident's physicial unsure why it was Director stated it was the resident's care Medical Director stated it was the resident's TAR to point of the	R5's accident was a result of a enurse that put R5 in the edical Director stated they selchair and determined the equate and decided the ed because the lap belt was not The Medical Director stated esidents' care plans to include esidents' sorders to have esidents' sorders to have esidents' sorders to have esident's physician's orders for and orders were correct. The esident's physician's orders for and different devices like chest were though the staff utilized the erovide care. The Medical esident's physician's orders for each different devices like chest were though the staff utilized the erovide care. The Medical esident's physician's orders for each different devices like chest were though the staff utilized the erovide care. The Medical esident's physician's orders for each esident's physician's esident's physician's	F 7	710			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	315289					C 04/11/2023		
NAME OF PROVIDER OR SUPPLIER  VOORHEES PEDIATRIC FACILITY				STREET ADDRESS, CITY, STATE, Z 1304 LAUREL OAK ROAD VOORHEES, NJ 08043	IP CODE	0 W 1 W 2023		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
F 710	Review of R23's quarterly "Minimum Data Set [MDS]" with an Assessment Reference Date (ARD) of and located in the EMR under the "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score was not completed and R23 was assessed by staff to be and used a  Review of R23's "Physician's Orders," from under the EMR "Orders" tab, lacked orders for medication.  Review of R23's "MAR" and "TAR," from under EMR "Orders" tab, lacked orders for worders tab, lacked orders for under the EMR "Care Plan" tab revealed " as ordered" date initiated table revealed " and did not indicate the frequency.  Review of R23's "History & Physical" under the EMR "MISC" tab revealed: a. "Chief Complaint:  N) Exec. Order 26:4.b.1 "by Physician.  b) Exec. Order 26:4.b.1 "by Physician.		F 7	710	·**)			
b. "Patient with improving and resolution of								

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION  NG	CON	(X3) DATE SURVEY COMPLETED C		
315289			B. WING _			04/11/2023		
	PROVIDER OR SUPPLIER	LITY		STREET ADDRESS, CITY, STATE, ZIP COD 1304 LAUREL OAK ROAD VOORHEES, NJ 08043				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE		
F 710	triggered by Medical Doctors. "Leave Manager (NI R23 had a diagnos with a unsure of R23's sc. The NM verified R2 on the E care plan interventischedule and shou dose was unsure of the exact than a nurse did not buring an interview stated R23 had a diagnos with a unsure of the exact than a nurse did not buring an interview stated R23 had a diagnos with a the fact up with by the facil buring an interview Medical Director standard physician's or medication infusion administration. The a terrible thing that	by her recent Discourse 264,631  or Gastrointestinal.  spitalist Daily Progress Note  with likely due flare due to delays of the last and complicated by recent by the Hospitalist.  on 04/06/23 at 12:07 PM, the M, a Registered Nurse) stated is of and was treated The NM stated he was hedule for receiving infusions. 23 did not have orders for MR. The NM verified R23's on did not have lid. The NM stated R23's administered late but he was a date or why it occurred other of order the supplies.  on 04/06/23 at 3:03 PM, NP1 iagnosis of and required every six weeks. NP1 verified a physician's order on the and should have. ssed doses of and R23 was sent to the ity.  on 04/06/23 at 6:37 PM, the ated she expected residents to ders for their lists along with the frequency of Medical Director stated it was	F 7					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	315289				C 04/11/2023		
NAME OF PROVIDER OR SUPPLIER  VOORHEES PEDIATRIC FACILITY				1304	ET ADDRESS, CITY, STATE, ZIP CODE  LAUREL OAK ROAD  ORHEES, NJ 08043		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 710	consequences. The was provided with The M was sent to the host treatment and evaluated and located in a. " follow up "dated b. There was no on Review of R18's "M and located in a. " follow up "dated b. There was no on Review of R18's "M and located unot include orders for Review of R18's "M and located unot include orders for Review of R18's "M and located unot include orders for Review of R18's "C"Care Plan" tab " initiated rehave an intervention administration.  During an interview stated R18 had a dand required	dedical Director stated R23 spital emergency room for cuation.  undated EMR "ADMISSION of R18 was initially admitted to and readmitted on pole diagnosis to include diagnosis to include starterly MDS with an ARD of ed in the EMR "MDS" tab, terview for Mental Status empleted at R18 was assessed as assessed on the EMR "Orders," dated to an EMR "Orders" tab included:  On the EMR "Orders" tab included:  On the EMR "Orders" tab did for the EMR "Orders" tab did for the EMR "Orders" tab did for the EMR "Orders" tab did disease"	F 7	710			

NAME OF PROVIDER OR SUPPLIER  VOORHEES PEDIATRIC FACILITY  (PA) D (SUMMARY STATEMENT OF DEPICIENCIES IN 10 8043  (PA) D (SUMMARY STATEMENT OF DEPICIENCIES I	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING	(X3)	(X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER  VOORHEES PEDIATRIC FACILITY  STREET ADDRESS, CITY, STATE, ZIP CODE  1304 LAUREL OAK ROAD  VOORHEES, NJ 08043  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 710  Continued From page 51 physician's order on the EMR for should include the administration. NP1 verified R18's care plan did not have interventions for medication or specify the frequency of his doses or to  IJ Exec. Order 26:4.5.1 and should.	315289			B. WING	i				
F 710  Continued From page 51 physician's order on the EMR for stated R18's physician's order on R18's EMR should include the administration. NP1 verified R18's care plan did not have interventions for medication or specify the frequency of his doses or to NJ Exec. Order 26:4.b.1 and should.					1304 LAUREL OAK ROAD	ODE	0 11 11 2020		
physician's order on the EMR for stated R18's physician's order on R18's EMR should include the administration. NP1 verified R18's care plan did not have interventions for medication or specify the frequency of his doses or to NJ Exec. Order 26:4.b.1 and should.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
	F 710	physician's order or stated R18's physic should include the administration. NP1 not have interventio or specify the frequency.	the EMR for	F 7	710				

		POST-0	ERTI	<b>FICATION</b>	N REVISIT	REPOF	RT			
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER A. Building							DATE	OF REV	ISIT	
315289	CATION NOMBER	Y1 B. Wing					Y2	5/25/2	023	Y3
NAME O	F FACILITY	•			STREET ADDRESS,	CITY, STATE	, ZIP CODE			
VOORH	EES PEDIATRIC FA	CILITY			1304 LAUREL OAK F					
					VOORHEES, NJ 080	43				
program correcte provisior	, to show those defi- d and the date such	ciencies previously corrective action	y reported owas accom	on the CMS-256 plished. Each d	edicaid and/or Clinic 7, Statement of Defic eficiency should be ne CMS-2567 (prefix	ciencies and fully identifie	Plan of Correct	ction, tha	t have b ation or	LSC
ITE	М	DATE	ITEM		DATE	ITEM			DATE	<u> </u>
Y4		Y5	Y4		Y5	Y4			<b>Y</b> 5	
ID Prefix	F0600	Correction	ID Prefix	F0656	Correction	ID Prefix	F0684		Corre	ction
Reg. #	483.12(a)(1)	Completed	Reg. #	483.21(b)(1)(3)	Completed	Reg. #	483.25		Comp	leted
LSC		05/25/2023	LSC		05/25/2023	LSC			05/25/2	
ID Prefix	F0689	Correction	ID Prefix	F0710	Correction	ID Prefix			Corre	ction
Reg. #	483.25(d)(1)(2)	Completed	Reg. #	483.30(a)(1)(2)	Completed	Reg.#			Comp	leted
LSC		05/25/2023	LSC		05/25/2023	LSC			-	
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						+			-	

STATE AGENCY (INITIALS) **REVIEWED BY** DATE TITLE DATE **REVIEWED BY CMS RO** (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

SIGNATURE OF SURVEYOR

**ID Prefix** 

Reg. #

LSC

DATE

Correction

Completed

REVIEWED BY

Form CMS - 2567B (09/92) EF (11/06)

**ID Prefix** 

Reg. #

**REVIEWED BY** 

4/11/2023

LSC

Page 1 of 1

**EVENT ID:** 

**ID Prefix** 

Reg.#

LSC

Correction

Completed

MUY712

YES NO

DATE

Correction

Completed