

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315126	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER BISHOP MCCARTHY CENTER FOR REHAB & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1045 E CHESTNUT AVE , VINELAND, New Jersey, 08360	
(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
F0000	<p>INITIAL COMMENTS</p> <p>Complaint #: 2572162</p> <p>Survey Dates: 8/6/25</p> <p>Census: 177</p> <p>Sample Size: 3</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p> <p>During the survey, a finding which constituted an Immediate Jeopardy (IJ) was identified under 42 CFR 483.25(d)(2) F 689, as the facility failed to provide adequate supervision for a resident with [redacted] who required assistance with [redacted] and accompaniment to [redacted] doctor's appointments and was sent to an [redacted] doctor's appointment and [redacted] On [redacted] 10:15 A.M., Resident #1 was sent to an [redacted] via [redacted] At 4:00 P.M., the facility received a telephone call from the [redacted] provider's office that Resident #1 [redacted]. The facility received another telephone call on [redacted] at 8:30 P.M., that the resident was [redacted] at [redacted] approximately [redacted] Resident #1 was transported to the hospital and admitted [redacted] with an [redacted] that was likely due to [redacted] and was discharged on [redacted].</p> <p>The facility's failure to provide adequate [redacted] for Resident #1 placed Resident #1 and all other residents who required [redacted] during [redacted] at risk for [redacted]. This posed the likelihood for serious harm, injury, impairment, or death.</p> <p>The facility's Administration was notified of the F 689 IJ and was provided the IJ Template on 8/1/25 at 3:21 P.M.</p>	F0000		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0000	Continued from page 1 The facility submitted an acceptable Removal Plan (RP) on 8/5/25 at 10:27 A.M., indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: Resident #1 returned from the hospital and will be [redacted] by facility staff member for all upcoming appointments; the facility reviewed upcoming offsite medical appointments for resident appointments for the next seven days. Residents were evaluated for cognition and/or elopement risk by a nurse. Based on the evaluation, facility administration ensured all residents who require to be accompanied have either an aide, attendant, or family member accompanying the resident for offsite medical appointments. Facility transportation policy was updated; a new risk assessment was created to identify residents who require escort services for offsite medical appointments. Unit Managers were trained on 8/1/25. Assessments will be completed prior to any offsite medical appointments by [redacted] or designee. On 8/1/25, nursing administration staff were educated on updated Transportation policy. The [redacted] will complete an audit of upcoming resident offsite medical appointments to ensure residents who require accompaniment have a person in attendance with the resident. The surveyor verified the implementation of the RP on-site on 8/6/25 at 3:20 P.M.	F0000		
F0689 SS = SQC-J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: COMPLAINT #2572162	F0689	1. Resident #1 returned to the facility from the [redacted] NJ. Resident #1 will be [redacted] by a [redacted] for all upcoming [redacted] medical appointments. 2. Facility reviewed offsite medical appointments for all current residents for the next 7 days. Residents were evaluated for cognition and/or elopement risk by a nurse. Based on the evaluation, facility administration ensured all residents who require to be accompanied have either an aide, attendant, or family member accompanying the resident. 3. Facility Transportation Policy was updated to ensure residents who require to be accompanied for offsite medical appointments have either an aide/attendant/family accompany the resident. Policy amended 8/1/2025. In addition, the facility created a new risk assessment to identify residents who require escort services for offsite medical appointments. Nursing Administration staff will be educated on ensuring all residents that require an	08/22/2025

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F0689 SS = SQC-J	<p>Continued from page 2 Based on observations, interviews, medical record review, and review of other pertinent facility documentation on 7/31/25 and 8/1/25, it was determined that the facility failed to provide adequate [redacted] for a resident with [redacted] NJ Exec Order 26.4b1 who required assistance with [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 doctor's appointments and was sent to an [redacted] NJ Exec Order 26.4b1 doctor's appointment and [redacted] NJ Exec Order 26.4b1. This deficient practice was identified for 1 of 3 residents reviewed for [redacted] NJ Exec Order 26.4b1 (Resident #1).</p> <p>On [redacted] NJ Exec Order 26.4b1 at 10:15 A.M., Resident #1 was sent to an [redacted] NJ Exec Order 26.4b1 doctor's appointment [redacted] NJ Exec Order 26.4b1 via [redacted] NJ Exec Order 26.4b1. At 4:00 P.M., the facility received a telephone call from the [redacted] NJ Exec Order 26.4b1 provider's office that Resident #1 [redacted] NJ Exec Order 26.4b1. The facility received another telephone call on [redacted] NJ Exec Order 26.4b1 at 8:30 P.M., that the resident was [redacted] NJ Exec Order 26.4b1 at a [redacted] NJ Exec Order 26.4b1 approximately [redacted] NJ Exec Order 26.4b1. Resident #1 was transported to the hospital and [redacted] NJ Exec Order 26.4b1 for [redacted] NJ Exec Order 26.4b1 with an [redacted] NJ Exec Order 26.4b1 that was likely due to [redacted] NJ Exec Order 26.4b1 and was discharged on [redacted] NJ Exec Order 26.4b1.</p> <p>The facility's failure to provide adequate [redacted] NJ Exec Order 26.4b1 for Resident #1 placed Resident #1 and all other residents who required [redacted] NJ Exec Order 26.4b1 during [redacted] NJ Exec Order 26.4b1 doctor's appointments at risk for [redacted] NJ Exec Order 26.4b1. This posed the likelihood for serious harm, injury, impairment, or death which resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on [redacted] NJ Exec Order 26.4b1 at 4:00 P.M., after Resident #1 was unaccompanied at an [redacted] NJ Exec Order 26.4b1 doctor's appointment and [redacted] NJ Exec Order 26.4b1. The facility was notified of the IJ on 8/1/25 at 3:21 P.M. The facility submitted an acceptable Removal Plan (RP) on 8/5/25 at 10:27 A.M. The surveyor verified the implementation of the RP on-site on 8/6/25 at 3:34 P.M.</p> <p>The evidence was as follows</p> <p>A review of the facility's "Transportation" policy with an effective date of 03/2020, revealed that, "Social services or charge nurse will be responsible for arranging transportation..." and that, "A member of the nursing staff or social services will make arrangements to have a resident accompanied at a diagnostic appointment as required..."</p>	F0689	<p>Continued from page 2 aide/attendant/family member for offsite medical appointments are accompanied. Staff will be educated on or before 8/4/2025.</p> <p>4. The Director of Nursing, or designee, will complete an audit of upcoming residents with offsite medical appointments to ensure residents who require to be accompanied have a person in attendance for the offsite medical appointments. The audit will be conducted twice a week for 30 days then weekly for 2 months. The results of the audits will be reported at the monthly QAPI meeting for 3 months and as needed thereafter for any additional recommendations.</p>	

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F0689 SS = SQC-J	<p>Continued from page 3</p> <p>A review of the Facility Reportable Event (FRE) sent to the New Jersey Department of Health (NJDOH), indicated that on [redacted] at 10:15 A.M., Resident #1 was picked up from the facility and transported to an [redacted] provider appointment by an [redacted] assigned by the [redacted] provider. The facility then received a call at 4:00 P.M. from the [redacted] provider's office asking if the resident had [redacted] to the facility as the resident [redacted]. The FRE indicated that the resident had been seen and when they went to [redacted] them, the resident [redacted]. The facility determined that the resident [redacted], and the [redacted] provider [redacted]. The facility next received a call from the [redacted] provider stating that the facility [redacted] Resident #1's wheelchair at [redacted] at 6:00 P.M. The FRE further indicated that the [redacted] provider called a [redacted] and continued to [redacted] for the resident.</p> <p>According to the "Admission Record" face sheet, Resident #1 was admitted to the facility with diagnoses which included but were not limited to: [redacted]</p> <p>A review of Resident #1's Minimum Data Set (MDS), an assessment tool dated [redacted] revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated that the resident's cognition was [redacted]. A further review of the MDS revealed in Section GG, "Functional Abilities," that the resident required assistance with [redacted]. This section also indicated that Resident #1 required assistance with [redacted].</p> <p>A review of Resident #1's care plan (CP) included but were not limited to the following focus areas:</p> <ul style="list-style-type: none"> -Activities of daily living (ADL) [redacted] with a goal that the resident would, [redacted]. -At risk for [redacted] due to [redacted]. <p>[redacted]. An intervention included that the resident would be provided with [redacted].</p>	F0689		
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<p>F0689 SS = SQC-J</p>	<p>Continued from page 4 NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1 , with a goal that the resident would have NJ Exec Order 26.4b1 with staff assistance.</p> <p>A review of Resident #1's Progress Notes (PN) revealed a Nursing Note dated NJ Exec Order 26.4b1 at 12:05 P.M., that the resident had a NJ Exec Order 26.4b1 visit with the [provider named redacted], and that the resident would be transported to a NJ Exec Order 26.4b1 [provider named redacted] every NJ Exec Order 26.4b1 for an NJ Exec Order 26.4b1. The note indicated that the [provider name redacted] would "provide transport with NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 to go with [them]." During the visit, when asked where the resident was, the resident "answered in a [provider name redacted] NJ Exec Order 26.4b1 for about a NJ Exec Order 26.4b1 [they] were NJ Exec Order 26.4b1 and stated [they] were in NJ Exec Order 26.4b1 and that [their] NJ Exec Order 26.4b1 from all the NJ Exec Order 26.4b1. When asked the NJ Exec Order 26.4b1 [they] stated NJ Exec Order 26.4b1 I have to NJ Exec Order 26.4b1."</p> <p>A further review of the Progress Notes did not include any documentation related to the NJ Exec Order 26.4b1 of the resident to NJ Exec Order 26.4b1 [provider name redacted] appointments.</p> <p>A further review of documentation provided by the facility included a Summary and Conclusion for the NJ Exec Order 26.4b1 incident that revealed that the resident was transported to the appointment, "... by an NJ Exec Order 26.4b1 assigned by [the NJ Exec Order 26.4b1 name redacted provider] ..." and that, "... Prior to the appointment being scheduled, the NJ Exec Order 26.4b1 provider] confirmed that the patient would have an NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 at all appointments provided by the NJ Exec Order 26.4b1 name redacted provider]."</p> <p>The facility also provided an email thread between the facility staff and the NJ Exec Order 26.4b1 US FOIA (b) (6) US FOIA (b) (6) ranging from NJ Exec Order 26.4b1 for the surveyor's review as follows:</p> <p>An email from the US FOIA (b) (6) dated NJ Exec Order 26.4b1 at 10:58 A.M., revealed that the facility could "call this number to request travel at least twenty-four hours in advance [number redacted]. [The resident] has NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 so would cover having an NJ Exec Order 26.4b1 [them] for appointments. They would provide either a [ride share company] or wheelchair van. Would need a staff member's phone to sent [ride share company] link to. Also cc'ing [the resident's]</p>	<p>F0689</p>		

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F0689 SS = SQC-J	<p>Continued from page 5</p> <p>US FOIA (b) (6) name redacted] on this email as well."</p> <p>An email thread starting on NU Exec Ord at 2:56 PM, by the facility's US FOIA (b) (6) indicated that she was "the US FOIA (b) (6) handling [the resident's] appointments. I have attempted to schedule [their] transport for the appointment on NU Exec Order 26.4. The NU Exec provider name redacted] transport department informed me that [they are] only cover for [ride share company] services. Our nursing department does not believe it is NU Exec for [them] to go via [ride share company]. [The resident] needs to have a wheelchair transport with an NU Exec to attend. The NU Exec state provider name redacted] transportation department said that [the resident's] US FOIA (b) (6) would have to make the change prior to scheduling. Is there something that you are able to assist me with?"</p> <p>An email dated NU Exec Ord at 3:04 PM, by the US FOIA (b) (6) in response stated, "Is [the resident] in a wheelchair? If so we can set up wheelchair transport instead - would need to still call in the NU Exec once approved though."</p> <p>An email dated NU Exec Ord at 3:11 PM, by the US FOIA (b) (6) in response stated, "Yes, [the resident] uses a wheelchair. [The resident] is a NU Exec Order 26.4b1 and is NJ Exec Order 26.4b1. Do you know how long it takes to be approved so that I can call to get it scheduled?"</p> <p>An email dated NU Exec Ord at 11:20 AM, by the US FOIA (b) (6) to the US FOIA (b) (6) stated, "Good morning! Just following up regarding previous email. Do you know when it would be updated in the system? Thank you?"</p> <p>An email dated NU Exec Ord at 11:52 AM, by the US FOIA (b) (6) in response stated, "I can submit the request today and follow up with you once its approved - hopefully will be today or tomorrow in time to request appointment on the NU Exec. To make sure we are talking about the same [resident], would you mind please letting me know [their] last 4 social please? [If not first name and [date of birth] are perfect."</p> <p>There were no additional emails provided by the facility and there was no email provided that the facility confirmed with the NU Exec provider that the resident would have an NJ Exec Order 26.4b1 them to the</p>	F0689		
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F0689 SS = SQC-J	<p>Continued from page 6</p> <p>█ provider appointment on █</p> <p>The surveyor reviewed the transportation log provided by the facility's █ dated █ which revealed that the resident was scheduled for pick-up at 9:45 A.M. for an 11:30 A.M. appointment. The log further noted, "█ provider] to set-up transport for this appointment." The log did not indicate whether an █ would be provided.</p> <p>The surveyor reviewed hospital discharge paperwork for Resident #1 which revealed that the resident spent █ in the hospital after being █ in a █ with a diagnosis of, "... █ likely from █</p> <p>On 7/31/25 at 9:45 A.M., the surveyor observed Resident #1 lying in bed awake, watching television. When asked if the resident recalled having an █ appointment, the resident stated, "Someone █ and I was █." The resident █ of that day.</p> <p>During an interview with the █ on 7/31/25 at 10:32 A.M., the █ stated that she was the primary person responsible for scheduling. The █ stated that if it was determined that a resident needed to be accompanied to an appointment, she would first call the family to determine their availability, and if needed, staff would go. The █ also stated that she had accompanied residents to appointments if no one else was able to go. The █ recalled being informed by the █ that Resident #1 would require █ to appointments, and that upon admission, an appointment to the █ provider was pre-scheduled for █. The █ stated that she did not contact the █ to ask about their availability to █ the resident and she could not recall why. At that time, the █ reviewed an email dated █ which she stated that the █ noted that everything was set-up for transportation and that she assumed that it included everything they had spoken about which was: appropriate transportation for the wheelchair and an █. The █ further stated that she did not confirm whether an █ would be at the appointment or not.</p> <p>During an interview with the █ on 7/31/25 at 11:28 A.M., she stated that the █ was primarily responsible for scheduling residents' appointments. The █ stated</p>	F0689		

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F0689 SS = SQC-J	<p>Continued from page 7 that in the case of Resident #1's provider, the facility would first reach out to them initially to determine if the resident's coverage included transportation and/or an [US FOIA (b) (6)]. The [US FOIA (b) (6)] stated that this was based on the resident's insurance coverage. The [US FOIA (b) (6)] further stated that nursing at the facility also determined whether they deemed that a resident required an attendant to accompany them to appointments. The [US FOIA (b) (6)] also added that a resident's cognition level, BIMS score, safety awareness, fall risk, and ADL level, all played a role in a nurse's decision if the facility would send someone with the resident to appointments, or if a provider and/or insurance would not cover an aide. The [US FOIA (b) (6)] stated that, "Based on emails, it was my understanding that [the] resident was to have an [NJ Exec Order 26.4b1] at the [appointments]," as she had discussed with them during a [NJ Exec Order 26.4b1] visit and what was provided at a previous appointment. The [US FOIA (b) (6)] stated that the resident had a previous appointment that the [NJ Exec Order 26.4b1] provider provided an [NJ Exec Order 26.4b1] for, and that she, herself, had not had any discussions with the [NJ Exec Order 26.4b1] provider since the [NJ Exec Order 26.4b1] appointment.</p> <p>During an interview with the [US FOIA (b) (6)], on 8/1/25 at 10:09 A.M., she stated that she was not involved with the scheduling of ongoing medical appointments for residents.</p> <p>During an interview with the [US FOIA (b) (6)] [US FOIA (b) (6)] on 8/1/25 at 10:30 A.M., she stated that she expected staff at the facility to consider a resident's physical limitations, cognitive impairments, and the need for continuity of care when scheduling transportation for a resident to an appointment. The [US FOIA (b) (6)] also stated that in addition to those factors, the need for a resident to have an attendant should also be considered and that if a family was not available, then staff accompanied them. The [US FOIA (b) (6)] stated that they were under the impression that an [NJ Exec Order 26.4b1] would be provided for Resident #1 by the [NJ Exec Order 26.4b1] provider based on:</p> <ul style="list-style-type: none"> -Resident had a previous appointment on [NJ Exec Order 26.4b1] and the [NJ Exec Order 26.4b1] provider provided an [NJ Exec Order 26.4b1] then. -Confirmation emails sent by the [US FOIA (b) (6)] to the [US FOIA (b) (6)] -The PN that documented the [NJ Exec Order 26.4b1] appointment in [NJ Exec Order 26.4b1], that confirmed the need for the resident to have an [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] -An email the facility received from the [US FOIA (b) (6)] indicating that the resident was covered for an [NJ Exec Order 26.4b1] 	F0689		

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F0689 SS = SQC-J	<p>Continued from page 8</p> <p>During a follow-up interview with the [US FOIA] and the [US FO] on 8/1/25 at 11:30 A.M., when asked what measures were taken to ensure that an [NJ Exec Order 26.4] would be provided for Resident #1's appointment on [NJ Exec Order 26.4] the [US FO] pointed to the email dated [NJ Exec Order 26.4] at 10:58 A.M., from the [US FOIA (b)] and stated that the email indicated that the resident would be covered for an [NJ Exec Order 26.4]. They both stated that there was no additional documentation to provide to the surveyor regarding the confirmation that an [NJ Exec Order 26.4] would be provided by the [NJ Exec O] provider.</p> <p>At that time, the [US FO] explained that the process of scheduling appointments included the [US FO] having a conversation with the [US FOIA]. When asked where it was documented that a resident would need accompaniment, the [US FO] stated it was done verbally. When asked what was done to ensure that an attendant was provided by another provider each time, they stated that they had never had this issue before. When asked how the facility knew that a resident that required an attendant was provided one by another provider, they again stated that they had never had this issue before.</p> <p>During a telephone interview with the [US FOIA (b) (6)] on 8/1/25 at 12:43 P.M., he stated that he had been informed of Resident #1's [NJ Exec Order 26.4b] from the [NJ Exec O] provider's facility. When asked what his expectations were regarding the need for confirmation of an [NJ Exec Order 26.4] for a resident who had [NJ Exec Order 26.4b1] and required assistance [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] to [NJ Exec Order 26.4] doctor's appointments, he stated, "I would expect that the facility follows whatever policy is in place."</p> <p>During a follow-up interview with the [US FOIA] on 8/1/25 at 1:13 P.M., the surveyor asked if they should have confirmed that an [NJ Exec] would be at Resident #1's appointment on [NJ Exec Order 26.4] she stated, "Yes, they should have."</p> <p>The facility submitted an acceptable Removal Plan (RP) on 8/5/25 at 10:27 A.M., indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: Resident #1 returned from the hospital and will be [NJ Exec Order 26.4b1] by [NJ Exec Order 26.4b1] for all upcoming appointments; the facility</p>	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315126		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/06/2025	
NAME OF PROVIDER OR SUPPLIER BISHOP MCCARTHY CENTER FOR REHAB & HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1045 E CHESTNUT AVE , VINELAND, New Jersey, 08360			
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F0689 SS = SQC-J	<p>Continued from page 9 reviewed upcoming [REDACTED] medical appointments for resident appointments for the next seven days. Residents were evaluated for cognition and/or elopement risk by a nurse. Based on the evaluation, facility administration ensured all residents who require to be accompanied have either an aide, attendant, or family member accompanying the resident for offsite medical appointments. Facility transportation policy was updated; a new risk assessment was created to identify residents who require escort services for offsite medical appointments. Unit Managers were trained on 8/1/25. Assessments will be completed prior to any offsite medical appointments by [REDACTED] or designee. On 8/1/25, nursing administration staff were educated on updated Transportation policy. The [REDACTED] will complete an audit of upcoming resident offsite medical appointments to ensure residents who require accompaniment have a person in attendance with the resident.</p> <p>The surveyor verified the implementation of the RP on-site on 8/6/25 at 3:34 P.M.</p> <p>N.J.A.C. 8:39-27.1(a)</p>	F0689					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315126	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/17/2025
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NAME OF PROVIDER OR SUPPLIER BISHOP MCCARTHY CENTER FOR REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1045 E CHESTNUT AVE , VINELAND, New Jersey, 08360
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F0000	INITIAL COMMENTS An on-site revisit was conducted on 9/17/25 in relation to the 8/6/25 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		
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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 reverse for further 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.

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