

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

PRINTED: 11/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2024
NAME OF PROVIDER OR SUPPLIER BISHOP MCCARTHY CENTER FOR REHAB & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1045 E CHESTNUT AVE VINELAND, NJ 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
F 000	INITIAL COMMENTS COMPLAINT #: NJ00175475 CENSUS: 166 SAMPLE SIZE: 4 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.	F 000			
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00175475 Based on observations, interviews, medical record review, and review of other pertinent facility documentation on 09/26/2024, it was determined that the facility failed to follow standards of clinical practice for documenting the administration of medication in the electronic Medication Administration Record (MAR). The facility also failed to follow its policy titled "Administering Medications". This deficient practice was identified for 26 of 29 residents reviewed on MAR and was evidenced by the following: Reference: New Jersey Statutes Annotated, Title	F 658	Tag 658 1. Immediate action: The nurse electronically signed out all the medications and treatments that had been administered by her that morning. 2. Who was affected: All residents have the potential to be affected by this deficient practice. 3. Corrective action: All nurses will be in-serviced by the Staff Educator on the policy between 10/20/24 to 10/27/24 that the individual administering the medication must initial the resident's MAR on the appropriate location after giving each medication and before administering		11/15/24

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

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10/23/2024

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

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NAME OF PROVIDER OR SUPPLIER BISHOP MCCARTHY CENTER FOR REHAB & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1045 E CHESTNUT AVE VINELAND, NJ 08360		
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F 658	<p>Continued From page 1</p> <p>45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 09/26/2024 at 10:00 AM, the surveyor observed the Licensed Practical Nurse (LPN #1) perform medication administration for two residents.</p> <p>During an interview with the surveyor on 09/26/2024 at 10:10 AM, LPN #1 stated there was only one resident left for medication pass. The surveyor asked to review LPN #1's MAR screen for all assigned residents. The surveyor reviewed the MAR screen and observed 27 residents highlighted in pink and 2 residents highlighted in yellow. LPN #1 stated that if residents' names were highlighted in pink that indicated the medications were not yet signed out. LPN #1 further stated she administered medications to all residents on her assignment except one resident who was in NJ Exec Order 26.4b1 during medication observation. LPN #1 stated she was unable to sign out medications after administration because she usually floated around the facility and was not familiar with this particular medication cart. LPN #1 further stated that after administering medications to her assigned residents, she kept track of who received medications on her census sheet. LPN #1 stated the intention was to sign out the</p>	F 658	<p>the next ones.</p> <p>4. How will this process be monitored: The DON or ADON will randomly audit 10% of the EMARS to verify that medications and treatments are being signed out appropriately. The audits will be conducted weekly x4, monthly x3, quarterly x2. All will be reported to the QAPI committee monthly by the DON.</p> <p>Completion Date: November 15th, 2024</p>		

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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, NJ 08360		
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F 658	<p>Continued From page 2</p> <p>medications on the MAR after medication pass was completed. LPN #1 further stated medication should be signed out after medication administration. LPN #1 stated a resident could be harmed if medications were not signed out after administration and another nurse had to take the medication cart in an emergency. LPN #1 further stated, "I did not follow the policy by not signing the MAR after giving medications".</p> <p>On 09/26/2024 at 10:18 AM, the surveyor observed LPN #1 administer medications to one resident that was left for medication pass.</p> <p>During an interview with the surveyor on 09/26/2024 at 10:20 AM, the Licensed Practical Nurse Unit Manager (UM #1) confirmed 26 resident names highlighted in pink and 3 resident names highlighted in yellow on LPN#1's screen. UM #1 stated that if names were highlighted in pink that meant that the medications were not given or not signed out. UM #1 further stated that if names were highlighted in yellow that meant the medications were given. UM #1 stated that once medications were given to the resident, the MAR must be signed out. UM #1 stated that the facility policy was that once medications were given, medications were expected to be signed out on the MAR. UM #1 stated that if medications were not administered to a resident, the MAR would still be signed with reason to why medications were not administered. UM #1 stated that if medications were not documented on the MAR, it was assumed medications were not given. UM #1 further stated that it was not standard of practice to sign out medications on the MAR at the end of the medication pass.</p> <p>During an interview with the surveyor on</p>	F 658			

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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, NJ 08360		
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F 658	<p>Continued From page 3</p> <p>09/26/2024 at 10:54 AM, the US FOIA (b)(6) stated that if medications were not signed out on the MAR, the nurse either forgot to sign out the medications or the medications were not administered. The US FOIA (b)(6) further stated the expectation was to sign out medications on the MAR immediately after medication administration.</p> <p>Review of the facility policy titled "Administering Medications" with revised date of 3/2020 revealed under "Policy Interpretation and Implementation", "13. The individual administering the medication must initial the resident's MAR on the appropriate location after giving each medication and before administering the next ones."</p> <p>Review of undated facility document titled "Long Term care Department-Job Description" revealed under "Job Title", "LPN/RN". Under "Essential Functions" revealed, "Administer prescribed medications and treatments in accordance with approved nursing policies and procedures. Maintain residents' medical records on nursing observations and actions taken such as medications and treatments given ..."</p> <p>NJAC 8:39-29.2 (d)</p>	F 658			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/26/2024
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BISHOP MCCARTHY CENTER FOR REHAB & HEALTH **1045 E CHESTNUT AVE**
VINELAND, NJ 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) COMPLETE DATE
S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00175475 Based on review of facility documents on 09/26/2024, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112,	S 560	S560 Staffing 1. Immediate action: No residents were affected. 2. Who was affected: All resident had potential to be affected by this deficient practice none were affected. 3. Corrective Actions: Measures continue to be taken by the Staffing Coord, Nursing Administration and Administrator and will continue to be put into place to prevent the deficient practice from recurring. These measures include Bonuses are offered for double shifts, extra shifts, weekend shifts. The staff has been re-educated immediately on the call out and lateness	11/15/24

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

Electronically Signed

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(X6) DATE

10/23/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the 2 weeks of Complaint staffing from 09/08/2024 to 09/26/2024, the facility was deficient in CNA staffing for residents on 14 of 14-day shifts as follows:</p> <p>On 09/08/24 had 16 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 09/09/24 had 16 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 09/10/24 had 18 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 09/11/24 had 17 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 09/12/24 had 18 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 09/13/24 had 17 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 09/14/24 had 17 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>On 09/15/24 had 15 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p>	S 560	<p>policy by Nursing Management and Nurse Educator. Advertisement signs for open CNA positions are placed in front of the building, facility employs a recruiter and posts openings on Indeed, APPLOI, and all applicants are met with upon receipt of application. Staffing Coord will call, text, email CNAs to take an open shift as needed. We offer sign on bonuses. We contract with a variety of agencies; we offer referral bonuses. We have an open platform where they can view all open shifts and they can sign up without asking to be put on the schedule.</p> <p>4. How this will be monitored: Corrective actions will be monitored by Staffing Coord daily. Director of Nursing/Designee will conduct weekly C.N.A. staffing schedule audits and will report audit findings to the Administrator. The Administrator/Designee will analyze and trend findings and report outcomes to the QAPI Committee quarterly with follow up to recommendations to ensure the deficient practice will not recur. This will be done weekly x4, monthly x3, quarterly x2.</p> <p>Completion Date: November 15, 2024</p>	

New Jersey Department of Health

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S 560	Continued From page 2 On 09/16/24 had 16 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 09/17/24 had 18 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 09/18/24 had 19 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 09/19/24 had 17 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 09/20/24 had 19 CNAs for 161 residents on the day shift, required at least 20 CNAs. On 09/21/24 had 18 CNAs for 161 residents on the day shift, required at least 20 CNAs.	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315126	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/15/2024
NAME OF FACILITY BISHOP MCCARTHY CENTER FOR REHAB & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1045 E CHESTNUT AVE VINELAND, NJ 08360

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0658	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/15/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 9/26/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060601	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/15/2024
NAME OF FACILITY BISHOP MCCARTHY CENTER FOR REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1045 E CHESTNUT AVE VINELAND, NJ 08360	

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/15/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 9/26/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			