STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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#: NJ163927, NJ165521, NJ166159 CENSUS: 102 SAMPLE SIZE: 5 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 604 SS=D	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-	F 604		8/28/23

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

Electronically Signed | 08/31/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 604	Continued From page 1 §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. This REQUIREMENT is not met as evidenced by: COMPLAINT# NJ166159 Based on observations, interviews, medical records review, and review of other pertinent facility documentation on 8/4/2023, 8/7/2023 and 8/8/2023, it was determined that the facility failed to ensure that a resident's movement in and out of a room was not restricted. The Certified Nurse Assistant (CNA #1) tied the resident's bedroom door handle with a plastic trash bag (trash bag) and attached the other end of the trash bag to the handrail located just outside the resident's room door, which resulted in the resident not being able to exit the bedroom into the hallway. This deficient practice was identified for 1 of 5 sampled Residents (Resident #1) and was evidenced by the following: According to the face sheet, Resident #1 was admitted to the facility on [redacted], with diagnoses which included but were not limited to [redacted]. Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the	F 604	F604 1.The facility Director of Nursing and the Administrator ensured that all residents do not have restricted movement in and out room at all times. All employees re-in-serviced on facility polices related to restrains. Resident #1 was assessed by the Assistants Director of Nursing and did [redacted] CAN #1 was suspended for 3 days and monitored for not secluding residents without their approval on a regular basis (weekly) for 3 month period and periodically therefore. 2.All residents have the potential to be affected by this deficient practice of failing to ensure that a resident's movement in and out of their room is not restricted. 3.The Director of Nursing along with Nurse manager, in-serviced employees on Abuse Prevention and Reporting, Accident and Incident reporting, Neglect, Misappropriate of Resident Property and Restrains between June 22, 2023 through July 6, 2023. 4.The Director of Nursing or designee will in-service and educate employees	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 604	Continued From page 2 management of care, dated [NJ Ex.Order 26.4(b)(1)], revealed that Resident #1 was [NJ Ex.Order 26.4(b)(1)] The MDS also showed that Resident #1 [NJ Ex.Order 26.4(b)(1)] when walking in the room and corridor. Review of Resident #1's Care Plan revealed a "Problem," initiated on [NJ Ex.Order 26.4(b)(1)], that Resident #1 had a [NJ Ex.Order 26.4(b)(1)] The goal was that Resident #1 would "not [NJ Ex.Order 26.4(b)(1)] into other resident's room through next review." Under "Interventions," included to "ensure [NJ Ex.Order 26.4(b)(1)] as needed." Review of the facility's undated "Investigation" sheet revealed that on [NJ Ex.Order 26.4(b)(1)] it was reported to the Assistant Director of Nursing (ADON) that CNA #1 tied the resident's door handle with a trash bag to the handrail in the hallway. "Appropriate actions were taken immediately by the administration. The CNA was notified of her inappropriate actions and reprimanded accordingly." CNA #1 had no "ill intentions to harm the resident, but on the contrary used poor judgement trying to protect the resident from falling." Review of the Licensed Practical Nurse/Infection Preventionist's (LPN/IP) statement in the facility's investigation, dated [NJ Ex.Order 26.4(b)(1)], revealed that she was shown a picture of "a garbage bag [trash bag] tied to the door handle and the siderail [handrail] outside of the room ... with the door closed." The LPN/IP immediately reported the incident to Administration.	F 604	annually and as on a needed bases on restraint policy. The CNA #1 is monitored for not secluding residents without their approval on a regular basis (weekly) for a 3 month period and periodically thereafter, initiated on March 10th, 2023.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 604	Continued From page 3	F 604		

Review of CNA#1's undated statement indicated that the incident happened around January 2023 and that she was "trying to keep [Resident #1] safe." CNA#1 indicated that she would intermittently release the trash bag during her shift and that she removed the trash bag tie before she left to go home. CNA #1 further indicated that she "used poor judgement" but did not harm or hurt the resident.

Review of the facility's undated "Investigation Summary and Conclusion" (summary) reflected that on NJ Ex.Order 26.4(b)(1), it was reported to the ADON that CNA #1 tied the resident's door handle with a trash bag to the handrail in the hallway. An investigation was immediately initiated, and Resident #1 had resided in the aforementioned room that CNA#1 tied with the trash bag. A full body assessment was completed and Resident #1's NJ Ex.Order 26.4(b)(1) with the resident showing NJ Ex [redacted]. CNA #1 was "notified of incident that was reported to the administration and she confirmed that the incident happened around late January 2023, she could not recall the exact date." The summary indicated that CNA #1 had no intentions of harming Resident #1 and was trying to keep the resident safe due to having a history of an NJ Ex.Order 26.4(b)(1) CNA #1 would check on Resident #1 on a "regular basis" throughout shift to make sure the resident was okay and that the trash bag did not stay on the door handle the entire shift. The summary further indicated that "In conclusion, [CNA #1] was notified of her inappropriate actions and reprimanded accordingly. She had no ill intentions to harm the resident but used poor judgement trying to keep resident safe and protect [Resident #1] due to [his/her] NJ Ex.Order 26.4(b)(1)."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 604	Continued From page 4	F 604		

During an interview on 8/4/2023 at 11:36 AM, the ADON stated that CNA #1 tied Resident #1's door handle to the handrail with a trash bag. The ADON further stated that a picture was shown to the LPN/IP on [redacted] and that they did not have an exact date of when the incident occurred. CNA#1 usually worked the 11-7 shift and that an investigation was immediately initiated. The ADON stated that CNA #1 had no ill intentions and that her concern was that the resident was walking around a lot. CNA #1 indicated that she did it to prevent Resident #1 from falling. The ADON added that CNA #1 had the door handle tied for a few hours out her shift and would untie the trash bag to check on Resident #1.

During a follow up interview on 8/4/2023 at 12:33 PM, and in the presence of the Associate Administrator (AA), the ADON reiterated that CNA #1 stated the incident occurred sometime in [redacted] and that she could not recall any date. The ADON further stated that it was inappropriate to tie a resident's door handle to the handrail with trash bag because it was restricting the resident from leaving their room. CNA #1 was reprimanded, suspended for three days, and was being monitored on a regular basis. The surveyor question if the CNA #1's action was a form of restraint. The ADON responded that CNA #1 had no ill intentions to harm Resident #1 but that she did use poor judgement trying to keep the resident safe. The ADON added that CNA#1's action was not a "direct restraint" on the resident, but that in some manner it was a form of restraint. The ADON added that Resident #1 still had access to their bathroom, bed and was being checked every two hours. The resident had "space restriction." The surveyor asked was it

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 604	Continued From page 5	F 604		

normal practice to have a resident's space restricted. The ADON responded that it was not normal practice to tie a resident's door handle to the handrail or restrict their space in order to prevent the resident from leaving the room. The ADON continued that resident bedroom doors should be accessible at all times in case of an emergency. The ADON further stated that after the incident, all staff were reeducated on abuse and sensitivity.

During an interview on 8/4/2023 at 1:04 PM, the LPN/IP stated she was shown a picture of a trash bag tied to a resident's door handle and the handrail positioned outside of the bedroom door. She requested that the picture be forward to her so that she could report the incident to Administration. The surveyor asked the LPN/IP to view the picture. The LPN/IP responded that she no longer had the picture in her possession.

During a telephone interview on 8/4/2023 at 1:12 PM, the Licensed Nursing Home Administrator (LNHA) stated that CNA#1 used incorrect judgement to try and protect the resident. The LNHA further stated that CNA#1 was reprimanded, and the point was made that this was something that she should not do. The LNHA further stated CNA #1 was not being harmful to the resident. The LNHA added that CNA #1 was spoken to and that she understands her error in judgement.

During a follow up interview on 8/4/2023 at 2:00 PM, the ADON explained her investigation process. The ADON stated that she interviewed the nurses and CNAs that worked with CNA #1 on the unit and the nursing supervisor . The ADON added that the staff never observed CNA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 604	Continued From page 6	F 604		

#1 tie Resident #1's door handle with a trash bag during their shift.

During a telephone interview on 8/7/2023 at 12:37 PM, CNA #1 stated that Resident #1 was NJ Ex.Order 26.4(b)(1) and would NJ Ex.Order 26.4(b)(1) rooms. CNA #1 further stated that during her shift, Resident #1 would go NJ Ex.Order and would need to be NJ Ex.Order 26.4(b)(1). Resident #1's NJ Ex.Order 26.4(b)(1), but he/she had a NJ Ex.Order 26.4(b)(1) in other areas in the facility. CNA#1 stated she would tie the resident's door on and off. The resident would then leave the room and NJ Ex.Order 26.4(b)(1). CNA#1 added that she would tie the resident's door when she was off the unit or assisting other residents and that she would untie the door to check on Resident #1 upon return. CNA #1 further stated that she would tie the door for Resident #1's safety, so he/she could not go out and enter other residents' rooms. The surveyor questioned how she knew Resident #1 was safe inside the room. CNA #1 responded that Resident #1 would touch the doorknob and that she was also able to see the resident's shadow from underneath the door. She would then release the trash bag and enter room to check on the resident. CNA #1 stated she used poor judgement and that she was trying to keep Resident #1 from wandering into other rooms and possibly falling. CNA #1 continued that she was told her actions were wrong because she was restricting the resident's freedom out of the room and that she did not think it was a form of restraint back then. CNA #1 further stated that she was suspended, educated about restraints, and was being monitored on a regular basis.

The surveyor reviewed the 3/16/2023, 6/22/23, and 7/6/2023 inservice packets provided by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 604	Continued From page 7 ADON. All facility staff had been educated about abuse and restraints. Review of the facility's undated "Restraint Policy" revealed that it was "the policy of this facility to avoid the use of physical restraints. Protective devices are not employed in this facility as a punishment, for the convenience of the staff or as a substitute for supervision. Restraints shall only be used for the management of imminent harm to the resident or other persons when other means of control are not effective or appropriate ... Restraints shall only be appropriately utilized and must continuously assessed, monitored, and evaluated by a RN [Registered Nurse] and the IDC [Interdisciplinary Care] team." NJAC 8:39- 4.1 (a) 6; 27.1	F 604		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other	F 609		8/28/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 609	Continued From page 8 officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: COMPLAINT# NJ166159 Based on observations, interviews, medical records review, and review of other pertinent facility documentation on 8/4/2023, 8/7/2023 and 8/8/2023, it was determined that the facility failed to report an alleged violation and investigation to the New Jersey Department of Health (NJDOH). The alleged violation was reported to staff regarding an incident that involved a Certified Nurse Assistant (CNA #1) who tied the resident's bedroom door handle with a plastic trash bag (trash bag) and attached the other end of the trash bag to the handrail located just outside the resident's room door, thus restricting the resident's ability to exit in and out of the room. This deficient practice was identified for 1 of 5 sampled residents (Resident #1) and was evidenced by the following: According to the face sheet, Resident #1 was admitted to the facility on [redacted] with	F 609	F 609 1.All employees in the facility are in-serviced on the mandatory reporting policy. A mandatory reportable was completed and submitted to the New Jersey Department of Health (NJDOH). 2.All residents have the potential to be affected by this deficient practice of failing to report an alleged violation and investigation to the New Jersey Department of Health (NJDOH). 3.All employees are in-serviced on the mandatory reporting policy and importance to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and mistreatment of resident property to be reported to the facility Administrator or his or her designated representative. 4.The Administrator or designee will monitor and ensure that mandatory reporting and investigation is submitted to NJDOH in a timely manner.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 609	Continued From page 9	F 609		

diagnoses which included but were not limited to NJ Ex.Order 26.4(b)(1) .

Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex.Order 26.4(b)(1), revealed that Resident #1 was NJ Ex.Order 26.4(b)(1) . The MDS also showed that Resident #1 NJ Ex.Order 26.4(b)(1), did not required the use of NJ Ex.Order 26.4(b)(1) and required NJ Ex.Order 26.4(b)(1) in the room and corridor.

Review of Resident #1's Care Plan (CP) revealed a "Problem," initiated on NJ Ex.Order 26.4(b), that Resident #1 had a "potential for NJ Ex.Order 26.4(b)(1) " The goal was that Resident #1 would "no NJ Ex.Order 26.4(b)(1) through next review." Under "Interventions," included to "ensure NJ Ex.Order 26.4(b)(1) , and encourage NJ Ex.Order 26.4(b)(1) needed."

Review of the facility's undated "Investigation" sheet revealed that on NJ Ex.Order 26.4(b)(1), it was reported to the Assistant Director of Nursing (ADON) that CNA #1 tied the resident's door handle with a trash bag to the handrail in the hallway. "Appropriate actions were taken immediately by the administration. The CNA was notified of her inappropriate actions and reprimanded accordingly." CNA #1 had no "ill intentions to harm the resident, but on the contrary used poor judgement trying to protect the resident from falling."

Review of CNA#1's undated statement indicated that the incident happened around NJ Ex.Order 26.4(b)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 609	Continued From page 10	F 609		

and that she was "trying to keep [Resident #1] safe." CNA#1 indicated that she would intermittently release the trash bag during her shift and that she removed the trash bag tie before she left to go home. CNA #1 further indicated that she "used poor judgement" but did not harm or hurt the resident.

Review of the facility's undated "Investigation Summary and Conclusion" (summary) reflected that on [redacted], it was reported to the ADON that CNA #1 tied the resident's door handle with a trash bag to the handrail in the hallway. An investigation was immediately initiated, and Resident #1 had resided in the aforementioned room that CNA#1 tied with the trash bag. A full body assessment was completed, and Resident #1's [redacted] with the resident showing [redacted] CNA #1 was "notified of incident that was reported to the administration and she confirmed that the incident happened around late [redacted], she could not recall the exact date." The summary indicated that CNA #1 had no intentions of harming Resident #1 and was trying to keep the resident safe due to having a history of an [redacted]. CNA #1 would check on Resident #1 on a "regular basis" throughout shift to make sure the resident was okay and that the trash bag did not stay on the door handle the entire shift. The summary further indicated that "In conclusion, [CNA #1] was notified of her inappropriate actions and reprimanded accordingly. She had no ill intentions to harm the resident but used poor judgement trying to keep resident safe and protect [Resident #1] due to [his/her] [redacted]."

During an interview on 8/4/2023 at 12:33 PM, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 609	Continued From page 11	F 609		

in the presence of the Associate Administrator (AA), the ADON stated that CNA #1 said the incident occurred sometime in [redacted] and that she could not recall any date. The ADON further stated that it was inappropriate to tie a resident's bedroom door handle to the handrail with trash bag because it was restricting the resident from leaving their room. CNA #1 was reprimanded, suspended for three days, and was being monitored on a regular basis. The surveyor question if the CNA #1's action was a form of restraint. The ADON responded that CNA #1 had no intentions to harm Resident #1, but that she did use poor judgement trying to keep the resident safe. The ADON added that CNA#1's action was not a "direct restraint" on the resident, but that in some manner it was a form of restraint. The ADON added that Resident #1 still had access to their bathroom, bed and was being checked every two hours. The resident had "space restriction." The surveyor asked was it normal practice to have a resident's space restricted. The ADON responded that it was not normal practice to tie a resident's door handle to the handrail or restrict their space. The ADON continued that resident bedroom doors should be accessible at all times in case of an emergency. The surveyor asked if this incident was reported to the NJDOH. The ADON stated the incident was not reported and the investigation was not provided to the NJDOH.

During a telephone interview on 8/4/2023 at 1:12 PM, the Licensed Nursing Home Administrator (LNHA) stated that CNA#1 used incorrect judgement to try and protect the resident. The surveyor asked if this incident was reported to the NJDOH. The LNHA stated that they did not see this incident as a "Reportable Event" because

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315061	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 609	Continued From page 12	F 609		

there was no physical or verbal abuse to Resident #1. CNA #1 was using her judgement to try and protect the resident. The LNHA further stated that CNA#1 was reprimanded, and the point was made that this was something that she should not do. CNA #1 was not being harmful to the resident. The LNHA added that CNA #1 was spoken to and that she understands her error in judgement.

During a follow up interview on 8/4/2023 at 2:00 PM, the ADON explained her investigation process. The ADON stated that she interviewed the nurses and CNAs that worked with CNA #1 on the unit and the nursing supervisor . The ADON added that the staff never observed CNA #1 tie Resident #1's door handle with a trash bag during their shift.

Review of the facility's undated "Abuse & Neglect" policy revealed under the "Definitions & Examples" section that abuse was any activity that will result in physical or psychological harm to a resident. The policy included the example that "C. Physically restraining or tying a resident in any way not authorized by a Physician or for any punishment purposes, or for the convenience of the staff. This includes tying limbs or putting a resident in a locked room." Under the "Legal Terms" section reflected that "3. False imprisonment- unlawful restraint or restriction of a person's freedom of movement."

NJAC 8:39-9.4(f)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060602	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(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 is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ163927, NJ165521, NJ166159 Based on facility document review on 08/04/23, 08/07/23 and 08/08/23, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 15 of 28 day shifts. This deficient practice was evidenced by the following: 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	S 560	S560 1.The Nursing Department continues to hire new employees to provide direct care to the residents. 2.All residents have the potential to be affected by this deficient practice of failing to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandatory by the State of New Jersey. 3.The Administrator of the facility and the Director of Nursing continue to interview and hire people for the open positions, utilizing agency for the open shifts. 4.The Administrator, the Director of Nursing or designee will continue to monitor daily and monthly schedules.	8/28/23

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

Electronically Signed | 08/31/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060602	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 1 nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a 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. The survey team requested staffing for the weeks of 07/16/2023 to 07/22/2023 and 07/23/2023 to 07/29/2023. The facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: 07/23/23 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.	S 560	Available shifts will be posted to the agencies. Designee will continue to advertise jobs on the social platforms.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315061	A. Building B. Wing	9/7/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

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 F0604 Reg. # 483.10(e)(1), 483.12(a)(2) LSC	Correction Completed 08/28/2023	ID Prefix F0609 Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4) LSC	Correction Completed 08/28/2023	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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

FOLLOWUP TO SURVEY COMPLETED ON 8/8/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
060602 (Y1)	A. Building B. Wing (Y2)	9/7/2023 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH JERSEY EXTENDED CARE	99 MANHEIM AVENUE BRIDGETON, NJ 08302

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 08/28/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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

FOLLOWUP TO SURVEY COMPLETED ON	
8/8/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO