

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

PRINTED: 10/17/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315233		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/06/2025	
NAME OF PROVIDER OR SUPPLIER AUTUMN LAKE HEALTHCARE AT VINELAND				STREET ADDRESS, CITY, STATE, ZIP CODE 1640 SOUTH LINCOLN AVENUE 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#: 176168 Census: 184 Sample: 6 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 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;			F 584			6/15/25

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

TITLE

(X6) DATE

Electronically Signed

06/04/2025

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

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F 584	<p>Continued From page 1</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ 176168</p> <p>Based on observations and interviews during a complaint survey on 5/06/25, it was determined that the facility failed to maintain a clean and homelike environment for 1 of 13 rooms on a nursing unit (C Unit).</p> <p>The deficient practice was evidenced by the following:</p> <p>At 10:08 AM, US FOIA (b)(6) NJ Exec O toured unit with Surveyor and observed dry brown substance on the grab bars by the toilet, a large amount of the same dry brown substance on the back of the toilet, on the wall behind the toilet, and on the bathroom floor by the toilet in room NJ Exec O</p> <p>At 10:17 A.M., during the observation in the bathroom of room NJ Exec O the US FOIA (b)(6)</p>	F 584	<p>1. The grab bars by the toilet, the back of the toilet, the wall behind the toilet, and the bathroom floor in room NJ Exec O was cleaned thoroughly.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. The US FOIA (b)(6) and the housekeepers will be in serviced on proper cleaning protocols of the bathrooms. The Housekeeping Director or designee will conduct weekly audits of 5 resident bathrooms to ensure proper cleaning protocols are being met.</p> <p>4. Housekeeping Director will submit report of audit findings quarterly to QAPI Committee over the next year.</p>		

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F 584	<p>Continued From page 2</p> <p>US FOIA (b)(6) entered. The Surveyor showed the brown substance that was noted above to the US FOIA (b)(6). The US FOIA (b)(6) stated that he was unsure if the US FOIA (b)(6) had cleaned the bathrooms and would inform them to clean the bathroom.</p> <p>At 12:45 P.M., accompanied by the US FOIA (b)(6), the Surveyor returned to room NJ Exec Order 26.4b1 and observed the dry brown substance on the back the toilet and on the grab bars by the toilet. US FOIA (b)(6) was called to the room by US FOIA (b)(6), the US FOIA (b)(6) stated the bathroom was cleaned by the US FOIA (b)(6). The Surveyor showed the US FOIA (b)(6) the brown substance was still on the back of the toilet and the grab bars. The US FOIA (b)(6) further stated he would have the US FOIA (b)(6) go back to the room and scrub the brown substance off the back of the toilet and grab bars.</p> <p>On 5/06/2025 at 12:47 P.M., US FOIA (b)(6) stated it was important to keep living areas sanitary to prevent the spread of infection. The US FOIA (b)(6) further stated that room NJ Exec Order 26.4b1 was a difficult bathroom to clean due to the resident getting NJ Exec Order 26.4b1 time the resident used the bathroom.</p> <p>Review of the undated facility policy titled "Routine Cleaning and Disinfection" revealed under "Policy," "It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide safe, sanitary environment and to prevent the development and transmission of infections to the extent possible." Under "Policy Explanation and Compliance Guidelines," "...4. Routine surface cleaning and disinfection will be conducted with a detailed focus on visibly soiled surfaces and high touch area to include, but not limited to: ...g. Toilet seats."</p>	F 584			

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F 584	Continued From page 3 NJAC 8:39-4.1(a) (11); 27.1 (a)	F 584			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060607	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/06/2025
NAME OF PROVIDER OR SUPPLIER AUTUMN LAKE HEALTHCARE AT VINELAND		STREET ADDRESS, CITY, STATE, ZIP CODE 1640 SOUTH LINCOLN AVENUE VINELAND, NJ 08360		
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S 000	Initial Comments Complaint#: 176168 Census: 184 Sample: 6 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 The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 20 of 21 day shifts. The deficient practice was evidenced by the following: Reference: New Jersey Department of Health	S 560	1. There was no negative outcome to residents on the shifts identified as not meeting the NJ staffing requirements. 2. All residents have the potential to be affected by the deficient practice of not meeting the NJ staffing requirement ratios. 3. The following measures have been put into place to prevent the deficient practice from recurring: Advertisements/ job	6/15/25

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

TITLE

(X6) DATE

Electronically Signed

06/04/25

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>(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, 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>1. For the week of staffing from 08/04/2024 to 08/10/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-08/04/24 had 15 CNAs for 176 residents on the day shift, required at least 22 CNAs. -08/05/24 had 19 CNAs for 174 residents on the day shift, required at least 22 CNAs. -08/06/24 had 19 CNAs for 174 residents on the day shift, required at least 22 CNAs. -08/07/24 had 19 CNAs for 172 residents on the day shift, required at least 21 CNAs. -08/08/24 had 20 CNAs for 169 residents on the day shift, required at least 21 CNAs. -08/09/24 had 18 CNAs for 169 residents on the day shift, required at least 21 CNAs. -08/10/24 had 17 CNAs for 168 residents on the</p>	S 560	<p>postings for CNAs have been posted on hiring platforms. Incentives are offered to CNAs to work extra shifts such as gift cards and bonuses. Many agencies are being utilized to fill in any open shifts. Bonuses are also being offered to agency staff to pick up shifts. Additional agencies have been contracted to attain the appropriate staff ratios for the facility census. Hiring and recruitment efforts now include referral bonuses, sign-on bonuses, weekend bonuses amongst other incentives to bring in good staff and quickly. Tap Check payout system implemented for staff to receive instant pay as incentive to employing more staff. Overtime is made available to all current employees.</p> <p>4. The administrator or designee will review the staffing schedule weekly to monitor the staffing ratio on all shifts weekly x 90 days and review for the next 3 quarters. The administrator will report findings to the QA committee on a quarterly basis x 4 quarters.</p>	

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S 560	Continued From page 2 day shift, required at least 21 CNAs. 2. For the 2 weeks of staffing from 04/20/2025 to 05/03/2025, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: -04/20/25 had 11 CNAs for 181 residents on the day shift, required at least 23 CNAs. -04/21/25 had 18 CNAs for 180 residents on the day shift, required at least 22 CNAs. -04/22/25 had 20 CNAs for 177 residents on the day shift, required at least 22 CNAs. -04/23/25 had 21 CNAs for 177 residents on the day shift, required at least 22 CNAs. -04/24/25 had 19 CNAs for 177 residents on the day shift, required at least 22 CNAs. -04/25/25 had 18 CNAs for 177 residents on the day shift, required at least 22 CNAs. -04/26/25 had 22 CNAs for 181 residents on the day shift, required at least 23 CNAs. -04/27/25 had 18 CNAs for 181 residents on the day shift, required at least 23 CNAs. -04/29/25 had 20 CNAs for 181 residents on the day shift, required at least 23 CNAs. -04/30/25 had 20 CNAs for 182 residents on the day shift, required at least 23 CNAs. -05/01/25 had 21 CNAs for 182 residents on the day shift, required at least 23 CNAs. -05/02/25 had 22 CNAs for 182 residents on the day shift, required at least 23 CNAs. -05/03/25 had 20 CNAs for 184 residents on the day shift, required at least 23 CNAs.	S 560		
S1680	8:39-25.2(b)(1)&(2) Mandatory Nurse Staffing (b) The facility shall provide nursing services by registered professional nurses, licensed practical	S1680		6/15/25

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S1680	<p>Continued From page 3</p> <p>nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p style="padding-left: 40px;">Wound care 0.75 hour/day</p> <p style="padding-left: 40px;">Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p style="padding-left: 40px;">Oxygen therapy 0.75 hour/day</p> <p style="padding-left: 40px;">Tracheostomy 1.25 hours/day</p> <p style="padding-left: 40px;">Intravenous therapy 1.50 hours/day</p> <p style="padding-left: 40px;">Use of respirator 1.25 hours/day</p> <p style="padding-left: 40px;">Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p>	S1680			

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S1680	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the Nurse Staffing Reports for the weeks of 4/20/2025-4/26/25 and 4/27/25-5/03/2025, it was determined that the facility failed to provide at least minimum staffing levels for 1 of 14 days. The required staffing hours and actual staffing hours are as follows:</p> <p>For the 2 weeks of AAS-12 staffing from 04/20/2025 to 05/03/2025, the facility was deficient in staffing for required resident services on 1 of 14 days as follows:</p> <p>For the week of 04/20/25 Required Staffing Hours: 514.25</p> <p>-04/20/25 had 424 actual staffing hours, for a</p>	S1680	<p>1. There was no negative outcome to residents on the shifts identified as not meeting the NJ staffing requirements.</p> <p>2. All residents have the potential to be affected by the deficient practice of not meeting the NJ staffing requirement ratios.</p> <p>3. The following measures have been put into place to prevent the deficient practice from recurring: Advertisements/ job postings for Nursing staff have been posted on hiring platforms. Incentives are offered to nursing staff to work extra shifts such as gift cards and bonuses. Many agencies are being utilized to fill in any open shifts. Bonuses are also being offered to agency staff to pick up shifts.</p>	

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S1680	Continued From page 5 difference of -90.25 hours.	S1680	<p>Additional agencies have been contracted to attain the appropriate staff ratios for the facility census. Hiring and recruitment efforts now include referral bonuses, sign-on bonuses, weekend bonuses amongst other incentives to bring in good staff and quickly. Tap Check payout system implemented for staff to receive instant pay as incentive to employing more staff. Overtime is made available to all current employees.</p> <p>4. The administrator or designee will review the staffing schedule weekly to monitor the staffing ratio on all shifts weekly x 90 days and review for the next 3 quarters. The administrator will report findings to the QA committee on a quarterly basis x 4 quarters.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315233	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/30/2025
NAME OF FACILITY AUTUMN LAKE HEALTHCARE AT VINELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1640 SOUTH LINCOLN AVENUE 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 F0584	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/15/2025	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/6/2025		<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

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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 S1680	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-25.2(b)(1)&(2)	Completed	Reg. #	Completed
LSC	06/15/2025	LSC	06/15/2025	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/6/2025		<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			