STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 Survey Date: 02/02/2023 Census: 132 Sample: 26 plus 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	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: Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to maintain professional standards of nursing practice: a.) for not following a Physician's Order (PO) for the documentation of urine output on the Treatment Administration Record (TAR), b.) for not consistently documenting weekly skin assessments as ordered by the physician, and c.) for not signing the Controlled Medication Utilization Record (a narcotic declining inventory sheet that keeps a record of the amount of medication available) after the removal of the narcotic from inventory. This deficient practice was identified for two (2) of 26 residents, (Resident #7 & Resident #57) reviewed for following physician orders related to professional	F 658	F658 Services Provided Meet Professional Standards I.. Corrective Action: 1[redacted] assessment was completed on resident #7. 2.Resident #57 suffered no adverse effects from nurses failing to document completion of treatments. 3.Licensed personnel were immediately re-inserviced on ensuring all medications and treatments were signed out as rendered. 4.Licensed personnel were immediately re-inserviced to ensure that physician orders were followed.	3/2/23

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

Electronically Signed | 02/23/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 1 stands of nursing practice and for one (1) of four (4) medication carts, (300- unit back hall medication cart) during [redacted] reconciliation related to medication storage. Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 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 casefinding; 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." The deficient practice was evidenced by the following: 1.) On 01/20/23 at 10:26 AM, the surveyor observed Resident #57 lying in bed watching the television. The resident stated that he/she was	F 658	5.Licensed personnel were immediately re-inserviced to ensure that all skin assessments were completed as assigned. 6.Nurse #4 was immediately re-inserviced on signing narcotics on the declination sheet at the time they are removed from the blister pack. 7.Licensed personnel were immediately re-inserviced on signing narcotics on the declination sheet at the time they are removed from the blister pack. II. Identification of other residents or areas having the potential to be affected by this deficient practice. All residents receiving medications or treatments have the potential to be affected by this deficient practice. III. Measures put into place to prevent the recurrence. 1.Licensed personnel were immediately re-inserviced on ensuring all medications and treatments are signed out as rendered. 2. Licensed personnel were immediately re-inserviced to ensure all assessments were completed by the end of their shift. 3.Nursing personnel were re-inserviced on following physician orders. Licensed personnel were immediately re-inserviced on signing narcotics on the declination sheet at the time they are removed from the blister pack or package.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 2 waiting to go to EX Order 26.4B1. At that time, the surveyor observed an EX Order 26.4B1 EX Order 26.4B1 EX Order 26.4B1) hanging on the side of the bed as well as a EX Order 26.4B1 the tube helps to EX Order 26.4B1) bag next to the resident. Resident #57 stated that the staff emptied the EX Order 26.4B1 as well as the EX Order 26.4B1 every shift. Resident #57 further stated that he/she had a EX Order 26.4B1 EX Order 26.4B1) about a month ago, but that he/she was doing better. The surveyor reviewed the electronic medical record (EMR) for Resident #23. A review of the resident's Admission Record reflected that the resident was admitted to the facility EX Order 26.4B1, with diagnoses which included, but were not limited to EX Order 26.4B1 [redacted] A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the managemnt of care dated EX Order 26.4B1 reflected a Brief Interview for Mental Status (BIMS) score of EX Order out of 15, which indicated an EX Order 26.4B1 A further review of the resident's MDS, Section H - Bladder and Bowel reflected that the resident had an EX Order 26.4B1. A review of the resident's individualized Care	F 658	4.Licensed personnel were re-inserviced on how to check at the end of their shift to ensure that all required medications, treatments and assessments were signed as completed. IV.. Monitoring corrective action 1.Nurse managers/designee will audit the nursing skin assessment documentation daily in the morning meeting to ensure all required documentation is completed. 2.Nursing managers/designee will audit the MAR/TAR□s daily in the morning meeting to ensure documentation is completed. Nurse managers/designee will audit 10 narcotic declination sheets weekly to ensure all narcotics are being signed out when removed from the packaging. 3.The audits will be submitted to the Director of Nursing weekly for tracking and trending. Outcomes will be reviewed at the monthly quality Assurance Process Improvement Committee Meeting for three months or until the committee agrees the problem is corrected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658		F 658		

Continued From page 3

Plan revised [NJ Exec. Order 26:4.b.1], reflected that Resident #57 was at risk for [EX Order 26.4B1] related to history of [EX Order] and required an [EX Order 26.4B1] to [EX Order 26.4B1]). The interventions included to [EX Order 26.4B1] for [EX Order 26.4B1]

A review of the January Order Summary Report revealed that Resident #57 had active orders for the following:

- Start date: [EX Order 26.4B1] and discontinued [EX Order 26.4B1]: Record amount [EX Order 26.4B1] every shift for percentage.

- Start date [EX Order 26.4B1]: Record amount of [EX Order 26.4B1] from [EX Order 26.4B1] three times a day for percentage.

- Start date [EX Order 26.4B1]: Empty [EX Order 26.4B1] [EX Order] at least once every eight hours to when it becomes half to two-thirds full every eight hours.

- Start date 03/10/22: Empty [EX Order 26.4B1] [EX Order] at least every eight hours to when it becomes half to two-thirds full as needed.

A review of the October 2022 TAR revealed there was no documentation for the following:

- The percentage and the documentation of a chart code (completed or hospitalized) for the PO, Record amount [EX Order 26.4B1] were left blank on the following dates and times:

* The day shift (7:00 AM to 3:00 PM) on 10/01/22, 10/02/22, 10/03/22, 10/13/22, and 10/28/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 4 * The evening shift (3:00 PM to 11:00 PM) on 10/11/22, 10/12/22, 10/13/22, 10/14/22, and 10/26/22. * The night shift (11:00 PM to 7:00 AM) on 10/02/22 and 10/14/22. - A chart code for the PO: NJ Exec. Order 26:4.b.1 [redacted] was left blank on the following dates and times: * 0600 (6:00 AM) on 10/03/22, 10/15/22, and 10/21/22. *1400 (2:00 PM) on 10/01/22, 10/02/22, 10/03/22, 10/13/22, and 10/28/22. *2200 (10:00 PM) on 10/11/22, 10/12/22, 10/13/22, 10/14/22, and 10/26/22. A review of the November 2022 TAR revealed there was no documentation for the following: - The percentage and the documentation of a chart code for the PO, Record amount [redacted] EX Order 26.4B1 were left blank on the following dates and shifts: * The day shift on 11/01/22, 11/02/22, 11/04/22, 11/09/22, and 11/17/22. * The evening shift on 11/15/22 and 11/18/22. *The night shift on 11/02/22, 11/10/22, 11/11/22, and 11/21/22.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 5 - The milliliters (mls) and the documentation of a chart code for the PO, Record drainage amount from EX Order 26.4B1 were left blank on the following dates and times: *0600 on 11/24/22 and 11/25/22. *2200 on 11/22/22 - A chart code for the PO: NJ Exec. Order 26:4.b.1 [redacted] was left blank of the following dates and times: * 0600 on 11/03/22, 11/11/22, 11/12/22, 11/13/22, 11/24/22, and 11/25/22. *1400 on 11/01/22, 11/02/22, 11/04/22, 11/09/22, and 11/17/22. *2200 on 11/15/22, 11/17/22, 11/18/22 and 11/22/22. A review of the December 2022 TAR revealed there was no documentation for the following: - The milliliters (mls) and the documentation of a chart code (completed or hospitalized) for the PO Record drainage amount from righ[redacted]EX Order 26.4B1 [redacted] were left blank on the following dates and times: *0600 on 12/16/22 and 12/19/22. *1400 on 12/08/22, 12/09/22, 12/10/22 12/20,22, 12/24/22, and 12/29/22. *2200 on 12/15/22, 12/16/22, 12/23/22 and	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 6 12/30/22. - A chart code for the PO: [NJ Exec. Order 26:4.b.1] [redacted] was left blank of the following dates and times: * 0600 on 12/16/22 and12/19/22. *1400 on 12/09/22, 12/10/22, 12/24/22, and 12/29/22. *2200 on 12/15/22, 12/16/22, 12/23/22 and 12/30/22. A review of the January 2023 TAR revealed there was no documentation for the following: - The milliliters (mls) and the documentation of a chart code (completed or hospitalized) for the PO, Record drainage amount from right [EX Order 26.4B1] were left blank on the following dates and times: *0600 on 01/02/23, 01/12/23, 01/14/23 and 01/21/23. *1400 on 01/02/23, 01/06/23, 01/08/23, 01/11/23, 01/12/23, 01/17/23, 01/18/23 and 01/22/23. *2200 on 01/03/23 and 01/19/23. - A chart code for the PO: Empty [EX Order 26.4B1] [EX Order 26.4B1] at least once every eight hours to when it becomes half to two-thirds full was left blank of the following dates and times: *0600 on 01/02/23, 01/12/23, 01/14/23, and	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 7 01/21/23. *1400 on 01/08/23, 01/11/23, 01/12/23, 01/13/23, 01/17/23, 01/18/23, and 01/22/23. *2200 on 01/03/23 and 01/19/23. A review of the Progress Notes from October 1, 2022 through January 22, 2023 revealed that there was no documentation to indicate the reason the EX Order 26.4B1 was left blank. On 01/26/23 at 10:54 AM, the surveyor interviewed Licensed Practical Nurse (LPN #1) who stated that the Certified Nursing Assistant (CNA) emptied the EX Order 26.4B1. He further stated that the nurses documented the amount and if it was emptied in the EMR. LPN #1 concluded he was not sure if Resident #57 had a history of EX Order 26.4B On 01/27/23 at 09:51 AM, the surveyor interviewed CNA #1 who stated that both the CNAs and the nurses were responsible for emptying the EX Order 26.4B1. She stated that if the CNA emptied the EX Order 26.4B1 bag, then they would inform the nurse of the amount to be documented in the EMR. On 01/27/23 at 10:52 AM, the surveyor interviewed LPN #2 who stated that the nurses were responsible for documenting the EX Order 26 EX Order 26.4B1 in the EMR if there was a PO for it. On 01/27/23 at 10:58 AM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) who stated that Resident #57 had an EX Order 26.4B1 and a EX Order 26.4B1	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 8 EX Order 2[redacted]. The RN/UM stated she was not aware if the resident had a EX Order [redacted] recently because she was still learning all the residents. The RN/UM stated that the CNAs emptied both EX Order 26.4B1 [redacted] bags and reported the amount back to the nurses to document in the EMR. At that time, the surveyor and the RN/UM reviewed the electronic TAR which revealed the blanks for the POs. The RN/UM stated that she "believed it was a missed communication" as the CNAs may have forgotten to inform the nurse or the nurses forgot to input the amount. The RN/UM acknowledged it was important to follow the POs and that there should be documentation corresponding to the blanks. On 01/27/23 at 11:01 AM the surveyor interview LPN #1 again who stated he cared for Resident #57 and that the CNAs informed him of the EX Order 26 [redacted] output from EX Order 26.4B1 EX Order 26.4B1 [redacted]. LPN #1 stated that it was important to document the EX Order 26 [redacted] EX Order 26.4B [redacted] and to know the amount because it assured the EX Order 26.4B1 [redacted] were functioning properly, there was EX Order 26.4B1 [redacted] and EX Order 26.4B1 [redacted]. On 01/27/23 at 11:03 AM, the surveyor interviewed CNA #2 who stated she was responsible for emptying both the EX Order 26.4B1 [redacted] EX Order 26.4B1 [redacted] and the EX Order 26.4B1 [redacted]. She further stated that she reported the EX Order 26.4 [redacted] amount to the nurses and the nurses documented in the EMR. CNA #2 stated that it was important to keep track of the EX Order 26.4 [redacted] output because it ensured EX Order 26.4B1 [redacted], and the EX Order 26.4B1 [redacted] are EX Order 26.4B1 [redacted]". She further stated that the amount was reported per shift. CNA #2 stated that Resident #57 had a history of a EX Order [redacted] and that was the reason for the EX Order 26.4B1 [redacted]	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 9 On 02/01/23 at 11:18 AM, the DON in the presence of the Administrator, Consultant Pharmacist and the survey team stated that there was no facility policy to record the EX Order 26.4B1 for the EX Order 26.4B1. The DON stated "the nurses are putting in the order as extra" when they document the EX Order 26.4B1. She then stated it was important to ensure the resident had EX Order 26.4 EX Order 26.4B but that it was not a "true I&O" [intake and output] if staff was only documenting the output and not the intake. The DON stated that Resident #57 was hospitalized from EX Order 26.4B1 with a diagnosis of EX Order 2. The DON acknowledged that there should not be blanks on the TAR. On 02/02/23 at 09:22 AM, the DON stated that staff were required to follow the physician's order. She further stated that the importance of documentation was for the continuity and quality of care for the resident. A review of the facility's policy, "Catheter: Indwelling Urinary - Care of," revised 02/01/23, included "15. Empty the catheter drainage bag when it becomes ½ to 2/3 full ....15.2 record output, if ordered ....22. Document: 22.2 Amount of urine output if ordered." 2.) The Admission Record indicated that Resident #7 was admitted to the facility with the diagnoses which included but were not limited to EX Order 26.4B1 The admission MDS dated EX Order 26.4B1 indicated that the resident was EX Order 26.4B1 and required NJ Exec. Order 26:4.b.1 with activities of daily living. The MDS also reflected that the resident had a	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 10	F 658		

EX Order 26.4B1

On 01/20/23 at 11:35 AM, the surveyor observed Resident #7 in the room sitting up in the wheelchair. The resident was well dressed and reading a newspaper. The surveyor interviewed the resident at that time who stated that he/she had EX Order 26.4B1. The surveyor observed that the resident had plu EX Order 26.4B1

EX Order 26.4B1

He/she pulled up his/her EX Order 26.4B1 to show the surveyor. The resident stated that he/she didn't know if the doctor knew about the EX Order 26.4B1. Resident #7 also explained that he/she was receiving good care and that the facility was treating his/her EX Order 26.4B1. The resident further stated that his/her EX Order 26.4B1 were not getting worse, they were healing, and that the facility were performing treatments.

The surveyor reviewed Resident #7's clinical records which revealed that last EX Order 26.4B1 assessment that was documented in the assessment section of the EMR was recorded as being done on NJ Exec. Order 26.4.b.1

The surveyor reviewed the January 2023 TAR which reflected the following physician's order dated EX Order 26.4B1:

EX Order 26 checks on the 3:00 PM - 11:00 PM shift weekly every Wednesday for EX Order 26 inspections document findings in PCC (the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET MILLVILLE, NJ 08332**

(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 658	Continued From page 11 electronic medical record). The surveyor observed that there was a nurse's signature on the TAR every Wednesday on the 3:00 PM - 11:00 PM shift that indicated that [EX Order 2] [EX Order 26.4B1] were completed however, the [EX Order 26] check assessment form that the findings were documented on, were not completed since 12/07/22. On 01/23/23 at 12:51 PM, the surveyor interviewed the Registered Nurse (RN) who had been employed in the facility for [EX Orde] years and was caring for Resident #7, who explained to the surveyor that [EX Order 26] assessments were completed once a week and that there was a PO on the TAR. She stated that after the nurse completed the [EX Order 26] assessment the finding was documented on a form in the EMR called "[EX Order 2] assessments". She added that if a nurse or Certified Nursing Assistant (CNA) discovered a new finding regarding the resident's [EX Order 2] it should be documented as soon as it was found no matter what day it was. She continued to explain that the nurse would document any new findings such as pressure, [EX Order 2] tears, or bruising on the [EX Order 2] check form. She stated that [EX Order 26.4B1]) should be part of the resident's everyday assessment. She stated that the nurse or CNA should report [EX Order 26.4B1] and the physician should be notified so that they could be started on medication. The RN reviewed the TAR with the surveyor and confirmed that the nurse on the 3:00 PM -11:00 PM shift signed the TAR indicating that the [EX Order 26] assessment was done. The RN also confirmed that the weekly [EX Order 2] assessment was documented as being completed on the TAR however, the findings of	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET MILLVILLE, NJ 08332**

(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 658	Continued From page 12 the [EX Order 2] assessment had not been documented on the [EX Order 2] Check assessment since [NJ Exec. Order 26:4.b.1]. The RN also confirmed that the physician was made aware of the resident's EX Order 26.4B1 [EX Order 26.4B1] and that the resident was started on medication to manage the [EX Order 26.4B1] On 01/23/23 at 01:09 PM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM) who stated that she was unsure why the nurses documented that they were performing the [EX Order 2] checks on the TAR but were not filling out the [EX Order 2] check assessments in the EMR. She explained that it would be important to document the finding on the [EX Order 2] check sheet to indicate if there were any changes in the resident's [EX Order 2] or if the [EX Order 2] remained the same or improved. She stated that the nurse signing off the [EX Order 2] assessments on the TAR should also be documenting the information about the resident's [EX Order 2] assessment on the [EX Order 2] check assessment in the EMR. The RN/UM confirmed that there were no [EX Order 2] checks assessments findings documented since [NJ Exec. Order 26:4.b.1]. On 01/24/23 at 11:29 AM, the surveyor interviewed the facilities Registered Dietician who stated that he reviewed the [EX Order 2] check assessment sheets as part of the [NJ Exec. Order 26:4.b.1] to assess the proteins needs and [NJ Exec. Order 26:4.b.1] needs for a resident that has [EX Order 2] breakdown. He further stated that the [EX Order 2] check sheets were an important factor during his [NJ Exec. Order 26:4.b.1] assessments so that he would know if there were any changes in a resident's [EX Order 2] condition and if there was a change, he could adjust the [NJ Exec. Order 26:4.b.1] needs of the resident to better aid in [redacted] healing.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 13 On 01/24/23 at 11:43 AM, the surveyor interviewed the LPN #3 who stated that she was the facilities wound care nurse. LPN #3 explained that as a wound care nurse she always utilized the skin check assessment sheet in the assessment section of the computer to see if it matched her findings. She stated that when the wound check sheet was completed on admission, she checked the sheet the next day to make sure the documentation was accurate and reflected her assessment of the resident's skin. LPN #3 added that the weekly skin check assessments were completed by the nurses on the units and that it would be important that they were completed so the wound nurse could assure that adequate treatments were appropriate for the type of wound, and interventions were put in place to aid in healing. She stated that the nurse performing the skin check was responsible to sign the TAR that they completed the skin check but were also responsible to fill out their findings on the skin check form. On 01/24/23 at 12:44 PM, the surveyor interviewed the Director of Nursing (DON) who stated that the [EX Order 2] check sheet in the assessment section of the EMR would show changes in the resident's [EX Order 2] condition and confirmed that the nurse should have completed the weekly [EX Order 2] assessment. The DON reviewed Resident #7's EMR and confirmed that there were no [EX Order 2] checks assessments findings documented for Resident #7 since [NJ Exec. Order 26:4.b.i]. The surveyor reviewed the facilities policy dated 09/01/22 and titled, "Skin Integrity and Wound	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 14	F 658		

Management" indicated that the facility was to perform and document skin inspections on all admitted and readmitted residents and weekly thereafter and with any significant change on condition. The policy also indicated that the facility completed the wound evaluation upon admitted/readmission, new in-house acquired, weekly and with unanticipated decline in wounds.

3.) On 01/23/23 at 12:03 PM, on the [EX Order] unit, the surveyor inspected the back hall medication cart locked narcotic box with LPN #4 and observed that three Controlled Medication Utilization Records (CMURs) were not accurate. Resident #134's CMUR for EX Order 26.4B1 revealed that there was documented a quantity of five pills and that the blister pack (a cardboard casing that stores the medication for dispensing) revealed a quantity of four pills. Resident #124's CMUR for EX Order 26.4B1 revealed that there was documented a quantity of [EX Ord] pills and that the blister pack revealed a quantity of 21 pills. Resident #58's CMUR for EX Order 26.4B1 [EX Order 26.4B1] revealed that there was documented a quantity of [EX Ord] pills and that the blister pack revealed a quantity of [EX Ord] pills. LPN #4 stated that she had previously administered all of the medications and then proceeded to sign out the medications on each resident's CMUR in front of the surveyor. LPN #4 acknowledged that the medications should have been signed out at the time they were administered and stated that it was important that the resident's medications were monitored and that an accurate narcotic count was maintained.

On 01/23/23 at 12:16 PM, the surveyor interviewed the Unit Manager (UM) for the [EX Order] unit who stated that narcotics were signed out

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 15 when they were removed from the narcotic drawer in the med cart prior to patient administration. The UM was informed LPN #4 acknowledged that she administered narcotics to three residents and did not sign the CMUR at the time of administration and that LPN #4 signed the CMURs in front of the surveyor. The UM confirmed from the electronic medical record documentation that each resident received the pain medication and stated that LPN #4 should have signed out the narcotics when she popped them out of the blister pack for resident administration and that she should have signed the narcotic book before she went to each resident's room. The UM further stated that it was important to document correctly for an accurate narcotic count and to confirm when a resident received the narcotic medication. On 01/23/23 at 1:15 PM, the surveyor interviewed the DON who stated that when a narcotic was administered that the nurse should have signed it out when the medication was popped out of the blister pack. The DON stated, "You pop it in the container and sign in the narcotic book, do a triple check of the resident, then sign it out in the medication administration record." The DON further stated that it was important to document correctly for consistency and control and to make sure that the medication was given to the correct patient and at the correct time. On 01/24/23 at 12:39 PM, during an interview with the surveyors the Consulting Pharmacist stated it was best practice that narcotics were signed out immediately and that reconciliation was used as a backup.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 658	Continued From page 16 Review of the facility's policy, "Omnicare, LTC Facility Pharmacy Services and Procedures Manual, Policy #/Title: 6.0 General Dose Preparation and Medication Administration," revised 01/01/22, revealed Procedure, 5.5 Document the administration of controlled substances in accordance with the Applicable Law. 6.1 Document necessary medication administration/treatment information (e.g., when medications are opened, when medications are given ...on appropriate forms. NJAC 8:39-27.1(a);29.2(a)	F 658		
F 684 SS=E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of other pertinent facility documents, it was determined that the facility failed to consistently document blood sugars and administer [redacted] medications in accordance with the physician order. This deficient practice was identified for one (1) of two (2) residents, (Resident #10) reviewed for [redacted] medication administration and was evidenced by the following:	F 684	F684 Quality of Care I. Corrective Action: 1. Nurses were interviewed and state that resident #10's insulin was given. Resident #10 suffered no adverse effects from nurses not signing out her insulin after giving. 2.Licensed personnel were immediately	3/2/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 684	Continued From page 17 On 01/20/23 at 10:10 AM, the surveyor observed Resident #10 standing up looking out their room's window. Resident #10 stated he/she was feeling fine. The surveyor reviewed the electronic medical record (EMR) for Resident #10. A review of the resident's Admission Record reflected that the resident was admitted to the facility EX Order 26.4B1, with diagnoses which included: type two EX Order 26.4B1 A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated EX Order 26.4B1 reflected a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated the resident had EX Order 26.4B1. A further review of the resident's MDS, Section N - Medications revealed that the resident received NJ Exec. Order 26:4.b.1 EX Order 26.4B1 EX Order 26.4B1 A review of the individualized Care Plan (CP) revised EX Order 26.4B1 reflected that Resident #10 had a diagnosis of [redacted] with [redacted] dependence. A further review of the CP revealed the intervention included administer EX Order 26.4B1 medications as ordered. A review of the January Order Summary Report revealed that Resident #10 had active physician orders for the following:	F 684	re-inserviced to ensure all medications were signed out as rendered. 3.Licensed personnel were re-inserviced on checking at the end of the shift to ensure that all medication documentation was completed. II. Identification of other residents or areas having the potential to be affected by this deficient practice. All residents receiving medications have the potential to be affected by this deficient practice. III. Measures put into place to prevent the recurrence. 1. Licensed personnel were immediately re-inserviced on ensuring all medications and treatments are signed out as rendered. 2. Licensed personnel were re-inserviced on checking at the end of their shift to ensure that all medication documentation was completed. IV.. Monitoring corrective action 1.Nursing managers/designee will audit the MAR/TAR□s daily in the morning meeting to ensure documentation is completed. 2. The audits will be submitted to the Director of Nursing weekly for tracking and trending. Outcomes will be reviewed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 684	Continued From page 18 - Start date EX Order 26.4B1 EX Order 26.4B1 [redacted] day for DM. - Start date EX Order 26.4B1 [redacted]. - Start dat EX Order 26.4B1 [redacted] - Start date EX Order 26.4B1 [redacted] A review of the Medication Administration Record (MAR) from November 2022 to January 2023 revealed the following: - On NJ Exec. Order 26:4.b.1 [redacted] at 11:30 AM, the EX Order 26.4B1 and the documentation of a chart code (administered or held) for EX Order 26.4B1 units with meals were left blank. - On NJ Exec. Order 26:4.b.1 [redacted] and NJ Exec. Order 26:4.b.1 [redacted] at 6:30 AM, the documentation of a chart code for EX Order 26.4B1 EX Order 26.4B1 [redacted] before meals were left blank. - On NJ Exec. Order 26:4.b.1 [redacted] for 11:30 AM the [redacted] and the documentation of a chart code for EX Order 26.4B1 [redacted] with meals were left blank. - On NJ Exec. Order 26:4.b.1 [redacted] at 7:30 AM, the EX Order [redacted] and the documentation of a chart code for EX Order 26.4B1	F 684	at the monthly quality Assurance Process Improvement Committee Meeting for 3 months or until the committee agrees the problem is corrected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 684	Continued From page 19 (4) units with meals were left blank. - On NJ Exec. Order 26:4.b.1, and NJ Exec. Order 26:4.b.1 at 11:30 AM, the documentation of a chart code for EX Order 26.4B1 before meals were left blank. - On NJ Exec. Order 26:4.b.1 at 6:30 AM, the documentation of a chart code for EX Order 26.4B1 before meals was left blank. - On NJ Exec. Order 26:4.b.1 at 2000 (8:00 PM), the documentation for a chart code for EX Order 26.4B1 units two (2) times a day was left blank. - On NJ Exec. Order 26:4.b.1 at 2100 (9:00 PM), the documentation of a chart code for EX Order 26.4B1 four (4) units at bedtime was left blank. A review of the resident's Progress Notes from November 1, 2022 through January 22, 2023 revealed that there was no supporting documentation to indicate the reason why the medications and EX Order 26.4B1 were blank on the MARs. On 01/25/23 at 10:47 AM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) for the 200 Unit who stated the nurses were responsible for checking the resident's BS. She further stated that depending on the results they would administer the NJ Exec. Order 26:4. The RN/UM stated the importance of checking the EX Orde was to ensure that the resident was not EX Order 26.4B1 EX Order 26.4B1 She further stated that the nurses should document in the EMR the EX Orde as well as document if they administered or held the EX Order 26.4B1 medications. The RN/UM stated that if there were blanks on	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 684	Continued From page 20 the MAR, the staff would not know if the resident received the medication. On 01/25/23 at 10:57 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #1) who stated that the expectation was to check the [NJ Exec. O] and if it was in the appropriate range, then they would administer the [NJ Exec. Order 26:4]. LPN #1 stated that the nurses were responsible for checking the [NJ Exec.] and documenting the number in the EMR. He then stated that the MAR should never be left blank because that was how the staff knew if it was done. On 01/25/23 at 11:09 AM, the surveyor interviewed LPN #2 who stated that the nurses were responsible for checking the resident's [EX Orde] prior to the administration o[NJ Exec. Order 26:4]. She stated it was important to know the [EX ...], because depending on the number they would either administer the medication or hold it. LPN #2 further stated if there was a space on the MAR to document the [NJ Exec. O] then it should be documented. She explained that the nurses should also document the location of the [NJ Exec. Order 26:4.b.1] or if the medication was not administered. LPN #2 stated that if there were blanks on the MAR that was an indication that the medication was not administered, or the [NJ Exec.] was not taken by the nurse. On 01/25/23 at 11:37 AM, the surveyor interviewed the Director of Nursing (DON) who stated that checking the [NJ Exec.] and administering medications were resident specific. The DON stated that the nurses should check the [NJ Exec. O] and administer the medication according to the physician's order. The DON stated that if there	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 684	Continued From page 21 were blanks on the MAR then that indicated the resident wasn't in the building, the nurse forgot to sign it, or it was not done. The DON acknowledged that it was important to document so that everyone knew what was done. On 02/01/23 at 11:13 AM, the DON acknowledged in the presence of the Administrator, the consultant pharmacist and survey team that there should not be blanks on the MAR. The DON stated she spoke with the nurses involved, who stated they checked the [redacted] and administered the medication to Resident #10 but, "may have forgotten" to sign the MAR. On 02/02/23 at 09:22 AM, the DON stated that staff were required to follow the physician's order. She further stated that the importance of documentation was for the continuity and quality of care for the resident. A review of the facility's policy, "General Dose Preparation and Medication Administration," revised 01/01/22, revealed "6. After medication administration, facility should take all measures required by facility policy ....6.1 document necessary medication administration/treatment information (e.g., ... when medications are given, injection site of a medication, if medications are refused, PRN medications, applications sight) on appropriate forms. NJAC 8:39-27.1(a)	F 684		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that -	F 689		3/2/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 22 §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: Based on observation, interview, review of clinical records and other pertinent facility documentation it was determined that the facility failed to: a.) provide adequate supervision for a resident identified as a high risk for falls, b.) implement appropriate fall prevention interventions for a resident after sustaining multiple falls with a major injury, c.) update the resident's Care Plan in a timely manner, d.) perform neuro-checks (assess an individual's neurological functions, motor and sensory response, and level of consciousness) as per facility policy for a resident who had [NJ Exec. Order 26:4.b.1] resulting in [NJ Exec. Order 26:4.b.1]. This deficient practice was identified for one of five residents, (Resident #193) reviewed for [NJ Exec. Order 26:4.b.1]. The resident had [NJ Exec. Order 26:4.b.1], and three (3) out of 5 [NJ Exec. Order] resulted in the resident sustaining [NJ Exec. Order] The deficient practice was evidenced by the following: On 01/20/23 at 10:56 AM, the surveyor was touring the 300 unit and observed the staff mechanically lifting Resident #193 into a geri-chair (specialized recliner) off the floor, in front of the nurse's station. The surveyor asked the Registered Nurse Unit Manager (RN/UM) what happened, and the RN/UM stated that	F 689	F689 Free of Accident Hazards/Supervision/Devices I. Corrective Action: 1.All interventions were reviewed for resident #193 to ensure that they were appropriate. 2.Nursing staff was immediately re-inserviced on Neuro check policy and procedures Nursing staff was immediately re-iserviced on obtaining statements from all staff that may have witnessed the event. 3.Nursing staff was immediately re-inserviced on where care plans are and that they have the ability to update. 4.Nursing was immediately re-inserviced on putting an appropriate intervention into place immediately after fall and update the care plan II. Identification of other residents or areas having the potential to be affected by this deficient practice. All residents that fall have the potential to be affected by this deficient practice.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 23 Resident #193 NJ Exec. Order 26:4.b.1 in front of the nursing station. The Admission Record indicated that Resident #193 was admitted to the facility with the diagnoses which included but were not limited to EX Order 26.4B1 The admission Minimum Data Set (MDS), an assessment tool used t0 facilitate the management of care dated EX Order 26.4B1, indicated that the resident had EX Order 26.4B1 NJ Exec. Order 26:4.b.1 and had NJ Exec. Order 26:4.b.1. The MDS also indicated that the resident required NJ Exec. Order 26:4.b.1 with activities of daily living and had a NJ Exec. Order 26:4.b.1 On 01/23/23 at 11:07 AM, the surveyor observed the resident sitting in a specialized recliner at the nurse's station. The resident was unable to be interviewed due to EX Order 26.4B1. The resident was quiet and resting. On 01/23/23 at 11:27 AM, the surveyor conducted a telephone interviewed the resident's responsible party (RP) who stated that Resident #193 had about NJ Exec. Order 26:4 both at home and in the facility. The RP explained that the resident was experiencing NJ Exec. Orde at home and required more supervision than the family could provide and decided to admit Resident #193 to the facility for more supervision. The RP stated that Resident #193 had to be sent to the hospital a couple times due to NJ Exec. Order 26 in the facility. The RP further added that they did not know all the details regarding how Resident #193 had NJ Exec. Order 2. The RP	F 689	III. Measures put into place to prevent the recurrence. 1.Nursing staff was immediately re-inserviced on Neuro check policy and procedures. 2.Nursing staff was immediately re-inserviced on obtaining statements from all staff that may have witnessed the event. 3.Nursing staff was immediately re-inserviced on where to locate care plans and shown how to update them. 4.Nursing was re-inserviced on putting an appropriate intervention into place immediately after a fall and update care plan. IV.. Monitoring corrective action 1.Unit managers and supervisors will audit falls to ensure that Neuro check sheets were initiated as per policy. 2.Nurse manager or designee will audit statements at the clinical meeting to ensure that all staff present completed a statement. Staff will be contacted by Unit Manager or designee if fall statements are not sufficient. 3.Nurse manager or designee will evaluate interventions put into place at the time of the fall during the daily clinical meeting to ensure appropriate interventions have been implemented. 4.The audits will be submitted to the Director of Nursing weekly for tracking	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 24 requested the surveyor to inquire and review the Resident's medical record to find out how many times the resident [NJ Exec. O] A review the resident's Care Plan (CP) dated [NJ Exec. Order 26:4.b.1], reflected Resident #193 was at risk for [redacted] due to lack of EX Order 26.4B1 EX Order 26.4B1. A review of the Progress Note (PN) dated [NJ Exec. Order 26:4.b.1] at 17:47 (5:47 PM) indicated that Resident #193 was admitted for the following reason(s): Status EX Order 26.4B1 [EX Order 26.4B1] On 01/25/23 at 11:25 AM, the facility provided the surveyor with incidents and accident reports for Resident #193 which indicated that Resident #193 had [EX Order 26] on the following dates: The surveyor reviewed the facility [NJ Exec. Ord] Investigation Statement (FIS) dated [EX Order 26.4B1] at 4:30 PM, written by Licensed Practical nurse (LPN#3) for [NJ Exec. Order 26:] The FIS indicated that Resident #193 was observed lying on the floor on the right side next to the specialized recliner in front of the nurse's station. The [EX Orde] was witnessed by the ward clerk. The Risk Management System form (RMS) #358 indicated that the resident did not [EX Order 26.4B1] [EX Order 26.4B1] during the [EX Order 26.4B1]. It also indicated that there were [NJ Exec. Order 26:4.b.1], and the RP and medical doctor (MD) were notified. The intervention on the RMS form indicated adding a [NJ Exec. Order 26:4.b.1] to the cushion of the wheelchair to prevent the cushion from sliding. The CP further reflected that the intervention was not created until [NJ Exec. Order 26:4.b.1] but was initiated on [NJ Exec. Order 26:4.b.1].	F 689	and trending. Outcomes will be reviewed at the monthly quality Assurance Process Improvement Committee Meeting for three months or until the committee agrees the problem is corrected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 25 The surveyor reviewed the Risk Management System (RMS) form #359, dated [NJ Exec. Order 26:4.b.1] at 14:35 (2:35 PM) for [EX Order 26.4B] which reflected that Resident #193 was found on the floor in his/her room on his/her back, beside the wheelchair and [EX Order 26.4B1] to the [NJ Exec. Order 26:4.b.1]. The nurse assessed the resident and observed a [NJ Exec. Orde] where the resident had [NJ Exec. Order 26:4.b.1]. According to the report, the resident was [NJ Exec. Order 26:4] happened. The FMS indicated that a [EX Order 26.4B1] was conducted, 911 was called and the resident was sent to the Emergency Room (ER). The FMS indicated that the resident had [EX Order 26.4B1] The FMS also indicated that the resident's son was visiting prior to the [EX Order] and left the resident alone in the room and did not inform nursing that he was leaving. A review of the PN dated [NJ Exec. Order 26:4.b] at 18:18 (6:18 PM,) indicated that the resident returned from the hospital to the facility around 5:00 PM. The PN further reflected while at the hospital the [NJ Exec. Order 26:4.b.1]. The facility could not provide the surveyor with [NJ Exec. Order 26:4.b.1] for Resident #193 after [EX Order 26.4B1] on [EX Order 26.4B1] at 2:35 PM. The surveyor reviewed the resident's CP which indicated interventions were not implemented on the resident's CP to prevent [EX Order 26] until [EX Order 26.4B1] which was 3 (three) days after the resident [EX Orde] and [EX Order 26.4B1] The intervention on the CP dated [NJ Exec. Order 26:4.b.1] indicated that staff were to	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 26	F 689		

remind family and visitors to inform staff when they were done visiting the resident.

The FMS form #361 dated [NJ Exec. Order 26:4.b.1] at 21:17 (9:17 PM), for [EX Order 26.4B] indicated that the resident was at the nurse's station after returning from the hospital after an EX Order 26.4B1 The resident continued to attempt to get up from the chair and walk and the nurse continued to reorient the resident that his/her EX Order 26.4B1 were [EX Order 26] and reminded the resident that he/she was EX Order 26.4B1. The Licensed Practical Nurse (LPN #1) documented that she provided the resident with a coloring book with crayons. The nurse then had to leave the resident alone because another resident needed her care. During this time, another nurse called for her and she then found Resident #193 EX Order 26.4B1 on [EX Order 26.4B1]. The resident's hands were covering his/her head and the resident had [EX Order 26.4B] on his/her hands. The nurse [NJ Exec. Order 26:4.b.1] another nurse called 911 and a third nurse came to [NJ Exec. Order 26:4.b.1] [EX Order 26.4B]. The FMS form further indicated that the resident had a [EX Order 26.4B1] to the [NJ Exec. Order 26:4.b.1] and was sent to the [EX Order] The FMS form indicated that the resident never lost EX Order 26.4B1.

The surveyor could not find documentation that a [NJ Exec. Order 26:4.b.1] was performed on the resident after the resident [NJ Exec. Order 26:4.b] unwitnessed fall and suffered a [NJ Exec. Order 26:4.b.1].

The FIS dated [NJ Exec. Order 26:4.b.1] at 6:00 PM and written by LPN#1 indicated that the resident was at the nurse's station accompanied by two nurses (LPN #1 and LPN #2) and a Certified Nursing Assistant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 27 (CNA #1). The statement indicated that the resident was attempting to walk, and the staff sat him/her in front of the nurse's station with a coloring book and crayons to redirect him/her. LPN#1 documented that she had to leave the nurses station to assist another resident when the resident got up [NJ Exec. Order 26:4.b.1] and was noted to be NJ Exec. Order 26:4.b.1. There was no documentation that a [NJ Exec. Order 26:4.b.1] was performed after the resident suffered a [NJ Exec. Order 26:4.b.1] interventions. The witness statement dated [NJ Exec. Order 26:4.b.1], from CNA #1 indicated that the resident was sitting at the nurse's station, and she had to answer another resident's light. When she came out from the other resident's room the resident was on the floor and was being sent to the hospital. The facility could not provide the surveyor with the statement from LPN #2, who was also identified as being at the nurse's station at the time the resident fell. The surveyor reviewed the CP and there were no interventions initiated after the [NJ Exec. Order 26:4.b.1] at 6:00 PM and the resident sustained a NJ Exec. Order 26:4.b.1 Attached to the FMS #361 was a late entry progress note dated 01/16/23 at 18:48 (6:48 PM) that indicated that the interdisciplinary team (IDT) met to discuss Resident #193's [NJ Exec. Order 26:4.b.1] and that the resident was receiving [NJ Exec. Order 26:4.b.1]) to work on NJ Exec. Order 26:4.b.1. There were no	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 28 new NJ Exec. Order 26:4.b.1 documented on the FMS form or on the CP regarding the resident's [redacted] at the nurse's station. On 02/02/23 at 11:10 AM, the surveyor interviewed the Rehabilitation Director (RD) who stated that Resident #193 received [redacted] from [redacted] through [redacted]. The RD stated that the intervention for [redacted] services for the [redacted] wasn't necessarily appropriate for the resident because the resident was already receiving services. The RD further explained that because the resident's NJ Exec. Order 26:4.b.1, he/she wasn't benefiting from the [redacted] services provided and was discharged from services on [redacted] for that reason. A review of the [redacted] Discharge Summary (DS) note dated [redacted], indicated that the resident was discharged from [redacted] services due to reaching maximum potential. The DS note further revealed that the resident's performance varied depending upon level of alertness, NJ Exec. Order 26:4.b.1 [redacted]. The [redacted] discharge recommendations included the resident should be up out of bed daily, utilize a [redacted] for safety secondary to frequent [redacted], supervision when up out of bed, and use of a [redacted] due to fluctuations in the resident's performance. The surveyor reviewed the FMS #366 dated [redacted] at 20:58 (8:58 PM) for [redacted] which indicated that the resident was at the nurse's station and was provided with a coloring book, crayons, and towels for redirection; however, the resident was attempting to ambulate without assistance. The FMS indicated that the nurse sat with the resident for almost two hours along with	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET MILLVILLE, NJ 08332**

(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 689	Continued From page 29	F 689		

other staff members because the resident had a history of [NJ Exec. Ord] The FMS then indicated that Resident #193 was coloring and eating snacks when the nurse left the resident to take [NJ Exec. Order] for other residents. According to the FMS, when the nurse went into another resident's room, Resident #193, who was not being supervised, hac[NJ Exec. Order] again at the nurse's station. The resident was sent to the hospital ER visit and [NJ Exec. Order 26:4.b.1] were applied to a NJ Exec. Order 26:4.b.1

The PN dated [NJ Exec. Order 26:4.b] at 4:02 AM, indicated that Resident #193 returned from the hospital ER with NJ Exec. Order 26:4.b.1 noted. The PN also indicated that the resident appeared in [NJ Exec. Order 26:4.b] and was in recliner chair at nurse station sleeping.

The surveyor reviewed the PN and there was no documentation that [NJ Exec. Order 26:4.b.1] interventions were put in place immediately when the resident returned from the hospital after suffering a NJ Exec. Order 26:4.b.1. There were [NJ Exec. Order 26:4.b.1] documented or performed after the resident fell and hit his/her [NJ Exec. Orde] and had a [NJ Exec. Order 26:4.b.1].

The surveyor reviewed the Resident's CP which was not updated until [NJ Exec. Order 26:4.b.1], to include new interventions to prevent the resident from [NJ Exec. Order 26] The [NJ Exec. Order 26:4.b.1] included the following:

-Place the resident at the nurse's station for observation and safety
-Staff to remind family/visitors to inform staff when done visiting.
-When sitting in wheelchair, apply bilateral leg

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 30 rest to aid in positioning -When sitting in the wheelchair, lock brakes. These interventions did not reflect that the resident continued to [NJ Exec. Order 26:4.b.1] a recliner while at the nurse's station and was not utilizing a wheelchair which was documented on the CP dated [NJ Exec. Order 26:4.b.1] The surveyor reviewed FMS #369 dated [NJ Exec. Order 26:4.b.1] at 11:06 AM, for [NJ Exec. Order 26:4.b.1] which indicated that Resident #193 [NJ Exec.] from a wheelchair when in front of the nurses' station. The resident was assessed by the RN/UM, and it was determined that the resident had [NJ Exec. Order 26:4.b.1] and [NJ Exec.] [NJ Exec. Order 26:4.b.1] were initiated and completed. The FMS also revealed that [NJ Exec.] for this [NJ Exec.] were not initiated until [NJ Exec. Order 26:4.b.1], which was 4 (four) days after the [NJ Exec.] The CP reflected that on [NJ Exec. Order 26:4.b.1], [NJ Exec. Order 26:4.b.1] were put in place for this [NJ Exec.] to include: -Scoop mattress [NJ Exec. Order 26:4.b.1] next to bed -Staff to lay the resident down after meals -Toilet after meals On 1/26/23 at 8:35 AM, the surveyor observed Resident #193 in bed with two half side rails up at the top of the bed, bed in low position and a floor mat observed on the floor next to the door side of the resident bed. The resident was unable to be interviewed due [NJ Exec. Order 26:4.b.1]. The surveyor interviewed CNA#2 who entered the resident's room. CNA#2 stated that the resident was very [NJ Exec. Order 26:4.b.1] on his/her feet. She	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 31	F 689		

stated that the resident required [NJ Exec. Order 26:4.b.1] with Activities of Daily Living (ADLs) but was able to feed himself/herself after setting up of tray.

On 1/26/23 at 8:40 AM, the surveyor interviewed LPN #4 who stated Resident #193 was [NJ Exec. Order 26:4.b.1] LPN #4 stated that sometimes the resident was [NJ Exec. Order 26] and sometimes not. He stated that Resident #193 required [NJ Exec. Order 26:4.b.1] with all aspects of ADL's and was frequently [NJ Exec. Order 26:4.b.1] He explained that at times, the resident requested to be toileted and could walk short distance with assistance. He stated that the resident [NJ Exec. Order 26:4.b.1] and was toileted every two hours. LPN#4 added that staff had to anticipate the resident's needs. He stated that the resident had [NJ Exec. Order 26] frequently since admission and was a [NJ Exec. Order 26:4.b.1]. He stated that when a resident had a [NJ Exec. Order 26:4.b.1], the staff performed a full assessment to include [NJ Exec. Order 26:4.b.1]), make sure the resident did not have any [NJ Exec. Order 26:4.b.] or unwitnessed fall for 72 hours [NJ Exec. Order 26:4.b.1]. LPN#4 further stated that the staff were also were required to call the resident's primary care physician and the responsible party (RP). He stated that witness statements were obtained, and a Risk Management System Assessment (RMS) was completed along with a change in condition form and progress notes. He explained that when the staff fill out the RMS there was a section to put in a [NJ Exec. Order 26:4.b.1] intervention to prevent the resident from [NJ Exec. Order 26] again. LPN#4 explained that an [NJ Exec. Order 26:4.b.1] was the same process as a [NJ Exec. Order 26:4.b.1], but that it was the facility's protocol to initiate [NJ Exec. Order 26:4.b.1] and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 32	F 689		

complete them 72 hours [NJ Exec. Order 26:4.b]. He stated that if a resident [NJ Exec. Order 26:4.b.1], " It's the physician's call to send the resident to hospital, but 90 percent of the time the resident is sent to the hospital for [NJ Exec. Order 26:4.b.1]." LPN#4 stated that Resident #193 should have had [NJ Exec. Order 26:4.b.1] for any [NJ Exec. Order 26:4.b.1] however the [NJ Exec. Order 26:4.b.1] form was not in the resident chart and that the RN/UM must have the resident's [NJ Exec. Order 26:4.b.1] sheets in her office. He stated that the [NJ Exec. Order 26:4.b.1] sheets were usually completed and put into the resident hard copy of the chart, but that Resident #193's [NJ Exec. Order 26:4.b.1] sheets were missing and not in the resident's chart. He stated that the CP should be updated with interventions after a [NJ Exec.] but that the LPNs did not have the access to update the CP. He further stated that interventions to prevent a [NJ Exec.] should be done immediately [NJ Exec. Order 26:4.b] to prevent the resident form [NJ Exec. Order 26].

On 01/26/23 at 10:20 AM, the Director of Nursing (DON) came into the conference room and handed the surveyor the [NJ Exec. Order 26:4.b.1] sheets for Resident #193's [NJ Exec. Order 26:4.b.1] since admission. The DON stated that the resident only had one [NJ Exec. Order 26:4.b.1] sheet completed for the [NJ Exec] which occurred on [NJ Exec. Order 26:4.b.1], and he/she did not have any other sheets to provide the surveyor. The DON stated that the nurses thought that if the resident went to the hospital, that [NJ Exec. Order 26:4.b.1] did have to be done. The DON stated the resident had [NJ Exec. Order 26:4.b.1], and once on [NJ Exec. Order 26:4.b.1], and suffered a [NJ Exec. Order 26:4.b.1] each time and there was no documentation that the resident had [NJ Exec. Order 26:4.b.1] performed for 72 hours [NJ Exec. Order 26:4.b] as per the facility policy indicated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET MILLVILLE, NJ 08332**

(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 689	Continued From page 33 On 01/26/23 at 10:46 AM, the surveyor conducted a telephone interview with CNA #1 who stated that she remembered Resident #193 NJ Exec. Order 26:4.b.1, because she was the resident's primary care CNA that evening. CNA#1 added that she had written a statement regarding the [redacted] CNA#1 further stated that the NJ Exec. Order 26:4.b.1 right after her break. She explained that the resident's family member was visiting, and she asked the son to bring the resident to the nurse's station after the visit so that the resident could be supervised. When CNA#1 returned from her break, she had found out the resident had [redacted] in their room and had to go to the hospital. CNA#1 stated that the resident's first [redacted] was on [redacted]. CNA#1 then explained that when the resident returned from the hospital after the first [redacted] she performed PM care and the resident was placed at the nurse's station so that the staff could supervise the resident. She explained that the staff set the resident up with pen and paper to keep him/her occupied, but the resident wasn't using it. She stated that the pen and paper were just sitting in front the resident. She further added that the resident's attention span was not that long, and the resident would start using it and then lose interest quickly. CNA#1 further explained that she left the resident at the nurse's station so that she could answer another resident's call bell. She explained that there was a nurse at the nurse's station doing paperwork. She stated that when she returned to the nurse's station, all the nurses were surrounding the desk. She stated that LPN #2 was doing paperwork at the desk and couldn't get to the resident in time to prevent the resident from [redacted]. She stated that the resident [redacted] at the nurse's station and had sustained NJ Exec. Order 26:4.b.1 and there	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 34 was a [NJ Exec. Order 26:4.b.1], so the resident was sent to the hospital. On 01/26/23 at 10:51 AM, the surveyor attempted to telephone interview LPN #1 (Primary nurse for resident [NJ Exec. Order 26:4.b.1]) and did not get an answer. The surveyor left a message for LPN#1 to call back. On 01/26/23 10:57 AM, the surveyor telephone interviewed LPN #2 who was present on unit [NJ Exec. Order 26:4.b.1] and was sitting at the nurse's station doing paperwork when Resident #193 [NJ Exec.] and suffered [NJ Exec. Order 26:4.b.1]. LPN #2 stated that she worked on [NJ Exec. Order 26:4.b.1], completing admission documentation on the [NJ Exec. O]-unit. LPN #2 stated that she recalled when Resident #193 [NJ Exec. O] LPN #2 stated, "Yes. [NJ Exec. Order 26:4.b.1]." She explained to the surveyor that the first [NJ Exec.] happened on the 7:00 AM -3:00 PM shift in which Resident #193 [NJ Exec] and was sent to the hospital. She stated that herself and the primary nurse (LPN #1) were sitting at the nurse's station and LPN #1 was called to assist another resident in another room. She stated that while she was sitting at the nurse's station, her back was turned, and she was not facing the resident. LPN#2 stated that she was typing and looking in another direction and she did not observe the resident [NJ Exec. O] She stated that she heard [NJ Exec. Order 26:4.b] She added that the resident had [NJ Exec. Order 26:4.b.1] because the resident was on a [NJ Exec. Order 26:4.b.1], so they sent him/her back to the hospital. She stated that she didn't remember anyone asking her to write a statement even though she was present and at the nurse's station at the time the [NJ Exec. Order 26:4.b.1] She added that the resident was trying to stand up, so the staff gave the resident coloring books;	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 35	F 689		

however, the resident NJ Exec. Order 26:4.b.1. LPN #2 added that she was the only nurse sitting at the nurse's station at the time the resident [redacted] because the resident's primary nurse (LPN#1) had gotten up to check on another resident.

On 01/26/23 at 11:21 AM, the surveyor interviewed the Registered/Unit Manager, RN/UM who worked on the [redacted] units. The surveyor asked the RN/UM what the facility's process was for a NJ Exec. Order 26:4.b.1 and NJ Exec. Order 26:4.b.1 [redacted]. The RN/UM explained that if a staff member witnessed a resident [redacted] then they would get a nurse and the nurse would immediately assess the resident and perform a "head to toe" assessment and obtain vital signs. If it appeared that the resident had no injuries, the staff would get the resident off the floor with an electric lift. She stated that if the resident had injuries, then they would call 911, the doctor, and the family or responsible party (RP).

The RN/UM then stated that they would obtain witness statements from anyone that was involved with the fall, witnessed the fall or was in the area when the resident fell. She stated that the primary care CNA was responsible to fill out a statement even if they didn't witness the fall. She explained that the management would also get statements from anyone that was there and present in the area when the fall occurred. She indicated that a Risk Management System (RMS) form was completed and was given to the DON. The RN/UM explained that the IDT team consisted of nursing, therapy, recreation, and the interdisciplinary team would look at reasons why the resident could have fallen and think of things to do to prevent other falls from occurring. If a fall

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 36	F 689		

was an unwitnessed fall or if a resident suffered a head injury, then the staff would immediately initiate a neuro-check form. She stated that the nurse would be responsible for initiating the neuro-check form and that it was the responsibility of the RN/UM to make sure the neuro-checks were being conducted for the next 72 hours.

The surveyor asked the RN/UM why Resident #193 did not have NJ Exec. Order 26:4.b.1 completed when the resident had suffered NJ Exec. Order 26:4.b.1 on three different occasions (NJ Exec. Order 26:4.b.1 [redacted]. The RN/UM stated that the resident should have had NJ Exec. Order 26:4.b.1 s done on the dates, however, did not have a response as to why the NJ Exec. Order 26:4.b.1 were not completed. The surveyor then asked the RN/UM why NJ Exec. O [redacted] were not initiated or put on the CP until days later after the resident NJ Exec. Or The RN/UM explained that she did not implement the intervention for the CP because she was working on a medication cart that day.

The surveyor reviewed the events that occurred regarding the two NJ Exec. Orde the resident had on NJ Exec. Order 26:4.b.1 with the RN/UM. The RN/UM indicated that the first NJ Exec. Order 26:4.b.1 occurred at 1:27 PM. The RN/UM stated, "We put [the resident] in front of the nursing station after returning from the hospital". The RN/UM stated that there was not a 3:00 PM - 11:00 PM supervisor to implement an intervention and the interventions were usually assessed by a RN/UM the next day. She stated, "I don't want to say that they didn't do an intervention because they brought [the resident] in front of the nurse's station so someone could keep a better eye on [the resident] because the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 37	F 689		

resident tried to get up on [his/her] own and walk and doesn't understand that [he/she] can't do that." The RN/UM further stated the resident could be supervised if they had the extra staff but that the intention of putting the resident in front of the nurse's station was to be supervised, however staff could not be at the nurse's station all the time because the nurses had to answer other residents call bells and had other duties and other residents to care for.

The RN/UM stated that if a resident [NJ Exec. Order 26:4.b.1] the weekend, then interventions would not be updated on the CP until Monday. She stated that if a resident [NJ Exec. Order 26:4.b.] the weekend, the nurses working over the weekend could put an intervention in place, however, it wasn't until Monday that the IDT would meet to discuss interventions for the resident and then the CP would be updated after the IDT discussed the event. The surveyor asked the RN/UM, "When the resident NJ Exec. Order 26:4.b.1, were there interventions put in place immediately to prevent [NJ Exec. Order 26:4.b.1]?" The RN/UM responded, "No, the interventions were not updated until the [NJ Exec. Ord] because the [NJ Exec] occurred on the [NJ Exec. Ord] which was a weekend".

The surveyor asked the RN/UM what interventions should have been put in place or would have been appropriate to prevent the resident from NJ Exec. Order 26:4.b.1 again and the RN/UM replied that the staff gave the resident crayons and paper and sat next to him/her for over two hours. The RN/UM then added that the definition of supervision was when someone was sitting near the resident and being able to see them with their eyes. The RN/UM stated that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 38 nurses and CNA could not always supervise the resident because they had other duties. The RN/UM revealed that from the moment the resident was admitted to the facility he/she was a [redacted] risk and that was why his/her RP brought the resident to the facility. The RN/UM stated that she had suggested "one to one" supervision at the IDT meeting and was told by the team that they didn't have the staff to provide "one on one" supervision to the resident. She further stated that a 'one on one' meant that someone would be assigned to always supervise the resident. She also revealed that the social worker was trying to call a memory unit to see if a memory unit would be better suited for the resident. On 01/26/23 at 12:01 PM, the survey team interviewed the DON who stated that after any resident [redacted], the resident was assessed by the nurse to rule out any injury and the nurse would obtain vital signs. She stated that if it was determined that the resident had no injury, the staff would get the resident off the floor, collect statements from staff, complete the RMS, call MD and then call the family/RP. The DON further explained that interventions to prevent further [redacted] and injury should be put in place at the time of the [redacted]. She stated that she would expect that the staff would put an intervention to prevent further [redacted] immediately after the [redacted] to prevent the resident from [redacted] again. The DON stated that the nurses all have access to the CPs and should have updated the care plan immediately to reflect new [redacted] interventions. The DON further stated that if a [redacted] was	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 39 unwitnessed or the resident had a EX Order 26.4B1 then EX Order 26.4B1 should have been initiated. The DON told the surveyor that if the resident sustained a EX Order 26.4B1 as a result from a EX Order and the resident could not be managed in the facility, then the resident would be sent to the hospital. The DON stated that after Resident #193 returned from the hospital on NJ Exec. Order 26:4.b.1 and NJ Exec. Order 26:4.b.1 and had suffered a EX Order 26.4B1, EX Order 26.4B1 should have been completed. The DON could not recall how long EX Order 26.4B1 had to be done and had to refer to the facility policy. The DON confirmed that NJ Exec. Order 26:4.b.1 should have been completed for 72 hours after the resident NJ Exec and suffered a EX Order 26.4B1 on EX Order EX Order that occurred on NJ Exec. Order 26:4.b.1 and one NJ Exec. that occurred NJ Exec. Order 26:4.b.1, however the NJ Exec. Order 26:4.b.1 were not done. The DON added that the term "supervision" was "attempting" to watch a resident to the best of their ability. She added that supervision meant putting a resident in a common area. She further added that it was the facility's responsibility to put appropriate fall prevention interventions immediately in place to prevent further NJ Exec. Order 26:4.b.1 On 02/01/23 at 11:47 AM, the surveyor interviewed the DON in the presence of the survey team who stated that if the staff turned their back for 30 seconds, the resident would stand and still have a NJ Exec. Or The DON further stated that the resident would be appropriate for a facility with a specialized dementia unit and the facility was currently working on facilitating that for the resident. On 02/01/23 at 12:08 PM, the surveyor	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 40 interviewed the facility's Administrator in the presence of the survey team who stated that the resident needed to be one-to-one supervision to prevent them from falling. The Administrator further stated that supervision meant that staff had to be present and observing the resident. The facility policy dated 10/24/22 and titled, "Accidents and Incidents indicated that any resident fall resulting in a head injury, suspected head injury or an unwitnessed fall will be observed for neurological abnormalities by performing neuro-checks according to the Neurological Evaluation Policy and procedure after the accident occurs. Interventions to eliminate if possible and if not, reduce the risk of accident and incident have been identified and implemented. The facility policy dated 06/01/21 and titled, "Neurological Evaluation" indicated that neurological evaluations will be performed as indicated or ordered. When a patient sustains an injury to the head or face and/or has an unwitnessed fall, neurological evaluations will be performed: -Every 15 min times 2 hours then -Every 30 minutes times 2 hours then -Every 60 minutes times 4 hours then -Every 8 hours until 72 hours has lapsed. The purpose of neurological assessments was to monitor for neurological compromise. The facility policy dated 10/24/22 and titled, "Person Centered Care Plan" that the purpose was to attain the patient's highest practical physical, mental, and psychological wellbeing.	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 689	Continued From page 41 NJAC 8:39-27.1(a)	F 689		
F 692 SS=E	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of pertinent facility documentation, it was determined that the facility failed to identify a NJ Exec. Order 26:4.b.1 ss and implement interventions related to the NJ Exec. Order 26:4.b.1 for one of one residents, (Resident #37) reviewed for nutrition. This deficient practice was evidenced by the following:	F 692	F692 Nutrition/Hydration Status Maintenance I. Corrective Action: 1.Resident #37 was seen by the dietician and discussed with the IDT team to ensure all interventions were appropriate. 2. Licensed personnel were re-inserviced on weight policy and procedures. 3. RD was re-inserviced on the weight policy and procedures.	3/2/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 692	Continued From page 42 On 01/20/23 at 11:48 AM, the surveyor observed Resident #37 in their room, laying in bed. The resident appeared thin. The resident told the surveyor that he/she, "sometimes" had an appetite. On 01/23/23 at 12:34 PM, the surveyor observed the resident in his/her room eating lunch. The surveyor observed that the resident could feed himself/herself independently. At the time of the observation the resident had consumed one third of their lunch and drank all of their whole milk that was on their lunch tray. The surveyor reviewed the medical record for Resident #37. A review of the resident's Admission Record reflected that the resident was admitted to the facility at the EX Order 26.4B1 and had diagnoses which included, but were not limited to EX Order 26.4B1 [redacted] A review of the resident's most recent quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated EX Order 26.4B1, reflected that the resident's Brief Interview for Mental Status (BIMS) score was EX Ord out of 15 which indicated the resident was EX Order 26.4B1. A further review of the resident's MDS, Section K - Swallowing/Nutritional Status revealed that the	F 692	II. Identification of other residents or areas having the potential to be affected by this deficient practice. All residents have the potential to be affected by this deficient practice. III. Measures put into place to prevent the recurrence. 1. Licensed personnel were re-inserviced on the weight policy and procedures. 2. RD was re-inserviced on weight policy and procedure. IV.. Monitoring corrective action 1.Nursing admin will run a weight report weekly to identify any discrepancies. 2.Nursing managers and RD will meet weekly to review any weight discrepancies. 3.The audits will be submitted to the Director of Nursing weekly for tracking and trending. Outcomes will be reviewed at the monthly quality Assurance Process Improvement Committee Meeting for three months or until the committee agrees the problem is corrected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 692		F 692		

Continued From page 43

resident had a NJ Exec. Order 26:4.b.1 that was not prescribed by the physician.

A review of the resident's Weights and Vital Summary revealed the following weights:

EX Order 26.4B1

A further review of the Weights and Vital Summary indicated that Resident #37 had a NJ Exec. Order 26:4.b.1 from NJ Exec. Order 26:4.b.1 to NJ Exec. Order 26:4.b.1.

A review of the resident's Nutritional Assessment completed by the Registered Dietitian (RD), dated NJ Exec. Order 26:4.b.1, indicated that the resident was re-admitted to the facility on EX Order 26.4B1 and had triggered for a EX Order 26.4B1. On NJ Exec. Order 26:4.b.1, interventions were initiated for the resident's EX Order 26.4B1. This was the first time the facility identified that the resident had a NJ Exec. Order 26:4.b.1 which was 44 days after the NJ Exec. Order 26:4.b.1 was documented in the resident's medical record.

A review of the resident's Care Plan (CP), revised

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 692	Continued From page 44 NJ Exec. Order 26:4.b.1, revealed a focus area that the resident was a NJ Exec. Order 26:4.b.1 related to NJ Exec. Order 26:4.b.1 t status and required increased nutritional needs. The goal of the resident's CP was for the resident to NJ Exec. Order 26:4.b.1 and weigh between NJ Exec. Order 26:4.b.1 lbs. within the next 90 days. The interventions in the resident's CP included to weigh the resident per protocol and alert the dietician and physician of NJ Exec. Order 26:4.b.1 On 01/25/23 at 11:16 AM, the surveyor interviewed the resident's Certified Nursing Aide (CNA) who stated that she took care of the resident regularly and the resident's appetite varied. The CNA explained to the surveyor that the resident would eat more during breakfast and would eat about 25% of his/her lunch. The CNA further stated that the resident had NJ Exec. Order 26:4.b.1 since admission to the facility, and she would give the resident snacks in the afternoon after lunch. The CNA told the surveyor that the CNA's were responsible for weighing the resident and would call the nurse in charge if there was a weight discrepancy from the last time the resident was weighed, and the nurse was responsible for making sure the weight was accurate. On 01/25/23 at 11:52 AM, the surveyor interviewed the resident's Licensed Practical Nurse (LPN) who stated that the resident's appetite varied, the resident would eat about 50% of their meals, and received snacks and supplements throughout the day to maintain their current weight. The LPN told the surveyor that if it was identified that the resident had a NJ Exec. Order 26:4.b.1, especially a NJ Exec. Order 26:4.b.1, the RD would	F 692		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 692	Continued From page 45 be notified, "immediately" by nursing staff. The LPN stated that it was the RD's job to evaluate the resident's [NJ Exec. Order 26:4.b.1]. On 01/25/23 at 12:18 PM, the surveyor interviewed the facility's RD who stated that he had worked at the facility since [NJ Exec. Order 26:4.b.1]. The RD stated that if the CNAs or nurses weighed the resident and identified a weight discrepancy of plus or minus five pounds, they would re-weigh the resident, and notify the RD. The RD could not speak to the time frame for how quickly nursing should notify the RD and told the surveyor that he would have to speak with the facility's Director of Nursing (DON) before he could answer that question. The RD then stated that he would at least want to be notified within a week if the resident had a five-pound weight loss or gain. The RD further stated that if the resident had a significant weight loss, an assessment would be performed by him as soon as possible and interventions for weight gain would be implemented for the resident. On 01/26/23 at 12:51 PM, the surveyor conducted a follow up interview with the RD who stated that he performed an initial nutritional assessment for the resident on [EX Order 26.4B1]2, shortly after the resident was admitted to the facility and recommended cottage cheese and a fruit cup for the resident at 2:00 PM and a magic cup for the resident at 7:00 PM. The RD told the surveyor that the next date he nutritionally assessed the resident was on [EX Order 26.4B1] after the resident was re-admitted to the facility from the hospital. On [EX Order 26.4B1] he had identified that the resident had a [EX Order 26.4B1] and added additional interventions to the resident's plan of care such	F 692		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 692	Continued From page 46	F 692		

as health shakes and fortified cereal. The surveyor reviewed the facility's, "Weight's and Height's Policy and Procedure" in the presence of the RD which indicated that if a 5% significant weight loss occurred in a one-month time frame, the nurse was responsible for notifying the resident's primary care physician and the facility's RD. The RD stated that on [NJ Exec. Order 26:4.b.1] the resident's weight record indicated that a [NJ Exec. O] had occurred. The RD stated that he should have been notified by nursing that the resident had a [NJ Exec. Order 26:4.b.1]. The RD explained to the surveyor that the resident had EX Order 26.4B1 which nursing was monitoring that could have led to the resident's [NJ Exec. Order 26:4.b.1] as the [NJ Exec. Order 26:4.b.] was continually [NJ Exec. Order 26:4.b.1]. The RD stated that the [NJ Exec. Order 26:4.b.1] was not addressed in the resident's nutrition care plan or the resident's initial nutritional assessment as a contributing factor for potential [NJ Exec. Order 26:4.b.1].

On 01/27/23 at 09:53 AM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) who stated that if a resident had a [NJ Exec. Order 26:4.b.1], a re-weight should have been conducted and nursing should have notified the RD. The RN/UM stated that the resident moved to the unit around [NJ Exec. Order 26:4.b.1] and a weight was done on [NJ Exec. Order 26:4.b.1] that indicated the resident had a [NJ Exec. Order 26:4.b.1] that was not addressed by nursing staff or the RD. The RN/UM further stated that the resident had a [NJ Exec. Order 26:4.b.1] and there was a lot of [NJ Exec. Or] from the resident's [NJ Exec. Order 26:4.b.1] was assessed as a possible cause of the resident's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 692	Continued From page 47 [redacted]. The RN/UM stated that she was not sure if the [redacted] was assessed as a potential cause of the [redacted] by the RD prior to surveyor inquiry. On 02/01/23 at 11:06 AM, the surveyor interviewed the DON who stated that she could not tell if the resident's [redacted] was an error on nursing. The DON explained that upon investigation she could not identify where the error occurred between notification of nursing and the RD. The DON further stated nursing and the RD should have been in communication regarding the resident's [redacted]. A review of the facility's policy, "Medical Nutrition Therapy: Assessment and Care Planning Policy and Procedure," indicated "A Registered Dietician/Nutritionist (RDN) or other clinically qualified nutrition professional is responsible for the completion of a comprehensive nutrition assessment for all residents/patients for the purpose of identifying and planning the nutrition care based on the needs, goals, and preferences of each resident/patient. The resident/patient nutritional status will be assessed upon admission and monitored at least quarterly." The facility's Medical Nutritional Therapy: Assessment and Care Planning Policy and Procedure further revealed that the RD would revise the resident's plan of care as indicated by the clinical condition of the resident. A review of the facility's "Registered Dietician Job Description" indicated that the RD would complete assessments and care plan development in accordance with state and federal regulatory guidance and consult with the	F 692		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 692	Continued From page 48 interdisciplinary team as needed regarding the resident's plan of care. NJAC 8:39-27.1(a)	F 692		
F 698 SS=E	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of other pertinent facility documents, it was determined that the facility failed to consistently complete the [NJ Exec. Order 26:4.b] communication form for one (1) of two (2) residents, (Resident #23) reviewed for [NJ Exec. Order 26:4.b]. This deficient practice was evidenced by the following: On 01/20/23 at 09:28 AM, during the initial tour, Licensed Practical Nurse (LPN #2) informed the surveyor that Resident #23 was out of the facility at [NJ Exec. Order 26:4.b]. She stated that the resident went to [NJ Exec. Order 26:4.b] on Monday, Wednesday, and Friday. On 01/20/23 at 10:44 AM, the surveyor observed the resident lying in their bed awake. Resident #23 stated that he/she just returned from [NJ Exec. Order 26:4.b]. He/she further stated that the nurses woke him/her up around 4:00 AM and was picked up for [NJ Exec. Order 26:4.b] at 5:00 AM. The resident further told the surveyor that their [NJ Exec. Order 26:4.b] access site was in	F 698	F698 DIALYSIS I. Corrective Action: 1. Resident #23 suffered no adverse effects from the nurse not signing the [NJ Exec. Order 26:4.b] communication form upon return from [NJ Exec. Order 26:4.b] 2. Licensed personnel were re-inserviced on the Dialysis communication and documentation policy. II. Identification of other residents or areas having the potential to be affected by this deficient practice. All residents receiving hemodialysis have the potential to be affected by this deficient practice. III. Measures put into place to prevent the recurrence. 1. Licensed personnel were	3/2/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 698	Continued From page 49 his/her [NJ Exec. Order 26:4.b]. Resident #23 stated that the nurses administered their medications at breakfast prior to leaving for [NJ Exec. Order 26:4.b] The surveyor reviewed the electronic medical record (EMR) for Resident #23. A review of the resident's Admission Record reflected that the resident was admitted to the facility [EX Order 26.4B1], with diagnoses which included: [EX Order 26.4B1] A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated [EX Order 26.4B1] reflected a Brief Interview for Mental Status (BIMS) score of [EX Order] out of 15, which indicated an [EX Order 26.4B1]. A further review of the resident's MDS, Section O - Special Treatment and Procedures, reflected that the resident received [EX Order 26.4B1] services [EX Order 26] A review of the resident's individualized Care Plan revised [NJ Exec. Order 26:4.b.1], reflected that Resident #23 was at risk for complications related to [EX Order 26.4B1] [EX Order 26.4B1] A further review of the care plan revealed the intervention to send communication book to [NJ Exec. Order 26:4.b] and review upon return. A review of the January 2023 Order Summary Report revealed that Resident #23 had active	F 698	re-inserviced on the Dialysis communication and documentation policy. IV.. Monitoring corrective action Nurse manager's/designee will audit the hemo dialysis communication books weekly to ensure compliance with completing the forms. The audits will be submitted to the Director of Nursing weekly for tracking and trending. Outcomes will be reviewed at the monthly quality Assurance Process Improvement Committee Meeting for three months or until the committee agrees the problem is corrected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 698	Continued From page 50 physician orders for the following: - Start date NJ Exec. Order 26:4.b.1) site for signs and symptoms of NJ Exec. Order 26:4.b.1 - Start date NJ Exec. Order 26:4.b.1 every day shift every Monday, Wednesday, Friday post - Start date: Assure resident is properly positioned in bed upon returning from On 01/23/23 at 11:16 AM, the Unit Secretary (US) for the unit provided the surveyor with Resident #23's NJ Exec. Order 26:4.b.1 book that was located at the nurses' station. The US then stated that a red folder went with the resident to for the facility to fill out. The US explained the unit only had one resident on . A review of the resident's book revealed individual forms which contained three separate sections to be filled out: the top section - To be completed by center licensed nurse for patient prior to NJ Exec. Order 26:4.b.1, the middle section - to be completed by certified facility following treatment and to accompany patient on return to center post - , and the bottom section to be completed by center licensed nurse post - treatment. A further review of the forms from October 31, 2022 to January 20, 2023 revealed the middle section was not consistently filled out and the bottom	F 698		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 698	Continued From page 51 section was not filled out. A review of the Progress Notes from October 2022 to January 23, 2022, reflected there was no documentation regarding the [NJ Exec. Order 26:4.] center being notified when the middle section of the [NJ Exec. Order 26:] form was left blank or an assessment was completed post - [NJ Exec.] at the facility by facility nursing staff. On 01/23/23 at 11:36 AM, the surveyor interviewed Resident #23 who stated upon arrival from [NJ Exec. Order 26:4.b] the nurses assessed him/her. The resident stated the nurses checked his/her [NJ Exec. Order 26:4.b.1] and checked their [NJ Exec. Order 26:4.b.1]. On 01/24/23 at 09:49 AM, the surveyor interviewed LPN #1 who stated the nurse at the facility was responsible for filling out the top section of the [NJ Exec. Order 26] and the [NJ Exec. Order 26:4.b] center was responsible for completing the middle section. LPN #1 stated he was not sure if the nurses were responsible for filling out the bottom section of the [NJ Exec. Order 26]. He then stated that if the [NJ Exec. Order 26:4.b] center did not complete the middle section, then the nurses should follow up with the [NJ Exec. Order 26:4.b] center to get a report. On 01/24/23 at 01:02 PM, the Director of Nursing (DON) in the presence of the Administrator, Consultant Pharmacist and the survey team stated the top section of the [NJ Exec. Order 26:] should be filled out prior to the resident leaving for [NJ Exec. Order 26:4.b.] She further stated that the [NJ Exec. Order 26:4.] center should be filling out their section prior to the resident leaving the [NJ Exec. Order 26:4.] center. The DON then stated it has been a, "battle with them" but acknowledged the [NJ Exec. Order 26:4.] center should have	F 698		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET MILLVILLE, NJ 08332**

(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 698	Continued From page 52 consistently completed the middle section of the [NJ Exec. Order 26]. The surveyor continued to interview the DON, who stated that she would have to look at the [NJ Exec. Order 26] to confirm if the nurses should fill out the [NJ Exec. Order 26] bottom section. The DON stated that if the [NJ Exec. Order 26:4.b] center did not complete their section, the expectation of the nurses would be to call the [NJ Exec. Order 26:4.b] center for a report. On 01/25/23 at 10:40 AM, the Registered Nurse/Unit Manager (RN/UM) stated that all the sections in the [NJ Exec. Order 26:4] should be filled out by the nurses caring for the resident each time the resident went to and returned from [NJ Exec. Order 26:4.b]. She stated that if the [NJ Exec. Order 26:4.b] center did not fill out their section, then the nurses should call and follow up with the [NJ Exec. Order 26:4.b] center. The RN/UM stated that it was important that all sections were completed because it assured the resident was stable and that they did not have any reactions. The RN/UM acknowledged that each section on the [NJ Exec. Order 26] should have been filled out. She concluded that nurses documented their assessment on the [NJ Exec. Order 26:4] and "not necessarily" in the progress notes. On 01/25/23 at 11:04 AM, the surveyor interviewed LPN #2 who stated the [NJ Exec. Order 26:4] was filled out prior to the resident going to [NJ Exec. Order 26:4.b], the [NJ Exec. Order 26:4.b] center then completed their section, and upon return the nurse was responsible for filling out the bottom section. She further stated that she documented the [NJ Exec. Order 26:4.b.1] in the EMR but she did not complete the bottom portion of the [NJ Exec. Order 26]. LPN #2 stated the importance of filling out the bottom portion of the [NJ Exec. Order 26:4] was to ensure the resident was stable upon arrival. She explained if the middle section was not filled out,	F 698		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 698	Continued From page 53 then the nurse should call the [NJ Exec. Order 26:4.] center to get a report. On 01/26/23 at 11:36 AM, the RN/UM stated the nurses documented the post [NJ Exec. Order 26:4.b.1] in the EMR but acknowledged they failed to complete the bottom section of the [NJ Exec. Order 26:4] On 01/27/23 at 12:10 PM, the DON in the presence of the Administrator and survey team stated she was still unsure if the nurses had to complete the bottom portion of the [NJ Exec. Order 26] and would have to review the facility's policy. On 02/01/23 at 11:11 AM, the DON in the presence of the Administrator, Consultant Pharmacist, and survey team stated that the nurses informed her they were only recording the post-[NJ Exec. Order 26:4.b.1] in the EMR. She further stated that the nurses informed her that they only looked at the [NJ Exec. Order 26] but never filled out the bottom section. The DON acknowledged it was in the facility's policy that the nurses ensured the entire [NJ Exec. Order 26] was filled out and signed. A review of the facility's policy, "Dialysis: Hemodialysis (HD) - Communication and Documentation," revised 06/15/22, included, "3. Upon return of the patient to the center, a licensed nurse will: 3.2 Review the certified dialysis facility communication; 3.3 Complete the post-hemodialysis treatment section of the Hemodialysis Communication Record ...4.1 Document notification of certified dialysis facility regarding return of form or other communication." A review of the facility's policy, "Dialysis: Hemodialysis (HD) - Provided by a Certified	F 698		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 698	Continued From page 54 Dialysis Facility," revised 06/01/21, included "Ongoing communication and collaboration with the certified dialysis facility regarding HD care and services ...2.1 The care of the patient receiving HD must reflect ongoing communication, coordination, and collaboration between the center and dialysis staff." NJAC 8:39-27.1(a)	F 698		
F 758 SS=E	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;	F 758		3/2/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 758	Continued From page 55 §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of pertinent facility documentation, it was determined that the facility failed to: a.) obtain an appropriate diagnosis for the use of a psychotropic medication, b.) create, document, and monitor target behaviors for the use of a psychotropic medication, c.) obtain a psychiatric consult for the use of a psychotropic medication, and d.) develop a Care Plan for the use of the psychotropic medication. This deficient practice was identified for one of five resident's, (Resident #2) reviewed for unnecessary medications. The deficient practice was evidence by the following:	F 758	F758 Free from unnec Psychotropic Meds/PRN Use I. Corrective Action: NJ Exec. Order 26:4.b.1 for resident #2 was contacted regarding proper diagnosis and reasoning for medications and this was documented in the nurses notes. Follow up telehealth visit with outpatient NJ Exec. Order 26:4.b.1 was performed as previously scheduled. Targeted NJ Exec. Order 26:4.b.1 was immediately started and care plan was updated with targeted NJ Exec. 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
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 758	Continued From page 56 According to the Admission Record dated EX Order 26.4B1, Resident #2 was admitted to the facility with diagnoses which included but not limited to EX Order 26.4B1 EX Order 26.4B1 The admission Minimum Data Set (MDS), an assessment tool utilized to facilitate the management of care dated EX Order 26.4B1, indicated that the resident usually understands and was EX Order 26.4B1. The MDS also reflected that Resident #2 required NJ Exec. Order 26:4.b.1 with activities of daily living (ADLs) and did not exhibit EX Order 26.4B1 On 01/23/23 at 10:28 AM, the surveyor interviewed Resident #2 who stated that he/she was tired today, but otherwise OK. The resident stated that he/she had no concerns. The surveyor observed that the resident was clean, dressed and sitting up in a wheelchair watching TV. The surveyor did not observe that the resident NJ Exec. Order 26:4.b.1. The conversation that the surveyor had with the resident was appropriate and the resident answered questions appropriately. The surveyor reviewed Resident #2's medical record which revealed the following: According to the Physician Order Summary Report (POSR) there was a physician order dated NJ Exec. Order 26:4.b.1, for the EX Order 26.4B1 medication, (Any medication capable of affecting the NJ Exec. Order EX Order 26.4B1 Oral EX Order 26.4B1 EX Order 26.4B1 EX Order 26.4B1). Give EX Order 26.4B1 by EX Order 26.4B1 for the diagnoses of EX Order 26.4B1	F 758	Licensed nurses were re-inserviced on monitoring behaviors and care planning for psychotropic medications. Licensed nurses were re-inserviced to ensure proper diagnosis for psychiatric medications. II. Identification of other residents or areas having the potential to be affected by this deficient practice. All residents receiving psychotropic medications have the potential to be affected by this deficient practice. III. Measures put into place to prevent the recurrence. 1. Licensed personnel were re-inserviced to ensure proper diagnosis for psychiatric medications. 2 Licensed personnel were re-inserviced on monitoring behaviors and care planning for psychotropic medications. 3. MD□s were sent the CMS guidelines for psychotropic medication usage in long term care. IV. Monitoring corrective action Nursing managers/designee will audit new psychotropic medications weekly for correct diagnosis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 758	Continued From page 57 The Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated NJ Exec. Order 26:4.b.1 did not reflect that NJ Exec. Order 26:4.b.1 was being done or what NJ Exec. Order 26:4.b.1 the resident exhibited. The surveyor reviewed the progress notes (PN) from an admission date of NJ Exec. Order 26:4.b.1 until NJ Exec. Order 26:4.b.1 and could not find documentation indicating that the resident NJ Exec. Order 26:4.b.1 for the prescribed use of EX Order 26.4B1 The surveyor reviewed the resident's Care Plan (CP) which did not reflect that the resident was on the EX Order 26.4B1 medication EX Order 26.4B1 A further review of the resident's CP did not reveal that the resident NJ Exec. Order 26:4.b.1 while at the facility or what NJ Exec. Order 26:4.b.1 the resident exhibited for the prescribed use of the NJ Exec. Order 26:4.b.1 medication. On 01/24/23 at 08:52 AM, the surveyor interviewed the geriatric nursing specialist Certified Nursing Assistant (CNA) who explained that Resident #2 had been admitted and discharged from the facility EX Order 26.4B1 The CNA stated that the resident lived in adult senior housing and usually took care of himself/herself, but was admitted in EX Order 26.4B1 because of a EX Order 26.4B1 She stated that the resident required NJ Exec. Order 26:4.b.1 with ADLs due to NJ Exec. Order 26:4.b.1 . She explained that the resident was EX Order 26.4B1 but EX Order 26.4B1 and added that the resident had EX Order 26.4B1 but was able to voice his/her needs and wants. She	F 758	Nursing managers/designee will audit care plans and behavior monitoring weekly for all new psychotropic medications to ensure correct monitoring. Nursing managers/designee will audit new psychotropic medications weekly for correct diagnosis. Nursing managers/designee will audit care plans and behavior monitoring weekly for all new psychotropic medications to ensure correct monitoring. All psych consults are being sent to the DON/designee weekly. DON/designee will review with IDT team to ensure compliance with consults. The audits will be submitted to the DON weekly for tracking and trending. Outcomes will be reviewed at the monthly quality Assurance Process Improvement Committee Meeting for 3 months or until the committee agrees the problem is corrected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 758	Continued From page 58	F 758		

further stated that the resident did [NJ Exec. Order 26:4.b.1] and did not exhibit any [NJ Exec. Order 26:4.b.1]. She added that the resident sometimes had [NJ Exec. Order] but had not exhibited any of this during his/her current admission at the facility. The CNA stated that the resident was never known to have [NJ Exec. Order 26:4.b.1] and was pleasant, NJ Exec. Order 26:4.b.1.

On 01/24/23 at 09:02 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who had been employed in the facility for six years and was Resident #2's primary care nurse. The LPN stated that Resident #2 was alert and oriented and had the mindset of [NJ Exec. Order 26:4.b.1]. The LPN explained that the resident was, "questionable" with [NJ Exec. Order 26:4.b.1] however, knew the day, time, and staff. He stated that the resident had [NJ Exec. Order 26:4.b.1] that he was aware of and had no signs or symptoms of [NJ Exec. Order 26:4.b.1]. He stated that resident was interested in sports and criminal shows. The LPN stated that he was not sure if the resident saw a [NJ Exec. Order 26:4.b.1] since the admission date of [NJ Exec. Order 26:4.b.1]. He stated that if a resident was seen by a [NJ Exec. Order 26:4.b.1], it would be documented under the assessment section of the computer program. He stated that the facility did [NJ Exec. Order 26:4.b.1] medication monitoring and that [NJ Exec. Order 26:4.b.1] would be documented on the MAR. The LPN stated that the facility did [NJ Exec. Order 26:4.b] r notes when a resident has a history of [NJ Exec. Order 26:4.b.1]. He further added that a form called Abnormal Involuntary Movement Scale (AIMS) was a [NJ Exec. Order 26:4.b.1] assessment that was done on admission or when a resident started a new a [NJ Exec. Order 26:4.b.1] medication. The LPN reviewed Resident #2's medical record in the presence of the surveyor and could not find documentation on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 758	Continued From page 59 why Resident #2 was on the NJ Exec. Order 26:4.b.1 medication EX Order 26.4B1. The LPN also could not find a physician's order for the resident to have a NJ Exec. Order 26:4.b.1 or if the resident was seen by the NJ Exec. Order 26:4.b.1 since their current admission to the facility. The LPN also confirmed that there were no targeted NJ Exec. Order 26:4.b.1 documented in the medication record and that he was not sure why the resident was on a NJ Exec. Order 26:4.b.1 medication. On 01/24/23 at 09:42 AM, the surveyor interviewed the Social Worker (SW) who had been employed in the facility for NJ Exec. Order 26:4.b.1. The SW stated that Resident #2 did not have a NJ Exec. Order 26:4.b.1 and was NJ Exec. Order 26:4.b.1 however, insight and decision making were NJ Exec. Order 26:4.b.1. The SW stated that Resident #2 did not have NJ Exec. Order 26:4.b.1 s that she was aware of and she was not sure why the resident was on the medication EX Order 26.4B1. The SW reviewed the residents medical record in the presence of the surveyor and the SW could not find any documentation that the resident was seen by a NJ Exec. Order 26:4.b.1 On 01/24/23 at 10:05 AM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM) who stated that Resident #2 was alert and oriented and required NJ Exec. Order 26:4.b.1 with ADLs. She stated that when a resident was on a EX Order 26.4B1 medication, there was usually a supplementation documentation attached to the NJ Exec. Order 26:4.b.1 medication order that addressed NJ Exec. Order 26:4.b.1. The RN/UM stated, "I remember the resident being on the medication in past admissions for NJ Exec. Order 26:4.b.1. She further stated that when the pharmacy consultant performed the medication review, the pharmacy consultant	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 758	Continued From page 60 usually looked for NJ Exec. Order 26:4.b.1 needs related to the use of the EX Order 26.4B1 drug. The RN/UM stated that the pharmacy consultant did not mention or document anything on the last medication review on NJ Exec. Order 26:4.b.1. The RN/ UM did not have a response to why a CP was not developed for use of the EX Order 26.4B1 medication EX Order 26.4B1 and did not have a response as to why specific NJ Exec. Order 26:4.b.1 were not documented in the resident's medical record. She could not explain why specific NJ Exec. Order 26:4.b.1 were not being monitored. The RN/UM stated that Resident #2 had a EX Order 26.4B1 consult on previous admission, however, did not have a EX Order 26.4B1 consult since admission on NJ Exec. Order 26:4.b.1 The RN/UM also stated that the resident should have had an NJ Exec. Order 2 performed since he/she was on a EX Order 26.4B1 medication. The surveyor could not find the NJ Exec. Order 2 form in Resident #2's medical record. On 01/24/23 at 12:47 PM, the surveyor interviewed the Director of Nursing (DON) who stated that Resident #2 had multiple admissions to the facility in the past and the resident was admitted on the EX Order 26.4B1 for the diagnosis of EX Order 26.4B1 The DON could not explain why the resident did not have the diagnosis of EX Order 26.4B1 during his/her current admission. She stated that when the resident was admitted to the facility, the admission nurse should have looked to see if it was a new diagnosis or if the resident had a long-standing use of the medication. The DON explained the nurse should have told the attending physician to either discontinue or continue the medication. She confirmed that Resident #2 should have had	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 758	Continued From page 61	F 758		

a CP developed to include specific diagnoses and NJ Exec. Order 26:4.b.1 for the use EX Order 26.4B1 and the NJ Exec. Order 26:4.b.1 should have been monitored. The DON confirmed the NJ Exec. Order [redacted] form was not completed when the resident was admitted on the EX Order 26.4B1 medication, however the facility did complete one after surveyor inquiry.

On 02/01/23 at 09:02 AM, the surveyor interviewed the Primary Care Physician (PCP) who stated that he "inherited" Resident #2 on the NJ Exec. Order 26:4.b.1 medication EX Order 26.4B1 and it was his first experience with the resident other than him seeing the resident riding around in the community in his/her electric wheelchair. The PCP stated that he could not disagree that he had never seen the resident with any NJ Exec. Order 26:4.b.1 and stated that he was completely unsure why the resident was on a EX Order 26.4B1 medication. He stated that he would not necessarily order a EX Order 26.4B1 consult for a resident that was admitted on a EX Order 26.4B1 medication especially if they were NJ Exec. Order 26:4.b.1 [redacted]. He further stated that he would now investigate to see why the resident was on the medication EX Order 26.4B1

On 02/01/23 at 09:29 AM, the surveyor interviewed the Medical Director (MD) and the MD explained that if a resident was admitted on the sub-acute unit and was on a prn (as needed) EX Order 26.4B1 medication then the medication should be discontinued right away. The MD told the surveyor that if the resident was admitted on a routine EX Order 26.4B1 medication without a NJ Exec. Order 26:4.b.1 than a EX Order 26.4B1 consult and evaluation needed to be done to see if the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET MILLVILLE, NJ 08332**

(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 758	Continued From page 62	F 758		

resident required the medication. He further added that the diagnosis of EX Order 26.4B1 a with NJ Exec. Order 26:4.b.1 was not an appropriate diagnosis and there had to be a legitimate EX Order 26.4B1 diagnosis for a resident to be on a EX Order 26.4B1 medication. The MD explained the physician would assess the risk vs. benefit for the use of a EX Order 26.4B1 medication and if the resident came in on a EX Order 26.4B1 c medication and there were no diagnoses of a major NJ Exec. Order 26:4.b.1, then a EX Order 26.4B1 consult would have been important to obtain. He stated that previous admissions were irrelevant to current admissions and if it was not documented in the medical record then it did not happen regardless of past admissions to the facility.

On 02/02/23 at 11:30 PM, the surveyor reviewed the Consultant Pharmacist Recommendations (CPR) dated NJ Exec. Order 26:4.b.1, which indicated that the resident was recently admitted to the facility on the medication EX Order 26.4B1 for NJ Exec. Order 26:4.b.1 associated with EX Order 26.4B1 The pharmacy consultant made recommendations for the physician to please consider obtaining a psychosocial workup along with performing a medical workup as soon as possible (asap) to assess for underlying causes of NJ Exec. Order 26:4.b.1 and that if workups, along with nursing NJ Exec. Order 26:4.b.1 monitoring, revealed no significant NJ Exec. Order 26:4.b.1 or identification of a chronic EX Order 26.4B1 condition then it would be recommended to implement a tapering schedule for the medication and/or discontinuation of the medication EX Order 26.4B1. The resident's PCP had signed the CPR and documented that the facility was to continue with NJ Exec. Order 26:4.b.1 and that the resident was seen out patient and is in sub-acute

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 758	Continued From page 63 rehabilitation. The surveyor reviewed the facility policy with a revised date of 10/24/22 and titled, "Psychotropic Medication Use" which indicated that the facility should not use psychotropic medications to address behaviors without first determining if there was a medical, physical, functional, psychological, social, or environmental cause for the resident's behaviors. The policy also indicated that psychotropic medications to treat behaviors would be used appropriately to address specific underlying medical or psychiatric causes of behavior symptoms. -Antipsychotic medications used to treat behaviors symptoms of dementia must be clinically indicated, be supported by an adequate rational for use and may not be used for a behavior with an unidentified cause. -Where physician or prescribe orders a psychotropic medication for a resident, the facility policy indicated that the facility should ensure that the physician or prescriber has conducted a comprehensive assessment of the resident and has documented in the clinical record that the psychopharmacologic medication as necessary. -The facility staff should monitor the resident's behavior pursuant to the facility policy using a behavioral monitoring or behavioral record for resident receiving psychotropic medications for organic mental syndrome with agitated or psychotic behaviors. Facility staff should monitor behavior triggers, episodes, and symptoms. Facility staff must document the number and/or intensity of symptoms and the resident's response to staff interventions .	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 758	Continued From page 64 The surveyor reviewed the facility policy dated 10/24/22 and titled, "Behaviors: Management of Symptoms". The policy indicated that the staff would monitor and document in the medical records any exhibited behavior symptoms and implement individualized, person-centered, non-pharmacologic interventions as the initial behavior mitigation strategy and update the care plan accordingly. The policy also indicated that the AIMS form was to be completed per nursing for patients receiving antipsychotic medications. NJAC 8:39-27.1(a)	F 758		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced	F 812		3/2/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 812	Continued From page 65 by: Based on observation, interview, and review of facility documentation, it was determined that the facility failed to: a.) store, label, and date potentially hazardous foods to prevent food-borne illness, b.) discard potentially hazardous foods past their date of expiration, and c.) maintain cleanliness in food storage areas. This deficient practice was evidenced by the following: 1.) On 01/20/23 at 9:38 AM, during the initial tour of the kitchen in the presence of the Assistant Food Service Director (AFSD) the surveyor observed in the dairy walk in refrigerator a 16-ounce container of beef base dated 12/17. The AFSD stated that the beef base was good for 30 days. There was no use by date on the container. 2.) At 9:41 AM, the surveyor observed in the walk in freezer that the floor was covered in debris and sticky upon walking on it. The AFSD stated that the floor was cleaned nightly, but the Food Service Director (FSD) was in the process of trying to hire staff because they were short staffed. The surveyor asked the AFSD if there was an accountability record for cleaning the floors in the walk in freezer. The AFSD stated that they had one. The surveyor was never provided with an accountability log that documented the floor in the walk in freezer was cleaned regularly. 3.) At 9:43 AM, the surveyor observed in the dry storage area, a shelf which contained three dinner roll packages that had not yet been opened with an expiration date of 12/26/22. The	F 812	F812: Food procurement, Store/Prepare/Serve - Sanitary I. Corrective actions accomplished for residents found to have been affected by the deficient practice: A. Beef base missing use by date was immediately discarded. Dietary staff were educated/in-serviced on proper label and dating policy/processes B. The freezer floors were immediately cleaned. Dietary staff were educated/in-serviced on proper execution of cleaning schedule and follow up. C. 3 packs of dinner rolls found past expiration date were immediately discarded. Dietary staff were educated/in-serviced on proper dry food storage policy/processes. D. Container containing butter missing use by date was immediately discarded. Dietary staff were educated/in-serviced on proper label and dang processes. E. New thermometer was immediately placed in the desert reach-in refrigerator. Temperature of food items in the desert reach-in refrigerator were taken to ensure safe temperature of food products. Dietary staff were educated/in-serviced on cold food storage policy/processes- specifically accurate thermometer placement. II. Identification of other residents or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 812	Continued From page 66 AFSD stated that the dinner rolls had just been delivered and the expiration date should have been checked upon delivery. 4.) At 9:46 AM, the surveyor observed in the cooks reach in refrigerator, a plastic container of yellow, thin liquid, undated. The AFSD identified that the liquid was melted butter. The ASFD stated that the cooks made it the night prior and they should have dated it. The ASFD could not speak as to why the butter was in liquid form if it was put in the refrigerator the night before. 5.) At 9:48 AM, the surveyor observed in the desert reach in refrigerator no internal thermometer. The surveyor observed that the inside of the desert reach in refrigerator was clean, the food was dated and labeled, and cool to touch. The AFSD stated that there was no internal thermometer in the refrigerator. On 01/27/23 at 10:45 AM, the FSD stated that the floor to the walk-in freezer was cleaned twice a week. Once on Wednesday mornings after the food order were put away, then another random day throughout the week. The FSD did not speak to accountability for cleaning the walk-in freezer twice a week. On 01/27/23 at 10:48 AM, the FSD stated that the desert reach in refrigerator was always supposed to have an ambient thermometer inside of it. On 01/27/23 at 10:50 AM, the FSD stated that she did not see the melted butter and everything in the kitchen should be dated and labeled.	F 812	areas having the potential to be affected by this deficient practice: Center acknowledged that all residents have the potential to be affected by these deficient practices. Dry food storage, Cold food storage, and Label and Dang inspections continue daily and corrective action will be taken immediately to rectify any items found to be out of compliance. III. Measures put into place to prevent the recurrence: Dietary staff were educated/in-serviced on proper label and dating policy/processes B. Dietary staff were educated/in-serviced on proper execution of cleaning schedule C. Dietary staff were educated/in-serviced on proper dry storage policy/processes D. Dietary staff were educated/in-serviced on cold food storage policy/processes-specifically accurate thermometer placement E. Managers daily checklist put in place to monitor and observe proper placement of refrigerator unit thermometers. F. Managers daily checklist put in place to monitor and observe proper label and dating processes are being followed G. Managers daily checklist put in place to monitor and observe Cleaning schedule/Assignments are being executed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 812	Continued From page 67 A review of the facility's, Labeling and Dating Inservice dated 01/20/23 indicated that all foods should be dated upon receipt before being stored and should include the date of preparation. The inservice further indicated that the importance of labeling and dating foods was to ensure that items passed their due date were discarded. The Labeling and Dating Inservice revealed that the manufacturer expiation date when available was considered the use by date for unopened food items. A review of the facility's Refrigerator Temperature Recording Inservice dated 01/20/23 indicated that an accurate temperature reading thermometer would be placed in each refrigerator and freezer. NJAC 8:39-17.2(g)	F 812	IV. Monitoring Corrective Action The monitoring of Label and Dating will be completed by the FSD/Designee using Daily audit form for 4 weeks or until the concern is corrected. 1. Label and dating audits will be reported reported to the Administrator and/or designee weekly. B. The monitoring of proper thermometer placement in refrigerated equipment will be completed by the FSD/Designee using Daily audit form for 4 weeks or the concern is corrected. 1. Label and dating audits will be reported reported to the Administrator and/or designee weekly. C. The monitoring of Cleaning schedule execution will be completed by the FSD/Designee using Daily audit form for 4 weeks or until the concern is corrected. 1. Cleaning schedule audits will be reported reported to the Administrator and/or designee weekly. D. All reporting/monitoring will be brought up in QAPI by the FSD or designee for 3 months and then quarterly thereafter or until the QAPI committee feels the subject matter is corrected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET MILLVILLE, NJ 08332**

(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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060608	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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: Based on interviews, and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for the day shift as mandated by the State of New Jersey. This was evident in Certified Nursing Aide (CNA) staffing for nine (9) of 14 - day shifts reviewed. 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	S 560 Mandatory Access to Care I. How the Corrective action will be accomplished for the residents found to have been affected: Center is currently employing sign on bonuses, referral bonuses, and various other incentives for current staff to help meet the staffing standard and to attract new employees to meet the standards. In addition, center has a CNA class currently with 9 students that will be graduating shortly. All 9 have been employed by the center to help achieve the standard. Center has also advertised through many	3/2/23

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

Electronically Signed | 02/23/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060608	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 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 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 CNA 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. A review of the "Nurse Staffing Report" completed by the facility for the weeks of 01/01/23 through 01/07/23 and 01/08/23 through 01/14/23, revealed the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift as documented below: The facility was deficient in CNA staffing for residents on (9) nine of 14 day shifts as follows: - 01/01/23 had 16 CNAs for 138 residents on the day shift, required 17 CNAs. - 01/02/23 had 14 CNAs for 137 residents on the day shift, required 17 CNAs. - 01/04/23 had 14 CNAs for 135 residents on the day shift, required 17 CNAs. - 01/06/23 had 13 CNAs for 135 residents on the day shift, required 17 CNAs.	S 560	different media outlets the open positions available and how to apply for those positions. II. How the facility will identify other residents having the potential to be affected: All residents have the potential to be affected by this deficient practice III. What measures will be put into place or systematic changes made to ensure the deficient practice will not recur: Staffing coordinator was re educated on NJ staffing mandate Center will continue recruiting functions, which drive various forms of media to increase the number of applicants Continue to establish external partnerships with schools to train Students and transition them into CNAs. Weekly labor management calls with regional support team . IV. How the facility will monitor its corrective actions to ensure compliance: The staffing coordinator and HR coordinator/designee will maintain a listing of current recruiting efforts, and document 3 days a week the results of these efforts. The Administrator and DON or designee will audit these efforts twice weekly x 4 weeks, weekly x2 weeks then monthly x 2 to ensure the Center team is following up on all recruitment tasks.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060608	A. BUILDING: _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

(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 2 - 01/07/23 had 16 CNAs for 135 residents on the day shift, required 17 CNAs. - 01/09/23 had 15 CNAs for 135 residents on the day shift, required 17 CNAs - 01/10/23 had 15 CNAs for 135 residents on the day shift, required 17 CNAs. - 01/13/23 had 16 CNAs for 134 residents on the day shift, required 17 CNAs. - 01/14/23 had 15 CNAs for 133 residents on the day shift, required 17 CNAs. On 01/26/23 at 9:51 AM, the surveyor interviewed the Staffing Coordinator who was responsible for staffing the facility. The Staffing Coordinator stated that the required ratio for CNAs was one CNA for eight residents on the 7:00 AM - 3:00 PM shift, one CNA for 10 residents on the 3:00 PM - 11:00 PM shift, and one CNA for 14 residents on the 11:00 PM - 7:00 AM shift.	S 560	The Administrator /DON or Designee will report findings to the Performance Improvement Committee monthly for three months. The Performance Improvement Committee will evaluate and determine the effectiveness of the plan to ensure substantial compliance is achieved and determine if further monitoring and evaluation is required.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315243 Y1	A. Building B. Wing Y2	3/31/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

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	F0684	Correction	ID Prefix	F0689	Correction
Reg. #	483.21(b)(3)(i)	Completed	Reg. #	483.25	Completed	Reg. #	483.25(d)(1)(2)	Completed
LSC		03/02/2023	LSC		03/02/2023	LSC		03/02/2023
ID Prefix	F0692	Correction	ID Prefix	F0698	Correction	ID Prefix	F0758	Correction
Reg. #	483.25(g)(1)-(3)	Completed	Reg. #	483.25(l)	Completed	Reg. #	483.45(c)(3)(e)(1)-(5)	Completed
LSC		03/02/2023	LSC		03/02/2023	LSC		03/02/2023
ID Prefix	F0812	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #	483.60(i)(1)(2)	Completed	Reg. #		Completed	Reg. #		Completed
LSC		03/02/2023	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	
2/2/2023	☐ 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 A. Building B. Wing	DATE OF REVISIT
060608 Y1	Y2	3/31/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

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 03/02/2023	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 2/2/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING **01** B. WING _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET** **MILLVILLE, NJ 08332**

(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
E 000	Initial Comments . An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 02/01/23. The facility was found to be in compliance with 42 CFR 483.73. .	E 000		
K 000	INITIAL COMMENTS . A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 02/01/23 and was found not to be in compliance with requirements for participation in Medicare/Medicaid at 42 CFR 483.90 (A) Life Safety from fire and the 2012 edition of the National Fire Protection Association (NFPA) 101 Life Safety Code (LSC), chapter 19 EXISTING health care occupancy. Millville Center is a one-story building constructed in 1986. The facility has concrete flooring, wood frame roofing and bearing walls and brick facade exterior. Millville Center is noted to be a type V (III) combustible construction with complete sprinkler system and complete fire alarm system with smoke detection in all bedrooms and corridors. The facility has a 350 KW (kilowatt) diesel generator that operates at 10% of load when tested. The facility has 132 occupied beds. The facility has eight smoke zones. .	K 000		
K 281 SS=E	Illumination of Means of Egress CFR(s): NFPA 101	K 281		3/2/23

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

Electronically Signed | 02/22/2023

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING **01** B. WING _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET** **MILLVILLE, NJ 08332**

(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
K 281	Continued From page 1 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: . Based on observations and interviews, the facility failed to ensure continuous illumination for two exit discharges of twenty was provided and arranged so that the failure of any single lighting unit did not result in an illumination level of less than 0.2 ft-candle (2.2 lux) in any designated area in accordance with NFPA 101 Life Safety Code (2012 edition) Sections 7.8.1.1, 7.8.1.2 and 7.8.1.4. This deficient practice had the potential to affect 12 residents in two smoke zones. Findings include: An observation of the exit discharge near the 400-unit entrance barrier door on 02/01/23 at 10:05 AM revealed no lights were above the door. There was no illumination in the area for the exit discharge. An observation of the exit discharge near the 200-unit loading dock on 02/01/23 at 10:45 AM revealed no lights above the door. There was no illumination in the area for the exit discharge. An interview with the Maintenance Supervisor at the time of the observations verified the lack of illumination.	K 281	I. Corrective Action: The exit discharge near 400 unit entrance barrier door and the exit discharge near the 200 unit loading dock have had new lighting installed to illuminate those exit points. Both areas have 2 new lights installed each, so that illumination can continue if one is out. II. Identification of other residents or areas having the potential to be affected by this deficient practice: All residents in the center have the potential to be affected by this practice. Other areas were audited for proper lighting and no other areas were deemed inappropriate. III. Measures put into place to prevent the recurrence: Maintenance staff were in-serviced on proper illumination in the areas for the exit discharge.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING **01** B. WING _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET** **MILLVILLE, NJ 08332**

(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
K 281	Continued From page 2 NJAC 8:39-31.2(e)	K 281	IV. Monitoring corrective action: Maintenance Director and/or designee will audit and present findings at the monthly QAPI meeting for 3 months and every 3 months thereafter.	
K 341 SS=E	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: . Based on observations, record review and interview, the facility failed to ensure that two of 117 photo electric smoke detectors were installed greater than 36 inches (910 mm) horizontal path from the supply registers of a forced air heating or cooling system and were installed outside of the direct airflow from those registers in	K 341	I. Corrective Action: The smoke detector in the front foyer at the main entrance has been relocated as to allow for the proper distance (greater than 36 inches) from the heating and cooling air diffuser. The smoke detector	3/2/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING **01** B. WING _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET** **MILLVILLE, NJ 08332**

(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
K 341	Continued From page 3 accordance with NFPA 72 National Fire Alarm and Signaling Code (2010 edition) Section 29.8.3.4.(6). This deficient practice had the potential to affect 16 residents in two smoke zones. Findings include: A review of the annual fire alarm inspection in the fire alarm tab provided to the surveyor by the Maintenance Director dated 07/08/22 revealed the facility had 117 photo electric smoke detectors. An observation of a smoke detector in the front foyer at the main entrance on 02/01/23 at 9:45 AM revealed the smoke detector was installed 24 inches from a heating and cooling air diffuser. An observation of a smoke detector in the 400-unit front foyer on 02/01/23 at 10:30 AM revealed the smoke detector was installed 10 inches from a heating and cooling air diffuser. An interview with the Maintenance Supervisor at the time of each observation verified the measurements of the smoke detector installation to the heating and cooling air diffusers. NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72 .	K 341	in the 400 unit front foyer has been relocated as to allow for the proper distance (greater than 36 inches) from the heating and cooling air diffuser. II. Identification of other residents or areas having the potential to be affected by this deficient practice: All residents in the center have the [potential to be affected by this practice. Other areas were audited for proper distances between smoke detectors and air diffusers and no other areas were noted as having an issue. III. Measures put into place to prevent the recurrence: Maintenance staff were in-serviced on proper distance needed for smoke detectors and air diffusers as they relate to this center. IV. Monitoring corrective action: Maintenance Director or designee will audit and present findings at the monthly QAPI meeting for 3 months then quarterly thereafter.	
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING	K 372		3/2/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING **01** B. WING _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET** **MILLVILLE, NJ 08332**

(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
K 372	Continued From page 4 Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: . Based on observations and interviews, the facility failed to ensure penetrations in smoke barriers were protected by a system or material capable of restricting the transfer of smoke and smoke barriers were continuous in accordance with NFPA 101 Life Safety Code (2012 edition) Sections 8.5.2.1 and 8.5.6.2. This deficient practice had the potential to affect all 132 residents. Findings include: An observation of the smoke barrier wall near bedroom 122 on 02/01/23 at 12:10 PM revealed a hole which measured one and one-half inches with a red wire penetrating the center and the outside of the hole was not sealed. In addition, a four-inch diameter cast sprinkler pipe was protruding through the smoke wall with a non-rated foam seal on the outside of the pipe. An observation on 02/01/23 from 12:10 PM to 12:30 PM revealed the facility used non-rated foam to seal numerous seams and holes at the	K 372	I. Corrective Action: Smoke barrier wall near bedroom 122 had a hole which measured one and one half inches with a red wire penetrating the center and the outside of the hole was not sealed, has been sealed with the proper fire barrier caulk and fire barrier putty. Four inch diameter cast sprinkler pipe was protruding through the smoke wall with a non rated foam seal on the outside of the pipe, the foam has been removed from the outside of the pipe and the smoke wall and proper fire barrier caulk and fire barrier putty has been used to properly the seal the area. Areas near bedroom 317, 203, and 212 which all had numerous seems and holes at the smoke barrier walls along with four pipes each and two areas near room 212, had the foam removed and proper fire barrier caulk and fire barrier putty used to those areas. II. Identification of other residents or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315243	A. BUILDING **01** B. WING _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 N SHARP STREET** **MILLVILLE, NJ 08332**

(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
K 372	Continued From page 5 smoke barrier wall near bedroom 317 which had four pipes inner and surrounding, the smoke barrier wall near bedroom 203 which had four pipes inner and surrounding and two areas at the smoke barrier wall near bedroom 212. An interview with the Maintenance Supervisor at the time of each observation stated the foam was used prior to the start of his employment. NJAC 8:39-31.2(e) .	K 372	areas having the potential to be affected by this deficient practice: All residents in the center have the potential to be affected by this practice. Other areas were audited for proper sealants and no others were deemed inappropriate. III. Measures put into place to prevent the recurrence: Maintenance staff were in-serviced on proper ways and proper materials to use in order to properly seal smoke barrier walls. IV. Monitoring corrective action: Maintenance Director or designee will audit and present findings at the monthly QAPI meeting for 3 months and then quarterly thereafter.	

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)
315243	A. Building 01 - MAIN BUILDING 01 B. Wing	3/20/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 N SHARP STREET MILLVILLE, NJ 08332

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 Reg. # NFPA 101 LSC K0281	Correction Completed 03/02/2023	ID Prefix Reg. # NFPA 101 LSC K0341	Correction Completed 03/02/2023	ID Prefix Reg. # NFPA 101 LSC K0372	Correction Completed 03/02/2023
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

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
2/2/2023

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**