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 _____	C 06/01/2023

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

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F 000	INITIAL COMMENTS COMPLAINT # NJ00150408, NJ00155921, NJ00151017 CENSUS: 140 SAMPLE SIZE: 8 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that	F 580		7/7/23

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

Electronically Signed | 06/30/2023

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.

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F 580	Continued From page 1 all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint#: NJ00150408 Based on interviews, review of the Medical Records (MRs), and review of other pertinent documentation on 05/31/23 and 06/01/23, it was determined that the facility failed to notify the resident's family of a [redacted] issue. This deficient practice was identified for 1 of 8 residents (Resident #2) and was evidenced by the following:	F 580	I.. Corrective Action: Resident #2 has been discharged from the Millville Center. II. Identification of other residents or areas having the potential to be affected by this deficient practice. All residents with a change in condition have the potential to be affected by this deficient practice.	

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F 580	Continued From page 2 A review of Resident #2's Electronic Medical Record (EMR) was as follows: According to the Admission Record, Resident #2 was admitted to the facility on [redacted] with diagnoses which included but were not limited to: [redacted]. Review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted] revealed that Resident #2 had a Brief Interview for Mental Status (BIMS) score of [redacted], which indicated the resident had [redacted]. The MDS also showed that Resident #2 required [redacted] assistance for Activities of Daily Living (ADLs), was at [redacted], and was admitted [redacted]. Review of the [redacted], an assessment tool used to predict the risk for [redacted], revealed that the facility identified Resident #2 as being at moderate risk for developing a [redacted]. Review of Resident #2's [redacted] "Progress Notes" (PN) revealed a [redacted] "Assessment" note that a [redacted] check was performed, and no [redacted] was noted. The PN revealed a [redacted] "General" note that [redacted] were completed with the [redacted] consultant and that, per the [redacted] consultant, the [redacted] was noted with [redacted] tissue. Treatment changed to apply [redacted]) every shift." The PN further revealed a [redacted] consult note for the "Chief Complaint" of [redacted]	F 580	III. Measures put into place to prevent the recurrence. Licensed personnel have been re-inserviced on notifying family members of changes in conditions and documenting in the medical record. IV.. Monitoring corrective action Nurse managers/designee will audit 5 changes of conditions a week for a period of 4 weeks, then monthly thereafter to ensure documentation of family members being notified. 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.	

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F 580	Continued From page 3	F 580		

NJ Ex Order 26.4b1. The NJ Exec Order 26 notes indicated that Resident #2 was seen on NJ Exec Order 26 rounds for an open area on the NJ Exec Order 26.4b1. The area of re-open NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 base. The NJ Exec Order 2 consultant discussed with nursing and recommended NJ Exec Order 26.4b1 to the region every shift and as needed.

Review of Resident #2's NJ Exec Order 26.4b1 "GHC NJ Exec Order 26.4b1 Report" (NJ Exec Order 26.4b1) revealed the resident had a "Type of NJ Exec Order 26 Other- reopened NJ Ex Order 26.4b1" on the NJ Exec Order 26.4b1 noted on NJ Ex Order 26.4b1. The NJ Ex Ord report indicated the NJ Ex Order 26 measurements were NJ Exec Order 26.4b1 cm and that the NJ Exec Order 26.4b1 edges were healthy. The physician was notified, and the resident's Care Plan (CP) was updated. The NJ Exec O report further revealed that the NJ Exec Order 26.4b1 was documented as resolved on NJ Exec Order 26.4b1.

Review of Resident #2's "Medication Review Report (MRR)," dated on or after NJ Exec Order 26.4b1 revealed a NJ Exec Order 26.4b1 physician order (order) for NJ Exec Order 26.4b1 Protectant Paste. The order instructed to cleanse with soap and water and then apply to the NJ Exec Order 26.4b topically every shift for the NJ Exec Order 26.4b1 for NJ Exec Order 26.4.

Review of Resident #2's Care Plan (CP) revealed a NJ Exec Order 26.4" initiated on NJ Exec Order 26.4b1, that Resident #2 was at risk for NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1 "Resident has actual NJ Ex Order 26.4b1 [NJ Exec Orde NJ Exec Order 26.4b NJ Exec Order 26.4b1 (CLOSED NJ Exec Order 26.4b1)." The CP included interventions, initiated on NJ Exec Order 26.4b1 for "diet as ordered, NJ Exec Order 2 NJ Exec Order 26.4b1, treatment as ordered, turn and/or

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F 580	Continued From page 4	F 580		

reposition and [redacted] every 1-2 hours as determined by [redacted], weekly [redacted], and weekly [redacted] to include measurements and description [redacted] status."

During an interview with the surveyor on 06/01/23 at 11:38 AM, LPN #1, who cared for Resident #2, stated the resident had [redacted] when transferred to her unit. LPN #1 explained that the nurse would complete a change in condition documentation and notify the unit manager, physician, and the resident's family, for any new [redacted] or changes with the resident's [redacted]. LPN #1 added that family notification was documented in the "change in condition" documentation and that the nurse would document the name and date of the family notified.

During a telephone interview with the surveyor on 06/01/23 at 12:22 PM, the [redacted] stated she was the [redacted] that completed [redacted] rounds with the [redacted] consultant for Resident #2. The [redacted] stated the nurse is supposed to complete a change in condition documentation and notify the physician and the resident's family for any new [redacted] identified.

During an interview with the surveyor on [redacted] the [redacted] stated nurses would assess the [redacted], inform the physician to obtain new orders, and notify the resident's family immediately for any new [redacted] identified. The [redacted] added that the nurse would document the family notification in the PN.

Review of Resident #2's EMR revealed no documentation that the resident's family was notified of the [redacted] identified on

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F 580	Continued From page 5 [redacted]	F 580		

On 06/01/23 at 1:30 PM, the surveyor attempted to conduct a telephone interview with the [redacted] consultant but did not receive a return call.

During a follow-up interview with the surveyor on [redacted] the [redacted] stated that she could not find any documentation that Resident #2's family was notified of the NJ Exec Order 26.4b1 [redacted]. The [redacted] stated the area was NJ Exec Order 26.4b1 , and was more of a NJ Exec Order 26.4b1] ([redacted] caused by prolonged exposure to a source of moisture such as NJ Exec Order 26.4b1 [redacted]

Review of the 06/01/23 email, sent at 4:36 PM by the [redacted], included no additional documentation for Resident #2.

Review of the facility's "NSG122 Change in Condition: Notification of" policy, revised 06/01/21, revealed the center must immediately inform the resident, consult with the physician, and notify the resident "Health Care Decision Maker," where there is "a need to alter treatment significantly, (that is, a need to discontinue or change an existing form of treatment due to adverse consequences, or to commence a new form of treatment.) The policy indicated the "Purpose" was "to provide appropriate and timely notification about changes relevant to the patient's condition."

N.J.A.C.: 8.39-13.1 (c)(d)

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F 656	Continued From page 6	F 656		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate	F 656		7/7/23

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F 656	Continued From page 7 entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Complaint#: NJ155921 Based on interviews, medical record review, and review of other pertinent facility documents on 5/30/2023 and 6/1/2023, it was determined that the facility failed to develop and implement a [redacted]) for a resident (Resident #6) who [redacted], and failed to follow its policy titled "Care Plans, Comprehensive, Person-Centered." This deficient practice was identified for 1 of 8 residents reviewed for CP and was evidenced by the following: Review of the Electronic Medical Record (EMR) was as follows: According to the Admission Record (AR), Resident #6 was admitted to the facility on [redacted] with diagnoses which included but were not limited to[redacted] A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the	F 656	I.. Corrective Action: Resident #6 [redacted] resolved in [redacted] II. Identification of other residents or areas having the potential to be affected by this deficient practice. All residents with a diagnosis of Covid have the potential to be affected by this deficient practice. III. Measures put into place to prevent the recurrence. In house audit was completed for all current patients with Covid to ensure that a care plan is in place. In house audit was completed for all current patients with the potential of contracting Covid to ensure a care plan was in place. Nurses were in-serviced on care planning Covid. IV.. Monitoring corrective action	

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F 656	Continued From page 8 management of care, dated NJ Exec Order 26.4b1 Resident #6 had a Brief Interview of Mental Status (BIMS) score of NJ Exec O, which indicated the resident was NJ Exec Order 26.4b1 . A review of Resident #6's progress notes dated NJ Exec Order 26.4b1 by the NJ Exec Order 26.4b1) revealed: Pt [pateient] is NJ Exec Order 26.4b1, pt was NJ Exec Order 26.4b1 this shift. NJ Exec Order 26.4 and no noted. Temperature NJ Exec O, Respiration NJ Exec Order 26 NJ Exec Ord on R/A [room air], denies . A review of Resident #6's CP initiated on NJ Ex Order 26.4b1 did not reveal evidence of a NJ Exec Order 26.4b1 NJ Exec Order 26.4b CP being placed. During an interview on 5/31/2023 at 11:38 a.m., When asked by the Surveyor if Resident #6 should have had a NJ Ex Order 26.4b1 in place, the U.S. FOIA (b)(6)) stated, "Yes," there should have been a CP for Resident #6's U.S. FOIA (b)(6) result. During an interview on 5/31/2023 at 1:02 p.m., the US FOIA (b)(6) stated, "The purpose of the CP is to ensure continuity of care for the residents and that the proper care is provided to the residents." She stated that the NJ Ex Order 26.4b1 CP should be initiated once a resident NJ Ex Order 26.4b1 . When presented with Resident #6's CP, the U.S. FOIA (b) stated, "I don't see a CP for NJ Exec Order 26.4b1 result; Yes, there should be a NJ Ex Order 26.4b1 CP for every resident who test NJ Ex Order 26.4b1 ." A review of the facility's "Care Plans, Comprehensive, Person-Centered" revised 10/2022 under "Policy": The Center must develop	F 656	Nurse managers/designee will audit each patient that contracts Covid to ensure a care plan is put into place. Audits will be conducted weekly for a month, then monthly thereafter. 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.	

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F 656	Continued From page 9 and implement a baseline person-centered care plan within 48 hours of admission/readmission for each patient/resident (hereinafter "patient") that includes the instructions needed to provide effective and person-centered care that meet professional standards of quality care. Under: "PURPOSE" 1. To attain or maintain the patient's highest practicable physical, mental, and psychosocial well-being. 2. To eliminate or mitigate triggers that may cause re-traumatization of the patient. 3. To promote positive communication between the patient, patient representative, and team to obtain the patient's and resident representative's input into the plan of care, ensure effective communication, and optimize clinical outcomes. Under: "Practices and standards" #7. Care plans will be: 7.1 Communicated to appropriate staff, patient, patient representative, and family; 7.2 Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments and as needed to reflect the response to care and changing needs and goals. N.JA.C.: 8:39-11.2(d)(2)	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint#: NJ151017	F 677	I. Corrective Action:	7/7/23

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F 677	Continued From page 10 Based on observations, interviews, review of the medical record, and other pertinent facility documents on 5/30/2023 and 6/1/2023, it was determined that the facility failed to consistently document Activities of Daily Living care as being provided to a resident (Resident #7). The facility also failed to follow its "Certified Nursing Assistant's job description" and its policy titled "Activities of Daily Living (ADLs)" for 1 of 8 residents reviewed. This deficient practice was evidenced by the following: According to the Admission Record (AR), Resident #7 was admitted to the facility on NJ Exec Order 26.4b1 with diagnoses that included but were not limited to NJ Exec Order 26.4b1 . A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 26.4b1, Resident #7 had NJ Exec Order 26.4b1 The MDS also indicated the resident had NJ Exec Order 26.4b1 and required assistance with ADLs and transfer. A review of Resident #7's "Documentation Survey Report Version (v2)/ADL Sheet," a form utilized for documentation of ADLs care by the Certified Nursing Assistants (CNAs) for NJ Exec Order 26.4b1 showed blank spaces indicating the tasks were not completed as follows: Bed Mobility every shift on NJ Ex Order 26.4b1 , and NJ Ex Order 26.4b1 the 7:00 a.m. to 3:00 p.m. shift and on the 3:00 p.m. to 11:00 p.m. shift.	F 677	Resident #7 was discharged from the facility. II. Identification of other residents or areas having the potential to be affected by this deficient practice. All dependent residents have the potential to be affected by this deficient practice. III. Measures put into place to prevent the recurrence. CNA□s were re-inserviced on completing ADL documentation. Licensed personnel were re-inserviced on checking at the end of their shift to ensure that CNA□s completed all ADL documentation. IV.. Monitoring corrective action Nursing managers/designee will audit in the morning meeting to ensure all ADL documentation is completed. 2. 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 3 months or until the committee agrees the problem is corrected.	

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Transfer every shift on NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 on the 7:00 a.m. to 3:00 p.m. shift and on the 3:00 p.m. to 11:00 p.m. shift.

Walk-in the room every shift on NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 on the 7:00 a.m. to 3:00 p.m. shift and on the 3:00 p.m. to 11:00 p.m. shift.

Walk in the corridor every shift on NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1 on the 7:00 a.m. to 3:00 p.m. shift and on the 3:00 p.m. to 11:00 p.m. shift.

Locomotion on the unit every shift on NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 on the 7:00 a.m. to 3:00 p.m. shift and on the 3:00 p.m. to 11:00 p.m. shift.
Locomotion of unit every shift on NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 on the 7:00 a.m. to 3:00 p.m. shift and on the 3:00 p.m. to 11:00 p.m. shift.

Dressing ( ) every shift on NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1 on the 7:00 a.m. to 3:00 p.m. shift and the 3:00 p.m. to 11:00 p.m. shift.

Meal at 8:00 a.m., 12:00 p.m., and 6:00 p.m. on NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1

Drink/Snack-other than with meals every shift on NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1 on the 7:00 a.m. to 3:00 p.m. shift and on the 3:00 p.m. to 11:00 p.m. shift.

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	315243	A. BUILDING _____ B. WING _____	C 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 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 677	Continued From page 12	F 677		

NJ Exec Order 26.4b1 every shift on NJ Ex Order 26.4b1 [redacted]

Personal Hygiene every shift NJ Ex Order 26.4b1 [redacted].

Bathing every shift on NJ Ex Order 26.4b1 [redacted] on the 7:00 a.m. to 3:00 p.m. shift and on the 3:00 p.m. to 11:00 p.m. shift.

NJ Ex Order 26.4b1 [redacted]) every shift on NJ Ex Order 26.4b1 [redacted]

NJ Ex Order 26.4b1 care lotions/cream-type every shift on NJ Ex Order 26.4b1 [redacted] on the 7:00 a.m. to 3:00 p.m. shift and 3:00 p.m. to 11:00 p.m. shift.

NJ Ex Order 26.4b1 [redacted] for bed and chair every shift on NJ Ex Order 26.4b1 [redacted].

A review of the resident's EMRs for Resident #7 showed no further evidence that the tasks mentioned above were completed.

During an interview on 6/1/2023 at 11:15 a.m., the US FOIA (b)(6) [redacted]) stated, "If the ADLs sheet is not signed off [not initialed], then I would say the task was not completed that day." When presented with the printed copy of the ADLs sheets and asked if the ADL sheets should be signed, the US FOIA (b [redacted] stated, "Yes, the ADL sheets should be signed off every day by the US FOIA (b [redacted] at the end of each shift."

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F 677	Continued From page 13 During an interview on 6/1/2023 at 1:02 p.m., the [redacted] stated, "The CNAs provide ADLs for the residents, and it is documented on the ADL kiosk (an electronic medical device used to store patients' medical information) at the end of each shift." She continued, "There should be no blank spaces on the kiosk." When presented with the printed ADLs sheets from the kiosk, the [redacted] stated, "Looking at the ADL sheets with the blank spaces, that means the tasks were not completed." She further stated, "The blank spaces could also indicate the computer was down or the CNA forgot to complete their documentation." The [redacted] stated, "My expectation is for the documentation to be completed by the end of each shift." A review of the updated facility's document titled "Certified Nursing Assistant Job Description" reveals under "Responsibilities/ Accountabilities": 1. Provide patient care in a manner conducive to safety and comfort. Patient care includes, but is not limited to: 1.1 Assists patient with or performs Activities of Daily Living (ADL); 1.3. Assist patients with ambulation and transfer. 1.4. positions patients in correct body alignment in and out of bed; 1.5 Applies adaptive equipment as ordered; 10. Record patient oral intake and output; 28. Perform other duties as requested. Perform all assigned tasks in accordance with our established policies and procedures and as instructed by your supervisors. A review of the facility's policy, last updated on 5/1/2023, titled "Activities of Daily Living (ADLs)" under "Policy" Based on a comprehensive assessment of a patient and consistent with the patient's needs and choices, the Center must	F 677		

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F 677	Continued From page 14 provide the necessary care and services to ensure that a patient's activities of daily living (ADL) abilities are maintained or improved and do not diminish unless circumstances of the patient's clinical condition demonstrate that a change was unavoidable. Under "Purpose," To ensure ADLs are provided in accordance with accepted standards of practice, the care plan, and the patient's choices and preferences. Under "Practice Standards" #4.2, A patient who is unable to carry out ADLs will receive the necessary level of ADL assistance to maintain good nutrition, grooming, and personal and oral Hygiene. #5. Documentation of ADL care is recorded in the medical record and is reflective of the care provided by nursing staff. ADL care will be documented in real-time, as close to the time that care was provided and information obtained as possible. ADL care is documented every shift by the nursing assistant.	F 677		
F 686 SS=D	NJAC 8:39-35.2 (a)(g)1 Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent	F 686		7/7/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 686	Continued From page 15 with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00150408 Based on interview, review of medical records (MR) and pertinent facility documents on 05/31/23 and 06/01/23, it was determined that the facility failed to provide care for NJ Ex Order 26.4b1 in accordance with professional standards of practice for 1 of 2 residents (Resident #2) reviewed for NJ Exec Order 26.4b1 The deficient practice was evidenced by the following: According to the Admission Record, Resident #2 was admitted to the facility on NJ Exec Order 26.4b1 with diagnoses which included but were not limited to: NJ Exec Order 26.4b1 Review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 26.4b1, revealed that Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ Exec O which indicated the resident had NJ Exec Order 26.4b1. The MDS also indicated that Resident #2 required NJ Ex Order 26.4b1 for Activities of Daily Living (ADLs), had NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 was at risk for NJ Exec Order 26.4b1 and had NJ Exec Order 26.4b1 NJ Exec Order 26.4b1	F 686	I. Corrective Action: Resident #2 was discharged from the facility.. II. Identification of other residents or areas having the potential to be affected by this deficient practice. All residents that require treatments have the potential to be affected by this deficient practice. III. Measures put into place to prevent the recurrence. Licensed personnel were re-inserviced on ensuring treatments are signed out as rendered. Licensed personnel were re-inserviced on how to check at the end of their shift to ensure that all required treatments were signed as completed. IV.. Monitoring corrective action Nursing managers/designee will audit the TAR□s in the morning meeting to ensure documentation is completed. 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	

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F 686	Continued From page 16 NJ Exec Order 26.4b1 .) Review of the NJ Ex Order 26.4b1 , an assessment tool used to predict the risk for NJ Exec Order 26.4b1 development, revealed that the facility identified Resident #2 as being moderate risk for developing a . Review of the NJ Ex Order 26.4b1 " assessment revealed that Resident #2 had NJ Exec Order 26.4b1 Review of the NJ Ex Order 26.4b1 "Change in Condition Evaluation-V 5.1" revealed that Resident #2 had a NJ Exec Order 26.4b1 ." The resident had a "significant change in NJ Exec Order 26.4b1 that was noted during AM care." The physician was notified on NJ Ex Order 26.4b1 at 12:00 PM and a new physician order (order) for NJ Exec Order 26) to obtained. The open measured 'NJ Ex Order 26.4b1 Review of Resident #2s NJ Ex Order 26.4b1 Report" (NJ Ex Order 26.4b1) revealed the resident had a "Type of wound: NJ Exec Order 26.4b1 " on the NJ Exec Order 26.4b1 noted on NJ Exec Order 26.4b1 . The NJ Ex Order 26.4b1 indicated the NJ Ex Order 26.4 measurements were NJ Ex Order 26.4b1 were NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 and The physician was notified and the resident's Care Plan (CP) was updated. Review of Resident #2's MRR, dated on or after NJ Exec Order 26.4b1 , revealed a NJ Exec Order 26.4b1 order for . The order instructed to cleanse NJ Exec Order 26.4b1	F 686	three months or until the committee agrees the problem is corrected.	

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F 686	Continued From page 17	F 686		

and apply NJ Ex Order 26.4b1 [redacted]

Review of Resident #2's "Medication Review Report (MRR)," dated on or after NJ Exec Order 26.4b1 revealed a NJ Exec Order 26.4b1 order for NJ Exec Order 26.4b1 [redacted] The order instructed to cleanse with soap and water and then apply to NJ Exec Order 26.4b1 every shift for the NJ Exec Order 26.4b1 for NJ Exec [redacted] days.

Review of the NJ Exec Order 26.4b1 Treatment Administration Record (TAR) revealed the corresponding NJ Exec Order 26.4b1 order for NJ Exec Order 26.4b1 to be applied to NJ Exec Order 26.4b1 every shift (day, evening, and night.) There was no documentation that the treatment was performed on NJ Exec Order 26.4b1 [redacted] night shifts.

Review of the NJ Exec Order 26.4b1 TAR revealed a NJ Exec Order 26.4b1 order for NJ Exec Order 26.4b1 [redacted]) The order instructed to cleanse NJ Exec Order 26.4b1 [redacted] and apply "[redacted]" of [redacted] l and cover with NJ Ex C [redacted] every day shift for 'NJ Exec Order 26.4b1 NJ Exec Order 26.4b [redacted] There was no documentation that the treatment was performed on U.S. FOIA (b)(6) [redacted] day shift.

Review of Resident #2's MRR, dated on or after NJ Exec Order 26.4b1 [redacted], revealed a NJ Ex Order 26.4b1 order for NJ Exec Order 26.4b1 [redacted] and to set unit to 125 mmHg (unit of measurement) continuously. The order instructed to cleanse NJ Exec Order 26 [redacted] with 'NJ Exec Order 26.4b1 [redacted] other,'NJ Exec Order 26.4b1 [redacted] prep to NJ Exec Order 26.4b1 [redacted], cover with NJ Exec Order 26.4b1 and secure [redacted] per manufacturer guide every "day shift" on Monday,

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F 686	Continued From page 18 Wednesday, and Friday, with a start date of [redacted]. Review of the [redacted] TAR revealed the corresponding [redacted] order for [redacted] to [redacted] every "day shift" on Monday, Wednesday, and Friday, with a start date of [redacted]. There was no documentation that the treatment was performed on [redacted] day shifts. Review of Resident #2's Care Plan (CP) revealed a "Focus," initiated on [redacted], that Resident #2 was at risk for [redacted] related to [redacted]. The CP included an intervention of "treatment as ordered," initiated on [redacted] The CP also included an intervention, initiated on [redacted], to "Change [redacted] dressing every Monday, Wednesday, and Friday." Review of the Resident #2's Progress Notes revealed no documentation that the treatments were completed on the aforementioned dates and shifts. During an interview with the surveyor on 06/01/23 at 1:02 PM, the [redacted]) stated that treatment orders are documented in the TAR and that nurses document the completion of a treatment by signing the TAR. The [redacted] further stated that blanks on the TAR indicated the nurse may have forgotten to sign the TAR. The [redacted] added that signing the TAR would indicate that the treatment was completed per the physician's order and that there should be no blanks on the	F 686		

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F 686	Continued From page 19 TAR. The [NJ Exec Ord] stated that signing the TAR was important for accountability and continuity of care. Review of the facility's "NSG113 Nursing Documentation," revised on 05/01/23, revealed that nursing documentation would follow the guidelines of good communication and be concise, clear, pertinent, and accurate based on the resident's condition, situation, and complexity. "Nursing documentation will follow established policies and procedures and federal and state regulations." The "Purpose" is to communicate resident's status and provide complete, comprehensive, and accessible accounting of care and monitoring provided. Documentation of nursing care is recorded in the MR and is reflective of the care provided by nursing staff. The policy further indicated that each nursing role would document care delivered that is within the scope of their service. Review of the facility's "NSG236 Skin Integrity and Wound Management," revised 02/01/23, revealed under "Practice Standards," that the licensed nurse would "6.8 Implement pressure injury prevention for identified, modifiable risk factors" and "6.13 Implement special wound care treatments/techniques, as indicated and ordered including, but not limited to Negative Pressure Wound Therapy."	F 686		
F 842 SS=E	NJAC 8:39-27.1(e) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)	F 842		7/7/23

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F 842	Continued From page 20 §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.	F 842		

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F 842	Continued From page 21 §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Complaint#: NJ150408, NJ151017 Based on interviews, review of Medical Records (MR), and other pertinent facility documentation on 05/31/23 and 06/01/23, it was determined that the facility staff failed to a.) maintain a complete and accurate MR for documentation of a resident's treatments on the Treatment Administration Record (TAR), to show that the tasks were completed for 1 of 2 residents (Resident #2) reviewed for NJ Exec Order 26.4b1 and failed to follow its policy titled "Nursing	F 842	I. Corrective Action: Resident #2 was discharged from the facility.. II. Identification of other residents or areas having the potential to be affected by this deficient practice. All residents that require treatments or assistive devices have the potential to be affected by this deficient practice.	

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F 842	Continued From page 22 Documentation." This deficient practice was evidenced by the following: According to the Admission Record (AR), Resident #2 was admitted to the facility on NJ Exec Order 26.4b1 with diagnoses which included but were not limited to NJ Exec Order 26.4b1 Review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 26.4b1, revealed that Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ Exe, which indicated the resident had NJ Exec Order 26.4b1. The MDS also showed that Resident #2 required NJ Ex Order 26.4b1 for Activities of Daily Living (ADLs), had NJ Exec Order 26.4b1 Review of Resident #2's "Medication Review Report (MRR)," dated on or after NJ Exec Order 26.4b1 revealed a NJ Exec Order 26.4b1 physician order (order) for "Patient to utilize NJ Ex Order 26.4b1 NJ Exec Order Review of the NJ Ex Order 26.4b1 TAR revealed the corresponding NJ Ex Order 26.4b1 order for the resident to utilize NJ Ex Order 26 for NJ Exec Order 26.4b1 management while NJ Exec Order 26 in bed, with the administration times of 9:00 a.m. and 9 p.m. The TAR was blank on NJ Ex Order 26.4b1 at 9:00 a.m., NJ Ex Order 26.4b1 at 9:00 a.m., NJ Ex Order 26.4b1 at 9:00 p.m., NJ Ex Order 26.4b1 at 9:00 p.m., NJ Ex Order 26.4b1 at 9:00 a.m.,	F 842	III. Measures put into place to prevent the recurrence. Licensed personnel were re-inserviced on ensuring treatments are signed out as rendered. Licensed personnel were re-inserviced on ensuring all assistive devices are on patients as ordered. Licensed personnel were re-inserviced on how to check at the end of their shift to ensure that required documentation on the TAR were signed as completed. IV.. Monitoring corrective action Nursing managers/designee will audit the TAR□s in the morning meeting to ensure documentation is completed. The audits will be submitted to the Director of Nursing weekly for a month and then monthly for 3 months 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.	

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NJ Ex Order 26.4b1 at 9:00 p.m., and NJ Ex Order 26.4b1 at 9:00 a.m.

Review of Resident #2's MRR, dated on or after NJ Exec Order 26.4b1, revealed an order, dated NJ Exec Order 26.4b1, to wear NJ Exec Order 26.4b1 at all times every shift for DTI (NJ Exec Order 26.4b1 .

Review of the NJ Ex Order 26.4b1 TAR revealed the corresponding NJ Ex Order 26.4b1 order to wear NJ Exec Order 26.4b1 at all times every shift for NJ Exec Order 26.4b1, with the administration times of day, evening, and night was blank on NJ Ex Order 26.4b1 day.

Review of Resident #2's MRR, dated on or after NJ Ex Order 26.4b1, revealed an order, dated NJ Ex Order 26.4b1, for 3-11 Wednesday and Sunday showers every evening shift, with a start date of NJ Ex Order 26.4b1.

Review of the NJ Ex Order 26.4b1 TAR revealed the corresponding NJ Ex Order 26.4b1 order for 3-11 Wednesday and Sunday showers every evening shift was blank on NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1.

Review of Resident #2's MRR, dated on or after NJ Ex Order 26.4b1, revealed a Physician's Order dated NJ Ex Order 26.4b1 for NJ Exec Order 26.4b1 to be applied to NJ Exec Order 26.4b1 every evening shift for NJ Exec O.

Review of the NJ Ex Order 26.4b1 TAR revealed the corresponding NJ Ex Order 26.4b1 order for NJ Exec Order 26.4b1 to be applied to NJ Exec Order 26.4b1 every evening shift for NJ Ex Order was blank on NJ Exec Order 26.4b1.

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 _____	C 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	**54 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 842	Continued From page 24	F 842		

Review of Resident #2's MRR, dated on or after [NJ Ex Order 26.4b1], revealed an order, dated [NJ Exec Order 26.4b1], to perform [U.S. FOIA (b)(6)] every day and evening shift, with a start date of [NJ Exec Order 26.4b1]

Review of the [NJ Ex Order 26.4b1] TAR revealed the corresponding [NJ Ex Order 26.4b1] order to perform [NJ Exec Orde] [NJ Exec Order 26.4b1] care every day, and the evening shift was blank on [NJ Exec Order 26.4b1] day.

During the same interview, the [US FOIA (b)(6)] stated that treatment orders are documented in the TAR and that nurses document the completion of treatment by signing the TAR. The [US FOIA (b)(6)] further stated that blanks on the TAR indicated the nurse may have forgotten to sign the TAR. The [US FOIA (b)(6)] added that signing the TAR would indicate that the treatment was completed per the physician's order and that there should be no blanks on the TAR. The [US FOIA (b)] stated that signing the TAR was important for accountability and continuity of care.

A review of the Resident's Care Progress Notes failed to provide documented evidence of why the dates and shifts on the TAR were blank.

Review of the facility's "NSG113 Nursing Documentation," revised on 05/01/23, revealed that nursing documentation would follow the guidelines of good communication and be concise, clear, pertinent, and accurate based on the resident's condition, situation, and complexity. "Nursing documentation will follow established policies and procedures and federal and state regulations." The "Purpose" is to communicate the resident's status and provide complete, comprehensive, and accessible accounting of care and monitoring provided. Documentation of

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	315243	A. BUILDING _____ B. WING _____	C 06/01/2023

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

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F 842	Continued From page 25 nursing care is recorded in the MR and is reflective of the care provided by nursing staff. The policy further indicated that each nursing role would document care delivered that is within the scope of their service. NJAC 8:39-35.2 (a)(g)1 NJAC 8:39-35.2(d)(9)	F 842		

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 _____	C 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 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: COMPLAINT#: NJ00151017 Based on facility document review on 05/31/2023 and 06/01/2023, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 15 of 28 day shifts. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for	S 560	I. How the Corrective action will be accomplished for the residents found to have been affected All residents have the potential to be affected by this deficient practice . Center is currently employing sign on bonuses, referral bonuses, and various other incentives for current staff to meet staffing standards. Nursing employees are currently amongst the top 95 percentile in hourly wages for this region/area. 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	7/7/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 06/30/23

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 _____	C 06/01/2023

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

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S 560	Continued From page 1 nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. The survey team requested staffing for the weeks of 01/02/2022 to 01/15/2022 and 05/14/2023 to 05/27/2023. 1. For the 2 weeks of staffing from 01/02/2022 to 01/15/2022. The facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows: -01/02/22 had 9 CNAs for 112 residents on the day shift, required 14 CNAs. -01/03/22 had 10 CNAs for 112 residents on the day shift, required 14 CNAs. -01/04/22 had 10 CNAs for 112 residents on the day shift, required 14 CNAs. -01/06/22 had 12 CNAs for 112 residents on the day shift, required 14 CNAs. -01/07/22 had 12 CNAs for 112 residents on the	S 560	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. 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.	

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 _____	C 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 560	Continued From page 2 day shift, required 14 CNAs. -01/13/22 had 11 CNAs for 113 residents on the day shift, required 14 CNAs. -01/14/22 had 13 CNAs for 116 residents on the day shift, required 14 CNAs. 2. For the 2 weeks prior to survey from 05/14/2023 to 05/27/2023, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows: -05/14/23 had 15 CNAs for 136 residents on the day shift, required 17 CNAs. -05/15/23 had 15 CNAs for 134 residents on the day shift, required 17 CNAs. -05/16/23 had 16 CNAs for 134 residents on the day shift, required 17 CNAs. -05/18/23 had 15 CNAs for 134 residents on the day shift, required 17 CNAs. -05/22/23 had 15 CNAs for 135 residents on the day shift, required 17 CNAs. -05/23/23 had 16 CNAs for 138 residents on the day shift, required 17 CNAs. -05/27/23 had 17 CNAs for 143 residents on the day shift, required 18 CNAs.	S 560		

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	7/12/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 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 F0580	Correction	ID Prefix F0656	Correction	ID Prefix F0677	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.24(a)(2)	Completed
LSC	07/07/2023	LSC	07/07/2023	LSC	07/07/2023
ID Prefix F0686	Correction	ID Prefix F0842	Correction	ID Prefix	Correction
Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. #	Completed
LSC	07/07/2023	LSC	07/07/2023	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
6/1/2023	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
060608		7/12/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLVILLE CENTER	54 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 07/07/2023	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
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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	
6/1/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO