

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

PRINTED: 03/06/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315243		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2024	
NAME OF PROVIDER OR SUPPLIER MILLVILLE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 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 000	INITIAL COMMENTS Complaint #: NJ00176052 and NJ00181226 Census: 126 Sample Size: 6 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.			F 000			
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of			F 607			1/24/25

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

TITLE

(X6) DATE

Electronically Signed

01/17/2025

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

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F 607	<p>Continued From page 1</p> <p>employee rights, as defined at section 1150B(d) (3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: 181226</p> <p>Based on interviews and medical record review (MR) and other pertinent facility documentation on 12/11/24 and 12/12/24, it was determined that the facility failed to implement their "Abuse Prohibition" policy due to staff not reporting an allegation of NJ Ex Order 26.4(b)(1). This deficient practice was evidenced by the following:</p> <p>1. During an interview with the Surveyor on 12/11/24 at 11:57 A.M., Resident #3 stated that they were not able to remember the exact date, but about a week ago, Resident #3 asked CNA (Certified Nursing Assistant) #1 to NJ Ex Order 26.4(b)(1) twice. They stated that CNA #1 NJ Ex Order 26.4(b)(1) and stated that she NJ Ex Order 26.4(b)(1). Resident #3 stated that they then NJ Ex Order 26.4(b)(1). Resident #3 stated that they reported the incident to the U.S. FOIA (b). Resident #3 further stated that after the incident was reported to the U.S. FOIA (b) (6), CNA #2 NJ Ex Order 26.4(b)(1), and said that they were going to get people in trouble.</p> <p>According to the "Admission Record (AR)" Resident #3 was admitted with diagnoses including but not limited to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b)(1).</p>	F 607	<p>F607 Develop/Implement Abuse/Neglect Policies</p> <p>1. Corrective Action:</p> <p>CNA 1 and 2 were immediately educated on NJ Exec Order 26.4b1 during patient care and abuse and neglect. CNA's for resident number 3 were reassigned as requested by the resident. Resident number 3 NJ Exec Order 26.4b1 with the reassignment of staff.</p> <p>Resident number 6 was interviewed regarding being belittled and he states he really did not want to talk about it but that it is when they don't let me do what I want to do outside".</p> <p>2. All residents in the facility have the potential to be affected by this deficient practice.</p> <p>3. Department heads were in-serviced on the difference between grievances and reportable events by the Director of Nursing.</p> <p>Staff will be re-in serviced on the Abuse</p>		

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F 607	<p>Continued From page 2</p> <p>NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1)</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4, revealed that Resident #3 had a Brief Interview of Mental Status (BIMS) score of NJ Ex 4 indicating that Resident #3 was NJ Ex Order 26.4(b)(1), and was NJ Ex Order 26.4(b)(1) on assistance with ADLs (Activities of Daily Living).</p> <p>The facility provided a "Grievance Form" dated 12/6/24, in addition to the Grievance Form, a statement obtained by the U.S. FOIA (b) (6) NJ Ex Order 26.4, was also reviewed. The statement revealed that on NJ Ex Order 26.4, Resident #3 asked CNA #1 to NJ Ex Order 26.4, twice, and CNA #1 NJ Ex Order 26.4 that she NJ Ex Order 26.4. Resident #3 stated CNA #1 continued NJ Ex Order 26.4 while she was helping the resident NJ Ex Order 26.4(b)(1). The statement further revealed that CNA #2 NJ Ex Order 26.4(b)(1) Resident #3 on NJ Ex Order 26.4 and stated that she did not want CNA #1 to NJ Ex Order 26.4(b)(1) because of the incident that occurred on NJ Ex Order 26.4. No additional information was provided for surveyor review regarding the incident.</p> <p>2. 12/12/24 at 2:18 P.M., Resident #6 observed going to activity in dayroom, declined to speak with Surveyor.</p> <p>According to the AR, Resident #6 was admitted with diagnoses including but not limited to NJ Ex Order 26.4</p> <p>NJ Ex Order 26.4(b)(1)</p>	F 607	<p>and Neglect policy.</p> <p>Staff will be re-inserviced on the grievance policy</p> <p>4. The administrator or designee will audit all grievances to ensure they are handled/reported accordingly. The administrator or designee will audit all partner rounds to ensure all are handled/reported accordingly. The administrator or designee will audit all resident council meeting minutes to ensure all are handled/reported accordingly. The audits will be completed and turned into the DON 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.</p>		

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F 607	<p>Continued From page 3</p> <p>NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)</p> <p>A review of the MDS dated NJ Ex Order 26.4(b)(1), revealed that Resident #6 had a Brief Interview of Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) indicating that Resident #6 was NJ Ex Order 26.4(b)(1), and required NJ Ex Order 26.4(b)(1) with ADLs (Activities of Daily Living).</p> <p>A review of the Private Resident Council minutes dated NJ Ex Order 26.4(b)(1) revealed that under "Nursing," residents pointed out that some Aides had NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) towards them across all shifts. Additionally, under "Additional concerns," Resident #6 stated feeling NJ Ex Order 26.4(b)(1) employees, and specified that it was across the building and not just nursing. There was no response documented for the concerns.</p> <p>During an interview with Surveyors on 12/12/24 at 10 A.M., the U.S. FOIA (b) (6) for Long Term Care, stated that she advocated for the residents, and completed investigations for grievances. U.S. FOIA (b) (6) stated that her investigations involved collecting statements from residents, and for allegations that involved staff members, she would interview the resident making the allegation, then other residents on the staff member's assignment. She further stated that would formerly write up her investigation, and then turn her information into the U.S. FOIA (b) (6), and the U.S. FOIA (b) (6) would proceed with investigating the employee. In the presence of the surveyor, the U.S. FOIA (b) (6) reviewed the statement from Resident #3 dated NJ Ex Order 26.4(b)(1) and stated that she had given the statement to the U.S. FOIA (b) (6). She further stated that she did not collect statements from other residents on CNA</p>	F 607			

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F 607	<p>Continued From page 4</p> <p>#1's and CNA #2's assignments.</p> <p>During an interview with Surveyors via telephone on 12/12/24 at 12:15 P.M., the U.S. FOIA (b) (6), stated that if there was a concern and if majority of the residents agreed with the concern, then the concern would be written in the minutes, and then a response would be signed and documented by the department heads. The U.S. FOIA (b) (6) stated that there was not a response to the NJ Ex Order 26.4(b) Private Resident Council minutes, and that there should have been a written response to the concerns expressed. U.S. FOIA (b) (6) stated that she would report any incident of U.S. FOIA (b) (6). The U.S. FOIA (b) (6) stated NJ Ex Order 26.4(b)(1) resident is considered NJ Ex Order 26.4(b)(1), however, this incident was not reported.</p> <p>During an interview with Surveyors on 12/12/24 at 1:08 P.M., the U.S. FOIA (b) (6) stated that an investigation entailed speaking to the resident, resident's roommate, resident's family members, and if the NJ Ex Order 26.4(b)(1) involved staff, then the other residents on the staff's assignment. She further stated that NJ Ex Order 26.4(b)(1) resident was a form of NJ Ex Order 26.4(b)(1) and should be investigated. U.S. FOIA (b) (6) stated that she received a copy of all Resident Council minutes. She further stated that she was not made aware of the concerns in the NJ Ex Order 26.4(b)(1) resident council minutes, and if she had been, she would have addressed the concern.</p> <p>During an interview with Surveyors on 12/12/24 at 1:56 P.M., the U.S. FOIA (b) (6) stated that in the absence of the U.S. FOIA (b) (6) the council would ask her to sit in on meetings. She stated that when there was a concern, the department that the concern fell under, would respond to the concern on the response form.</p>	F 607			

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F 607	<p>Continued From page 5</p> <p>The U.S. FOIA (b) (6) stated that the nursing department can either be notified verbally or in writing. She stated that she did not receive the minutes, nor was she informed of the NJ Ex Order 202410 Private Resident Council meeting.</p> <p>During an interview with Surveyors on 12/12/24 at 2:31 P.M., NJ Ex Administrator stated that examples of verbal abuse were calling someone out of their name, yelling and screaming at residents. In the presence of the Surveyors, U.S. FOIA (b) (6) reviewed the statement from the U.S. FO for Resident #3's grievance, she then stated that the incident should have been reported for abuse.</p> <p>A review of the facility's policy presented by the U.S. FOIA (b) (6), titled "Abuse Prohibition" dated 7/1/13, reviewed and updated 10/24/22, included but was not limited to the following: under the heading for Policy, it states, "Centers prohibit abuse, mistreatment, neglect, misappropriation of resident/patient (hereinafter "patient") property and exploitation for all patients ...Centers also to strive to comply with the Elder Justice Act (EJA). Under the EJA, employees are designated as mandated reporters and are obligated to immediately report any reasonable suspicion of a crime against a patient. The Center will implement an abuse prohibition program through the following: ...Identification of possible incidents or allegations which need investigation; Investigation of incidents and allegations; protection of patients during the investigation. Under the heading for process, it states: 7. Immediately upon receiving information concerning a report of suspected or alleged abuse, mistreatment, or neglect, the Administrator or designee will perform the following. 7.2 Report allegations involving abuse</p>	F 607			

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F 607	Continued From page 6 (physical, verbal, sexual, mental) not later than 2 hours after the allegation is made.	F 607			
F 609 SS=D	N.J.A.C: 8:39-4.1 (a) 5, 12 Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint #: 181226	F 609	F609 Reporting of Alleged Violations	1/24/25	

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F 609	<p>Continued From page 7</p> <p>Based on interviews and medical record review (MR) and other pertinent facility documentation on 12/11/24 and 12/12/24, it was determined that facility staff failed to report an allegation of NJ Ex Order 26.4(b)(1) to facility Administration and New Jersey Department of Health (NJDOH) according to their "Abuse Prohibition" policy due to staff not reporting an allegation of NJ Ex Order 26.4(b)(1) for 2 of 6 residents (Resident #3 and Resident #6). This deficient practice was evidenced by the following:</p> <p>1. During an interview with the Surveyor on 12/11/24 at 11:57 A.M., Resident #3 stated that they were not able to remember the exact date, but about a week ago, Resident #3 asked CNA (Certified Nursing Assistant) #1 to NJ Ex Order 26.4(b)(1) twice. They stated that CNA #1 NJ Ex Order 26.4(b)(1) and stated that she NJ Ex Order 26.4(b)(1). Resident #3 stated that they then NJ Ex Order 26.4(b)(1). Resident #3 stated that they reported the incident to the U.S. FOIA (b). Resident #3 further stated that after the incident was reported to the U.S. FOIA (b) (6), CNA #2 NJ Ex Order 26.4(b)(1), and said that they were going to NJ Ex Order 26.4(b)(1).</p> <p>According to the "Admission Record (AR)" Resident #3 was admitted with diagnoses including but not limited to NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>A review of the Minimum Data Set (MDS), an</p>	F 609	<p>1. Corrective Action CNA 1 and 2 were immediately educated on being considerate during patient care and abuse and neglect. CNA's for resident number 3 were reassigned as requested by the resident. Resident number 3 is very happy with the reassignment of staff. Partner Rounds were initiated where every patient is assigned to a department head to see several times weekly to handle/report any concerns. Resident number 6 was interviewed regarding being NJ Exec Order 26.4b1 and NJ Ex Order 26.4b1 states NJ Ex Order 26.4b1 really NJ Exec Order 26.4b1 but that it is NJ Exec Order 26.4b1."</p> <p>2. All residents in the facility have the potential to be affected by this deficient practice.</p> <p>3. Department heads were in-serviced on the difference between grievances and reportable events by the Director of Nursing.</p> <p>4. The administrator or designee will audit all grievances to ensure they are handled/reported accordingly. The administrator or designee will audit all partner rounds to ensure all are handled/reported accordingly. The administrator or designee will audit all resident council meeting minutes to ensure all are handled/reported accordingly. The audits will be completed and turned</p>		

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: LV5011 Facility ID: NJ60608 If continuation sheet Page 9 of 18

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F 609	<p>Continued From page 9</p> <p>A review of the MDS dated [REDACTED] NJ Ex Order 26.4(b), revealed that Resident #6 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] NJ Ex Order 26.4(b)(1) indicating that Resident #6 was [REDACTED] NJ Ex Order 26.4(b)(1), and required supervision with ADLs (Activities of Daily Living).</p> <p>A review of the Private Resident Council minutes dated [REDACTED] NJ Ex Order 26.4(b)(1), revealed that under "Nursing," residents pointed out that some aides had [REDACTED] NJ Ex Order 26.4(b)(1) or [REDACTED] NJ Ex Order 26.4(b)(1) towards them across all shifts. Additionally, under "Additional concerns," Resident #6 stated feeling [REDACTED] NJ Ex Order 26.4(b)(1) employees, and specified that it was across the building and not just nursing. There was no response documented for the concerns.</p> <p>During an interview with Surveyors on 12/12/24 at 10 A.M., the [REDACTED] U.S. FOIA (b) (6) for Long Term Care, stated that she advocated for the residents, and completed investigations for grievances. [REDACTED] U.S. FOIA (b) (6) stated that her investigations involved collecting statements from residents, and that allegations involved staff members, she would interview the resident making the allegation, then other residents on the staff member's assignment. She further stated that would formerly write up her investigation, and then turn her information into the [REDACTED] U.S. FOIA (b) (6), and the [REDACTED] U.S. FOIA (b) (6) would proceed with investigating the employee. In the presence of the surveyor, the SW reviewed the statement from Resident #3 dated [REDACTED] NJ Ex Order 26.4(b)(1) and stated that she had given the statement to the [REDACTED] U.S. FOIA (b) (6). She further stated that she did not collect statements from other residents on CNA #1's and CNA #2's assignments.</p> <p>During an interview with Surveyors via telephone on 12/12/24 at 12:15 P.M., the [REDACTED] U.S. FOIA (b) (6), stated that if there was a concern</p>	F 609			

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F 609	<p>Continued From page 10</p> <p>and if majority of the residents agreed with the concern, then the concern was written in the minutes, and then a response is signed and documented by the department heads. The [REDACTED] stated that there was not a response to the [REDACTED] Private Resident Council minutes, and that there should have been a written response to the concerns expressed. [REDACTED] stated that she would report any incident of [REDACTED]. The [REDACTED] stated that [REDACTED] a resident is considered [REDACTED], however, this incident was not reported.</p> <p>During an interview with Surveyors on 12/12/24 at 1:08 P.M., the [REDACTED] stated that an investigation entailed speaking to the resident, resident's roommate, resident's family members, and if the [REDACTED] involved staff, then the other residents on the staff's assignment. She further stated that [REDACTED] a resident was a form of [REDACTED] and should be investigated. [REDACTED] stated that she received a copy of all Resident Council minutes. She further stated that she was not made aware of the concerns in the [REDACTED] resident council minutes, and if she had been, she would have addressed the concern.</p> <p>During an interview with Surveyors on 12/12/24 at 1:56 P.M., the [REDACTED] stated that in the absence of the [REDACTED] the council would ask her to sit in on meetings. She stated that when there was a concern, the department that the concern fell under, would respond to the concern on the response form. The [REDACTED] stated that the nursing department can either be notified verbally or in writing. She stated that she did not receive the minutes or informed of the [REDACTED] Private Resident Council meeting.</p>	F 609			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2024
NAME OF PROVIDER OR SUPPLIER MILLVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 54 SHARP STREET MILLVILLE, NJ 08332		
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F 609	<p>Continued From page 11</p> <p>During an interview with Surveyors on 12/12/24 at 2:31 P.M., the [U.S. FOIA (b) (6)] stated that examples of [NJ Ex Order 26.4(b)(1)] were [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] residents. In the presence of the Surveyors, [U.S. FOIA (b) (6)] reviewed the statement from the [U.S. FOIA (b) (6)] for Resident #3's grievance, she then stated that the incident should have been reported [NJ Ex Order 26.4(b)(1)] abuse.</p> <p>A review of the facility's policy presented by the Director of Nursing (DON), titled "Abuse Prohibition" dated 7/1/13, reviewed and updated 10/24/22, included but was not limited to the following: under the heading for Policy, it states, "Centers prohibit abuse, mistreatment, neglect, misappropriation of resident/patient (hereinafter "patient") property and exploitation for all patients ...Centers also to strive to comply with the Elder Justice Act (EJA). Under the EJA, employees are designated as mandated reporters and are obligated to immediately report any reasonable suspicion of a crime against a patient. The Center will implement an abuse prohibition program through the following: ...Identification of possible incidents or allegations which need investigation; Investigation of incidents and allegations; protection of patients during the investigation. Under the heading for process, it states: 7. Immediately upon receiving information concerning a report of suspected or alleged abuse, mistreatment, or neglect, the Administrator or designee will perform the following. 7.2 Report allegations involving abuse (physical, verbal, sexual, mental, not later than 2 hours after the allegation is made.</p> <p>N.J.A.C: 8:39-4.1 (a) 5, 12</p>	F 609			

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F 610 F 610 SS=D	<p>Continued From page 12</p> <p>Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint #: 181226</p> <p>Based on interviews and medical record review (MR) and other pertinent facility documentation on 12/11/24 and 12/12/24, it was determined that facility failed to thoroughly investigate an allegation of [NJ Ex Order 26.4(b)(1)] for 2 of 6 residents (Resident #3 and Resident #6). This deficient practice was evidenced by the following:</p> <p>1. During an interview with the Surveyor on 12/11/24 at 11:57 A.M., Resident #3 stated that they were not able to remember the exact date, but about a week ago, Resident #3 asked CNA (Certified Nursing Assistant) #1 to [NJ Ex Order 26.4(b)(1)] twice. They stated that CNA #1 [NJ Ex Order 26.4(b)(1)] and stated</p>	F 610 F 610	<p>F610 Investigate/Prevent/Correct Alleged Violation</p> <p>1. Corrective Action:</p> <p>CNA 1 and 2 were immediately educated on [NJ Ex Order 26.4(b)(1)] during patient care and [NJ Ex Order 26.4(b)(1)].</p> <p>CNA's for resident number 3 were reassigned as requested by the resident. Resident number 3 [NJ Ex Order 26.4(b)(1)] with the reassignment of staff.</p> <p>Partner Rounds were initiated where every patient is assigned to a department head to see several times weekly to handle/report any concerns.</p>		1/24/25

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F 610	<p>Continued From page 13</p> <p>that she NJ Ex Order 26.4(b)(1). Resident #3 stated that they then NJ Ex Order 26.4(b)(1). Resident #3 stated that they reported the incident to the U.S. FOIA (b) (6). Resident #3 further stated that after the incident was reported to the U.S. FOIA (b) (6), CNA #2 NJ Ex Order 26.4(b)(1), and said that they were going to NJ Ex Order 26.4(b)(1).</p> <p>According to the "Admission Record (AR)" Resident #3 was admitted with diagnoses including but not limited to NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1), revealed that Resident #3 had a Brief Interview of Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) indicating that Resident #3 was NJ Ex Order 26.4(b)(1), and was NJ Ex Order 26.4(b)(1) on assistance with ADLs (Activities of Daily Living).</p> <p>The facility provided a "Grievance Form" dated 12/6/24, in addition to the Grievance Form, a statement obtained by the U.S. FOIA (b) (6) NJ Ex Order 26.4(b)(1), was also reviewed. The statement revealed that on NJ Ex Order 26.4(b)(1) Resident #3 asked CNA #1 to NJ Ex Order 26.4(b)(1) twice, and CNA #1 yelled, that she does not have time. Resident #3 stated CNA #1 NJ Ex Order 26.4(b)(1) while she was helping the resident NJ Ex Order 26.4(b)(1). The statement further revealed that CNA #2 NJ Ex Order 26.4(b)(1) at Resident #3 on NJ Ex Order 26.4(b)(1) and stated that she did not want CNA #1 NJ Ex Order 26.4(b)(1) because of the incident that</p>	F 610	<p>Resident number 6 was interviewed regarding NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) states NJ Ex Order 26.4(b)(1) really NJ Ex Order 26.4(b)(1) but that it is when they NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1).</p> <p>2. All residents in the facility have the potential to be affected by this deficient practice.</p> <p>3. Department heads were in-serviced on the difference between grievances and reportable events by the Director of Nursing.</p> <p>4. The administrator or designee will audit all grievances to ensure they are handled/reported accordingly. The administrator or designee will audit all partner rounds to ensure all are handled/reported accordingly. The administrator or designee will audit all resident council meeting minutes to ensure all are handled/reported accordingly. The audits will be completed and turned into the DON 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.</p>		

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F 610	<p>Continued From page 14</p> <p>occurred on [REDACTED] NJ Ex Order 26.4. No additional information was provided for surveyor review regarding the incident.</p> <p>2. 12/12/24 at 2:18 P.M., Resident #6 observed going to activity in dayroom, declined to speak with Surveyor.</p> <p>According to the AR, Resident #6 was admitted with diagnoses including but not limited to [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>A review of the MDS dated [REDACTED] NJ Ex Order 26.4(b), revealed that Resident #6 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] NJ Ex Order 26.4(b)(1), and required [REDACTED] NJ Ex Order 26.4(b)(1) with ADLs (Activities of Daily Living).</p> <p>A review of the Private Resident Council minutes dated [REDACTED] NJ Ex Order 26.4(b), revealed that under "Nursing," residents pointed out that some Aides had [REDACTED] NJ Ex Order 26.4(b)(1) or [REDACTED] NJ Ex Order 26.4(b)(1) towards them across all shifts. Additionally, under "Additional concerns," Resident #6 stated [REDACTED] NJ Ex Order 26.4(b)(1)" by employees, and specified that it is across the building and not just nursing. There was no response documented for the concerns.</p> <p>During an interview with Surveyors on 12/12/24 at 10 A.M., the [REDACTED] U.S. FOIA (b) (6) for Long Term Care, stated that she advocated for the residents,</p>	F 610			

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F 610	<p>Continued From page 15</p> <p>and completed investigations for grievances. [U.S. FOIA (b) (6)] stated that her investigations involved collecting statements from residents, and for allegations that involved staff members, she would interview the resident making the allegation, then other residents on the staff member's assignment. She further stated that would formerly write up her investigation, and then turn her information into the [U.S. FOIA (b) (6)], and the [U.S. FOIA (b) (6)] would proceed with investigating the employee. In the presence of the surveyor, the [U.S. FOIA (b) (6)] reviewed the statement from Resident #3 dated [U.S. FOIA (b) (6)] and stated that she had given the statement to the [U.S. FOIA (b) (6)]. She further stated that she did not collect statements from other residents on CNA #1's and CNA #2's assignments.</p> <p>During an interview with Surveyors via telephone on 12/12/24 at 12:15 P.M., the [U.S. FOIA (b) (6)] stated that if there was a concern and if majority of the residents agreed with the concern, then the concern would be written in the minutes, and then a response would be signed and documented by the department heads. The [U.S. FOIA (b) (6)] stated that there was not a response to the [U.S. FOIA (b) (6)] Private Resident Council minutes, and that there should have been a written response to the concerns expressed. [U.S. FOIA (b) (6)] stated that she would report any incident of [U.S. FOIA (b) (6)]. The [U.S. FOIA (b) (6)] stated that [U.S. FOIA (b) (6)] resident is considered [U.S. FOIA (b) (6)], however, this incident was not reported.</p> <p>During an interview with Surveyors on 12/12/24 at 1:08 P.M., the [U.S. FOIA (b) (6)] stated that allegations of abuse are investigated and reported. [U.S. FOIA (b) (6)] stated that an investigation entailed speaking to the resident, resident's roommate, resident's family members, and if the [U.S. FOIA (b) (6)] involved staff, then</p>	F 610			

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F 610	<p>Continued From page 16</p> <p>the other residents on the staff's assignment. She further stated that [REDACTED] resident was a form of [REDACTED] and should be investigated. [REDACTED] stated that she received a copy of all Resident Council minutes. She further stated that she was not made aware of the concerns in the [REDACTED] resident council minutes, and if she had been, she would have addressed the concern.</p> <p>During an interview with Surveyors on 12/12/24 at 1:56 P.M., the [REDACTED] U.S. FOIA (b) (6) [REDACTED] stated that in the absence of the [REDACTED] the council would ask her to sit in on meetings. She stated that when there was a concern, the department that the concern fell under, would respond to the concern on the response form. The [REDACTED] U.S. FOIA (b) (6) [REDACTED] stated that the nursing department can either be notified verbally or in writing. She stated that she did not receive the minutes, nor was she informed of the [REDACTED] Private Resident Council meeting.</p> <p>During an interview with Surveyors on 12/12/24 at 2:31 P.M., the [REDACTED] U.S. FOIA (b) (6) [REDACTED] stated that examples of [REDACTED] were [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] and [REDACTED] NJ Ex Order 26.4(b)(1) residents. In the presence of the Surveyors, the [REDACTED] U.S. FOIA (b) (6) [REDACTED] reviewed the statement from the [REDACTED] U.S. FOIA (b) (6) [REDACTED] for Resident #3's grievance, she then stated that the incident should have been reported for [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>A review of the facility's policy presented by the [REDACTED] U.S. FOIA (b) (6) [REDACTED], titled "Abuse Prohibition" dated 7/1/13, reviewed and updated 10/24/22, included but was not limited to the following: under the heading for Policy, it states, "Centers prohibit abuse, mistreatment, neglect, misappropriation of resident/patient (hereinafter "patient") property and exploitation for all patients</p>	F 610			

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F 610	<p>Continued From page 17</p> <p>...Centers also to strive to comply with the Elder Justice Act (EJA). Under the EJA, employees are designated as mandated reporters and are obligated to immediately report any reasonable suspicion of a crime against a patient. The Center will implement an abuse prohibition program through the following: ...Identification of possible incidents or allegations which need investigation; Investigation of incidents and allegations; protection of patients during the investigation. Under the heading for process, it states: 7. Immediately upon receiving information concerning a report of suspected or alleged abuse, mistreatment, or neglect, the Administrator or designee will perform the following. 7.2 Report allegations involving abuse (physical, verbal, sexual, mental), not later than 2 hours after the allegation is made.</p> <p>N.J.A.C: 8:39-4.1 (a) 5, 12</p>	F 610			

New Jersey Department of Health

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S 000	Initial Comments Complaint #: NJ00176052 and NJ00181226 Census: 126 Sample size: 6 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 The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00176052 and NJ00181226 Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 18 of 21 day shifts. The deficient practice was evidenced by the following:	S 560	S 560 Mandatory Access to Care 1 Corrective Action 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 salaries were increased effective January 1, 2025.		1/24/25

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

Electronically Signed

TITLE

(X6) DATE

01/17/25

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. For the week of Complaint staffing from 08/04/2024 to 08/10/2024, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:</p> <p>-08/04/24 had 13 CNAs for 142 residents on the day shift, required at least 18 CNAs. -08/05/24 had 15 CNAs for 141 residents on the day shift, required at least 18 CNAs. -08/06/24 had 14 CNAs for 140 residents on the day shift, required at least 17 CNAs. -08/08/24 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs. -08/09/24 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>2. For the 2 weeks of staffing prior to survey from</p>	S 560	<p>2. All residents have the potential to be affected by this deficient practice</p> <p>3. 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</p> <p>4. The Labor management team will maintain a listing of current recruiting efforts, and document weekly the results of these efforts.</p> <p>The Administrator or designee will audit these efforts weekly x 4 weeks, then monthly x 2 to ensure the Center team is following up on all recruitment tasks.</p> <p>The Administrator 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.</p>	

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER MILLVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 560	<p>Continued From page 2</p> <p>11/24/2024 to 12/07/2024, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <p>-11/24/24 had 12 CNAs for 130 residents on the day shift, required at least 16 CNAs.</p> <p>-11/26/24 had 15 CNAs for 126 residents on the day shift, required at least 16 CNAs.</p> <p>-11/27/24 had 14 CNAs for 126 residents on the day shift, required at least 16 CNAs.</p> <p>-11/28/24 had 13 CNAs for 126 residents on the day shift, required at least 16 CNAs.</p> <p>-11/29/24 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-11/30/24 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-12/01/24 had 11 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-12/02/24 had 12 CNAs for 133 residents on the day shift, required at least 17 CNAs.</p> <p>-12/03/24 had 13 CNAs for 132 residents on the day shift, required at least 16 CNAs.</p> <p>-12/04/24 had 13 CNAs for 129 residents on the day shift, required at least 16 CNAs.</p> <p>-12/05/24 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-12/06/24 had 11 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-12/07/24 had 8 CNAs for 127 residents on the day shift, required at least 16 CNAs.</p>	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315243	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/27/2025
NAME OF FACILITY MILLVILLE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 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 F0607	Correction	ID Prefix F0609	Correction	ID Prefix F0610	Correction
Reg. # 483.12(b)(1)-(5)(ii)(iii)	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.12(c)(2)-(4)	Completed
LSC	01/24/2025	LSC	01/24/2025	LSC	01/24/2025
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/12/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060608	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/27/2025
NAME OF FACILITY MILLVILLE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/24/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 12/12/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			