STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(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 STANDARD SURVEY: 3/03/2022 CENSUS: 53 SAMPLE SIZE: 15 + 2 closed records The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;	F 758		4/3/22

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

Electronically Signed | 03/16/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 1 §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure a.) NJ Ex Order 26.4b1 medications NJ Ex Order 26.4b1 prescribed to be given as needed (PRN) for NJ Ex Order 26.4b1 had a documented rationale for why it was being administered, and any non-pharmacological interventions trialed before administering the medications, and b.) a clinical rationale was documented for why the as needed NJ Ex Order 26.4b1 medications were prescribed for greater than 14-days. This deficient practice was identified for 1 of 5 residents reviewed for unnecessary medications (Resident #50), and was evidenced by the following:	F 758	F758 1. The NJ Ex Order 26.4b1 for Resident #50 was discontinued on 3/1/22. 2. All residents on psychotropic medication have the potential of being affected by this deficit practice of not having the MD re-evaluate the appropriate usage of psychotropic medication. 3. All Licensed nurses was re-educated on proper documentation supporting the need of pharmacological intervention and the need to try non-pharmacological interventions. All Licensed nurses was educated on the need to reach out to the MD to re-evaluate	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 2 On 2/28/22 at 10:42 AM, the surveyor observed Resident # 50 inside his/her room. The resident smiled at the surveyor and spoke NJ Ex Order 26.4b1 but NJ Ex Order 26.4b1. The resident was observed eating a small candy bar with enjoyment. The surveyor reviewed the medical record for Resident #50. A review of the resident's Admission Record reflected that the resident was admitted to the facility on NJ Ex Order 26 with diagnoses which included but were not limited to NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 . A review of the resident's Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated NJ Ex Order 26.4, reflected that the resident's Brief Interview for Mental Status (BIMS) score NJ Ex Order 2 out of 15 which indicated that the resident's cognitive skills for daily decision making was NJ Ex Order 26.4b1. The MDS included that the resident had no indicators of NJ Ex Order 26.4b1 The MDS reflected that the resident had NJ Ex Order 26.4b1 occurred one to three days a week which would impact the resident and others. Further review of the MDS, Section N for Medications indicated the resident received NJ Ex Order 26.4b1 medications. A review of the resident's individualized	F 758	a PRN order of psychotropic drug after 14 days. DON and Pharmacy Consultant reviewed all residents on psychotropic medication medical records to ensure all PRN psychotropic medication have the need for pharmacological intervention and reviewed by the MD. 4. DON/designee will audit 2 residents medical records weekly for the first month and 3 residents medical records monthly for 6 months to ensure all residents on psychotropic medication medical records to ensure all PRN psychotropic medication have the need for pharmacological intervention and reviewed by the MD. 5. All findings will be reviewed by the 2 quarterly meetings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 3	F 758		

comprehensive care plan reflected that the resident had NJ Ex Order 26.4b1 [redacted] Interventions were to "Administer medications as ordered. Monitor/document for side effects and effectiveness. Ask yes/no questions in order to determine the resident's needs, cue, reorient and supervise as needed, keep the resident's routine consistent and try to provide consistent care givers as much as possible in order NJ Ex Order 26.4b1."

The care plan also had a focus area that the resident had "a NJ Ex Order 26.4b1 [redacted] Interventions were to "Administer medications as ordered. Monitor/document for side effects and effectiveness, anticipate and meet the resident's needs, assist the resident to express feelings appropriately, caregivers to provide opportunity for positive interaction, attention. Stop and talk with him/her as passing by, explain all procedures to the resident before starting and allow the resident time to adjust to changes, minimize potential for the resident's NJ Ex Order 26.4b1 by offering tasks which NJ Ex Order [redacted] and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations. Document NJ Ex Order 26.4b1 and potential cause, praise any indication of the resident's NJ Ex Order 26.4b1 [redacted]

The care plan also had a focus area that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 4	F 758		

resident "has potential to [redacted]
Interventions were to "Administer medications as ordered. Monitor/document for side effects and effectiveness, analyze times of day, places, circumstances, triggers, and [redacted] and document, assess and anticipate resident's needs: food, thirst, toileting needs, comfort level, body positioning, pain etc, communication: provide physical and verbal cues to [redacted]; give positive feedback, assist [redacted], assist to set goals for [redacted], encourage seeking out of staff member [redacted], give the resident as many choices as possible about care and activities, monitor and document [redacted] and attempted interventions in [redacted] when the resident becomes [redacted] Intervene before [redacted]; guide away from [redacted]; engage calmly in conversation; if response [redacted] and [redacted]."

Further review of the resident's individualized comprehensive care plans reflected a focus area initiated on [redacted] indicating that the resident used [redacted] medications as ordered by physician. Monitor for side effects and effectiveness Q-shift [every shift] ...monitor/record occurrence of for [redacted] and document per facility protocol."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 5	F 758		

Review of the electronic pharmacist information consultation (EPIC) dated NJ Ex Order 26.4b1 indicated to "Identify and monitor NJ Ex Order 26.4b1 being exhibited for NJ Ex Order 26.4b1 and Identify and monitor the NJ Ex Order 26.4b1 being exhibited NJ Ex Order 26.4b1 There was no documented recommendation to provide a clinical rationale if the usage of the PRN NJ Ex Order 26.4b1 medications were to exceed 14-days.

A review of the electronic NJ Ex Order 26.4b1 dated NJ Ex Order 26.4b1 reflected that Resident #50 was observed in his/her room with family members at the bedside and the family reported a history of NJ Ex Order 26.4b1 well controlled with current medications. The consultation indicated that the resident had a history o NJ Ex Order 26.4b1 The US FOIA (b)(6)) documented "All Meds Reviewed" and indicated that there were contraindications that the benefits of treatment outweigh the risks and a reduction would likely result and exacerbation/return of symptoms. The US FOIA (b)(6) had not documented the specific medications that the resident was prescribed. In addition, there was no documented evidence as to the length NJ Ex Order 26.4b1 for both the PRN NJ Ex Order 26.4b1 medications.

A review of the resident's NJ Ex Order 26.4b1 Order Summary Report (OSR) indicated a physician's order (PO) dated NJ Ex Order 26, for NJ Ex Order 26.4b1 and a PO dated NJ Ex Order 26.4b1

Review of the resident's electronic medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 6	F 758		

administration record (eMAR) for NJ Ex Order 26.4b1, reflected the above corresponding physician orders.

Further review of the NJ Ex Order 26.4b1 eMAR reflected the PO dated NJ Ex Order 26.4 to administer the NJ Ex Order 26.4b1 medication NJ Ex Order 26.4b1 by mouth every 12 hours as needed for NJ Ex Order 26.4. The eMAR was signed to reflect the resident received doses on the following dates and times without consistent documented evidence as to why, including:

NJ Ex Order 26.4 at 1737 hours [5:37 PM]
NJ Ex Order 26.4b at 0850 hours [8:50 AM]
NJ Ex Order 26.4b at 1737 hours [5:37 PM]
NJ Ex Order 26.4 at 1333 hours [1:33 PM]
NJ Ex Order 26.4b at 1911 hours [7:11 PM]
NJ Ex Order 26.4b at 0800 hours [8:00 AM]
NJ Ex Order 26.4 at 2135 hours [9:35 PM]
NJ Ex Order 26.4 at 1657 hours [4:57 PM]
NJ Ex Order 26.4 at 1719 hours [5:19 PM]
NJ Ex Order 26.4 at 1107 hours [11:07 AM]
NJ Ex Order 26.4 at 0824 hours [8:24 AM]
NJ Ex Order 26.4b at 2205 hours [9:05 PM]

Further review of the NJ Ex Order 26.4b1 eMAR from NJ Ex Order 26.4b1, reflected that the NJ Ex Order 26.4b1 was administered on an as needed basis which exceeded 14-days without re-evaluating the continued need for the use of the as needed NJ Ex Order 26.4b1.

Further review of the NJ Ex Order 26.4b1 eMAR reflected the PO dated NJ Ex Order 26 to administer another NJ Ex Order 26.4b1 medication NJ Ex Order 26.4b1 hours as needed for NJ Ex Order 26.4b1. The eMAR was signed to reflect the resident received doses on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 7	F 758		

following dates and times without consistent documented evidence as to why, including:
NJ Ex Order 26.4 at 0530 hours [5:30 AM]
NJ Ex Order 26.4 at 1857 hours [6:57 PM]
NJ Ex Order 26.4 at 1924 hours [7:24 PM]
NJ Ex Order 26.4 at 2148 hours [9:48 PM]
NJ Ex Order 26.4 at 2000 hours [8:00 PM]

Further review of the NJ Ex Order 26.4b1 eMAR reflected that the NJ Ex Order 26.4b1 was administered on an as needed basis which exceeded 14-days without re-evaluating the continued need for the use of the NJ Ex Order 26.4b1.

There was no documented evidence of the specific NJ Ex Order 26.4b1 that the resident was exhibiting and there was no documented evidence of any non-pharmacological interventions that were trialed and failed prior to the administration of the NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 for the aforementioned eMAR dates and times.

Review of the corresponding electronic Progress Notes (PN) from NJ Ex Order 26.4b1 for the NJ Ex Order 26.4b1 administration revealed the following:
- NJ Ex Order 26.4 at 1737 hours [5:37 PM]: NJ Ex Order 26.4b1 Documented by a Licensed Practical Nurse (LPN#1).
- NJ Ex Order 26.4b at 0850 hours [8:50 AM]: NJ Ex Order 26.4b1 ." Documented by LPN#2.

- NJ Ex Order 26.4 at 1737 hours [5:37 PM]: NJ Ex Order 26.4b1 hours as needed for NJ Ex Order 26.4b1 ." Documented by LPN#2.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 8	F 758		

- NJ Ex Order 26.4 at 1333 hours [1:33 PM]: NJ Ex Order 26.4b1 [redacted]." Documented by LPN#2.

Further review of the electronic PN's dated NJ Ex Order 26.4b and timed at 1535 [3:35 PM] indicated "PRN Administration was: Ineffective. Resident continues to NJ Ex Order 26.4b1 [redacted] Supervisor made aware." There was no documented evidence of any interventions other than the administration of NJ Ex Order 26.4b1 .

- NJ Ex Order 26.4b at 1737 hours [5:37 PM]: indicated that the PRN administration of NJ Ex Order 26.4b1 was ineffective. There was no documented evidence that the physician was notified.

- NJ Ex Order 26.4b at 1911 hours [7:11 PM]: NJ Ex Order 26.4b1 [redacted] hours as needed for NJ Ex Order 26.4b1 Documented by LPN#3. There was no documented evidence of the specific NJ Ex Order 26.4b1 the resident was exhibiting to warrant the use of NJ Ex Order 26.4b1 .

- NJ Ex Order 26.4b at 0800 hours [8:00 AM]: NJ Ex Order 26.4b1 [redacted] hours as needed for NJ Ex Order 26.4b1 " Documented by LPN#2.

- NJ Ex Order 26.4b at 2135 hours [9:35 PM]: NJ Ex Order 26.4b1 [redacted] hours as needed for NJ Ex Order 26.4b1 ." Documented by LPN#2.

- NJ Ex Order 26.4b at 1657 hours [4:57 PM]: NJ Ex Order 26.4b1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 9	F 758		

NJ Ex Order 26.4b was administered my mouth as needed for NJ Ex Order 26.4b" Documented by a US FOIA (b)(6)

Further review of the PN's dated NJ Ex Order 26.4, and timed at 1849 hours [6:49 PM] indicated the as needed NJ Ex Order 26.4b1 was "Ineffective." There was no documented evidence that the physician was notified.

- NJ Ex Order 26.4b at 1719 hours [5:19 PM]: NJ Ex Order 26.4b1 Documented by LPN#3.

- NJ Ex Order 26.4b at 1107 hours [11:07 AM]: NJ Ex Order 26.4b1 Documented by LPN#3.

- NJ Ex Order 26.4 at 0824 hours [8:24 AM]: NJ Ex Order 26.4b1 Documented by LPN#2.

- NJ Ex Order 26.4 at 2205 hours [9:05 PM]: NJ Ex Order 26.4b1 Documented by LPN#3.

There was no documented evidence of any non-pharmacological interventions and the specific NJ Ex Order 26.4b1 the resident was exhibiting prior to the administration of the NJ Ex Order 26.4b1

Review of the corresponding electronic Progress Notes (PN) from NJ Ex Order 26.4b1 for the NJ Ex Order 26.4b1 administration revealed the following:

- NJ Ex Order 26.4b at 0530 hours [5:30 AM]: NJ Ex Order 26.4b1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 10	F 758		

every 8 hours as needed for NJ Ex Order 26.4b1." Documented by the US FOIA (b)(6)).

- NJ Ex Order 26.4b at 1857 hours [6:57 PM]: "Resident NJ Ex Order 26.4b1 since NJ Ex Order 26.4b1 visiting assisting staff to give medication." Documented by LPN#2. There was no documented evidence of the specific NJ Ex Order 26.4b the resident was exhibiting and what specific interventions other than the NJ Ex Order 26.4b1 were attempted and failed prior to the administration of the NJ Ex Order 26.4b1

- NJ Ex Order 26.4b at 1924 hours [7:24 PM]: NJ Ex Order 26.4b1 ." There was no documented evidence that non-pharmacological interventions were attempted and failed. In addition, there was no documented evidence that the NJ Ex Order 26.4b1 was given prior to the administration of the NJ Ex Order 26.4b1 Documented by LPN#2.

- NJ Ex Order 26.4b at 2148 hours [9:48 PM]: "for NJ Ex Order 26.4b residents." Documented by LPN#2. There was a 13-minute time difference between the administration of the NJ Ex Order 26.4b1 There was no documented evidence of the specific NJ Ex Order 26.4b1 the resident was exhibiting to warrant the use of the NJ Ex Order 26.4b1.

- NJ Ex Order 26.4b at 2000 hours [8:00 PM]: "for NJ Ex Order 26.4b Documented by US FOIA (b)(6) There was no documented evidence of the specific NJ Ex Order 26.4b

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 11	F 758		

NJ Ex Order 26.4b1 the resident was exhibiting to warrant the use of the NJ Ex Order 26.4b1 and there was no documented evidence of any non-pharmacological interventions that were attempted and failed prior to the administration of the NJ Ex Order 26.4b1

Review of the electronic Physician Note dated NJ Ex Order 26.4b1, (a late entry) revealed the resident's NJ Ex Order 26.4b1 was possibly worsening and the resident had NJ Ex Order 26.4b1 he Physician's note had not reflected the use of the NJ Ex Order 26.4b1 medications or provided a clinical rationale if the usage of the PRN NJ Ex Order 26.4b1 medications were to exceed 14-days.

On 3/1/22 at 11:30 AM, the surveyor interviewed the resident's assigned US FOIA (b)(6) The US FOIA (b) stated, "I had him/her for one week when he/she came here, then I was out, and I'm assigned to him/her today and every day that I am here. He/she is NJ Ex Order 26.4b1 at times. Sometimes he/she NJ Ex Order 26.4b1. This morning was a good morning." The surveyor asked what do you do when the resident would NJ Ex Order 26.4b1? The US FOIA (b) stated, "I leave and report to the nurse and then later go back. Sometimes the resident will say 'not now' and sometimes he/she is NJ Ex Order 26.4b1 and sometimes he/she will follow directions. I explain the care to do for him/her before." The NJ Ex Ord further stated she has not seen the resident NJ Ex Order 26.4b1 with other staff members.

On 3/1/22 at 11:47 AM, the surveyor conducted a telephone interview with the resident's US FOIA (b)(6) The US FOIA (b) stated there was "no particular reason" the NJ Ex Order 26.4b1 wasn't

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 12	F 758		

ordered for 14 days. He stated he was "unaware" that a PRN NJ Ex Order 26.4b1 medication should be ordered for 14 days and then re-evaluated. He further stated that he only agreed to the NJ Ex O [redacted] at the request of the resident's family. The family told him the resident was NJ Ex Order 26.4b1 and was receiving the NJ Ex Order 26.4b1 in the hospital and that was the only medication that would NJ Ex Order 26.4b1. The US FOIA (b) acknowledged that the nurses should have documented the resident NJ Ex Order 26.4b1 [redacted] what non-pharmacological interventions were attempted and failed prior to administering the NJ Ex Order 26.4b1 medications.

On 3/1/22 at 12:04 PM, the surveyor attempted to conduct a telephone interview with US FOIA (b)(6) who administered the NJ Ex Order 26.4b1 medications without documenting what NJ Ex Order 26.4b1 and what non-pharmacological interventions were attempted and failed. The surveyor was unable to speak with US FOIA (b)(6)

On 3/1/22 at 12:10 PM, the surveyor conducted a telephone interview with the US FOIA (b)(6) who stated he examined the resident on NJ Ex Order 26.4b [redacted]. He stated that the PRN NJ Ex Order 26.4b1 medications were "overlooked. The only medication I saw was NJ Ex Order 26.4b1 The US FOIA (b)(6) acknowledged that PRN NJ Ex Order 26.4b1 medications should have been ordered for a 14-day period then the resident should have been re-evaluated. He further acknowledged that the NJ Ex Order 26.4b1 should only be given "as a last resort when all other interventions were attempted and failed."

On 3/1/22 at 12:06 PM, the surveyor attempted to conduct a telephone interview with the LPN#2 but was unable to speak with her.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 13	F 758		

On 3/2/22 at 11:44 AM, the surveyor, in the presence of the survey team conducted an interview with the[US FOIA (b)(6)]) who stated she did not know why the LPN#2 who administered the[NJ Ex Order 26.4b1] and thirteen minutes later administered the[NJ Ex Order 26.4b1] The[US FOIA (b)] acknowledged that the LPN should have waited before giving[NJ Ex Order 26.4b1]. The[US FOIA (b)] confirmed that the physician's order for the[NJ Ex] did not specify to give[NJ Ex Order 26.4b1] when the[NJ Ex Order 26.4b1] was ineffective. The[US FOIA (b)] also acknowledged that the nurses should have documented what non-pharmacological interventions were attempted and failed and what[NJ Ex Order 26.4b1] the resident was exhibiting prior to the administration of the PRN[NJ Ex Order 26.4b1] medications.

On 3/2/22 at 11:58 AM, the surveyor, in the presence of the survey team interviewed LPN#2 who stated that on[NJ Ex Order 26.4], the resident was[NJ Ex Order 26.4b1]. She stated that documenting "E" for Effective on the eMAR was an error. She further stated that the resident was in another resident's room[NJ Ex Order 26.4b1]. "I called his/her [family member] and the [family member] came to the facility and was able to redirect the resident. I had to give him/her the[NJ Ex Order 26.4b1] e/she was[NJ Ex Order 26.4b1] and I knew that the[NJ Ex Order 26.4b1] was such a small dose and would not work for him/her." The LPN#2 could not speak to why she did not document what non-pharmacological interventions were attempted and failed and what specific[NJ Ex Order 26.4b1] the resident was exhibiting prior to the administration of the[NJ Ex Order 26.4b1] medications. She also did not know

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 14	F 758		

what triggered the NJ Ex Order 26.4b1.

On 3/2/22 at 12:39 PM, in the presence on another surveyor, the surveyor conducted a telephone interview with the facility's US FOIA (b)(6) who stated that she had completed a drug regimen review for the resident on NJ Ex Order 26 but had not remembered the resident having a PO for NJ Ex Order 26.4b1. The US FO stated that she would usually make a comment that a PRN NJ Ex Order 26.4b1 medication required the PO to have a stop date of 14 days. The US FO added that she thought the nurses would reserve the NJ Ex O and would expect the nurses to administer or try to administer an NJ Ex Order 26.4b1 medication first and then wait at least an hour to see the effectiveness before administering the NJ Ex . The US FO further stated that the PO should distinguish when to use the NJ Ex Order 26.4b1 by mouth and when to use the NJ Ex Order 26.4b1. The US FO also stated that there should be documentation to support why the PRN NJ Ex Order 26.4b1 medications were being used and include what non-pharmacological interventions were trialed before using the medications. She further stated that she would make a comment to the NJ Ex Orde if she were to see frequent use of a PRN NJ Ex Order 26.4b1 medication because that would trigger that an assessment of a resident's medication regimen should be done to evaluate whether to have a NJ Ex Order 26.4b1 or review if routine medications needed to be increased.

A review of the facility's policy for "Psychotropic Medication/Antipsychotic Medications" with a review date of 6/2021, provided by the US FOIA (b) indicated that it was the facility's policy that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 15 antipsychotic medications would only be used when necessary to treat a specific condition. "Routine anti-psychotics with PRN orders must have written orders prior to its use. PRN antipsychotic drugs should not be used more than five (5) times in any seven (7) day period without a review of the resident's condition by a physician ...Episodic charting shall be done in the IDCP progress notes to include the following information, behavior itself, harmful effects to resident, other residents, staff and environment, specific behavioral modifications and environmental changes done to decrease or control behavior, PRN medications, if administered and its effects, any adverse effects noted ... target behavior/behaviors will be monitored and documented." A review of the facility's policy for Administration of Medication" with a review date of 6/2021, provided by the DON indicated "if a residents uses PRN medications frequently, the Attending Physician and Interdisciplinary Care Team with support from the Consultant Pharmacist as needed, shall reevaluate the situation, examine the individual as needed, determine if there is a clinical reason for the frequent PRN use, and consider whether a standing dose of medication is clinically indicated." NJAC 8:39-11.2(b);27.1(a)	F 758		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources	F 812		4/3/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 16 approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to maintain proper kitchen sanitation practices and properly store potentially hazardous foods in a safe and sanitary environment to prevent the development of food-borne illness. This deficient practice was evidenced by the following: During a tour of the kitchen with two surveyors and the US FOIA (b)(6)) on 2/25/22 at 11:00 AM, the following was observed: 1. The walk-in refrigerator floor was covered with wet debris and all "rusted" as identified by the US FOIA (b)(6), who also stated that there was "a leak and that's why the floor is wet and rusted." There were three wire racks inside the refrigerator. Each rack contained four shelves. All the shelves had evidence of debris build-up which the US FOIA (b)(6) able to rub off with a white	F 812	F812 1. The walk-in fridge leak was fixed. The walk-in fridge floor, wall, ceiling, and shelves were cleaned. All outdated items were immediately discarded. All undated open packages were immediately discarded. The window in the small storage room was closed. The can opener was removed and cleaned. Wet items on the dry pot rack were recleaned and air dried. All appliances were cleaned on 2/27/22. The oil in the deep fryer was replaced. 2. All residents have the potential to be affected by the diffident practice of food safety and sanitation procedure. 3. Dietary Staff re-educated on proper equipment cleaning and sanitation	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 17 rag and stated that it was "debris." In addition, the US FOIA (b)(6) acknowledged that all the shelves on the wire racks "were rusted." She further stated that she told th US FOIA (b)(6) they needed to be replaced but nothing had been done. The surveyors observed a black substance on the ceiling and walls of the walk-in refrigerator which the US FOIA (b)(6) stated was "dry mold." On the shelves of the in walk-in refrigerator the following outdated items were found: a. An opened, five-pound container of cottage cheese with a Manufacturers "Best if used by date" of 2/10/22. b. An opened, five-pound container of sour cream with a "Best by Date" of 2/20/22. c. An opened five-gallon container of mayonnaise with a "Best by Date" of 2/14/22. d. An opened three-pound container of ricotta cheese with a "Best by Date" of 2/10/22. e. Two unopened five-pound containers of sour cream with a received date of 2/9/22 and a Manufacturers "Best if used by date" of 2/15/22. f. An opened five-gallon container of maraschino cherries, labeled with a date of "12/11." The US FOIA (b)(6) stated, "I cannot say what date this is." g. An opened five-gallon container of pickle chips with a received date of 9/7/21 and a facility "Use by Date" of 12/7/21. The US FOIA (b)(6) stated that the pickles were "too old." The US FOIA (b)(6) acknowledged that the above items should have been discarded and that it was her responsibility. 2. In the single door, reach-in freezer the	F 812	according to Facility Policy. ¿ Dietary Staff re-educated on proper storage, label, dating, and rotation (FIFO) procedures according to Facility Policy ¿ Dietary Staff re-educated on proper cleaning, sanitizing and air-drying procedure according to Facility Policy ¿ FSD will Audit weekly to ensure compliance on all cleaning and sanitation procedures and outcome. All storage, label, dating, and rotation (FIFO) procedures and outcomes. All cleaning, sanitizing and air-drying procedures and outcome 4. The Regional Food Service will Audit all operational policies and procedures outlined in plan of correction; ¿ Weekly x 4 ¿ Bi-Weekly x 8 ¿ Monthly x 3 5. All findings will be documented, presented and review during Facility next 2 quarterly QAPI Meetings	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 18	F 812		

following items were found:

a. Two opened bags of chicken patties with no dates on the packaging.

b. One unopened bag of chicken patties with no date on the package.

The [redacted] identified all the food items and stated, "once the cooks open the bags, they should have put an opened date." The [redacted] stated that she was ultimately responsible to ensure that the staff dated packages properly. She further stated that "this is one of my biggest challenges."

3. There was a small storeroom that held condiments and bread. In the room was a partially opened window and air was blowing into the storeroom. The [redacted] acknowledged that the windowsill had "dust and debris" which "could blow on the food."

There was a loaf of white bread dated as received on 2/14/22. The [redacted] stated was that the loaf of bread was "molded." She stated that the bread deliveries were Monday and Thursday and that it was her responsibility to rotate the bread.

4. The [redacted] removed the can opener from the base and acknowledged that the blade, the can opener shaft, and the base had "a build-up of debris." She stated that the can opener was cleaned through the dish machine "once a week." The [redacted] further stated it "should be cleaned as needed" and acknowledged it should have been cleaned.

5. The surveyors then observed the pot rack. The [redacted] stated that it was a "dry pot rack." She explained that their process was to wash the pots, pans, cooking utensils, etc. through the dish

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 19	F 812		

machine, not via the three-compartment sink. The [redacted] stated that they drain and dry these items in the dish machine racks before transferring them to this rack.

The following items were observed on the "dry pot rack":

a. Two 2-inch perforated pans contained food debris and were wet.

b. Four 4-inch full size restaurant pans contained food debris, plastic debris and were wet.

c. Four 2-inch full size restaurant pans contained food debris and were wet.

d. One lid for a full-size restaurant pan with a heavy build-up of food debris.

e. Three 24-capacity muffin pans with a dried food build-up and "rusted" as stated by the [redacted]. The cook, who had worked at the facility for [redacted] stated, "the pans were [redacted] old."

6. There was a steam table with four wells in use. The food in the steam table was covered. The surveyors observed the underside of a stainless-steel shelf over the steam table wells which had a heavy build-up of "food splatters" per the [redacted]. The [redacted] stated she did not know when that surface would be cleaned and acknowledged that the dried splatters "could fall on food."

7. The surveyors observed the oil in the deep fryer. The oil appeared to be a very dark color and contained an accumulation of food debris, which was also observed on the back, sides, and crevices of the fryer. The [redacted] stated that the fryer was cleaned "every four weeks."

8. The griddle top was clean. However, the griddle's drip pan had a heavy build-up of food

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 20	F 812		

debris.

9. There was a heavy accumulation of burnt debris on the back and side splashes of the stove top.

10. The two ovens in use had a heavy build-up of burnt debris inside. The [redacted] stated they were cleaned weekly and as needed. The cook stated, "I try to clean as I go, but only when I have time."

11. The floor of the interior of the two door, reach-in refrigerator had a heavy build-up of food debris. The [redacted] stated, "It's dirty."
There was debris on all three racks in the refrigerator. Two of the racks were black epoxy covered and the middle was wire. The [redacted] acknowledged the debris and was able to wipe the three soiled racks with a white rag. She also stated the middle rack was "rusted."

The two fan covers in the refrigerator had an accumulation of debris. The [redacted] stated that the covers were "not clean and could blow on food."

Inside the reach-in refrigerator was an opened and almost full case of 75 four-ounce, thawed vanilla health shakes, labeled "[name redacted]." There was no date on the case. When asked if she knew how long the shakes were good for once thawed, the [redacted] stated, "I have no idea. I have to look into that." The [redacted] and surveyors observed that there were instructions on the individual containers indicating that the shake must be used no more than 14 days after being thawed. The [redacted] then stated, "Ok. So, I guess they are not good anymore."

On 3/02/22 at 10:04 AM, the surveyor entered the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 21	F 812		

kitchen and observed that many of the items seen on 2/25/22, had been corrected. At that time, the [US FOIA (b)(6)] who had done most of the cleaning, stated that it was not black mold that was observed in the refrigerator during the initial tour. She stated that the soiled appearance was related to the caulking that was used in the walk-in refrigerator.

On 3/02/22 at 10:33 AM, in the presence of the [US FOIA (b)(6)] the surveyor observed the refrigerator/freezer that was used for resident's nourishments on the first floor. The freezer section was approximately one-third filled with frozen desserts. Some of the desserts had thawed and leaked on the floor of the freezer and on the shelf on the door, leaving a dried, sticky residue. When the surveyor inquired who was responsible for cleaning the refrigerator/freezer, the [US FOIA] had no reply. Both the [US FOIA (b)(6)] stated that they thought housekeeping was responsible.

On 3/2/22 at 10:41 AM, the surveyor asked the [US FOIA (b)(6)]) to look at the soiled freezer. When asked who was responsible for cleaning it, he stated, "Dietary picks up the food and Housekeeping cleans the refrigerator." When asked how often that was done, the [US FOIA] stated that it "should be cleaned every day." After surveyor inquiry, the [US FOIA] stated there was no written policy for cleaning the refrigerator.

On 3/2/22 at 1:30 PM, during a meeting with the survey team, the [US FOIA (b)(6)] stated that the black substance on the wall behind the dish machine and in the refrigerator was not mold. He stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 22	F 812		

that it could not have been so easily wiped off if it were mold. Review of an email correspondence with the[US FOIA (b)(6)], (a copy given to the surveyor by the [US FOIA (b)(6)] on 3/3/22 at 9:13 AM), the [US FOIA (b)(6)] suggested that "mold" might actually have been a "condensation build-up." The email also included that the "rust" in the refrigerator and on the racks was actually "dirt."

Review of the job description for the [US FOIA (b)] for [name redacted], dated [NJ Ex Order 26] indicated that the responsibilities of the [US FOIA (b)] included, but were not limited to the following:

"Follow proper receiving, storage, and preparation techniques to ensure that all food items are maintained at a high quality until consumed ...
Maintain the highest standards of cleanliness and safety in the kitchen."

The surveyor requested a cleaning schedule to review for the kitchen. The [US FOIA (b)] provided a weekly cleaning schedule with most of the items in the kitchen listed and assigned to the food service staff. The schedule was entitled "MCC (Montclair Care Center) Food and Nutrition Cleaning Grid Week ending 3/5/2022."

Review of the [name redacted] "General Kitchen Cleaning Policy," dated 4/2021, revealed the following:
"The staff shall maintain the sanitation of the kitchen through compliance with a written, comprehensive cleaning schedule ...
"Procedure:
1. Cleaning and sanitation tasks for the kitchen will be recorded.
2. Tasks will be assigned to be the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 23	F 812		

responsibility of specific positions.
3. Frequency of cleaning for each task will be defined."

Review of the [name redacted] "Dating and Labeling Policy," reviewed/revised 9/2021 revealed, "The kitchen will assure food safety by maintaining proper dates and labels for all ready-to-eat food products ...Discard all foods that expire immediately."

Review of the "Refrigerator and Frozen Food Storage" Policy, reviewed 7/2021 revealed the following procedures:
" ...Rotate products to ensure that the oldest inventory is used first. (FIFO) ...All TCS (Time, Temperature, Control Foods) and ready to eat food that have been prepared onsite can be stored for a maximum of three days at 41 degrees F. or lower before it should discarded (sic). The count begins on the day the food was prepared or commercial container was opened ...Keep refrigerator clean. (Shelves, floor) ...Label and Date and Cover all food items that are stored in the freezer."

Review of the facility's "FOOD SAFETY AND SANITIATION (sic) PLAN", revised 1/2022 included "Purpose: The dining services department shall follow an effective, proactive food safety program that is based on preventing food safety hazards before they occur. Such a plan is the Hazard Analysis Critical Control Point (HACCP) Plan." The "Procedure" for following this plan included: "Ensure storage practices prevent cross contamination ...Label, date, and use FIFO (first in / first out) rotation ...Use clean and sanitized utensils, cutting boards, and knives ...Use clean and sanitized equipment ...Set up

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING _____ B. WING _____	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 24 (serving) stations and product handling processes to prevent cross contamination ..." Review of the facility's "WET NESTING OF KITCHEN WARES POLICY", revised 9/5/21 revealed the Policy statement: "Kitchen will wash, rinse, sanitize and air dry (when wet) all pots, pans, cook ware, service wares and small wares following each meal. Items will not be force dried with any type of rags or wipes." The Procedure included, "When using a dish machine ...after items have been properly cleaned, rinsed and sanitized and items are still wet staff will stack or angle pans in such a way on a designated clean "air drying" rack so they may completely dry prior to usage without any pooling or nesting water visible or to touch." NJAC 8:39-17.2 (g)	F 812		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315363	A. Building B. Wing	4/7/2022

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

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 F0758 Reg. # 483.45(c)(3)(e)(1)-(5) LSC	Correction Completed 04/03/2022	ID Prefix F0812 Reg. # 483.60(i)(1)(2) LSC	Correction Completed 04/03/2022	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 3/3/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING **01** B. WING _____	**03/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	**111-115 GATES AVENUE** **MONTCLAIR, NJ 07042**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 3/01/22, was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy The facility is a two story building that was built in the 90's, It is composed of Type II unprotected construction. The facility is divided into 5- smoke zones. The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions. The facility has 64 certified beds. At the time of the survey the census was 53.	K 000		

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

Electronically Signed | 03/16/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING **01** B. WING _____	**03/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	**111-115 GATES AVENUE** **MONTCLAIR, NJ 07042**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	Continued From page 1 The generator does 100% of the building as per the US FOIA (b)(6) .	K 000		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 3/01/22, it was determined that the facility failed to provide an operational battery backup emergency light above the emergency generator's transfer switches, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was observed for 1 of 1 transfer switches and was evidenced by the following: At 11:52 AM, the Surveyor and US FOIA (b)(6) observed in the dining room closet, where the generator transfer switch was located, that no emergency lighting was provided. This finding was verified by the US FOIA (b)(6) at the time of the observation's. The US FOIA (b)(6) was notified of the above findings at the Life Safety Code exit conference on 3/01/22. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	K291 1. Emergency battery back up light was installed by the generator transfer switch. 2. All residents have the potential of being affected by this deficient practice of not having a battery back up light at the generator transfer switch. 3. US FOIA (b)(6) was in-serviced on the need to ensure that there is a battery backup light by the transfer switch. Maintenance Director will check monthly to ensure that the battery backup light is functioning properly. 4. Administrator/designee will check monthly for 6 months to ensure that the battery backup light is functioning properly. 5. All finding will be reviewed for the next 2 quarterly meeting.	4/3/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING **01** B. WING _____	**03/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	**111-115 GATES AVENUE** **MONTCLAIR, NJ 07042**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 374 SS=E	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility provided documentation on 3/01/22, it was determined that the facility failed to provide smoke barrier wall doors that completely closed to resist the passage of smoke, flame or gases during a fire in accordance with NFPA 101, 2012 LSC Edition, Section 19.3.7, 19.3.7.1, 19.3.7.8, 8.5, 8.5.2, 8.5.4, 8.5.4.1. This deficient practice was observed for 2 of 5 sets of smoke doors tested for closure and was evidenced by the following: 1. At 11:23 AM, the Surveyor and the US FOIA (b)(6) observed the set of smoke-doors by resident rooms 224 and 225, that when released from their hold open device. The set of doors when closed were observed to have an approximately 1/4" opening that would allow the passage of smoke, flame or gases	K 374	K374 1. The smoke doors by rooms 224 & 225 and by rooms 108 & 109 was completely closed by adding an overlap panel to the fire doors on 3/2/22 to resist the passage of smoke, flame, and gas. 2. All residents have the potential to be affected by this deficient practice of not having completely closed doors to resist the passage of smoke, flame, and gas. 3. US FOIA (b)(6) was in-serviced on the need to ensure smoke doors are completely closed to resist the passage of smoke, flame, and gas. Maintenance Director will check monthly all smoke doors to ensure they are completely closed to resist the passage of smoke, flame, and gas. 4. Administrator/designee will check 2 smoke doors monthly for 6 months to	4/3/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING **01** B. WING _____	**03/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	**111-115 GATES AVENUE** **MONTCLAIR, NJ 07042**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 374	Continued From page 3 during a fire. Compromising the integrity of the smoke zone. 2. At 11:38 AM, the Surveyor and the US FOIA (b)(6) observed the set of smoke-doors by resident rooms 108 and 109, that when released from their hold open device. The set of doors when closed were observed to have an approximately 1/4" opening that would allow the passage of smoke, flame or gases during a fire. Compromising the integrity of the smoke zone. In an interview during the observations, the US FOIA (b)(6) stated and confirmed the observations above. The US FOIA (b)(6) was notified of the finding at the Life Safety Code exit conference on 3/01/22.	K 374	ensure they are completely closed to resist the passage of smoke, flame, and gas. 5. All finding will be reviewed by the next 2 quarterly meeting.	
K 918 SS=E	NJAC 8:39-31.2(e) Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36	K 918		4/3/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING **01** B. WING _____	**03/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	**111-115 GATES AVENUE** **MONTCLAIR, NJ 07042**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 918	Continued From page 4 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on interview and review of facility documents on 3/01/22, in the presence of the US FOIA (b)(6), it was determined that the facility failed to a.)certify the time needed by their generator to transfer power to the building was within the required 10-second time frame, in accordance with NFPA 99 for emergency electrical generator systems, and b.) exercise the emergency electrical generator 12 times each year for 3 of 12 monthly load tests in accordance with NFPA 99. This deficient practice was evidenced for 1 of 1 generator logs provided by the US FOIA (b)(6) by the following: A review of the generator records for the previous	K 918	K918 1. Time lapse to transfer power was added to the generator documentation log. 2. All residents have the potential to be affected by this deficient practice of not certifying the time lapse and for not exercising the emergency generator power for 3 of 12 months. 3. US FOIA (b)(6) was in-serviced on the need to certify the time lapse of transfer power and on the need to exercise the emergency generator power monthly. 4. Administrator/designee will check the generator documentation log monthly for 6 to ensure the time lapse of transfer	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING **01** B. WING _____	**03/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	**111-115 GATES AVENUE** **MONTCLAIR, NJ 07042**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 918	Continued From page 5 twelve months, did not reveal documented certification that the generator would start and transfer power to the building within ten seconds, when the load test was conducted for 12 of 12 load test's on the following dates: 2/01/22, 1/03/22, 12/02/21, 11/01/21, 10/04/21, 9/08/21, 8/09/21, 7/21, 6/21, 5/21, 4/05/21, and 3/01/21. An interview was conducted with the US FOIA (b)(6) [redacted] t the time of the record review, who confirmed there was no transfer time data on 12 of 12 monthly load tests documented on his report's. A review of the facility's emergency generator log for the previous 12 months revealed that the facility exercised the emergency generator for 9 of 12 times, 3 of the load tests were not logged on : 7/21, 6/21, and 5/21. In an interview, the facility's US FOIA (b)(6) [redacted] confirmed the load tests dates and stated he would correct the testing dates for future testing on his log reports. The US FOIA (b)(6) was informed of the deficiency at the Life Safety Code exit conference on 3/01/22. NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110	K 918	power and exercising the emergency generator power is being done and recorded accurately. 5. All findings will be presented at the next 2 quarterly meetings.	
K 923 SS=E	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and	K 923		4/3/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING **01** B. WING _____	**03/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	**111-115 GATES AVENUE** **MONTCLAIR, NJ 07042**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 923	Continued From page 6 ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations and interview on 3/01/22, in the presence of the US FOIA (b)(6) it was determined that the facility failed to store cylinders of compressed oxygen in a manner that	K 923	K923 1. Oxygen cylinders in the basement storage room were immediately secured	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315363	A. BUILDING **01** B. WING _____	**03/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	**111-115 GATES AVENUE** **MONTCLAIR, NJ 07042**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 923	Continued From page 7 would protect the cylinders against tipping, rupture and damage in accordance with NFPA 99. This deficient practice was identified for 5 of 39 portable oxygen cylinders and was evidenced by the following: On 3/01/22 at 11:00 AM, the surveyor observed in the basement oxygen cylinder storage room that 5 of 39 oxygen cylinders were free standing and not secured from tipping, rupture and damage. The oxygen cylinders were observed to have approximately 500 PSI each. An interview was conducted with the US FOIA (b)(6) who stated that the cylinders must be individually secured from tipping, rupture and damage at all times in the facility. The US FOIA (b)(6) was informed of the finding at the Life Safety Code exit conference on 3/01/22. NJAC 8:39-31.2(e) NFPA 99	K 923	in it's proper holder. 2. All residents have the potential of being affected by this deficient practice of having oxygen cylinders standing freely. 3. US FOIA (b)(6) was re-inserviced on the need of securing and storing oxygen cylinders in the proper holders at all time. Maintenance Director/Designee will check 2 times a week for the 1st 4 weeks and 1 times a week for 3 months to ensure all oxygen cylinders are being stored in a secure holder. 4. Administrator/designee will check 1 time a week for 4 months to ensure all oxygen cylinders are being stored in a secure holder. 5. All findings will be presented at the next 2 quarterly meetings.	

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
315363 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	4/7/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTCLAIR CARE CENTER	111-115 GATES AVENUE MONTCLAIR, NJ 07042

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0291	04/03/2022	LSC K0374	04/03/2022	LSC K0918	04/03/2022
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0923	04/03/2022	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	
3/3/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO