STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315147	A. BUILDING _____ B. WING _____	C 06/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION	**101 NORTH GROVE STREET EAST ORANGE, NJ 07017**

(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 #: NJ00153969, NJ00154606 NJ00154326, NJ00154860 Census: 177 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 837 SS=D	Governing Body CFR(s): 483.70(d)(1)(2) §483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and §483.70(d)(2) The governing body appoints the administrator who is- (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility; and (iii) Reports to and is accountable to the governing body. This REQUIREMENT is not met as evidenced by: C #: NJ00153969 Based on interviews, record reviews, and review of other pertinent facility documents on 6/28/22	F 837	F837 Governing Body 1. comprehensive [redacted] assessments was immediately completed for resident #1 & #2	7/8/22

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

Electronically Signed | 07/04/2022

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 837	Continued From page 1 NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted] [redacted] racture of Unspecified Part of Neck of Right Femur. The Minimum Data Set (MDS), an assessment tool dated 3/21/22 showed that the Resident's cognitive status was NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and required extensive assistance from staff for Activities of Daily Living (ADL) A review of Care Plan (CP) dated 3/21/22 showed that the Resident had a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. to right hip. The Resident's Admission/Readmission Assessment form and Progress Note (PN) did not show documented evidence that a comprehensive NJAC 8:43 assessment was performed when Resident #1 was readmitted on NJAC 8:43E-2.1 and 2. According to the MR, Resident #2 was admitted to the facility on NJAC 8:43E-2.1 an with diagnosis that included but was not limited to: NJAC 8:43E-2.1 and Exec Order [redacted] The MDS dated 6/22/22, showed that the	F 837	2. All residents have the ability to be affected. 3. Nurses and Nursing Supervisors were in-serviced by Nursing Educator on the requirement of comprehensive skin assessment upon admission. 4. Director of Nursing and/or Designee will audit one new admission assessment per week for four weeks and then one new admission per month for two months to ensure that comprehensive skin assessments have been completed. All findings will be brought to quarterly QAPI meeting for review.	

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GROVE PARK HEALTHCARE AND REHABILITATION	**101 NORTH GROVE STREET EAST ORANGE, NJ 07017**

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F 837	Continued From page 2 Resident's cognition was [NJAC 8:43E-] and required limited assistance from staff for ADLs. A review of CP dated [NJAC 8:43E-2.1 and] showed that the Resident had a [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.]. The Resident's Admission/Readmission Assessment form and PN did not show documented evidence that a comprehensive [NJAC 8:43] assessment was performed when Resident #2 was admitted on [NJAC 8:43E-2.1 and]. Interviewed the Director of Nursing (DON) on 6/29/22 at 1:59 PM, he stated that nurses are expected to perform a comprehensive [NJAC 8:43] assessment upon resident's admission/readmission to the facility. He explained that comprehensive [NJAC 8:4] assessment includes an in-depth description of the wound if present and not just basic assessment. He further stated that the supervisor at the time of Resident's admission is accountable to ensure that a comprehensive assessment is completed by the admission nurse. However, there was no evidence that a comprehensive [NJAC 8:43E-2.1] assessment was performed for Residents #1 and #2 on admission and the DON could not explain why the assessments were not completed. The Job Description for UM, undated, under "Duties and Responsibilities" indicated "Ensure that all nursing service personnel comply with the procedures set forth in the Nursing Service Procedure Manuals. Review nurse's notes to ensure that they are informative and descriptive of the nursing care being provided." Review of the policy titled "Prevention of	F 837		

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F 837	Continued From page 3 Pressure Ulcers/Injuries: Skin Assessment" reviewed on 12/2021, under "Risk Assessment" showed "2. Conduct a comprehensive skin assessment upon admission including: a. Skin integrity...b. Tissue tolerance...c. Areas of impaired circulation..." NJAC 8:39-27.1(b)	F 837		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315147		7/12/2022

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE PARK HEALTHCARE AND REHABILITATION	101 NORTH GROVE STREET EAST ORANGE, NJ 07017

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 F0837 Reg. # 483.70(d)(1)(2) LSC	Correction Completed 07/08/2022	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
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
6/29/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO