STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315178	A. BUILDING _____ B. WING _____	C 05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT ORANGE PARK	140 PARK AVE 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 #: NJ70301, NJ65873, NJ65711, NJ63817, NJ63003, NJ61892, NJ60978 Survey Date: 4/29/2024 through 5/9/2024 Census: 206 Sample: 35 + 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Complaint investigations were also completed during this survey. Deficiencies were cited for this survey. Deficiencies were cited for this survey.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to provide reasonable accommodation of resident needs specifically by failing to ensure that assistance was provided to open a mail for a resident with NJ Exec Order 26.4b1 for 1 of 39 residents, Resident #23, reviewed for resident rights. The deficient practice was evidenced by the following:	F 558	Resident # 23 was assisted in opening NJ EX mail the same day the issue was identified. Audit was completed on all residents who require assistance with opening their mail. All residents have the potential to be affected by this deficient practice.	5/23/24

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

Electronically Signed | 05/24/2024

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 558	Continued From page 1 1. On 5/1/24 at 10:48 AM, the surveyor observed Resident #23 in bed, awake. The surveyor also observed that the resident was wearin [NJ Exec Order 26] [redacted] to both [NJ Exec Order] The surveyor observed several unopened mails placed on top of the resident's nightstand and another one unopened mail placed on top of the bedside table. The surveyor interviewed the resident who stated that he/she would NJ Exec Order 26.4b1 for them in his/her presence. Resident #23 further stated that there were no staff who offered to open the mails for him/her. A review of the facility Admission Record for Resident #23 revealed that the resident was admitted to the facility with diagnoses which included but were not limited t [NJ Exec Order 26.4b1] [redacted] A review of Resident #23's Quarterly Minimum Data Set (MDS) an assessment tool used to facilitate management of care, dated [NJ Exec Order 2], reflected that the resident had a Brief Interview Mental Status (BIMS) score of [NJ E] out of 15, which indicated that the resident had [NJ Exec Order 26.4b] [redacted] A review of the physician's order (PO) dated [NJ Exec Orde] reflected a PO to [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4] [redacted] after AM care as tolerated. [NJ Exec O] with PM care." On 5/2/24 at 10:35 AM, the surveyor interviewed Unit Manager #3 who stated that Resident #23 does [redacted] and	F 558	All recreation staff were educated to help residents with sorting mail and open for them upon request. Family members/NOK will be contacted to grant permission for staff to assist with mail for all residents that need assistance. The recreation director or designee will audit all mail deliveries once a week for 4 weeks and then monthly for 6 months to ensure compliance. Results will be shared with the administrator or designee at QA committee which meets every 3 months.	

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F 558	Continued From page 2 was unaware who delivers the mail to the resident. On 5/2/24 at 2:11 PM, the surveyor discussed the above concern with the facility's U.S. FOIA (b) (6) [redacted], U.S. FOIA (b) (6) [redacted], U.S. FOIA (b) (6), and U.S. FOIA (b) (6). The U.S. FOIA [redacted] stated that the activity staff were responsible to distribute all the mails to the residents. On 5/9/24 at 10:02 AM, the surveyor interviewed the facility's U.S. FOIA (b) (6) [redacted] who stated that as soon as the receptionist/front lobby received the mails, any activity staff on duty will be responsible of delivering mails to the resident's room. The U.S. FOIA [redacted] further stated that if the resident was unable to open their mail, the staff will ask and offer to the resident if they would like assistance in opening mails. A review of the facility's Policy and Procedure titled, "Mail, Email and Package Distribution" indicaed under Action Plan "#3. Provided the resident with the choice of privately opening the mail or receiving assistance from the staff." There was no additional information provided.	F 558		
F 640 SS=D	NJAC 8:39-27.5 Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after	F 640		5/24/24

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F 640	Continued From page 3	F 640		

a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility:
(i) Admission assessment.
(ii) Annual assessment updates.
(iii) Significant change in status assessments.
(iv) Quarterly review assessments.
(v) A subset of items upon a resident's transfer, reentry, discharge, and death.
(vi) Background (face-sheet) information, if there is no admission assessment.

§483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.

§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:
(i)Admission assessment.
(ii) Annual assessment.
(iii) Significant change in status assessment.
(iv) Significant correction of prior full assessment.
(v) Significant correction of prior quarterly assessment.
(vi) Quarterly review.
(vii) A subset of items upon a resident's transfer, reentry, discharge, and death.
(viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment.

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F 640	Continued From page 4 §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on the interview and record review, it was determined that the facility failed to complete and submit electronically the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care of all residents, within 14 days of completing the resident's assessment and in accordance with the Center's for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Manual. This deficient practice was identified for 4 of 35 residents (Residents #18, 22, 57, and 64). This deficient practice was evidenced by the following: 1. Resident #18 was observed to have an Annual MDS (AnMDS) with an Assessment Reference Date (ARD) on NJ Exec Order 26 was due to be transmitted to CMS no later than NJ Exec Order 26. However, the AnMDS was not submitted to CMS until NJ Exec Order 2 A review of Quarterly MDS (QMDS) with an ARD on NJ Exec Order 26 was due to be transmitted to CMS no later than NJ Exec Orde. However, the QMDS was not submitted until NJ Exec Order 26 A review of QMDS with an ARD on NJ Exec Order 26.4 was due to be transmitted to CMS no later than NJ Exec Order 26.4. However, the QMDS was not submitted until NJ Exec Order 26.	F 640	Residents #18,22,57 and 64 were not effected by this deficient practice All residents may be affected by this deficient practice. US FOIA (b)(6) was inserviced on following federal requirements found in the RIA manual. Regional MDS or designee will run Error Reports weekly for 1 month then monthly for 3 months to monitor timely submission. Results of the audit will be presented to the administrator at the quarterly QA meeting.	

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F 640	Continued From page 5 2. Resident #22 was observed to have an AnMDS with an ARD on [NJ Exec Orde] was due to be transmitted to CMS no later than [NJ Exec Order 2]. However, the AnMDS was not submitted to CMS until [NJ Exec Order 2]. A review of Significant Change MDS (ScMDS) with an ARD on [NJ Exec Order 2] was due to be transmitted to CMS no later than [NJ Exec Order 26]. However, the ScMDS was not submitted until [NJ Exec Order 2] A review of QMDS with an ARD on [NJ Exec Order 2] was due to be transmitted to CMS no later than [NJ Exec Order 2]. However, the QMDS was not submitted until [NJ Exec Orde]. A review of QMDS with an ARD on [NJ Exec Orde] was due to be transmitted to CMS no later than [NJ Exec Order 2]. However, the QMDS was not submitted until [NJ Exec Order 26] A review of QMDS with an ARD on [NJ Exec Order 26] was due to be transmitted to CMS no later than [NJ Exec Order 2]. However, the QMDS was not submitted until [NJ Exec Order 2]. A review of AnMDS with an ARD on [NJ Exec Order 26.4] was due to be transmitted to CMS no later than [NJ Exec Order 26.4]. However, the AnMDS was not submitted until [NJ Exec Order 2] 3. Resident #57 was observed to have an Admission MDS (AdMDS) with an ARD on [NJ Exec Order 26.4]. The AdMDS was due to be transmitted to CMS no later than [NJ Exec Order 2]. However, the AdMDS was not submitted to CMS until [NJ Exec Order 26]	F 640		

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F 640	Continued From page 6 4. Resident #64 was observed to have an AnMDS with an ARD on [NJ Exec Order 26.4b] was due to be transmitted to CMS no later than [NJ Exec Order 26.4]. However, the AnMDS was not submitted to CMS until [NJ Exec Order 26.4b]. A review of the undated "Final Validation Report" for Residents #18, 22, 57, and #64 given by the [U.S. FOIA (b) (6)] revealed that "Assessment Completed Late: Z0500B (assessment completion date) is more than 14 days after A2300 (assessment reference date)." On 5/06/24 at 10:15 AM, the surveyor interviewed the [U.S. FOIA (b) (6)], who stated that she worked in the facility for [NJ Exec Order 26.4b1] and followed the RAI Manual. She was aware that the MDS assessments were all submitted and accepted late. On 5/07/24 at 1:27 PM, the survey team met with the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)]. The surveyor notified the facility management of the above findings and concerns.	F 640		
F 641 SS=D	NJAC 8:39 - 11.2(e)3 Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by:	F 641		5/30/24

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F 641	Continued From page 7 Based on observation, interview, and record review it was determined that the facility failed to accurately code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, in accordance with federal guidelines for 1 of 39 residents, Resident #207 reviewed for accuracy for MDS coding. This deficient practice was evidenced by the following: 1. On 5/03/24 at 11:16 AM, the surveyor reviewed the closed medical chart for Resident #207 whose discharge MDS was coded for discharge to an acute hospital. The surveyor reviewed the NJ Exec Order 2[redacted] progress notes under general notes (GN), indicating that Resident #207 NJ Exec Order 26.4b1 [redacted] around 2:30 pm with all his/her belongings." Review of Resident #207's Face Sheet (FS) (a one-page summary of important information about the patient) reflected that the resident was admitted to the facility with diagnosis that included but were not limited to NJ Exec Order 26.4b1 [redacted] Review of the "A section" of the NJ Exec Order 2[redacted] Discharge MDS for Resident #207 revealed that section "NJ Exec Order 26.4b1 Status" documented, "04 NJ Exec Order 26.4b1 On 5/03/24 at 12:08 PM, the surveyor interviewed the U.S. FOIA (b) (6) MDS coordinator (MDS #1). MDS#1 explained, "That Resident #207 left the facility NJ Exec Orde[redacted] MDS#1 revealed that the facility social worker (SW) who entered their information must have entered that incorrectly.	F 641	1.Resident # 207 is no longer in the facility. 2.Resident #57 NJ Exec Order 26.4b1 by this deficient practice. 3.Resident #64 NJ Exec Order 26.4b1 by this deficient practice. 4.Resident #37 NJ Exec Order 26.4b1 by this deficient practice. 5.Resident # 22's succeeding MDS assessments were reviewed for accurate coding and capturing of NJ Exec Order 26.4[redacted] 6. Resident #18 NJ Exec Order 26.4b1 by this deficient practice. All the residents may be affected by this deficient practice. Social Service were given in service by MDS Coordinator regarding accurate coding of Sec A, C, D, E and Q and timely interview/assessment and completion of the PQ 2-9 as per RAI manual. US FOIA (b)(6) was given in service by Regional MDS Coordinator on accurate assessment and coding of the MDS as per RAI Manual. MDS Coordinator will audit 5 assessments for accuracy monthly x 4 months, results of the audit will be presented to the administrator or designee at the QA meeting which meets quarterly.	

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F 641	Continued From page 8 According to the latest version of the Center for Medicare/Medicaid Services - Resident Assessment Instrument 3.0 Manual (updated October 2023) on Chapter 2-page 39 ... "According to the latest version of the Center for Medicare/Medicaid Services - Resident Assessment Instrument 3.0 Manual (updated October 2023). This item documents the location to which the resident is being discharged at the time of discharge. Knowing the setting to which the individual was discharged helps to inform discharge planning. Code 01, Home/Community: if the resident was discharged to a private home, apartment, board, and care, assisted living facility, group home, transitional living, or adult foster care. A community residential setting is defined as any house, condominium, or apartment in the community, whether owned by the resident or another person; retirement communities; or independent housing for the elderly. Code 04, Short-Term General Hospital (acute hospital/IPPS): if the resident was discharged to a hospital that is contracted with Medicare to provide acute, inpatient care and accepts a predetermined rate as payment in full. Code 99, Not Listed" On 5/6/24 at 9:50 AM, the US FOIA (b)(6) provided the surveyors with a facility policy titled, Certifying Accuracy of the Resident Assessment with a revision date of 1.2024. Review of the section, Policy interpretation and implementation section, 2."." Any person who completes any portion of the MDS assessment, tracking form, or correction request form is required to sign the assessment certifying the accuracy of that portion of that assessment."	F 641		

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F 641	Continued From page 9	F 641		

On 5/07/24 at 1:02 PM, the surveyor team met with the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) regarding concerns. The U.S. FOIA stated all MDS assessment and paperwork should be filled out correctly and acknowledged there was an error regarding Resident #207 discharge status. No further information provided.

2. On 5/02/24, at 1:00 PM, the surveyor observed Resident #57 sitting in the wheelchair, NJ Exec O and NJ Exec Order 26.4b and NJ Exec Order 26.4b1 the surveyor's inquiry.

Resident #57's medical records revealed the following information:

According to the Admission Record (an admission summary) (AR), Resident #57 was admitted to the facility with diagnoses that included but were not limited to NJ Exec Ord .

The Quarterly Minimum Data Set (QMDS), dated NJ Exec Order 2 , indicated that the facility assessed the resident's cognitive status using a Brief Interview for Mental Status (BIMS). The resident scored NJ E out of 15, which indicates that the resident is NJ Exec Order 26.4b1.

Review of Section NJ Exec Order 26.4b1 Interview NJ Exec Order 26.4b1 of the NJ Exec Order 26 MDS, signed by the SW on NJ Exec Order 2 , revealed that there was no documentation of a NJ Exec Order 26.4b1 assessment interview performed on the ARD of NJ Exec Order 2 .

A review of Admission MDS (AdMDS) dated NJ Exec Order 26.4b , section NJ Exec Order 26.4b1 signed by the

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F 641	Continued From page 10 social worker (SW) on [NJ Exec Order 26.4b1], revealed that the "[NJ Exec Order 26.4b1] Evaluation" "Effective Date: [NJ Exec Order 26.4b1] 17:25" given by the SW was done [NJ Exec Order 26.4b1] before the ARD of [NJ Exec Order 26.4b1]. 3. On 4/29/24 at 11:44 AM, the surveyor observed Resident #64 in bed, [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] the surveyor's inquiry. Resident #64's medical records revealed the following information: According to the AR, Resident #64 was admitted to the facility with diagnoses that included but were not limited to [NJ Exec Order 26.4b1]. The QMDS, dated [NJ Exec Order 26.4b1] for Resident #64, indicated that the facility assessed the resident's [NJ Exec Order 26.4b1] using BIMS. The resident scored [NJ Exec Order 26.4b1] out of 15, which indicates that the resident's [NJ Exec Order 26.4b1]. Review of Section [NJ Exec Order 26.4b1] Staff Assessment of [NJ Exec Order 26.4b1] of the [NJ Exec Order 26.4b1] QMDS for Resident #64, signed by the SW on [NJ Exec Order 26.4b1] revealed no record of a [NJ Exec Order 26.4b1] interview performed for the ARD dated [NJ Exec Order 26.4b1]. A review of [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] dated [NJ Exec Order 26.4b1] for Resident #64, section [NJ Exec Order 26.4b1], signed by the SW on [NJ Exec Order 26.4b1], revealed no record of a [NJ Exec Order 26.4b1] interview done on the ARD [NJ Exec Order 26.4b1]. 4. On 4/29/24 at 11:09 AM, the surveyor observed Resident #37, who had just come out from [NJ Ex	F 641		

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F 641	Continued From page 11 NJ Ex Order 26.4(b)(1) sitting in a wheelchair. Resident #37's medical records revealed the following information: Review of Resident #37's AR revealed that they were admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 [redacted] The AdMDS dated NJ Exec Order 26 for Resident #37, indicated that the facility assessed the resident's NJ Exec Order 26.4b1 using BIMS. The Resident #64 scored NJ Ex out of 15, which indicates that the resident's NJ Exec Order 26.4b1 Review of Section NJ Exec Order 26.4b1 of the NJ Exec Order 26 AdMDS for Resident #37, reveals that it was signed by the SW on NJ Exec Order 26, but the "NJ Exec Orde [redacted] Evaluation" "Effective Date: NJ Exec Order 26.4b1 14:07" submitted by the SW was done NJ Exec Order 26.4b1 before the ARD of NJ Exec Order 26. 5. On 4/29/24 at 10:21 AM, the surveyor observed Resident #22 lying in bed, NJ Exec Order and NJ Exec O but NJ Exec Order 26.4b1 the surveyor's inquiry. Resident #22's medical records revealed the following information: Review of Resident #22's AR reveals that they were admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b. Review of the QMDS dated NJ Exec Order 26 for Resident #22, indicated that the facility assessed the resident's NJ Exec Order 26.4b1 using BIMS. The resident scored NJ out of 15, which indicates that	F 641		

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the resident's NJ Exec Order 26.4b1 .

A review of the Annual MDS (AnMDS), dated NJ Exec Order 26 for Resident #22, section NJ Exec Order 26.4b1 , does not reflect the NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1

The "NJ Exec Order 26.4b1 Review," with effective dates of NJ Exec Order 26.4 and NJ Exec Order 26.4b is revealed under NJ Exec Order 26.4b1 " "NJ Exec Order 26.4b1 and an effective date of NJ Exec Order 26.4 and NJ Exec Order 26.4b1 respectively.

On 5/06/24 at 10:12 AM, the surveyor interviewed the U.S. FOIA (b) (6)) about Resident #22's NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 that did not reflect in the AnMDS on NJ Exec Order 26 The U.S. FOIA (b) (6) stated that she had missed capturing the NJ Exec on the NJ Exec Order 26.4b1 .

6. On 4/29/24 at 10:21 AM, the surveyor observed Resident #18 lying in bed, NJ Exec Order 2 NJ Exec Or and NJ Exec Order 26.4b1 the surveyor's inquiry.

Resident #18's medical records revealed the following information:

According to the AR, Resident #18 was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 .

The QMDS, dated NJ Exec Order 2, indicated that the facility assessed the resident's NJ Exec Order 26.4b1 using BIMS. The resident scored NJ Exe out of 15, which indicates a NJ Exec Order 26.4b1 .

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F 641	Continued From page 13 Review of the QMDS Section NJ Exec Order 26.4b1, signed by the U.S. FO on NJ Exec Order 26 revealed that the NJ Exec Order 26.4b1 interviews were done NJ Exec Order 26.4b1 before the ARD of NJ Exec Order 26 On 5/06/24 at 10:12 AM, the surveyor interviewed the U.S. FOIA (b) (6) about the process of NJ Exec Order 26.4b1 assessments. She stated that they do not need to follow the ARD; facility management told them that the NJ Exec Order 26.4b1 can be done before the ARD. The U.S. FOIA (b) (6) stated that the resident could be interviewed before the ARD. On 5/06/24 at 11:30 AM, the surveyor interviewed the U.S. FOIA (b) (6) regarding the process of NJ Exec Order 2 assessments; she stated that her process is that she does not follow the ARD. She explained the process was to interview the residents on the first day of admission into the facility. The U.S. FO stated that the BIMS is evaluated along with the NJ Exec Order 26.4b1 at least within 48-72 hours of the resident's admission into the facility. The U.S. FO revealed that the Regional MDS educated her that the assessment, including NJ Exec Order 26.4b1, should be done at least 48 hours of a resident's admission. The U.S. FO did not provide any further information regarding the NJ Exec Order 26.4b1 interviews for Residents #57, #64, and #22. On 5/07/24 at 1:02 PM, the surveyor team met with the US FOIA (b)(6), and US FOIA (b)(6) regarding the concern. No further information was provided. NJAC 8:39-33.2(d)	F 641		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)	F 658		5/28/24

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F 658	Continued From page 14 §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to 1. follow acceptable standards of clinical practice for accurately administering and documenting medication administered for 2 of 4 residents, Resident #34, and Resident #97 observed during medication administration, and 2. follow a physician's order (PO) to treat [redacted] levels for 1 of 5 residents, Resident #171, reviewed for [redacted] management. This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states:	F 658	Resident #97 was assessed and had a [redacted] Resident #34 was assessed and had a [redacted] . resident #171 [redacted] medication was reviewed and corrected with proper criteria and assesments. All nurses will be re-educated using the manufacturer provided measurement for accurate dosage for medication. Nurses were immediately educated to notify physicians and nursing management when medications are not immediately available. All nurses will be immediately educated on proper medication administration on pain management. All residents have the potential to be affected by this deficient practice. Medication Pass will be done on 2 nurses monthly for 3 months by Pharmacy Consultant or Designee. All nurses will be re-educated immediately	

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F 658	Continued From page 15 "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." 1. On 5/1/24 at 8:35 AM, the surveyor observed the Licensed Practical Nurse (LPN) #1 prepare medications for administration to Resident #34. The surveyor observed LPN #1 remove the medication, NJ Exec Order 26.4b1 from the medication cart and verify the medication dosage on the resident's electronic medication administration record (eMAR). The surveyor observed LPN #1 verify the PO for "NJ Exec Order 26.4b1 Give NJ Exec Order 26.4b1 is the placement of a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 every 12 hours for NJ Exec Order 26.4b1 " documented on the NJ Exec Order 26.4b1 eMAR. The surveyor observed LPN #1 pour the medication into a calibrated plastic medication dose cup. LPN #1 informed the surveyor that the amount of medication is between the markings of NJ Exec Order 26.4b1, assuring the surveyor that it was NJ Exec Order 26.4b1 When LPN #1 was prepared to administer the NJ Exec Order 26.4b1 to Resident #34, the surveyor interrupted the administration of NJ Exec Order 26.4b1 by LPN #1. LPN #1	F 658	to notify physicians when medication is unavailable, the proper chain, and accurate documentation. All nurses will be educated on pain scale for proper pain management and administer medication per pain scale policy. Medication passes will be done by the pharmacy consultant and educator routinely and randomly ongoing. Ongoing education will be done randomly and monthly by pharmacy consultants and designee. Medication Administration Record will be checked by the director of nursing or designee for 5 residents per shift daily x 1 week, then weekly x 4 weeks, then monthly x 3 months and findings reported to the administrator at the quarterly QA committee.	

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informed the surveyor that there was no exact mark [NJ Exec Order 26.4b].

LPN #1 open the medication cart and located a [NJ Exec Order 26.4b1] that was provided by the manufacturer for accurately dosing the [NJ Exec Order 26].

LPN #1 was observed disposing the [NJ Exec Order] in the dose cup and accurately measuring the accurate dose with the [NJ Exec Order 26.4b1] that had a marking reflecting [NJ Exec Order] for administration to Resident #34.

On 5/2/24 at 10:02 AM, the surveyor interviewed LPN #1 regarding measuring liquid medications. LPN #1 stated that she normally uses a medication dose cup to measure liquids if they are an amount she can see on the cup. LPN #1 added that for doses of medication not marked on the medication cup, she would use another measuring device that can measure the exact amount.

LPN #1 explained that Resident #34 had a previous order for [NJ Exec Order 26.4b1] that was recently discontinued that she could be measured in the medication cup.

The surveyor inspected a medication dose cup from a medication cart. The medication dose cup had markings that reflected [NJ Exec Order 26.4b1]

A review of the [NJ Exec Order] manufacturer product information reflected under Dosage and Administration, line 2, "DOSAGE AND ADMINISTRATION [NJ Exec Order 26] may be taken with or

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without food. When using NJ Exec Order 26 NJ Exec Order 26.4b1, it is recommended that a NJ Exec Order 26.4b1 be obtained and used. A household teaspoon or tablespoon is not an adequate measuring device. Healthcare providers should recommend a device that can measure and deliver the prescribed dose accurately and provide instructions for measuring the dosage." A review of Resident #34's medical records revealed the following information:

Review of Resident #1's documented admission to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 .

A review of Resident #34's Most Recent Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate management of care, dated NJ Exec Orde, reflected that the resident had a Brief Interview Mental Status (BIMS) score of N out of 15, which indicated that the resident had NJ Exec Order

A review of Resident #34's Care Plan (CP) dated NJ Exec Order 2 reflected that the resident had a NJ Exec Order 2 and NJ Exec Order 26.4b1. In addition the CP documented, "Give medications as ordered. Monitor/document for effectiveness and side effects." and, "Give NJ Exec Order 2 medication as ordered by doctor. Monitor/document side effects and effectiveness." with initiated dates of NJ Exec Order 2.

The surveyor reviewed Resident #34's medical record. The current Physician's Order (PO) dated NJ Exec Order 2, was for NJ Exec Order 26.4b1 Give NJ Exec Order 26.4b1 every 12 hours for NJ Exec Order 2 was noted on the NJ Exec O and NJ Exec Order 26.4b1 electronic medical record (eMAR). The previous

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PO for NJ Exec Order 26.4b1 was verified on the NJ Exec O eMAR. This PO was discontinued on NJ Exec Order 2 for NJ Exec Order 26.4b1 Give NJ Exec Order 26.4b1 every 12 hours for NJ Exec Order 26

Review of the Nursing progress notes dated NJ Exec Order 2, reflected the statement "NJ Exec Order 26.4b1," and there was NJ Ex Order 26.4b1 documentation related to Resident #34 experiencing any NJ Exec Order 2 activity. On 5/1/24 at 1:30 PM, the surveyor discussed the dosing accuracy with U.S. FOIA (b) (6) and U.S. FOIA (b) (6)). The U.S. FOIA (b) and U.S. FOIA (b) (6) acknowledged the discrepancy in dosing accuracy and did not provide any further information at that time.

2. On 5/1/24 at 9:26 AM, the surveyor observed LPN #3 administer medications to resident #97. The surveyor observed an order for "NJ Exec Order 26.4b1 documented on the resident's NJ Exec Order 26.4b1 eMAR.

LPN #3 informed the surveyor that the NJ Exec Order 26.4b1 unavailable and that he would call the pharmacy to see if it could be delivered as soon as possible. LPN #3 explained that Resident #97 had a previous order for a NJ Exec Order 26.4b1 but that it was reduced to NJ Exec Order 26.4b1. LPN #3 documented on the resident's eMAR that the NJ Exec Order 26.4b1 was not given with a code of NJ Exec Order 26.4b1 The resident's NJ Exec Order 26.4b1 eMAR reflects that a code of NJ Exec Order 26.4b entered by the nurse indicates NJ Exec Order 26.4b1"

The surveyor reviewed Resident's eMAR for NJ Exec O and NJ Exec Order 26.4b1 The NJ Exec O eMAR reflected an

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order for NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, Give 1 tablet by mouth one time a day for NJ Exec Order 26.4b1, originally ordered NJ Exec Order 26, ordered and indicated as administered. The NJ Exec O eMAR also reflects an order for NJ Exec Order 26.4b1, Give NJ Exec Order 26 by mouth in the morning for prevent NJ Exec Order 26.4b1, originally ordered NJ Exec Order 26, documented as administered daily except for NJ Exec Order 26.

Review of the NJ Exec Order 26.4b1 eMAR reflected the order for NJ Exec Order 26.4b1, ordered NJ Exec Order 26, Give NJ Exec Order 26 by mouth in the morning for prevent NJ Exec Order 26.4b1 ordered and indicated as not given on NJ Exec Orde.

On 5/2/24 at 11:30 AM the surveyor interviewed, by telephone, the US FOIA (b)(6)) employed by the provider pharmacy who services the facility. The US FOIA stated that the NJ Exec Order 26 order for NJ Exec Order 26 dose of NJ Exec Order 26.4b1 in NJ Exec Order 26.4b1 were not available, the facility was notified, and it was not delivered. The NJ Ex Ord explained that on NJ Exec Order 26, NJ Exec Order 26, NJ Exec Order 26 and NJ Exec Order 26 several calls were made to the facility, but no one was available. The US FOIA (b) stated that on NJ Exec Order 26 an email referring to this matter was generated to the facility. The US FOIA indicated that the NJ Exec Order 26.4b1 NJ Exec Order 26 were never delivered to the facility.

The NJ Exec Order 26.4b1 indicated as administered on the NJ Exec Order 26.4b1 eMAR were found to be unavailable but were initialed as given by the medication nurses on the eMAR.

The surveyor reviewed the facility policy titled Administering Medications dated "Reviewed 1/2024". The policy reflected on line 2. "Medications must be administered in accordance

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with the orders, including any required time frame" and line 5. "The individual administering the medications must check the label against the Physician's order to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication".

On 5/6/24 the surveyor reviewed the policy for Unavailable Medications dated 1/1/2024 provided by the U.S. FOIA (b) The U.S. FOIA also provided statements from several nurses including LPN #3, that the nurses were administering divided doses of a NJ Exec Order 26.4b1 administered the half tablet to Resident #97 and disposed of the other half of the tablets.

Review of the policy reflected at line 2. "A STAT supply of commonly used medications is maintained in-house for timely initiation of medications" and at line 4.b. "notify physician of inability to obtain medication upon notification or awareness that medication is not available. Obtain alternative treatment orders and/or specific orders for monitoring resident while medication is on hold".

On 5/2/24 at 12:17 PM the survey team met with the U.S. FOIA (b) (6)) and U.S. FOIA (b) (6)). The surveyor relayed the information provided by the provider pharmacy to the U.S. FOIA and US FOIA (b)(6). No further information in reference to the medication error or unavailable medications.

Surveyor: NJ Ex Order 26.4(b)(1)

3. On 5/1/24 at 10:37AM, Resident #171 was observed in the room with eyes closed.

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The surveyor reviewed Resident #171's hybrid medical record.

Review of Resident #171's AR revealed that they were admitted to the facility with diagnoses that included but were not limited t NJ Exec Order 26.4b1 [redacted]

A review of the Quarterly Minimum Data Set, an assessment tool used to facilitate the management of care, dated NJ Exec Order 26 reflected that the resident had a Brief Interview for Mental Status (BIMS) of NJ Ex out of 15 indicating that the resident had NJ Exec Order 26.4b1.

On 4/30/24 at 11:48 AM, the surveyor reviewed the resident's NJ Exec Order 26.4b1 Order Summary Report (OSR) which revealed a PO dated NJ Exec Order 26 for "NJ Exec Order 26.4b1 Give 1 tablet by mouth every 8 hours as needed for NJ Exec O [redacted]" and a PO dated NJ Exec Order 26 for NJ Exec Order 26.4b1 [redacted] Give 1 tablet by mouth every 6 hours as needed for NJ Exec Order 26.4b1."

Review of the NJ Exec Order 26.4b1 [redacted] electronic Medication Administration Record (eMAR) revealed that Resident #171 received some doses of NJ Exec Order 26.4b1 Oral Tablet NJ Exec Order 2 1 tablet for documented NJ Exec Order 26.4b1 rates between NJ Exec Orde

On 5/2/24 at 10:26 AM, the surveyor interviewed Resident #171's Licensed Practical Nurse #5 (LPN #5), who was assigned to the resident. LPN #5 stated that she considered NJ Exec Order 26.4b1 to be rated from NJ Exec

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F 658	Continued From page 22 On 5/2/24 at 10:38 AM, the surveyor interviewed Unit Manager #3 (UM #3) who stated that she considered [redacted] be rated from [redacted] UM #3 further stated that she was not sure what [redacted] the nurses on the unit were using. On 5/2/24 at 2:11 PM, the surveyor discussed the above concern with the facility's [redacted], and [redacted]. The [redacted] agreed that for a [redacted] between [redacted] was not considered [redacted], but rather [redacted] to [redacted] levels. A review of the facility's policy and procedure titled, " Pain-Clinical Protocol" did not address specifically the definition and category of mild pain. NJAC 8:39- 29.2 (d)	F 658		
F 697 SS=D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that [redacted] assessments were completed according to facility policy for 2 of 4 residents, Resident #77 and #92 who were reviewed for [redacted] management.	F 697	Resident # 92 [redacted] level was assessed. Resident # 77 [redacted] level was assessed. All residents in the facility will have a Physician order to assess and document pain level every shift All residents have the potential to be	5/28/24

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F 697	Continued From page 23 This deficient practice was evidenced by the following: 1. On 4/29/24 at 11:45 AM, the surveyor interviewed Resident #92 in the [NJ Exec] floor dayroom, who stated they receive [NJ Exec Order 26.4b1] for daily [NJ Exec O] management. On 5/6/24 at 11:15 AM, the surveyor interviewed the Licensed Practical Nurse #7 (LPN#7) who explained that residents on routine [NJ Exec O] medication, [NJ Exec Order 26.4b] should be assessed and documented only if the resident appears in [NJ Exec O]. Review of an Admission Record (an admission summary) revealed that Resident #92 was admitted to the facility with diagnoses that included but were not limited to: [NJ Exec Order 26.4b1] A review of the Admission Minimum Data Set Assessment (MDS), an assessment tool, used to facilitate the management of care, dated [NJ Exec Order 26], revealed that the resident had a score of [NJ Ex] out of 15 on the Brief Interview for Mental Status (BIMS), which indicated that the resident had [NJ Exec Order 26.4b1]. Review of section "N" (Medications) of the Admission MDS dated [NJ Exec Order 26], also revealed that the resident received a scheduled [NJ Exec O] medication. Review of the Physician's Orders revealed an order dated [NJ Exec Order] for the following [NJ Exec O] medication: "[NJ Exec Order 26.4b1] Give 9 tablet by mouth one time a day for [NJ Exec O] Management."	F 697	affected by this deficient practice All new residents' orders will be reviewed to ensure that pain level was ordered. All nursing staff will be educated in pain management, and document as per policy. 5 charts will be reviewed by supervisors or designee weekly x 4 weeks, monthly x 3, then quarterly for 3 quarters and report findings to the administrator at the quarterly QA committee.	

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F 697	Continued From page 24 Further review of the physician's order, NJ Exec Orde [redacted] electronic medication administration records (eMAR) which did not show an order or documentation for NJ Exec O assessment and monitoring. Review of the resident's NJ Exec Order 26.4b1 [redacted] eMARs revealed that Resident #92 received the NJ Exec Order 26.4b1 medication every day with no NJ Exec O assessment documented. A review of resident's care plan (CP) with a completion date of NJ Exec Order 26 revealed a CP for NJ Exec O with an intervention that stated, "complete NJ Exec O assessment on admission and per facility policy to determine the nature of NJ Ex Order 26.4b1 " 2. On 4/29/24 at 11:16 AM, the surveyor interviewed Resident #77 in their room. The resident stated they experienced NJ Exec Order 26 for which they received NJ Exec Order 26.4b1 three times daily for NJ Exec O management. A review of the resident's medical record revealed the following information. The NJ Exec Order 26 Quarterly MDS revealed the resident scored of NJ Ex out of 15 on the BIMS test indicating the resident had an NJ Exec Order 26.4b1. Review of Section I (Active Diagnoses) of the NJ Exec Order 26 Quarterly MDS indicated the resident had diagnoses of NJ Exec Order 26.4b1 [redacted] Review Section J (Health Conditions) of the NJ Exec Order 26 Quarterly MDS indicated the resident had NJ Exec Order 26.4b1 the NJ Exec Order 26.4 days. Review of the NJ Exec Order 26.4b1 Physician's Orders	F 697		

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included an order for the following [redacted] medication: NJ Exec Order 26.4b1 [redacted] Give 4 tablet by mouth three times a day for [redacted] Management." Further review of the physician's order failed to reveal an order for [redacted] assessment and monitoring.

A review of the resident's pain care plan, initiated [redacted] and revised [redacted] included an intervention "complete [redacted] assessment on admission and per facility policy to determine the NJ Exec Order 26.4b1 ..."

On 4/29/24 at 12:00 PM, the U.S. FOIA (b) (6) [redacted]) provided the surveyor with a facility policy titled, Pain-Clinical Protocol with a revised date of 1/2024. Under the monitoring section of the policy it stated, 1. "The staff will reassess the individual's pain and related consequences at regular intervals; at least each shift."

On 5/1/24 at 10:18 AM the surveyor interviewed Registered Nurse #1. She stated the resident gets a once a [redacted] assessment which is not documented.

On 5/1/24 at 10:32 AM the surveyor interviewed Unit Manager #1. She stated a [redacted] assessment is documented in the electronic medical record. She further stated that a [redacted] assessment is not done.

On 5/7/24 at 10:10 AM the surveyors discussed concerns regarding missing [redacted] assessments with the U.S. FOIA (b) (6) [redacted] and the U.S. FOIA (b) (6) .

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F 697	Continued From page 26 On 5/8/24 at 12:00 PM the U.S. FOIA (b) (6) [redacted] stated that pain assessments by nursing should be completed at each shift utilizing the facility [redacted] scale. No further information was provided.	F 697		
F 711 SS=E	NJAC 8:39-27.1(a) Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3) §483.30(b) Physician Visits The physician must- §483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; §483.30(b)(2) Write, sign, and date progress notes at each visit; and §483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to ensure that a). the residents' primary physician signed and dated monthly physician orders for residents under their care and b). facility failed to ensure that the resident's U.S. FOIA (b) (6)) accurately dated physician progress notes (PPN) during their visit to ensure that the resident's current medical regimen was up to date. The	F 711	The primary physician signed and dated the monthly physician orders and the resident□s Nurse Practitioner accurately dated physician progress notes during their visits for the following residents #53, 77, 172,183,86,134,105, 30,171,460,92,56,57, 64,37,22,18,109 and 144 All Resident charts will be audited, and	5/28/24

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F 711	Continued From page 27 deficient practice was identified for 19 of 35 residents, Residents #53, #77, #172, #183, #86, #134, #105, #30, #171, #460, #92, #56, #57, #64, #37, #22, #18, #109, and #144 reviewed for physician orders and [redacted] visits. The findings are as follows. 1. The surveyor interviewed Resident #53 on 4/30/24 at 10:00 AM. The resident was [redacted] and [redacted] in bed. A review of the medical record revealed the following information. The resident was admitted with diagnoses including but not limited to [redacted] and [redacted]. The [redacted] Quarterly Minimum Data Set (QMDS), assessment tool reflected the resident scored a [redacted] out of 15 for the Brief Interview for Mental Status (BIMS) test indicating the resident had [redacted]. A review of monthly physician orders revealed the primary physician had not hand-signed or electronically-signed monthly orders for [redacted] 24. 2. The surveyor interviewed Resident #77 on 5/1/24 at 10:00 am. The resident was [redacted] and [redacted] in bed. A review of the medical record revealed the following information. The [redacted] QMDS, assessment tool reflected the resident scored [redacted] out of 15 on the BIMS test	F 711	responsible physicians will be contacted to address the issue immediately. All residents have the potential to be affected by this deficient practice The Administrator or Medical Director will be re-educating all physicians and NPs on documenting and signing off notes and orders in a timely manner to meet state regulations. Medical Record or designee will audit at least 5 residents chart for physician notes and signature weekly x 4 weeks, then monthly x 3 months and report findings to administrator at the quarterly QA committee.	

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indicating the resident had NJ Exec Order 26.4b1. Section I indicated the resident had diagnoses including but not limited to NJ Exec Order 26.4b1

A review of monthly physician orders revealed the primary physician had not hand-signed or electronically-signed monthly orders for NJ Exec Order 26.4b1.

3. On 4/29/24 at 11:16 AM, the surveyor observed Resident # 172 in bed in their room with their eyes closed and the resident NJ Exec Order 26.4b1 to be interviewed.

The surveyor reviewed the hybrid medical records (paper and electronic) for the Resident #172 which revealed that the resident's primary care physician had not signed the resident's monthly orders from the months of NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1

A review of the resident's Face Sheet with diagnoses that included NJ Exec Order 26.4b1.

A review of the QMDS, an assessment tool used to facilitate care management dated NJ Exec Orde, indicated that the resident was severely NJ Exec Order 26.4b1.

4. On 4/29/24 at 11:06 AM, the surveyor observed Resident # 183 in bed in their room with their eyes closed and the resident NJ Exec Order 26.4b1 to be interviewed.

The surveyor reviewed the hybrid medical records (paper and electronic) for the Resident #183

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which revealed that the resident's primary care physician had not signed the resident's monthly orders from the months of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.

A review of the resident's Face Sheet with diagnoses that included NJ Exec Order 26.4b1

A review of the QMDS, an assessment tool used to facilitate care management dated NJ Exec Order 26.4 indicated that the resident was NJ Exec Order 26.4.

5. On 4/30/24 at 9:45 AM, the surveyor observed Resident # 86 in bed in their room and was NJ Exec Order 26.4b1 interview.

The surveyor reviewed the hybrid medical records (paper and electronic) for the Resident #86 which revealed that the resident's primary care physician had not signed the resident's monthly orders from the months of NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1

A review of the resident's Face Sheet with diagnoses that included NJ Exec Order 26.4b1

A review of the Annual Minimum Data Set (AMDS), an assessment tool used to facilitate care management dated NJ Exec Order 2, indicated that the resident was NJ Exec Order 26.4b1.

6. On 4/29/24 at 10:59 AM, the surveyor observed Resident # 134 in bed in their room and

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was pleasant upon interview.

The surveyor reviewed the hybrid medical records (paper and electronic) for the Resident #134 which revealed that the resident's primary care physician had not signed the resident's monthly orders from the months of NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1.

A review of the resident's Face Sheet with diagnoses that included NJ Exec Order 26.4b1

A review of the QMDS, an assessment tool used to facilitate care management dated NJ Exec Order 26., indicated that the resident was NJ Exec Order 26.

On 5/2/24 at 12:23 PM, the surveyor interviewed the Licensed Practical Nurse (LPN # 1), who stated that the physician's sign monthly orders in the electronic medical record and could not provide any further information.

7. On 5/1/24 at 10:12 AM, the surveyor observed Resident #105 self propelling in a wheelchair. When interviewed, Resident #105 was noted NJ Exec O and NJ Exec Order 26.4b1

The surveyor reviewed the hybrid medical records (paper and electronic) for Resident #105.

The surveyor reviewed the hybrid medical records (paper and electronic) for Resident #105.

A review of the Admission Record (one page summary of important information about a resident) for Resident #105. The resident was admitted to the facility with diagnoses that

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included but were not limited to NJ Exec Order 26.4b1 [redacted]

A review of the QMDS, an assessment tool used to facilitate the management of care, dated NJ Exec Order 26 [redacted], reflected that Resident #105 had a Brief Interview for Mental Status score of NJ Ex [redacted] out of 15, indicating an NJ Exec Order 26.4b1 [redacted].

A review of the resident's monthly physician's orders (PO) revealed that the attending physician (MD#4) had electronically signed the monthly PO on NJ Exec Order 26.4b1 [redacted]

In addition, the Nurse Practitioner (NP#2) who collaborated with MD#4 had signed the monthly PO on NJ Exec Order 26.4b1 [redacted].

There were no monthly PO signed in NJ Exec Order 26 [redacted]

On 5/2/24 at 1:06 PM, the surveyor interviewed the NP#2 who worked in collaboration with the MD#4 via a telephone call. The NP#2 informed the surveyor that she completed an electronic progress note each time she visited which was monthly and as needed. The NP#2 added that she also signs monthly physician's orders but was unsure if there was a timeframe that the physician completed visits and progress notes and signed the monthly orders. The NP#2 further stated that everything was electronic, and that administration would be able to provide me with the documentation.

On 5/2/24 at 2:09 PM, the surveyor discussed the

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above concern with the facility's U.S. FOIA (b) (6) , U.S. FOIA (b) (6)), U.S. FOIA (b) (6)) and U.S. FOIA (b) (6) . The U.S. FOIA stated that she thought the monthly PO were electronically signed by U.S. FO and U.S. FO and would have to check.

On 5/7/24 at 10:10 AM, the survey team met with the U.S. FOIA (b) (U.S. F and U.S. FOIA (The U.S. F stated that the physician visits had not been completed timely or sequenced with the U.S. FO and that all the physicians were reeducated. The U.S. F added that he thought the physician orders could be signed every other month by the U.S. FO

On 5/8/24 at 11:57 AM, the survey team met with the U.S. FOIA (b) (U.S. FOIA (U.S. F and U.S. FOIA (b) (6) . The U.S. FOIA stated that the facility policy for physician orders being signed was included in the undated facility policy for Physician Visits that had been provided.

There was no further documentation provided by the facility.

8. On 5/1/24 at 11:00 AM, the surveyor observed Resident #30 self propelling in a wheelchair. When interviewed, Resident #30 was noted NJ Exec O and NJ Exec Order 26.4b1

The surveyor reviewed the hybrid medical records (paper and electronic) for Resident #30.

A review of the Admission Record (one page summary of important information about a resident) for Resident #30. The resident was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1

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NJ Exec Order 26.4b1 [redacted]

A review of the Quarterly Minimum Data Set , an assessment tool used to facilitate the management of care, dated NJ Exec Order 26.4b reflected that Resident #30 had a Brief Interview for Mental Status score of [redacted] out of 15, indicating an [redacted].
A review of the resident's Order Review revealed that as of NJ Exec Order 26 the next order review was [redacted] overdue.

A review of the electronic Order Review History revealed that the attending physician (MD#1) had reviewed the PO and signed by "Wet Ink" on the following dates:
NJ Exec Order 26.4 [redacted]

A review of the monthly PO titled "Order Summary Report" that were in the resident's physical chart revealed the following:

-the active orders as of NJ Exec Order 26 were signed electronically on NJ Exec Order 26.4 by the MD#1.
-the active orders as of NJ Exec Order 2 were physically signed on NJ Exec Order 2 by NP#1.
-the active orders as of NJ Exec Order 2 were physically signed on NJ Exec Order 2 by MD#1.
-the active orders as of NJ Exec Order 26 were physically signed on NJ Exec Order 2 by NP#1.
-the active orders as of NJ Exec Order 2 were physically signed on NJ Exec Order 2 by NP#1.

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There were no Order Summary Reports physically signed in the resident's chart for [redacted].

On 5/2/24 at 9:48 AM, the surveyor, in the presence of the survey team, interviewed the NP#1 who worked in collaboration with the attending physician (MD#1) via a speaker telephone call. The NP#1 stated that he entered all visits electronically and could not speak to the frequency of physician visits. The NP#1 added that the MD#1 signed the physician orders on paper.

On 5/2/24 at 12:17 PM the surveyor, in the presence of the survey team, interviewed the MD#1 via a speaker telephone call. The MD#1 stated that he was in the facility once a week and that NP#1 completed the physician notes and that he signed the physician orders physically.

On 5/2/24 at 2:09 PM, the surveyor discussed the above concern with the facility's [redacted]. The [redacted] stated that the physicians frequently visited and thought there was electronic physician's progress notes signed by the [redacted] and [redacted] and would have to check.

On 5/7/24 at 10:10 AM, the survey team met with the [redacted] and [redacted]. The [redacted] stated that the physician visits had not been completed timely or sequenced with the [redacted] and that all the physicians were reeducated. The [redacted] added that he thought the physician orders could be signed every other month by the [redacted]. The [redacted] added that MD#1

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F 711	Continued From page 35 physically signs the monthly physician orders and would check for Resident #30. On 5/8/24 at 11:57 AM, the survey team met with the [redacted] and U.S. FOIA (b) (6) [redacted]). The [redacted] stated that the facility policy for physician orders being signed was included in the facility policy for Physician Visits that had been provided. The [redacted] stated that if an attending physician was physically signing the monthly orders for a resident, then signed PO would be in the resident's chart. There was no further documentation provided by the facility. A review of the undated facility policy for Physician Visits provided by the [redacted] reflected that the Attending Physician must make visits in accordance with applicable state and federal requirements. In addition, the policy reflected: "2. The Attending Physician must visit his/her patients at least once every thirty (30) days for the first ninety (90) days following the resident's admission, and then at least every sixty (60) days thereafter. 3. Non-physician practitioners (Physician Assistants and Nurse Practitioner) may perform required visits (initial and follow-up), sign orders and sign certifications/re-certifications as permitted by state and federal regulations. 4. After the first ninety (90) days, if the Attending Physician determines that a resident need not be seen by him/her every thirty (30) day, an alternate schedule of visits may be established, nut not to exceed every sixty (60) days. A physician Assistant or Nurse Practitioner may make alternate visits after the initial ninety (90) days following admission, unless restricted by law or regulation."	F 711		

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(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
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9. On 5/1/24 at 10:37 AM, the resident was observed in the room with eyes closed.

The surveyor reviewed Resident #171's hybrid medical record. Resident #171 was admitted to the facility with diagnoses that included but not limited to NJ Exec Order 26.4b1 [redacted]

A review of the Quarterly Minimum Data Set, an assessment tool used to facilitate the management of care, dated [redacted] reflected that the resident had a Brief Interview for Mental Status (BIMS) of [redacted] out of 15 indicating that the resident had NJ Exec Order 26.4b1

A review of the PPN's in the electronic medical record revealed the following had a "LATE ENTRY" (Any documentation that is recorded in the medical record beyond 24-48 hours of the encounter is classified as a Late Entry.) designation which indicates the notes were not written on the effective date (Date of service):
1. PPN with an effective date of [redacted], but with a created date of [redacted]
2. PPN with an effective date of [redacted], but with a created date of [redacted]
3. PPN with an effective date of [redacted], but with a created date of [redacted]
4. PPN with an effective date of [redacted], but with a created date of [redacted]

10. On 4/29/24 at 11:57 AM, the surveyor observed the resident in bed with eyes closed.

Review of the Admission Record (a one-page summary of important information about the patient) (AR) reflected Resident #460 was

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F 711	Continued From page 37 admitted with diagnosis that included but were not limited to NJ Exec Order 26.4b1 [redacted] A review of the Admission Minimum Data Set, an assessment tool used to facilitate the management of care, dated [redacted] reflected that the resident had a Brief Interview for Mental Status (BIMS) of [redacted] out of 15 indicating that the resident had NJ Exec Order 26.4b1 [redacted] A review of the PPN's in the electronic medical record revealed the following had a "LATE ENTRY designation which indicates the notes were not written on the effective date (Date of service): 1. PPN with an effective date of [redacted], but with a created date of [redacted]. 11a. The surveyor interviewed Resident #92 on [redacted] at 11:45 AM in dayroom. Resident stated they did not recall seeing their Medical Doctor (MD) recently. A review of the medical record revealed the following information. The resident was admitted with diagnoses including but not limited to NJ Exec Order 26.4b1 [redacted] The [redacted] Annual Minimum Data Set (AMDS), the resident scored a [redacted] out of 15 for the BIMS test indicating the resident had [redacted] A review of monthly physician orders revealed the primary physician had not hand-signed or electronically signed monthly orders for NJ Exec Order 26.4b1 [redacted],	F 711		

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Continued From page 38
and [redacted].

11b. A review of the PPN's in the electronic medical record revealed the following had a "LATE ENTRY" (Any documentation that is recorded in the medical record beyond 24-48 hours of the encounter is classified as a Late Entry.) designation which indicates the notes were not written on the effective date (Date of service):
1. PPN with an effective date of [redacted], but with a created date of [redacted].
2. PPN with an effective date of [redacted], but with a created date of [redacted].
3. PPN with an effective date of [redacted] but with a created date of [redacted]
4. PPN with an effective date of [redacted], but with a created date of [redacted].
5. PPN with an effective date of [redacted], but with a created date of [redacted].
6. PPN with an effective date of [redacted], but with a created date of [redacted]

12a. The surveyor interviewed Resident #56 on 4/29/24 at 11:32 AM in dayroom. Resident stated they did not recall seeing their Medical Doctor (MD) in [redacted].
A review of the medical record revealed the following information.

The resident was admitted with diagnoses including but not limited to [redacted].

The 4/3/24 AMDS, the resident scored a [redacted] out of 15 for the BIMS test indicating the resident had [redacted].

A review of monthly physician orders revealed the

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F 711	Continued From page 39	F 711		

primary physician had not hand-signed or electronically signed monthly orders for [redacted] NJ Exec Order 26.4b1

12b. A review of the PPN's in the electronic medical record revealed the following had a "LATE ENTRY designation which indicates the notes were not written on the effective date (Date of service):
1. PPN with an effective date of [redacted] NJ Exec Order 26.4b, but with a created date of [redacted] NJ Exec Order 26.4b1
2. PPN with an effective date of [redacted] NJ Exec Order 26.4b, but with a created date of [redacted] NJ Exec Order 26.4b1.
3. PPN with an effective date of [redacted] NJ Exec Order 26.4b1, but with a created date of [redacted] NJ Exec Order 26.4b.
4. PPN with an effective date of [redacted] NJ Exec Order 26.4b1, but with a created date of [redacted] NJ Exec Order 26.4b.
5. PPN with an effective date of [redacted] NJ Exec Order 26.4b1, but with a created date of [redacted] NJ Exec Order 26.4b1.
6. PPN with an effective date of [redacted] NJ Exec Order 26.4b1, but with a created date of [redacted] NJ Exec Order 26.4b1.

On 5/2/24 at 10:05 AM, the surveyor conducted a phone interview with NP#1. The NP stated they will see all the resident's and type their progress notes but will leave the note in draft and sign off up to 10 days before signing off." The surveyor reviewed the progress notes differences with between the effective and created dates of Resident #92, with some being a difference of 30 days. The NP had no further comments.

On 5/2/24 at 2:06 PM, the survey team met with the [redacted] U.S. FOIA (b) ([redacted] U.S. FOIA and [redacted] U.S. F to discuss concerns. All staff stated they were unaware that the NP was backdating PPN and would in-service all NPs immediately.

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On 5/3/24 at 12:29 PM, the [redacted] provided the surveyor with a facility policy titled, Physician Visits. Under the policy interpretation and implementation, it states, 3/ "Non-physician practitioners (Physician Assistant, Nurse Practitioner) may perform required visits (initial and follow-up), sign orders and sign certifications as permitted by state and federal regulations."

On 5/7/24 at 10:08 PM, the survey team met with facility staff, no further comments made regarding NP backdating.

13. On 05/02/24, at 1:00 PM, the surveyor observed Resident #57 sitting in the wheelchair, [redacted] and [redacted] and [redacted] the surveyor's inquiry.

Resident #57's medical records revealed the following information:

According to the Admission Record (an admission summary) (AR), Resident #57 was admitted to the facility with diagnoses that included but were not limited to [redacted].

The Quarterly Minimum Data Set (QMDS), dated [redacted], indicated that the facility assessed the resident's cognitive status using BIMS. The resident scored [redacted] out of 15, which indicates that the resident is [redacted].

A review of monthly Physician Orders (PO) revealed that the primary physician had not hand-signed or electronically signed the orders for [redacted]

14. On 04/29/24 at 11:44 AM, the surveyor

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F 711	Continued From page 41 observed Resident #64 in bed, NJ Exec Order 2 and NJ Exec Order 26.4b1 the surveyor's inquiry. Resident #64's medical records revealed the following information: According to the AR, Resident #64 was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 . The QMDS, dated NJ Exec Order 2, indicated that the facility assessed the resident's NJ Exec Order 26.4b1 using BIMS. The resident scored NJ out of 15, which indicates that the resident is NJ Exec Order 26.4b1 A review of the monthly PO revealed that the primary physician had not hand-signed or electronically signed the orders for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. 15. On 04/29/24 at 11:09 AM, the surveyor observed Resident #37, who had just come out from the bathroom, sitting in a wheelchair. Resident #37's medical records revealed the following information: According to the AR, Resident #37 was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 The Annual MDS (AMDS), dated NJ Exec Order 26 indicated that the facility assessed the resident's NJ Exec Order 26.4b1 using BIMS. The resident scored NJ Ex out of 15, which indicates that the resident is NJ Exec Order 26.4b1	F 711		

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F 711	Continued From page 42 A review of the monthly PO revealed that the primary physician had not hand-signed or electronically signed the orders for [redacted] 16. On 04/29/24 at 10:21 AM, the surveyor observed Resident #22 lying in bed, [redacted] and [redacted] the surveyor's inquiry. Resident #22's medical records revealed the following information: According to the AR, Resident #22 was admitted to the facility with diagnoses that included but were not limited to [redacted] The QMDS, dated [redacted], indicated that the facility assessed the resident's [redacted] using BIMS. The resident scored [redacted] out of 15, which indicates [redacted]. A review of the monthly PO revealed that the primary physician had not hand-signed or electronically signed the orders for [redacted] 17. On 04/29/24 at 10:21 AM, the surveyor observed Resident #18 lying in bed, [redacted] and [redacted] the surveyor's inquiry. Resident #18's medical records revealed the following information: According to the AR, Resident #18 was admitted to the facility with diagnoses that included but were not limited t [redacted].	F 711		

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The QMDS, dated [NJ Exec Order 26] indicated that the facility assessed the resident's [NJ Exec Order 26.4b1] using BIMS. The resident scored [NJ Exec] out of 15, which indicates that the resident has [NJ Exec Order 26.4b1]

A review of the monthly PO revealed that the primary physician had not hand-signed or electronically signed the orders for [NJ Exec Order 26.4b]

18a. On 4/29/24 at 12:29 PM the surveyor reviewed the Admission Record for Resident #109. The resident was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.

A review of the MDS dated [NJ Exec Order 26] reflected that Resident #109 had a BIMS score of [NJ Ex] out of 15, indicating the resident has n[NJ Exec Order 26.4b1]

The surveyor reviewed the hybrid medical records (paper and electronic) for the Resident #109 which revealed that the resident's primary care physician had not signed the resident's monthly orders from the months of [NJ Exec Order 26.4b1] through [NJ Exec Order 26.4b1]

A review of the electronic Order Review History revealed that the attending physician (MD#1) had reviewed the PO and signed by "Wet Ink" on the date [NJ Exec Order 26] only. The Sign Source was reflected as "Web Application" and Sign Method as "Password at Login".

18b. A review of the Physician's Progress Notes (PPN) in the electronic medical record revealed the following had a "LATE ENTRY" (Any documentation that is recorded in the medical

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record beyond 24-48 hours of the encounter is classified as a Late Entry.) designation which indicates the notes were not written on the effective date (Date of service):
1. PPN with an effective date of [redacted], [redacted] but with a created date of [redacted].
2. PPN with an effective date of [redacted], but with a created date of [redacted].
3. PPN with an effective date of [redacted] but with a created date of [redacted]
4. PPN with an effective date of [redacted] but with a created date of [redacted].
5. PPN with an effective date of [redacted], but with a created date of [redacted].

19a. On 5/6/24 at 11:10 PM, the surveyor observed Resident #144 in a wheelchair. When the surveyor interviewed, Resident #144 [redacted]

The surveyor reviewed the Admission Record for Resident #144. The resident was admitted to the facility with diagnoses that included but were not limited to [redacted] and [redacted]

A review of the MDS dated [redacted], reflected that Resident #144 had a BIMS score of [redacted] out of 15, indicating the resident has [redacted]

The surveyor reviewed the hybrid medical records (paper and electronic) for the Resident #144 which revealed that the resident's primary care physician had not signed the resident's monthly orders from the months of [redacted] and [redacted].

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F 711	Continued From page 45 A review of the electronic Order Review History revealed that the attending physician (MD#1) had reviewed the PO and signed by "Wet Ink" on the following dates: NJ Exec Order 26.4b1 [redacted] The Sign Source was reflected as "Web Application" and Sign Method as "Password at Login". 19b. A review of the PPN's in the electronic medical record revealed the following had a "LATE ENTRY" (Any documentation that is recorded in the medical record beyond 24-48 hours of the encounter is classified as a Late Entry.) designation which indicates the notes were not written on the effective date (Date of service): 1. PPN with an effective date of NJ Exec Order 26.4b1, but with a created date of NJ Exec Order 26.4b. 2. PPN with an effective date of NJ Exec Order 26.4b1 but with a created date of NJ Exec Order 26.4b 3. PPN with an effective date of NJ Exec Order 26.4b1 but with a created date of NJ Exec Order 26.4b1. 4. PPN with an effective date of NJ Exec Order 26.4b1 but with a created date of NJ Exec Order 26.4b1 5. PPN with an effective date of NJ Exec Order 26.4b1, but with a created date of NJ Exec Order 26.4b 6. PPN with an effective date of NJ Exec Order 26.4b1 but with a created date of NJ Exec Order 26.4b1. 7. PPN with an effective date of NJ Exec Order 26.4b1, but with a created date of NJ Exec Order 26.4b1 The facility provided no further documentation for all the residents reviewed. NJAC 8.39-23.2(b)	F 711		
F 712 SS=E	Physician Visits-Frequency/Timeliness/Alt NPP	F 712		5/28/24

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F 712	Continued From page 46 CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. §483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure that the responsible physician supervising the care of residents conducted face to face visits and wrote progress notes at least once every sixty days. This deficient practice was identified for 21 of 36 residents (77, 105, 30, 172, 183, 86, 134, 171, 72, 35, 92, 56, 64, 37, 22, 18, 109, 187, 144, 191, 512) reviewed for physician visits and was evidenced by the following: 1. On 4/29/24 at 11:16 AM, the surveyor observed Resident #77 in bed. When interviewed, Resident #77 was noted [redacted] and [redacted]	F 712	The primary physician conducted face to face visits and wrote progress notes at least once [redacted] for the following residents #77, 105,30,172,183,86, 134,171,72,35,92,56, 64,37,22,18,109,187, 144,191, and 512 All residents' charts will be audited immediately to ensure that physicians' notes are entered in, in a timely manner and meets the required frequency. All the residents may be affected by the deficient practice. The Administrator or Medical Director will	

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F 712	Continued From page 47 The surveyor reviewed the Admission Record (one page summary of important information about a resident) for Resident #77. The resident was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 [redacted] A review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 26 [redacted], reflected that Resident #77 had a Brief Interview for Mental Status (BIMS) score of NJ Ex [redacted] out of 15, indicating the resident had NJ Exec Order 26.4b1 [redacted]. A review of the Physician's progress notes reflected the following: NJ Exec Order 26 [redacted] Physician progress notes completed by Advanced Practice Nurse (APN). NJ Exec Order 26 [redacted] Physician progress notes completed by APN. NJ Exec Order 26 [redacted] Physician progress notes completed by APN. NJ Exec Order 26. [redacted] Physician progress notes completed by APN. NJ Exec Order 26. [redacted] Physician progress notes completed by APN. NJ Exec Order 26.4b [redacted] Physician progress notes completed by APN. NJ Exec Order 26.4 [redacted] Physician progress notes completed by APN. There was no documented evidence that the physician visited and examined Resident #77 at least every NJ Exec Order 26.4 [redacted]. 2. On 5/1/24 at 10:12 AM, the surveyor observed Resident #105 self -propelling in a wheelchair. When interviewed, Resident #105 was noted NJ Exec O [redacted] and NJ Exec Order 26.4b1 [redacted]	F 712	re-educate Physicians and NPs on frequency and timeliness of their notes. The Physicians/NP will be re-educated on alternating notes every 30 days as per state regulations. The medical records or designee will audit at least 5 residents' charts weekly x 4 weeks, then monthly x 3 months and report findings to the administrator at the quarterly QA committee.	

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F 712	Continued From page 48 The surveyor reviewed the Admission Record (one page summary of important information about a resident) for Resident #105. The resident was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 [redacted] A review of the Quarterly Minimum Data Set , an assessment tool used to facilitate the management of care, dated [redacted], reflected that Resident #105 had a Brief Interview for Mental Status score of [redacted] out of 15, indicating an NJ Exec Order 26.4b1. A review of the Physician's progress notes reflected the following: [redacted] Physician progress notes were completed by Nurse Practitioner (NP#2). [redacted] Physician progress notes were completed by NP#2. [redacted] Physician progress notes were completed by NP#2. [redacted] Physician progress notes were completed by the NP#2 [redacted] Physician progress notes were completed by NP#2. [redacted] Physician progress notes were completed by the attending physician (MD#4). There were no Physician progress notes for [redacted] or NJ Exec Order 26.4b1 and [redacted] or NJ Exec Order 26.4b1. There was no documented evidence that the physician visited and examined Resident #105 at	F 712		

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least every NJ Exec Order 26.

On 5/2/24 at 1:06 PM, the surveyor interviewed the NP#2 who worked in collaboration with the MD#4 via a telephone call. The NP#2 informed the surveyor that she completed an electronic progress note each time she visited which was monthly and as needed. The NP#2 added that she also signs monthly physician's orders but was unsure if there was a timeframe that the physician completed visits and progress notes and signed the monthly orders. The NP#2 further stated that everything was electronic, and that administration would be able to provide the documentation.

On 5/2/24 at 2:09 PM, the surveyor discussed the above concern with the facility's U.S. FOIA (b) (6)), U.S. FOIA (b) (6)), U.S. FOIA (b) (6)) and U.S. FOIA (b) (6) . The U.S. FOIA stated that the physicians frequently visited and thought there was electronic physician's progress notes signed by the U.S. FO and U.S. FO and would have to check.

On 5/7/24 at 10:10 AM, the survey team met with the U.S. FOIA (b) (U.S. F and U.S. FOIA (The U.S. F stated that the physician visits had not been completed timely or sequenced with the U.S. FOIA and that all the physicians were reeducated. The U.S. F added that he thought the physician orders could be signed every other month by the U.S. FOIA (

On 5/8/24 at 11:57 AM, the survey team met with the U.S. FOIA (b) (U.S. FOIA (U.S. F and U.S. FOIA (b) (6) . The U.S. FOIA stated that the facility policy for physician orders being signed was included in the undated facility policy for Physician Visits that had been provided.

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There was no further documentation provided by the facility.

3. On 5/1/24 at 11:00 AM, the surveyor observed Resident #30 self -propelling in a wheelchair. When interviewed, Resident #30 was noted [redacted] and [redacted]

The surveyor reviewed the Admission Record (one page summary of important information about a resident) for Resident #30. The resident was admitted to the facility with diagnoses that included but were not limited t [redacted]

A review of the Quarterly Minimum Data Set , an assessment tool used to facilitate the management of care, dated [redacted], reflected that Resident #30 had a Brief Interview for Mental Status score of [redacted] out of 15, indicating an [redacted]

A review of the Physician's progress notes reflected the following:
[redacted] Physician progress notes completed by NP#1.
[redacted] Physician progress notes completed by NP#1.
[redacted] Physician progress notes completed by NP#1.
[redacted] Physician progress notes completed by the NP#1.
[redacted] Physician progress notes completed by NP#1.
[redacted] Physician progress notes completed by

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NP#1.
NJ Exec Order 26.4 Physician progress notes completed by NP#1.
NJ Exec Order 26.4b Physician progress notes completed by NP#1.
NJ Exec Order 26 Physician progress notes completed by NP#1.

There was no physician progress notes for NJ Exec Order 26.4b1 or for NJ Exec Order 26.4b1.

There was no documented evidence that the physician visited and examined Resident #30 at least every NJ Exec Order 26.4

On 5/2/24 at 9:48 AM, the surveyor, in the presence of the survey team, interviewed the NP#1 who worked in collaboration with the attending physician (MD#1) via a speaker telephone call. The NP#1 stated that he entered all visits electronically and could not speak to the frequency of physician visits. The NP#1 added that the MD#1 signed the physician orders on paper.

On 5/2/24 at 12:17 PM the surveyor, in the presence of the survey team, interviewed the MD#1 via a speaker telephone call. The MD#1 stated that he was in the facility once a week and that NP#1 completed the physician notes and he signed the physician orders physically.

On 5/2/24 at 2:09 PM, the surveyor discussed the above concern with the facility's U.S. FOIA (b) (6)), U.S. FOIA (b) (6)), U.S. FOIA (b) (6)) and U.S. FOIA (b) (6) . The U.S. FOIA stated that the physicians frequently visited and thought there was electronic physician's

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progress notes signed by the [redacted] and [redacted] and would have to check.

On 5/7/24 at 10:10 AM, the survey team met with the [redacted] and [redacted]. The [redacted] stated that the physician visits had not been completed timely or sequenced with the [redacted] and that all the physicians were reeducated. The [redacted] added that he thought the physician orders could be signed every other month by the [redacted]. The [redacted] added that MD#1 physically signs the monthly physician orders and would check for Resident #30.

On 5/8/24 at 11:57 AM, the survey team met with the [redacted] and U.S. FOIA (b) (6) [redacted]). The [redacted] stated that the facility policy for physician orders being signed was included in the facility policy for Physician Visits that had been provided. The [redacted] stated that if an attending physician was physically signing the monthly orders for a resident, then they would be in the resident's chart.

There was no further documentation provided by the facility.

A review of the undated facility policy for Physician Visits provided by the [redacted] reflected that the U.S. FOIA (b) (6) must make visits in accordance with applicable state and federal requirements. In addition, the policy reflected: "2. The U.S. FOIA (b) (6) must visit his/her patients at least once every thirty (30) days for the first ninety (90) days following the resident's admission, and then at least every sixty (60) days thereafter. 3. Non-physician practitioners (Physician Assistants and Nurse Practitioner) may perform required visits (initial and follow-up), sign orders and sign certifications/re-certifications

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as permitted by state and federal regulations. 4. After the first ninety (90) days, if the Attending Physician determines that a resident need not be seen by him/her every thirty (30) day, an alternate schedule of visits may be established, nut not to exceed every sixty (60) days. A physician Assistant or Nurse Practitioner may make alternate visits after the initial ninety (90) days following admission, unless restricted by law or regulation."

4. On 4/29/24 at 11:16 AM, the surveyor observed Resident # 172 in bed in their room with their eyes closed and the resident NJ Exec Order 26.4b1 [redacted].

The surveyor reviewed the hybrid medical records (paper and electronic) for the Resident #172 which revealed that the resident's primary care physician had not written a progress note from NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1.

A review of the resident's Face Sheet with diagnoses that included NJ Exec Order 26.4b1 [redacted]

A review of the QMDS, an assessment tool used to facilitate care management dated NJ Exec Order 26.4b1 indicated that the resident was NJ Exec Order 26.4b1 [redacted]

5. On 4/29/24 at 11:06 AM, the surveyor observed Resident # 183 in bed in their room with their eyes closed and the NJ Exec Order 26.4b1 [redacted]

The surveyor reviewed the hybrid medical records (paper and electronic) for the Resident #183

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which revealed that the resident's primary care physician had not written a progress note for the month NJ Exec Order 26.4b1.

A review of the resident's Face Sheet with diagnoses that included NJ Exec Order 26.4b1

A review of the QMDS, an assessment tool used to facilitate care management dated NJ Exec Order 26., indicated that the resident was NJ Exec Order 26.4b

6. On 4/30/24 at 9:45 AM, the surveyor observed Resident # 86 in bed in their room and was pleasant upon interview.

The surveyor reviewed the hybrid medical records (paper and electronic) for the Resident #86 which revealed that the resident's primary care physician had not written a progress note for the month of NJ Exec Order 26.4b1.

A review of the resident's Face Sheet with diagnoses that included NJ Exec Order 26.4b1

A review of the Annual Minimum Data Set (AMDS), an assessment tool used to facilitate care management dated NJ Exec Order 2 indicated that the resident NJ Exec Order 26.4b1.

7. On 4/29/24 at 10:59 AM, the surveyor observed Resident # 134 in bed in their room and was pleasant upon interview.

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F 712	Continued From page 55 The surveyor reviewed the hybrid medical records (paper and electronic) for the Resident #134 which revealed that the resident's primary care physician had not written a progress note from NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1. A review of the resident's Face Sheet with diagnoses that included NJ Exec Order 26.4b1 A review of the QMDS, an assessment tool used to facilitate care management dated NJ Exec Order 26, indicated that the resident was NJ Exec Order 26.4 On 5/2/24 at 12:23 PM, the surveyor interviewed the Licensed Practical Nurse (LPN #1), who stated that the physician's should be writing progress notes in the electronic medical record and could not provide any further information. 8. On 5/1/24 at 10:37 AM, the resident was observed in the room with eyes closed. The surveyor reviewed Resident #171's hybrid medical record. Resident #171 was admitted to the facility with diagnoses that included but not limited to NJ Exec Order 26.4b1 A review of the Quarterly Minimum Data Set, an assessment tool used to facilitate the management of care, dated NJ Exec Order 26 reflected that	F 712		

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the resident had a Brief Interview for Mental Status (BIMS) of [redacted] out of 15 indicating that the resident NJ Exec Order 26.4b1.

A review of the Physician's progress notes reflected that there was no documented evidence that the physician visited and examined Resident #171 at least NJ Exec Order 26.4b1 from NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1.

9. On 04/29/24 11:57 AM, the resident was observed in the room with eyes closed.

The surveyor reviewed Resident #72's hybrid medical record. Resident #72 was admitted to the facility with diagnoses that included but not limited to NJ Exec Order 26.4b1 [redacted]

A review of the Quarterly Minimum Data Set, an assessment tool used to facilitate the management of care, dated [redacted] reflected that the resident had a Brief Interview for Mental Status (BIMS) of [redacted] out of 15 indicating that the resident had NJ Exec Order 26.4b1.

A review of the Physician's progress notes reflected that there was no documented evidence that the physician visited and examined Resident #72 at least every [redacted] from NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1.

10. On 4/29/24 at 11:19 AM, the surveyor observed Resident #35 in bed asleep.

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F 712	Continued From page 57 The surveyor reviewed the Admission Record for Resident #35. The resident was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 [redacted] A review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted] reflected that Resident #35 had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, indicating the resident had NJ Exec Order 26.4b1. A review of the Physician's progress notes (PPN) reflected the following: [redacted] PPN completed by Advanced Practice Nurse (APN#1). [redacted] PPN completed by APN#1. [redacted] PPN completed by APN#1. [redacted] PPN completed by APN#1. [redacted] PPN completed by APN#1. [redacted] PPN completed by APN#2. [redacted] PPN completed by APN#1. There was no documented evidence that the physician visited and examined Resident #35 at least every [redacted]. 11. On 4/29/24 at 11:45 AM, the surveyor interviewed Resident #92 in dayroom. Resident stated they did not recall seeing their Medical Doctor (MD) recently. The surveyor reviewed the Admission Record for Resident #92. The resident was admitted with diagnoses including bu NJ Exec Order 26.4b1 [redacted] The [redacted] Annual Minimum Data Set (AMDS), the resident scored a [redacted] out of 15 for the BIMS	F 712		

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F 712	Continued From page 58 test indicating the resident had NJ Exec Order 26.4b1 [redacted]. A review of the PPN reflected the following: [redacted] PPN completed by Nurse Practitioner (NP#1) [redacted] PPN completed by NP#1 [redacted] PPN completed by NP#1 [redacted] PPN completed by NP#1 [redacted] PPN completed by NP#1 There was no documented evidence that the physician visited and examined Resident #92 at least every [redacted]. 12. On 4/29/24 at 11:32 AM, the surveyor interviewed Resident #56 in dayroom. Resident stated they did not recall seeing their Medical Doctor (MD) in NJ Exec Order 26.4b1. The surveyor reviewed the Admission Record for Resident #56. The resident was admitted with diagnoses including but not limited to [redacted]. The 4/3/24 AMDS, the resident scored a [redacted] out of 15 for the BIMS test indicating the resident had NJ Exec Order 26.4b1. A review of the PPN reflected the following: [redacted] PPN completed by NP#1 [redacted] PPN completed by NP#1 [redacted] PPN completed by NP#1 [redacted] PPN completed by NP#1 There was no documented evidence that the physician visited and examined Resident #56 at least every [redacted]. 13. On 4/29/24 at 11:44 AM, the surveyor	F 712		

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observed Resident #64 in bed, NJ Exec Order 2 and NJ Exec Order 26.4b1 the surveyor's inquiry.

Resident #64's medical records revealed the following information:

According to the Admission Record (an admission summary) (AR), Resident #64 was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 [redacted]

The QMDS dated NJ Exec Order 2 [redacted], indicated that the facility assessed the resident's NJ Exec Order 26.4b1 using BIMS. The resident scored NJ [redacted] out of 15, which indicates that the resident is NJ Exec Order 26.4b1 [redacted]

A review of the Physician's Progress Notes (PPN) reflected that APN #1 completed the following notes on the following dates: NJ Exec Order 26.4b1 [redacted]

14. On 4/29/24 at 11:09 AM, the surveyor observed Resident #37, who had just come out from the bathroom, sitting in a wheelchair.

Resident #37's medical records revealed the following information:

According to the AR, Resident #37 was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 [redacted]

The AMDS, dated NJ Exec Orde [redacted], indicated that the facility assessed the resident's NJ Exec Order 26.4b1

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F 712	Continued From page 60 using BIMS. The resident scored [redacted] out of 15, which indicates that the resident is [redacted] A review of the PPN reflected that the [redacted] had completed the following notes on the following dates: [redacted] 15. On 4/29/24 at 10:21 AM, the surveyor observed Resident #22 lying in bed, [redacted] and [redacted] the surveyor's inquiry. Resident #22's medical records revealed the following information: According to the AR, Resident #22 was admitted to the facility with diagnoses that included but were not limited to [redacted] The QMDS, dated [redacted] indicated that the facility assessed the resident's [redacted] using BIMS. The resident scored [redacted] out of 15, which indicates that the resident is [redacted] A review of the PPN reflected the APN #1 completed the following notes on the following dates: [redacted] 16. On 4/29/24 at 10:21 AM, the surveyor observed Resident #18 lying in bed, [redacted] and [redacted] the surveyor's inquiry. Resident #18's medical records revealed the following information: According to the AR, Resident #18 was admitted to the facility with diagnoses that included but	F 712		

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were not limited t NJ Exec Order 26.4b1 [redacted].

The QMDS, dated [redacted], indicated that the facility assessed the resident's NJ Exec Order 26.4b1 using BIMS. The resident scored [redacted] out of 15, which indicates that the resident has NJ Exec Order 26.4b1 [redacted]

A review of the PPN reflected that APN #1 completed the following notes on the following dates: NJ Exec Order 26.4b1 [redacted].
17. On 4/29/24 at 12:49 PM, the surveyor observed Resident #109 in bed. When the surveyor interviewed, Resident #109 was noted [redacted] and [redacted]

The surveyor reviewed the Admission Record for Resident #109. The resident was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 and [redacted].

A review of the MDS dated [redacted], reflected that Resident #109 had a BIMS score of [redacted] out of 15, indicating the resident has [redacted]

A review of the Physician's progress notes reflected the following:

Physician progress notes, reflecting the words LATE ENTRY, dated NJ Exec Order 26.4b1 [redacted] with a created date of [redacted] completed by the NP #1

A Physician progress note reflecting the words LATE ENTRY, dated [redacted] with a created date

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(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
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of [redacted] completed by the physician MD #1.

Physician progress notes, reflecting the words LATE ENTRY, dated [redacted] a created date of [redacted] completed by NP #1.

Physician progress notes, reflecting the words LATE ENTRY, dated [redacted] with a created date of [redacted] completed by NP #1.

Physician progress notes, reflecting the words LATE ENTRY, dated [redacted] with a created date of [redacted] completed by NP #1.

Further review of the resident's electronic medical record (EMR) did not reflect any further Physician progress notes completed by the physician.

There was no documented evidence that the physician visited and examined Resident #109 at least every [redacted]

18. On 4/30/24 at 10:07 AM, the surveyor observed Resident #187 in bed. When interviewed, Resident #187 was noted [redacted] and [redacted]

The surveyor reviewed the Admission Record for Resident #187. The resident was admitted to the facility with diagnoses that included but were not limited to [redacted]

A review of the Admission MDS dated [redacted], reflected that Resident #187 had a BIMS score of [redacted] out of 15, indicating the resident had [redacted].

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A review of the Physician's progress notes reflected the following:

A Physician progress note, dated [redacted], reflecting the words LATE ENTRY with a created date of [redacted] completed by the physician (MD #5).

Physician progress notes, dated [redacted] completed by APN #1.

Physician progress notes, dated [redacted] completed by APN #1.

Physician progress notes, dated [redacted] completed by APN #1.

A Physician progress note / [redacted] (a note made when a resident is first seen in the facility) dated [redacted] completed by APN #1.

Further review of the resident's electronic medical record (EMR) did not reflect any further Physician progress notes completed by the physician. The EMR reflected a note with a discharge date of [redacted]

There was no documented evidence that the physician visited and examined Resident #187 at least every [redacted].

19. On 4/29/24 at 12:49 PM, the surveyor observed Resident #144 in a wheelchair. When the surveyor interviewed, Resident #144 was noted [redacted] and [redacted]

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The surveyor reviewed the Admission Record for Resident #144. The resident was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 [redacted]

A review of the MDS dated [redacted], reflected that Resident #144 had a BIMS score of [redacted] out of 15, indicating the resident has [redacted]

A review of the Physician's progress notes reflected the following:

A Physician progress note, reflecting the words LATE ENTRY, dated [redacted], with a created date of [redacted] completed by the physician MD #1.

A Physician progress note reflecting the words LATE ENTRY, dated [redacted] with a created date of [redacted] completed by the physician NP #1.

Physician progress notes, reflecting the words LATE ENTRY, dated [redacted], with a created date of [redacted] completed by NP #1.

A Physician progress note, reflecting the words LATE ENTRY, dated [redacted] with a created date of [redacted] completed by NP #1.

A Physician progress note, reflecting the words LATE ENTRY, dated [redacted] with a created date of [redacted] completed by NP #1.

A Physician progress note, reflecting the words LATE ENTRY, dated [redacted] with a created date of [redacted] completed by NP #1.

A Physician progress note, reflecting the words

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LATE ENTRY, dated [NJ Exec Order 26] with a created date of [NJ Exec Order 26.4b] completed by NP #1.

Further review of the resident's electronic medical record (EMR) did not reflect any further Physician progress notes completed by the physician.

There was no documented evidence that the physician visited and examined Resident #144 at least every [NJ Exec Order 26].

20. On 4/29/24 at 11:39 AM, the surveyor observed Resident #191 in bed. When the surveyor interviewed, Resident #191 was noted [NJ Exec O] and NJ Exec Order 26.4b1. The resident was able to NJ Exec Order 26.4b1 [redacted]

The surveyor reviewed the Admission Record for Resident #191. The resident was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 [redacted].

A review of the Admission MDS dated [NJ Exec Order 26], reflected that Resident #191 had a BIMS score of [NJ] out of 15, indicating the resident has [NJ Exec Order 26.4b] [redacted]

A review of the Physician's progress notes reflected the following:

A Physician progress note, dated [NJ Exec Order 26], reflecting the words LATE ENTRY with a created date of [NJ Exec Order 26] completed by the physician (MD #5).

Physician progress notes, dated [NJ Exec Order 26] and [NJ Exec Order 2] completed by APN #1.

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F 712	Continued From page 66 Physician progress notes, dated NJ Exec Order 26.4b1 [redacted] completed by APN #1. Physician progress notes, dated NJ Exec Order 26.4b1 [redacted],completed by APN#1. A Physician progress note / NJ Exec Order 26.4b1 (a note made when a resident is first seen in the facility) dated NJ Exec Order 26 [redacted] completed by APN #1. Further review of the resident's electronic medical record (EMR) did not reflect any further Physician progress notes completed by the physician. There was no documented evidence that the physician visited and examined Resident #191 at least every NJ Exec Order 26.4 [redacted]. 21. Complaint NJ00163003 On 5/7/24 at 12:02 PM, the surveyor reviewed the electronic medical record for Resident #512. The record reflected the resident was discharged from the facility on NJ Exec Order 2 [redacted] The surveyor reviewed the Admission Record for Resident #512. The resident was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 [redacted] A review of the Quarterly MDS dated NJ Exec Order 26 [redacted], reflected that Resident #512 had a BIMS score of NJ Ex [redacted] out of 15, indicating the resident has NJ Exec Order 26.4b [redacted] A review of the Physician's progress notes reflected the following:	F 712		

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A Physician progress note reflecting the words LATE ENTRY, dated [NJ Exec Order 26] with a created date of [NJ Exec Order 26] completed by nurse Practioner (NP) NP #1.

A Physician progress note, reflecting the words LATE ENTRY, dated [NJ Exec Orde], with a created date of [NJ Exec Order 26] completed by NP #1.

A Physician progress note, reflecting the words LATE ENTRY, dated [NJ Exec Order 26.4b1] a created date of [NJ Exec Order 2] completed by NP #1.

A Care Coordination note, dated [NJ Exec Order 26] with a created date of [NJ Exec Order 26] completed by NP #3.

A Care Coordination note, dated [NJ Exec Order 26] with a created date of [NJ Exec Order 26] completed by APN #2.

A Care Coordination note dated [NJ Exec Order 26] with a created date of [NJ Exec Order 26] completed by APN # 2.

Further review of the resident's electronic medical record (EMR) did not reflect any further Physician progress notes completed by the physician.

There was no documented evidence that the attending physician, MD #1 visited and examined Resident #512 at least every [NJ Exec Order 26].

On 5/3/24 at 12:29 PM, the [U.S. FOIA (b) (6)] provided the facility policy titled Physician Visits to the survey team. The surveyor reviewed the facility policy which reflected on the first line, The Attending Physician must make visits in accordance with applicable state and federal regulations. It also reflected:

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F 712	Continued From page 68 1. The attending Physician will visit residents in a timely fashion, consistent with applicable state and federal requirements, and depending on the individual's medical stability, recent and previous medical history, and the presence of medical conditions or problems that cannot be handled readily by phone. 2. The Attending Physician must visit his/her patients at least once every thirty (30) days for the first ninety (90) days following the resident's admission, and then at least every sixty (60) days thereafter. 4. After the first ninety (90) days, if the Attending Physician determines that a resident need not be seen by him/her every thirty (30) days, an alternate schedule of visits may be established, but not to exceed every sixty (60) days. A Physician Assistant or Nurse Practitioner may make alternate visits after the initial ninety (90) days following admission, unless restricted by law or regulation.	F 712		
F 755 SS=D	N.J.A.C. 8:39-23.2(c) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	F 755		5/28/24

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F 755	Continued From page 69 §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: COMPLAINT #NJ0016817 Based on interview and record review, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards by ensuring a.) accurate administration of a medication, NJ Exec Order 26.4b1 [redacted], according to the physician's order and b.) the availability of medications ordered by the physician for medication administration. The deficient practice was identified for one (1) of 11 residents, (Resident #513), reviewed for medication management.	F 755	Resident # 513 no longer resides in the facility All residents on Midrodrine Medication Administration Records will be audited immediately and all nurses will be educated immediately on parameters and administration of Midrodrine Pharmacy will be provided with the Supervisor□s direct line for contact when medication is not available. Pharmacists will also be instructed to contact DON (Director of Nursing) if supervisors are not	

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F 755	Continued From page 70 Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." The deficient practice was evidenced by the following: The surveyor reviewed the closed medical record for Resident #513. A review of the comprehensive Minimum Data Sheet (MDS) (an assessment tool used to facilitate the management of care) dated [redacted], reflected the resident had a brief interview for mental status (BIMS) score of [redacted] out of 15, indicating the resident had an [redacted].	F 755	available. All nurses will be re-educated in accurate medication administration and documentation (correct code and nurses notes) All residents have the potential to be affected by not adhering to policies, procedures, pharmacist, and records as per state regulations. The pharmacy will be contacted immediately and provided with appropriate phone numbers for when the assigned floor for the residents is not available. Nurses will be educated on accurate medication administration and management per policy when medications are not available during time of administration. Nurses will also be educated to check medication back up for availability for in-house stock medication and inform central supply and management immediately. The pharmacy representative will be contacted weekly x 4 weeks, then monthly x 3 and then quarterly and report the findings to the QA committee. The nursing administration/designee will check at least 5 residents medication administration records daily per shift x 1 week, then weekly x 4 weeks, then monthly x 3 months and report quarterly to administrator at the quarterly QA committee.	

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F 755	Continued From page 71 A review of the resident's Order Summary Report reflected a physician's order (PO) dated [redacted] for 'NJ Exec Order 26.4b1 [redacted] give 1 tablet by mouth every 8 hours for [redacted]), hold if [redacted]" A review of the [redacted] electronic medication administration record (EMAR) revealed the above PO for [redacted] was not administered and had an entry of [redacted] documented on [redacted] for the administration time of 2 PM and an entry of [redacted]) documented on [redacted] for the administration time of 6 AM. According to the EMAR chart codes an entry of [redacted] corresponds to [redacted] A review of the corresponding electronic nursing progress notes (ENPN) revealed that on [redacted] at 2:27 PM the Licensed Practical Nurse (LPN#2) had not administered the [redacted] because "awaiting delivery" and on [redacted] at 6:43 AM the LPN #6 had not administered the [redacted] because the '[redacted]." Additional review of the resident's Order Summary Report reflected a PO dated [redacted] for 'NJ Exec Order 26.4b1 [redacted] 1 tablet by mouth two times a day for [redacted]." A review of the [redacted] EMAR revealed the above corresponding PO dated for [redacted] was not administered and had an entry of [redacted] for the	F 755	The Nursing Management/Designee will check house stock par level daily x 1 weeks, then weekly x 4 weeks, then monthly x 3 months and report findings to the administrator at the quarterly QA committee.	

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administration time of 9 AM.

A review of the corresponding ENPN revealed that on [redacted] at 9:10 AM the LPN#2 had not administered the [redacted] because "awaiting delivery."

Further review of the resident's Order Summary Report reflected a PO dated [redacted] for "[redacted] %, give [redacted] by mouth two times a day for NJ Exec Order 26.4b1 [redacted] "

A review of the [redacted] EMAR revealed the above corresponding PO for NJ Exec Order 26.4b1 was not administered at the administration time of 9 AM and had an entry of NJ Exec Order 26.4b1 the following dates NJ Exec Order 26.4b1 [redacted]

A review of the ENPN for [redacted] administration revealed that on NJ Exec Order 26.4b1 [redacted] and [redacted] the LPN#2 had not administered the [redacted] because "awaiting delivery."

On 5/2/24 at 11:32 AM, the surveyor, with LPN#2, reviewed the resident's EMAR and ENPN and the LPN#2 verified that she had documented that the NJ Exec Order 26.4b1 [redacted] were not administered and indicated that she was awaiting delivery because the medications were not in the cart. LPN#2 stated that she was unsure if she called the physician. LPN#2 also stated that she knew the process when a medication was not available that the physician was to be called for follow up and the pharmacy was to be called. LPN#2 added that there should be a progress note when the physician was called. LPN#2 could

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not explain to why the process had not been done.

Further review of the ENPN revealed no documentation of the physician being called or follow up regarding the medications not being available at the time indicated for administration.

On 5/2/24 at 2:09 PM, the survey team met with the U.S. FOIA (b) (6) , U.S. FOIA (b) (6)), U.S. FOIA (b) (6)) and U.S. FOIA (b) (6) . The surveyor reviewed the medications that had an entry of NJ Exec Order 26.4b1 U.S. FOIA stated that NJ Exec Order 26.4b1 was a house stock medication and should have been available. The U.S. FOIA added that she would have to check.

A review of the facility over the counter house stock medication list indicated that NJ Exec Order 26.4b1 was on the list and that the facility had those listed medications readily available at the facility.

On 5/7/24 at 10:10 AM, the survey team met with the U.S. FOIA (b) (U.S. F and U.S. FOIA (The U.S. FOIA acknowledged that the medications were not administered and documented as "awaiting delivery." The U.S. FOIA added that the NJ Exec Order 26.4b1 was an NJ Exec O medication and could not explain why the U.S. FOIA had not administered the NJ Exec Order 26.4b1 In addition, the U.S. FOIA stated that the nurses should know the procedure to follow when medications were not available and could not explain why the procedure was not followed. The U.S. FOIA stated that the nurses were to call the provider pharmacy to find out why a medication was not delivered, and the physician was to be called to see if there were new orders to be followed, or to give another medication.

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F 755	Continued From page 74 On 5/7/24 at 11:00 AM, the surveyor, with the U.S. FOIA (b) reviewed an ENPN completed by LPN#6 indicating that the NJ Exec Order 26.4b1 was not administered because the NJ Exec Order 26.4b1. The U.S. FOIA stated that the NJ Exec Order 26.4b1 should have been administered. At that time, the US FO stated that LPN#6 no longer worked for the facility. On 5/8/24 at 11:48 AM, the surveyor interviewed the U.S. FOIA who acknowledged that the NJ Exec Order 26.4b1 should have been administered for a NJ Exec Order 26.4b1. In addition, the U.S. FOIA acknowledged that the medications that were noted as "awaiting delivery" were not administered and the procedure if a medication was not available was not accurately documented or followed up on. The U.S. FOIA stated that the nurses should know the proper procedure and could not speak to why it was not followed. On 5/8/24 at 3:53 PM, the surveyor interviewed the U.S. FOIA (b) (6)) via the telephone. The U.S. FO stated that she had done medication administration in services frequently with individual nurses at the facility. The U.S. FO acknowledged that when a medication was not available there should be follow up. The U.S. FO added that the physician should be called and possibly change the medication to a medication that was in the facility back up supply. The U.S. FO also stated that NJ Exec Order 26.4b1 was a medication that could be confusing but that the nurses needed to read the physician's orders. The U.S. FO added that she would email the facility the Administration of Medication Inservice information papers that she used.	F 755		

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(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 755	Continued From page 75 A review of the Administration of Medication Inservice information papers provided by the [redacted] included "Please READ ALL YOUR ORDERS." In addition, "Please follow up with the pharmacy if medications are not available." A review of the facility policy for Administering Medications updated 10/2023 provided by the [redacted] reflected that "Medications shall be administered in a safe and timely manner, and as prescribed." In addition, "Medications must be administered in accordance with the orders, including any required time frame." A review of the facility policy for Unavailable Medications dated 1/1/2024 provided by the [redacted] reflected that "The facility shall follow established procedures for ensuring residents have a sufficient supply of medications." In addition, "Staff shall take immediate action when it is known that the medication is unavailable: a. Determine reason for unavailability, length of time medication is unavailable, and what efforts have been attempted by the facility or pharmacy provider to obtain the medication. b. Notify physician of inability to obtain medication upon notification or awareness that medication is not available. Obtain alternative treatment orders and/or specific orders for monitoring resident while medication is on hold." NJAC 8:39-11.2(b), 29.2 (a)(d)	F 755		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must -	F 812		5/28/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315178	A. BUILDING _____ B. WING _____	C 05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 812	Continued From page 76 §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policies, it was determined that the facility failed to maintain proper kitchen sanitation practices as well as store potentially hazardous foods in a manner to prevent food borne illness. This deficient practice was observed and evidenced by the following: On 4/29/24 at 09:25 AM, the surveyor in the presence of the U.S. FOIA (b) (6)) and U.S. FOIA (b) (6)) observed the following during the kitchen tour: 1. Upon entering the kitchen the surveyor observed the U.S. FOIA (and U.S. FOIA both wearing earrings that hung more than one inch (in) from their earlobes. The U.S. FOIA (b) (acknowledged both the U.S. FOIA (and U.S. FOIA (were wearing jewelry that is prohibited in the kitchen area, both staff members	F 812	1.The U.S. FOIA (and U.S. FOIA immediately removed the earrings that were too long. 2.The boxes in the freezer were immediately put under 18 inches. 3. The black debris around the fan was immediately cleaned. All residents have the potential to be affected by this deficient practice. All kitchen employees were educated on not wearing earrings longer than 1 inch, not stacking boxes in the freezer and not having black buildup on The dietary director will audit the kitchen staff for wearing incorrect size earrings, audit the freezer for incorrect stacking and audit that the fans are clean. Once a week for 4 weeks and monthly for 3 months and results reported to the administrator at the quarterly QA committee.	

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F 812	Continued From page 77	F 812		

removed their earrings.

2 During the kitchen inspection, the surveyor observed inside the walk-in freezer, frost build up on one of two fans as well as multiple boxed items stacked above 18 inches from ceiling. The U.S. FOIA (b) (6) stated they have the fan cleaned and have the frost removed, the U.S. FOIA (b) (6) further stated they will rearrange the boxes, so they are stored below the 18 inches from the ceiling.

3. The surveyor observed inside the walk-in refrigerator, a blackish colored debris build up on two of two fans. The U.S. FOIA (b) (6) stated, the maintenance department oversees cleaning the fans and they would be alerted immediately.

On 5/1/24 at 12:54 PM, the U.S. FOIA (b) (6) provided the surveyor with multiple facility policies including Uniform Policy, Receivable and Storage Policy, and Reporting Equipment/Maintenance Needs Policy. The Uniform Policy with a revised date of 5/8/17 states under the procedure section, "Jewelry should be limited to a wedding band." The Receivable and Storage Policy with a revised date of 9/2023 states under the procedure section, "Store all items at least 6 inches off the floor, 18 inches from the ceiling and away from the refrigerator, freezer, and dry storage area walls." The Reporting Equipment/Maintenance Needs Policy with a revised date of 11/2023 states under the procedure section, "Food Service Director or Designee will identify equipment or maintenance needs as needed.

On 5/2/24 at 2:06 PM, the survey team met with U.S. FOIA (b) (6)), U.S. FOIA (b) (6)), U.S. FOIA (b) (6)) to discuss concerns. The U.S. FOIA (b) (6) stated

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F 812	Continued From page 78 they will investigate the kitchen concerns and get back to the surveyor. On 5/7/24 at 10:08 [redacted] and [redacted] met with the survey team for follow up to previous concerns. The [redacted] stated they in-serviced the staff for jewelry, no further comment. NJAC 8:39-17.2(g)	F 812		

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	060722	A. BUILDING: _____ B. WING _____	C 05/09/2024

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficieny and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #NJ163817 Complaint #NJ163003 Complaint #NJ161892 Complaint #NJ170301 Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes.	S 560	No residents were identified. All the residents may be affected by inadequate number of Certified Nursing Assistants as required by NJ DOH. · The Administrator will in-service the Staffing Coordinator in reference to the state guideline S 560. · Human Resources will continue to post the vacancies in all 3 shifts. · Human Resources will schedule the Open House. · The Administrator will boost the rate during a call out coverage and on weekends. The Staffing Coordinator will audit the staffing weekly for 4 weeks the monthly for 3 months. ·	5/28/24

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

Electronically Signed | 05/24/24

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S 560	Continued From page 1 Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) 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 certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place,	S 560	The Staffing Coordinator will submit the audit report to the Quality Assurance Improvement Committee.	

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S 560	Continued From page 2	S 560		

is fifty-one hundredths or higher.
(3) All computations shall be based on the midnight census for the day in which the shift begins.
d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...

A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for 7 segment dates that related to the standard survey and complaints revealing the following:

1. For the 2 weeks of Complaint staffing from 01/01/2023 to 01/14/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:

-01/01/23 had 10 CNAs for 175 residents on the day shift, required at least 22 CNAs.
-01/02/23 had 12 CNAs for 175 residents on the day shift, required at least 22 CNAs.
-01/03/23 had 16 CNAs for 174 residents on the day shift, required at least 22 CNAs.
-01/04/23 had 15 CNAs for 171 residents on the day shift, required at least 21 CNAs.
-01/05/23 had 19 CNAs for 169 residents on the day shift, required at least 21 CNAs.
-01/06/23 had 16 CNAs for 168 residents on the day shift, required at least 21 CNAs.
-01/07/23 had 12 CNAs for 165 residents on the day shift, required at least 21 CNAs.

-01/08/23 had 11 CNAs for 165 residents on the

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S 560	Continued From page 3 day shift, required at least 21 CNAs. -01/09/23 had 14 CNAs for 165 residents on the day shift, required at least 21 CNAs. -01/10/23 had 14 CNAs for 165 residents on the day shift, required at least 21 CNAs. -01/11/23 had 15 CNAs for 165 residents on the day shift, required at least 21 CNAs. -01/12/23 had 14 CNAs for 165 residents on the day shift, required at least 21 CNAs. -01/13/23 had 14 CNAs for 165 residents on the day shift, required at least 21 CNAs. -01/14/23 had 14 CNAs for 165 residents on the day shift, required at least 21 CNAs. 2. For the 2 weeks of Complaint staffing from 04/09/2023 to04/22/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -04/09/23 had 12 CNAs for 177 residents on the day shift, required at least 22 CNAs. -04/10/23 had 14 CNAs for 177 residents on the day shift, required at least 22 CNAs. -04/11/23 had 15 CNAs for 177 residents on the day shift, required at least 22 CNAs. -04/12/23 had 16 CNAs for 177 residents on the day shift, required at least 22 CNAs. -04/13/23 had 15 CNAs for 182 residents on the day shift, required at least 23 CNAs. -04/14/23 had 15 CNAs for 182 residents on the day shift, required at least 23 CNAs. -04/15/23 had 16 CNAs for 179 residents on the day shift, required at least 22 CNAs. -04/16/23 had 11 CNAs for 179 residents on the day shift, required at least 22 CNAs. -04/17/23 had 14 CNAs for 179 residents on the day shift, required at least 22 CNAs. -04/18/23 had 14 CNAs for 179 residents on the day shift, required at least 22 CNAs.	S 560		

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S 560	Continued From page 4 -04/19/23 had 14 CNAs for 187 residents on the day shift, required at least 23 CNAs. -04/20/23 had 15 CNAs for 187 residents on the day shift, required at least 23 CNAs. -04/21/23 had 17 CNAs for 187 residents on the day shift, required at least 23 CNAs. -04/22/23 had 13 CNAs for 187 residents on the day shift, required at least 23 CNAs. 3. For the 2 weeks of Complaint staffing from 12/31/2023 to 01/13/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -12/31/23 had 15 CNAs for 211 residents on the day shift, required at least 26 CNAs. -01/01/24 had 19 CNAs for 206 residents on the day shift, required at least 26 CNAs. -01/02/24 had 17 CNAs for 206 residents on the day shift, required at least 26 CNAs. -01/03/24 had 15 CNAs for 206 residents on the day shift, required at least 26 CNAs. -01/04/24 had 19 CNAs for 206 residents on the day shift, required at least 26 CNAs. -01/05/24 had 15 CNAs for 206 residents on the day shift, required at least 26 CNAs. -01/06/24 had 20 CNAs for 205 residents on the day shift, required at least 26 CNAs. -01/07/24 had 15 CNAs for 205 residents on the day shift, required at least 26 CNAs. -01/08/24 had 18 CNAs for 202 residents on the day shift, required at least 25 CNAs. -01/09/24 had 17 CNAs for 202 residents on the day shift, required at least 25 CNAs. -01/10/24 had 21 CNAs for 202 residents on the day shift, required at least 25 CNAs. -01/11/24 had 18 CNAs for 202 residents on the day shift, required at least 25 CNAs. -01/12/24 had 24 CNAs for 205 residents on the	S 560		

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S 560	Continued From page 5	S 560		

day shift, required at least 26 CNAs.
-01/13/24 had 20 CNAs for 203 residents on the day shift, required at least 25 CNAs.

4. For the 2 weeks of staffing prior to survey from 04/14/2024 to 04/27/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:

-04/14/24 had 15 CNAs for 206 residents on the day shift, required at least 26 CNAs.
-04/15/24 had 19 CNAs for 205 residents on the day shift, required at least 26 CNAs.
-04/16/24 had 21 CNAs for 201 residents on the day shift, required at least 25 CNAs.
-04/17/24 had 22 CNAs for 201 residents on the day shift, required at least 25 CNAs.
-04/18/24 had 19 CNAs for 201 residents on the day shift, required at least 25 CNAs.
-04/19/24 had 20 CNAs for 201 residents on the day shift, required at least 25 CNAs.
-04/20/24 had 19 CNAs for 201 residents on the day shift, required at least 25 CNAs.

-04/21/24 had 14 CNAs for 202 residents on the day shift, required at least 25 CNAs.
-04/22/24 had 18 CNAs for 201 residents on the day shift, required at least 25 CNAs.
-04/23/24 had 21 CNAs for 201 residents on the day shift, required at least 25 CNAs.
-04/24/24 had 21 CNAs for 201 residents on the day shift, required at least 25 CNAs.
-04/25/24 had 19 CNAs for 201 residents on the day shift, required at least 25 CNAs.
-04/26/24 had 20 CNAs for 204 residents on the day shift, required at least 25 CNAs.
-04/27/24 had 18 CNAs for 200 residents on the day shift, required at least 25 CNAs.

On 5/02/24 at 2:12 PM, the surveyor discussed

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S 560	Continued From page 6 the staffing ratio concerns with the Licensed Nursing Home Administrator (LNHA), Assistant Director of Nursing, Assistant LNHA and Regional Clinical Nurse. The LNHA replied, "we're trying very hard to meet the daily facility staffing needs required." The LNHA added, "we're continuously working on improving the staffing issue, including adding a training a class."	S 560		
S1030	8:39-11.2(c) Mandatory Resident Assessment and Care Plans (c) Each resident shall be examined by a physician or advanced practice nurse within five days before, or 48 hours after, admission. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to have a resident evaluated, NJ Ex Order 26.4(b)(1) (NJ Ex Ord) performed within 48 hours of admission by the physician in accordance with New Jersey State requirements. This deficient practice was noted for 1 of 2 residents reviewed for new admission requirements, Resident #460. This deficient practice was evidenced by the following: 1. On 4/29/24 at 11:57 AM, the surveyor observed the resident in bed with eyes closed. Review of the Admission Record (a one-page summary of important information about the patient) (AR) reflected Resident #460 was admitted with diagnosis that included but were not	S1030	Resident # 460 had a NJ Exec Order 26.4b1 performed. All resident charts will be audited for history and physical. All new admissions chart will be reviewed of admission to ensure compliance All residents have the potential to be affected by this deficient practice. The Administrator or Medical Director will re-educate the Physicians and NP on performing history and physical as per policy and state guidelines. The medical records or designee will conduct audit on all new admission charts every 48-72 hours x 2 weeks, then every week x 6 weeks, then monthly x 3 months and report findings to administrator at the quarterly QA committee.	5/28/24

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S1030	Continued From page 7 limited to NJ Exec Order 26.4b1 [redacted] Review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted] documented that Resident #460 was admitted to the facility on [redacted] from a NJ Exec Order 26.4b1 ." Review of Resident #460's hybrid medical record from admission date to present ([redacted]) did not present any NJ Exec Order 26.4b1 performed by the Physician. There was no documentation noted from the Physician showing any [redacted] performed by the physician. Review of the facility policy and procedure "Physician Visits" stated under "Policy Interpretation and Implementation: 1. The Attending Physician will visit residents in a timely fashion, consistent with applicable state and federal requirements ..." On 5/2/24 at 12:22 PM, the surveyor interviewed Resident #46's assigned Physician (MD #1). MD #1 stated that for any new admission, the resident must be seen in 24-48 hours and the progress notes can be found electronically. MD #1 acknowledged that there was no [redacted] completed for Resident #46, since their admission date. On 5/2/24 at 2:11 PM, the surveyor discussed the lacking Physician [redacted] for Resident #460 with the facility's US FOIA (b)(6) [redacted]. The [redacted] stated that there was no [redacted] performed by the resident's physician. There was no additional	S1030		

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S1030	Continued From page 8 information provided. NJAC 8:39-11.1, 11.2(e)(1)	S1030		

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
315178 Y1	A. Building B. Wing Y2	6/18/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT ORANGE PARK	140 PARK AVE 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 F0558	Correction	ID Prefix F0755	Correction	ID Prefix	Correction
Reg. # 483.10(e)(3)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. #	Completed
LSC	05/23/2024	LSC	05/28/2024	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/9/2024	☐ YES ☐ NO

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NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT ORANGE PARK	140 PARK AVE EAST ORANGE, NJ 07017

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0558	Correction	ID Prefix F0640	Correction	ID Prefix F0641	Correction
Reg. # 483.10(e)(3)	Completed	Reg. # 483.20(f)(1)-(4)	Completed	Reg. # 483.20(g)	Completed
LSC	05/23/2024	LSC	05/24/2024	LSC	05/30/2024
ID Prefix F0658	Correction	ID Prefix F0697	Correction	ID Prefix F0711	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(k)	Completed	Reg. # 483.30(b)(1)-(3)	Completed
LSC	05/28/2024	LSC	05/28/2024	LSC	05/28/2024
ID Prefix F0712	Correction	ID Prefix F0755	Correction	ID Prefix F0812	Correction
Reg. # 483.30(c)(1)-(4)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	05/28/2024	LSC	05/28/2024	LSC	05/28/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/9/2024	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
060722 Y1	A. Building B. Wing Y2	6/18/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT ORANGE PARK	140 PARK AVE EAST ORANGE, NJ 07017

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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	05/28/2024	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/9/2024	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
060722 Y1	A. Building B. Wing Y2	6/18/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT ORANGE PARK	140 PARK AVE EAST ORANGE, NJ 07017

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 S1030	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-11.2(c)	Completed	Reg. #	Completed
LSC	05/28/2024	LSC	05/28/2024	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	
5/9/2024	☐ 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
	315178	A. BUILDING **01** B. WING _____	**05/09/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT ORANGE PARK	**140 PARK AVE** **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
E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 05/02/24. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 05/02/24 and 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. Complete Care at Orange Park is a four-story building with a basement that was built in 1965. It is composed of Type II protected construction. The facility is divided into 14 - smoke zones. The generator does approximately 100 % of the building per the Maintenance Director. The current occupied beds are 202 of 214.	K 000		
K 311 SS=F	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6	K 311		5/23/24

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

Electronically Signed | 05/23/2024

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315178	A. BUILDING **01** B. WING _____	**05/09/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT ORANGE PARK	**140 PARK AVE** **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
K 311	Continued From page 1 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure two out of 15 fire rated door assemblies of stairway exit doors were equipped with approved fire exit hardware in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.1.7.2. This deficient practice had the potential to affect all 202 residents who resided at the facility. Findings include: Observations on 05/02/24 between 12:00 PM and 2:23 PM revealed the stairway exit door on the first-floor north stair near the employee break room and the East stair near the physical therapy room were equipped with panic hardware and not the required fire exit hardware which violated the listing of the rated fire door assemblies. During an interview at the time of observations, the U.S. FOIA (b) (6) confirmed the stairway door was equipped with panic hardware. NJAC 8:39-31.1(c), 31.2(e) NFPA 80	K 311	The two identified stairway exit doors assemblies were replaced with approved fire exit hardware. All Maintenance staff were educated in installing the correct approved fire exit doors. All the residents have the potential of being affected by this practice. All fire exit doors will be audited monthly by the Maintenance Director or Designee to ensure correct door assemblies are in place and intact. The monthly audit will be reviewed by the Maintenance Director or Designee for 4 months. The results will be submitted to the Administrator or designee at QA committee quarterly for further review as appropriate.	
K 541 SS=F	Rubbish Chutes, Incinerators, and Laundry Chu CFR(s): NFPA 101 Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING (1) Any existing linen and trash chute, including	K 541		5/23/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315178	A. BUILDING **01** B. WING _____	**05/09/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT ORANGE PARK	**140 PARK AVE** **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
K 541	Continued From page 2 pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes shall comply with 9.5. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with 9.7. (3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.) (4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the linen chute was one-hour fire rated in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 19.5.4.1. This deficient practice had the potential to affect all 202 residents who resided on the third floor at the facility. Findings include: An observation on 05/02/24 at 12:55 PM of the linen chute which opened into the corridor near room 318 revealed there was no fire rating on the chute door. During an interview at the time of the observation, the U.S. FOIA (b) (6) confirmed the chute	K 541	A fire rated tag was installed on the identified linen chute door near room 318. All the residents have the potential of being affected by this practice. All chute doors will be audited monthly by the Maintenance Director or Designee to ensure appropriate fire rating is in place. The monthly audit will be reviewed by the Maintenance Director or Designee for 4 months. The results will be submitted to the Administrator or designee at QA committee quarterly for further review as appropriate.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315178	A. BUILDING **01** B. WING _____	**05/09/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT ORANGE PARK	**140 PARK AVE** **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
K 541	Continued From page 3 door did not have a rating. NJAC 8:39-31.2(e) NFPA 82	K 541		

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
315178 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	6/18/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT ORANGE PARK	140 PARK AVE EAST ORANGE, NJ 07017

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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. #	Completed
LSC K0311	05/23/2024	LSC K0541	05/23/2024	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	
5/9/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO