

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

PRINTED: 07/24/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>03/07/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKHAVEN HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 PARK END PLACE</b> <b>EAST ORANGE, NJ 07018</b>		
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F 000	INITIAL COMMENTS  A Recertification and Complaint Survey was conducted by Healthcare Management Solutions on behalf of the New Jersey Department of Health.  Complaint #: NJ153393, NJ153491, NJ155983, NJ156842, NJ156879, NJ157907, NJ1602145, NJ160748, NJ162328, and NJ163468.  Survey Dates: 03/04/24-03/07/24  Survey Census: 112 Sample Size: 27 Supplemental Residents: 0  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.	F 000			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as	F 656			4/29/24

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

TITLE

(X6) DATE

Electronically Signed

03/27/2024

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 656	<p>Continued From page 1</p> <p>required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and interview, the facility failed to ensure that one of eight residents (Resident (R) 38) reviewed for [REDACTED] from a sample of 27 residents, had a comprehensive, resident-centered care plan.</p> <p>Findings include:</p>	F 656	<p>1. Resident 38's care plan was updated to include the use of [REDACTED] when resident is in [REDACTED].</p> <p>2. Residents using side rails have the potential to be affected by the alleged deficient practice.</p>		

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F 656	<p>Continued From page 2</p> <p>Review of the facility provided "Face Sheet" revealed that R38 was re-admitted to the facility on [REDACTED] with a diagnosis including [REDACTED] NJ Ex Order 26.4b1, [REDACTED] NJ Ex Order 26.4b1, and [REDACTED] NJ Ex Order 26.4b1.</p> <p>Observation of R38's room on [REDACTED] between 6:45 PM-7:15 PM, revealed that R38 was in bed with the [REDACTED] NJ Ex Order 26.4b1, in the [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of the facility provided "Order Summary Record" dated [REDACTED] NJ Ex Order 26.4b1 revealed, [REDACTED] NJ Ex Order 26.4b1 when in bed as [REDACTED] NJ Ex Order 26.4b1 and for [REDACTED] NJ Ex Order 26.4b1, every shift" with a start date of [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of the facility provided "Quarterly/Annual/Significant Change Nursing Evaluation Packet [REDACTED] NJ Ex Order 26.4b1," dated [REDACTED] NJ Ex Order 26.4b1, revealed, "R38 is [REDACTED] NJ Ex Order 26.4b1, has [REDACTED] NJ Ex Order 26.4b1, and [REDACTED] NJ Ex Order 26.4b1 lity. R38 uses the [REDACTED] NJ Ex Order 26.4b1 for [REDACTED] NJ Ex Order 26.4b1."</p> <p>Review of the facility provided R38's "Care Plan" dated [REDACTED] NJ Ex Order 26.4b1 revealed no concern of R38 having [REDACTED] NJ Ex Order 26.4b1 and [REDACTED] NJ Ex Order 26.4b1 and the intervention that R38 used [REDACTED] NJ Ex Order 26.4b1 for [REDACTED] NJ Ex Order 26.4b1.</p> <p>Interview with the [REDACTED] US FOIA (b)(6) ) on [REDACTED] NJ Ex Order 26.4b1 at 11:34 AM, the [REDACTED] US FOIA (b)(6) indicated that each department does their own care plan.</p> <p>Interview with the [REDACTED] US FOIA (b)(6) on 03/07/24 at 1:30 PM, the [REDACTED] US FOIA (b)(6) confirmed that R38 did not have a comprehensive, resident-centered care plan for the use of [REDACTED] NJ Ex Order 26.4b1 on the bed when resident was in the bed for [REDACTED] NJ Ex Order 26.4b1.</p>	F 656	<p>Care plans for residents who have order for side rails were reviewed and updated as needed.</p> <p>No other residents were identified as affected.</p> <p>3. ADON initiated a re-education to all licensed nurses that residents who have an order for side rails must have a comprehensive, resident centered care plan for the use of side rails when in bed. These education will be provided to newly-hired licensed nurses and to all licensed nurses and annually and as needed.</p> <p>4. Director of Nursing/Designee will conduct audits on 3 residents with order of side rails weekly for 4 weeks and then 3 residents monthly for 3 months to ensure that there is a comprehensive, resident centered care plan for the use of side rails when in bed. Results of the audits will be reported to the QA committee monthly. The QAPI Committee will make recommendations based upon the results of the audits. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.</p>		

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F 656	Continued From page 3 <b>NJ Ex Order 26.4b1</b>  NJAC 8:39-11.2(e)-(i) NJAC 8:39-27.1(a)	F 656			
F 657 SS=E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and review	F 657		4/29/24	
			1. The Comprehensive care plans for		

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F 657	<p>Continued From page 4</p> <p>of the facility policy, the facility failed to ensure eight of 27 sampled residents (Resident (R)78, R111, R38, R14, R23, R45, R47, R112) did not have the required participation of all interdisciplinary team members.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Comprehensive Care Plans," revised 02/01/22, revealed that the comprehensive care plan would be prepared by an interdisciplinary team, that includes, but is not limited to the attending physician or non-physician practitioner designee involved in the resident's care, a registered nurse with responsibility for the resident, a nurse aide with responsibility for the resident, a member of the food and nutrition services staff, the resident and/or the resident's representative (RR), other appropriate staff or professionals in disciplines as determined by the resident's needs in activities, social services, and therapy staff.</p> <p>1. Review of R78's electronic medical record (EMR) "Profile" tab, indicated R78 was admitted to the facility on [REDACTED] NJ Ex Order 26.4b1. R78's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [REDACTED] NJ Ex Order 26.4b1, revealed R78's "Brief Interview of Mental Status (BIMS)" score [REDACTED] NJ Ex of 15 that indicated resident was [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of R78's EMR, "Care plan" tab, "Interdisciplinary Team (IDT) meeting notes" dated [REDACTED] NJ Ex Order 26.4b1 and dated [REDACTED] NJ Ex Order 26.4b1 revealed no documentation of which staff participated and attended R78's care plan meeting.</p> <p>During an interview on 03/04/24 at 11:10 AM, R78</p>	F 657	<p>Residents #78, #111, #38, #14, #23, #45, #47, and #112 were reviewed and revised immediately with the [REDACTED] NJ Exec Order 26.4b1 of all Interdisciplinary team (IDT) members.</p> <p>2. All residents have the potential to be affected by the alleged deficient practice.</p> <p>3. ADON initiated a re-education to all IDT members that comprehensive care plans must be reviewed and revised by the IDT members after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>4. Director of Nursing/Designee will conduct audits on 3 residents weekly for 4 weeks and then 3 residents monthly for 3 months to ensure that comprehensive care plans were reviewed and revised by the IDT members after each assessment, including both the comprehensive and quarterly review assessments. Results of the audits will be reported to the QA committee monthly. The QAPI Committee will make recommendations based upon the results of the audits. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.</p>		

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F 657	<p>Continued From page 5</p> <p>stated that [REDACTED] had not been notified of any care plan meetings and that [REDACTED] had not attended a care plan meeting.</p> <p>2. Review of R111's EMR "Profile" tab, indicates R111 was admitted to the facility on [REDACTED] NJ Ex Order 26.4b1. Review of R111's admission "MDS" with ARD date of [REDACTED] NJ Ex Order 26.4b1, revealed R111's "BIMS" score [REDACTED] NJ Ex Order 26.4b1 of 15 that indicated resident was [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of R111's EMR, "Care plan" tab, revealed the "IDT meeting notes" dated [REDACTED] NJ Ex Order 26.4b1, documented nursing staff and the resident had not attended the IDT meeting.</p> <p>During an interview on 03/04/24 at 11:51 AM, R111 stated that [REDACTED] had not been notified of any care plan meetings and that [REDACTED] had not attended a care plan meeting.</p> <p>3. Review of the facility provided "Face Sheet" revealed that R38 was re-admitted to the facility on [REDACTED] NJ Ex Order 26.4b1 with a diagnosis including [REDACTED] NJ Ex Order 26.4b1, [REDACTED] NJ Ex Order 26.4b1, and [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of the facility provided "IDT Meeting Notes," dated [REDACTED] NJ Ex Order 26.4b1 revealed that there was no evidence of a [REDACTED] US FOIA (b)(6) [REDACTED], nurse, and/or physician/designee participating or attending the care plan meeting.</p> <p>Review of facility provided "IDT Meeting Notes," dated [REDACTED] NJ Ex Order 26.4b1 revealed that there was no evidence of a [REDACTED] US FOIA (b) nurse, and/or physician/designee attending the care plan meeting.</p>	F 657			

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F 657	<p>Continued From page 6</p> <p>Review of facility provided "IDT Meeting Notes," dated [REDACTED] revealed that there was no evidence of a [REDACTED] physician/designee, activity director (AT), and/or therapy attending the care plan meeting.</p> <p>Review of facility provided "IDT Meeting Notes," dated [REDACTED] revealed that there was no evidence of a [REDACTED] activity department, nurse, and/or physician/designee attending the care plan meeting.</p> <p>Review of the facility provided "Progress Notes" dated [REDACTED] through [REDACTED] revealed no evidence of the [REDACTED] getting [REDACTED] input for care plan meetings.</p> <p>4. Review of R14's "Admission Record" located in the EMR under the "Profile" tab indicated admission date on [REDACTED] with diagnoses of <b>NJ Ex Order 26.4b1</b> and [REDACTED].</p> <p>Review of R14's quarterly "MDS" located in the EMR under the "MDS" tab with an ARD of [REDACTED] included a "BIMS" score of [REDACTED] out of 15 which indicated R14 was <b>NJ Ex Order 26.4b1</b>.</p> <p>Review of R14's "IDT Meeting Notes" dated [REDACTED], [REDACTED], [REDACTED], and [REDACTED] located in the EMR under the "Assessments" tab revealed R14's IDT meetings had no documentation as to which staff, resident or RR attended the care plan meeting.</p> <p>5. Review of R23's "Admission Record" located in the EMR under the "Profile" tab indicated admission date of [REDACTED] with diagnoses of [REDACTED] and <b>NJ Ex Order 26.4b1</b></p>	F 657			

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F 657	<p>Continued From page 7</p> <p><b>NJ Ex Order 26.4b1</b></p> <p>Review of R23's quarterly "MDS" located in the EMR under the "MDS" tab with an ARD of <b>NJ Ex Order 26.4b1</b> included a "BIMS" score of <b>NJ Ex Order 26.4b1</b> out of 15 which indicated R23 was <b>NJ Ex Order 26.4b1</b>.</p> <p>Review of R23's "IDT Meeting Notes" located in the EMR under the "Assessments" tab revealed the IDT meeting dated <b>NJ Ex Order 26.4b1</b> failed to include the nursing department. The IDT meeting notes for <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> were blank in that the document did not indicate which staff, resident or RR attended the meeting and the meeting dated <b>NJ Ex Order 26.4b1</b> only included notation from the nursing department without proof of dietary, social services, or activities being included in the care plan meeting.</p> <p>6. Review of R45's "Admission Record" located in the EMR under the "Profile" tab indicated admission date of <b>NJ Ex Order 26.4b1</b> with a primary diagnosis of <b>NJ Ex Order 26.4b1</b>.</p> <p>Review of R45's significant change in status "MDS" located in the EMR under the "MDS" tab with an ARD of <b>NJ Ex Order 26.4b1</b> included a BIMS score of <b>NJ Ex Order 26.4b1</b> which indicated R45 had <b>NJ Ex Order 26.4b1</b>.</p> <p>Review of R45's "IDT Meeting Notes" located in the EMR under the "Assessments" tab revealed the IDT meeting notes dated <b>NJ Ex Order 26.4b1</b> were blank in that the document did not indicate which staff, resident or RR attended the meeting. There was no documentation indicating a meeting was held in <b>NJ Ex Order 26.4b1</b>, and <b>NJ Ex Order 26.4b1</b> document did not indicate which staff, resident or RR attended the</p>	F 657			



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F 657	<p>Continued From page 8</p> <p>meeting was blank as well. The IDT meeting notes for [REDACTED] failed to include the nursing department.</p> <p>7. Review of R47's "Admission Record" located in the EMR under the "Profile" tab indicated admission date of [REDACTED] with diagnosis of [REDACTED] NJ Ex Order 26.4b1</p> <p>Review of R47's quarterly "MDS" located in the EMR under the "MDS" tab with an ARD of [REDACTED] included a "BIMS" score of [REDACTED] out of 15 indicating she was [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of R47's "IDT Meeting Notes" located in the EMR under the "Assessments" tab revealed the "IDT meeting notes" dated [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] failed to include notation from dietary, social services, or activities of their attendance at the care plan meeting.</p> <p>8. Review of R112's "Admission Record" located in the EMR under the "Profile" tab indicated admission date of [REDACTED] with diagnosis of [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of R112's admission "MDS" located in the EMR under the "MDS" tab with an ARD of [REDACTED] included a "BIMS" score of [REDACTED] out of 15 which indicated R112 [REDACTED] NJ Exec Order 26.4b1 in the interview.</p> <p>Review of R112's "IDT Meeting Notes" located in the EMR under the "Assessments" tab revealed the IDT meeting note dated [REDACTED] failed to include the nursing department participation in the care plan meeting.</p> <p>During an interview on 03/07/24 at 3:16 PM with</p>	F 657			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/07/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKHAVEN HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 PARK END PLACE</b> <b>EAST ORANGE, NJ 07018</b>		
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F 657	<p>Continued From page 9</p> <p>the <b>US FOIA (b)(6)</b> confirmed that R14, R78, R111 and R38's "IDT meetings" did not indicate which staff, resident or RR attended the meeting.</p> <p>R23's "IDT meeting" dated <b>NJ Ex Order 26.4b1</b> failed to include the nursing department. The "IDT meeting notes" for <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> were blank, and the meeting dated <b>NJ Ex Order 26.4b1</b> only included notation from the nursing department without proof of dietary, social services, or activities being included in the care conference meeting.</p> <p>R45's "IDT meeting notes" dated <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> were blank, IDT meeting notes for <b>NJ Ex Order 26.4b1</b> failed to include the nursing department, and no IDT notes for <b>NJ Ex Order 26.4b1</b> were located.</p> <p>R47's "IDT meeting notes" dated <b>NJ Ex Order 26.4b1</b>, <b>NJ Ex Order 26.4b1</b>, and <b>NJ Ex Order 26.4b1</b> failed to include notation from dietary, social services, or activities.</p> <p>R112's "IDT meeting note" dated <b>NJ Ex Order 26.4b1</b> failed to include the nursing department.</p> <p>Interview with CNA1 on <b>NJ Ex Order 26.4b1</b> at 10:15 AM, CNA1 indicated that CNAs went to care plan meetings at one time; however, it has been a while and confirmed that currently, CNAs do not attend care plan meetings.</p> <p>Interview on 03/06/24 at 2:03 PM, Registered Nurse (RN) 2 indicated the key players in care plan meetings are <b>US FOIA (b)(6)</b> family, and resident. If the resident and/or family want to speak with the physician, then the physician will be contacted</p>	F 657			

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F 657	Continued From page 10 during the meeting.  Interview on 03/07/24 at 11:34 AM, the [US FOIA (b)(6)] stated that the resident, resident representative (RR), [NJ Exec Order 26] [US FOIA (b)(6)] recreational attend when able and that the [US FOIA (b)(6)] come and [US FOIA (b)(6)] can come if they want to, and others as needed such as [NJ Exec Order 26] attend the care plan meetings.  During an interview on 03/07/24 at 3:16 PM, the [US FOIA (b)(6)] stated that her expectation was for anyone attending the meeting to sign an attendance sheet that was kept by the [US FOIA (b)(6)] and that all IDT meeting notes would be located in the EMR under the "Assessments" tab titled, "IDT Meeting Note."	F 657			
F 684 SS=D	NJAC 8:39-11.2(e)(f)(h) Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observations, record review, interview and facility policy review, the facility failed to follow physician orders for one of 11 residents (Resident (R)74) reviewed for physician orders. Specifically, the facility failed to apply R74's	F 684	1. Resident 74's [NJ Ex Order 26.4b1] to her [NJ Ex Order 26] was [NJ Ex Order 26] as ordered. LPN 7 was given a 1:1 re-education on ensuring that residents receive the treatment and care as ordered by the		4/29/24

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F 684	<p>Continued From page 11</p> <p><b>NJ Ex Order 26.4b1</b> to <b>NJ Ex Order 26.4b1</b> per the physician orders.</p> <p>Findings include:</p> <p>Review of the facility's policy provided by the facility titled, "Physician Orders" revised 02/2022 indicated "It is the policy of this facility to secure physician orders for care and services for residents as required by ...federal law. Physician orders will be dated and signed according to ...federal guidelines ..."</p> <p>Review of R74's "Admission Record" located in the Electronic Medical Record (EMR) under the "Profile" tab indicated admission date of <b>NJ Ex Order 26.4b1</b> with a primary diagnoses of <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> following a <b>NJ Ex Order 26.4b1</b>.</p> <p>Review of R74's quarterly "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an "Assessment Reference Date (ARD)" of <b>NJ Ex Order 26.4b1</b> included a "Brief Interview for Mental Status (BIMS)" score of <b>NJ Ex Order 26.4b1</b> out of 15 which indicated resident was <b>NJ Ex Order 26.4b1</b>.</p> <p>Review of R74's "Clinical Physician Orders" located in the EMR under the "Orders" tab included an order dated <b>NJ Ex Order 26.4b1</b> for <b>NJ Ex Order 26.4b1</b> to be applied to <b>NJ Ex Order 26.4b1</b> daily (9:00 AM) and removed at night.</p> <p>During an observation and interview on 03/04/24 at 12:06 PM; on 03/05/24 at 2:46 PM; on 03/06/24 at 2:33 PM; on 03/07/24 at 8:42 AM, R74 was lying in bed and stated that <b>NJ Ex Order 26.4b1</b> was not aware that <b>NJ Ex Order 26.4b1</b> were to be <b>NJ Ex Order 26.4b1</b>.</p>	F 684	<p>physician.</p> <p>2. All residents in the facility have the potential to be affected by this deficient practice.</p> <p>3. ADON initiated a re-education to all licensed nurses on following physician orders to ensure that residents receive treatment and care as ordered. These education will be provided to newly-hired licensed nurses and to all licensed nurses and annually and as needed.</p> <p>4. Director of Nursing/Designee will conduct audits on 3 residents weekly for 4 weeks and then 3 residents monthly for 3 months to ensure physician orders are being followed. Results of the audits will be reported to the QA committee monthly. The QAPI Committee will make recommendations based upon the results of the audits. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.</p>		

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F 684	<p>Continued From page 12</p> <p>During an observation and interview on 03/07/24 at 11:34 AM, R74 was lying in bed and stated that [REDACTED] was NJ Ex Order 26.4b1 to [REDACTED]. R74 pointed to [REDACTED] of [REDACTED]. [REDACTED] was not aware that [REDACTED] had a current physician's order for NJ Ex Order 26.4b1 and stated that no one had NJ Ex Order 26.4b1 in quite some time.</p> <p>During an interview on 03/06/24 at 4:01 PM, Certified Nursing Assistant (CNA2) stated to her knowledge R74 did not wear NJ Ex Order 26.4b1. CNA2 stated she had never NJ Ex Order 26.4b1 to R74's NJ Ex Order 26.4b1 and had never seen any in her room.</p> <p>During an interview on 03/07/24 at 12:00 PM, Licensed Practical Nurse (LPN7) verified R74 had orders for NJ Ex Order 26.4b1 and that she had signed off in the EMR that they had been applied, but she had not put them on R74's NJ Ex Order 26.4b1. When LPN7 was asked why the task had been signed off she stated that she thought the nurse aide was going to NJ Ex Order 26.4b1 but did not verify.</p> <p>During an interview on 03/07/24 at 12:00 PM, CNA4 stated she was not sure if NJ Ex Order 26.4b1 [REDACTED] were part of R74's daily tasks but that she had not put NJ Ex Order 26.4b1 in the past.</p> <p>During an interview on 03/07/24 at 7:06 PM, the US FOIA (b)(6) [REDACTED] was made aware of R74 not wearing NJ Ex Order 26.4b1 and that there was no documentation to indicate if the [REDACTED] had been [REDACTED] or [REDACTED]. The [REDACTED] confirmed that R74 had orders in place for NJ Ex Order 26.4b1 since [REDACTED].</p> <p>NJAC 8:39-27.1</p>	F 684			

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F 688 SS=D	<p>Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)</p> <p>§483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observations, record review, interview, and facility policy review, the facility failed to follow physician orders for one of 11 residents (Resident (R)74) reviewed for following physician orders. Specifically, the facility failed to apply R74's NJ Ex Order 26.4b1 or provide NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 per the physician orders.</p> <p>Findings include:</p> <p>Review of the facility's policy titled "Functional Maintenance/Restorative Nursing Program"</p>	F 688	<p>1. Resident 74's NJ Ex Order 26.4b1 were applied as ordered. NJ Ex Order 26.4b1 to resident's NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 to resident's NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 were performed as ordered by the Physician.</p> <p>LPN 7 was given a 1:1 re-education on ensuring that orders for restorative nursing are being done by confirming with the nurses' aide and that they are being done on a consistent basis.</p> <p>2. Residents with restorative nursing orders have the potential to be affected by</p>		4/29/24

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F 688	<p>Continued From page 14</p> <p>revised 08/2023 indicated, " ...4. The primary caregiver/designated CNA [certified nursing assistant] will be informed by written documentation as a form filled by therapy dept [department] or restorative nurse indicating that the resident has been placed on the Restorative Nursing or Functional Maintenance program. 5. The Unit Manager/ Nurse will record this change in care needs in PCC [electronic medical record] under the tasks and the CNA assigned to care for the resident will be responsible for carry [sic] out the instructions and to implement the plan ..."</p> <p>Review of R74's "Admission Record" located in the Electronic Medical Record (EMR) under the "Profile" tab indicated admission date of [REDACTED] with a primary diagnoses of [REDACTED] and [REDACTED] following <b>NJ Ex Order 26.4b1</b>.</p> <p>Review of R74's quarterly "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an "Assessment Reference Date (ARD)" of [REDACTED] included a "Brief Interview for Mental Status (BIMS)" score of [REDACTED] out of 15 which indicated resident was [REDACTED]. Additionally, the MDS indicated that no [REDACTED] had been provided, one day of [REDACTED] had been provided, and <b>NJ Ex Order 26.4b1</b> had been provided.</p> <p>Review of R74's "Care Plan" located in the EMR under the "Care Plan" tab, updated [REDACTED], indicated R74 had the <b>NJ Ex Order 26.4b1</b> in <b>NJ Ex Order 26.4b1</b> and Activities of Daily Living (ADLs) performance related to [REDACTED]. Interventions included [REDACTED] on [REDACTED] and [REDACTED] <b>NJ Ex Order 26.4b1</b> or as tolerated, [REDACTED] on [REDACTED] and [REDACTED].</p>	F 688	<p>this deficient practice.</p> <p>3. ADON initiated a re-education to all licensed nurses and CNA's on following orders for restorative nursing on a consistent basis.</p> <p>These education will be provided to newly-hired licensed nurses and CNA's and to all licensed nurses and CNA's annually and as needed.</p> <p>4. Director of Nursing/Designee will conduct audits on 3 residents with restorative nursing orders weekly for 4 weeks and then 3 residents monthly for 3 months to ensure orders are being followed.</p> <p>Results of the audits will be reported to the QA committee monthly.</p> <p>The QAPI Committee will make recommendations based upon the results of the audits.</p> <p>The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.</p>		



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F 688	<p>Continued From page 15</p> <p><b>NJ Ex Order 26.4b1</b> each or as tolerated, application of <b>NJ Ex Order 26.4b1</b> for <b>NJ Ex Order 26.4b1</b> hours, or as tolerated, and <b>NJ Ex Order 26.4b1</b> for <b>NJ Ex Order 26.4b1</b> hours.</p> <p>Review of R74's "Clinical Physician Orders" located in the EMR under the "Orders" tab included an order dated <b>NJ Ex Order 26.4b1</b> included restorative nursing program to apply <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> for <b>NJ Ex Order 26.4b1</b> hours or as tolerated, <b>NJ Ex Order 26.4b1</b> on <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> or as tolerated, and <b>NJ Ex Order 26.4b1</b> to <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> <b>NJ Ex Order 26.4b1</b> or as tolerated.</p> <p>Review of R74's <b>NJ Ex Order 26.4b1</b> Evaluation &amp; Plan of Treatment" dated <b>NJ Ex Order 26.4b1</b> and provided by the Certified <b>NJ Ex Order 26.4b1</b> Assistant (<b>NJ Ex Order 26.4b1</b>) indicated the <b>NJ Ex Order 26.4b1</b> team was working with the resident to wear a <b>NJ Ex Order 26.4b1</b> for <b>NJ Ex Order 26.4b1</b> hours without signs or symptoms of <b>NJ Ex Order 26.4b1</b> or <b>NJ Ex Order 26.4b1</b> to maintain <b>NJ Ex Order 26.4b1</b> as of <b>NJ Ex Order 26.4b1</b>. Additionally, the <b>NJ Ex Order 26.4b1</b> department was working with R74 to tolerate a <b>NJ Ex Order 26.4b1</b> for <b>NJ Ex Order 26.4b1</b> hours without signs or symptoms of <b>NJ Ex Order 26.4b1</b> or <b>NJ Ex Order 26.4b1</b> to maintain <b>NJ Ex Order 26.4b1</b> as of <b>NJ Ex Order 26.4b1</b>. The goal was later revised on <b>NJ Ex Order 26.4b1</b> for the resident to wear <b>NJ Ex Order 26.4b1</b> for at least <b>NJ Ex Order 26.4b1</b> hours.</p> <p>Review of R74's <b>NJ Ex Order 26.4b1</b> In-Service Form" dated <b>NJ Ex Order 26.4b1</b> and provided by the <b>NJ Ex Order 26.4b1</b> revealed Certified Nursing Assistants (CNAs) were in-serviced regarding <b>NJ Ex Order 26.4b1</b> on <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> or as tolerated. Passive <b>NJ Ex Order 26.4b1</b> on <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> or as tolerated. Apply <b>NJ Ex Order 26.4b1</b> for <b>NJ Ex Order 26.4b1</b> hours or</p>	F 688			



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F 688	Continued From page 17  NJ Ex Order 26.4b1 and was not aware that it was not being done on a consistent basis. When LPN7 was asked why the task had been signed off she stated that she thought the nurse aide was going to perform the tasks but did not verify.  During an interview on 03/07/24 at 12:00 PM, CNA4 stated she was not sure if NJ Ex Order 26.4b1 nursing tasks were included R74's daily tasks but that she had not done any NJ Ex Order 26.4b1 in quite a while because she thought the NJ Ex Order 26.4b1 aide would do it. She was not aware that the facility no longer had NJ Ex Order 26.4b1 staff.  During an interview on 03/07/24 at 7:06 PM, the US FOIA (b)(6) ) was made aware of R74 not receiving NJ Ex Order 26.4b1 assistance. The US FOIA (b)(6) confirmed that R74 had orders in place for NJ Ex Order 26.4b1 program and that the facility no longer had a NJ Ex Order 26.4b1 assistant and that her expectation was that the CNAs would perform NJ Ex Order 26.4b1 program (RNP) tasks.  NJAC 8:39-27.1 NJAC 8:39-27.2(m)	F 688			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)  § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.	F 695			4/29/24

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F 695	<p>Continued From page 18</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review and policy review, the facility failed to ensure staff followed physician orders related to [REDACTED] administration for one (Resident (R) 19 of one sampled residents. In addition, the facility failed to assess for one of one sampled residents reviewed for [REDACTED] (R221) the resident's vital signs or [REDACTED] before or after administering the [REDACTED] medication.</p> <p>Findings include:</p> <p>1. Review of R19's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR) revealed admission to the facility on [REDACTED] with diagnosis of [REDACTED].</p> <p>Review of R19's quarterly "Minimum Data Set (MDS)" under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of [REDACTED], revealed a "Brief Interview for Mental Status (BIMS)," score of [REDACTED] out of 15 which indicated resident had [REDACTED]. Further review of the "MDS" revealed [REDACTED] continuous [REDACTED] on admission and while a resident.</p> <p>Observations on 03/04/24 at 11:30 AM, 03/05/24 at 5:30 PM and 03/06/24 at 2:35 PM revealed R19 wearing a [REDACTED] and the [REDACTED] setting was a [REDACTED].</p> <p>Review of R19's "Care Plan," located under the "Care Plan" tab of the EMR dated [REDACTED], revealed the resident has [REDACTED] [REDACTED] ( [REDACTED] ) and is [REDACTED].</p>	F 695	<p>1. Resident 19 [REDACTED] was set to [REDACTED] as ordered. Resident [REDACTED] was assessed and [REDACTED] Resident 221 Vital signs and [REDACTED] were also assessed after [REDACTED] medication. [REDACTED].</p> <p>2. Residents using oxygen and on nebulizer medication have the potential to be affected by the alleged deficient practice. Residents on oxygen were checked to ensure that the right amount of oxygen is being administered as ordered. No other residents were identified as affected. Residents on nebulizer medication were checked if they were assessed before and after administering the nebulizer medication. No other residents were identified as affected.</p> <p>3. ADON initiated a re-education to all licensed nurses to ensure residents who have an order for oxygen are getting the right amount of oxygen as ordered and residents who have an order for nebulizer medication are being assessed before and after administering the nebulizer medication. These education will be provided to newly-hired licensed nurses and to all licensed nurses and annually and as needed.</p> <p>4. Director of Nursing/Designee will conduct audits on 3 residents with oxygen order weekly for 4 weeks and then 3</p>		

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F 695	<p>Continued From page 19</p> <p>Review of R19 "Physician Orders" located under the "Orders" tab of the EMR dated [REDACTED] NJ Ex Order 26.4b1, revealed an order for continuous [REDACTED] at [REDACTED] via [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of R19 "Treatment Administration Record (TAR)" located under the "Orders" tab of the EMR dated [REDACTED] NJ Ex Order 26.4b1 revealed [REDACTED] NJ Ex Order 26.4b1 via [REDACTED] NJ Ex Order 26.4b1 continuously was signed off on [REDACTED] NJ Ex Order 26.4b1 by Licensed Practical Nurse (LPN) 5 for the 7 AM to 3 PM shift.</p> <p>During an interview on 03/06/24 at 2:37 PM, LPN5 said that R19's [REDACTED] NJ Ex Order 26 should be set at [REDACTED]. He stated that he checked this morning, and it was at set at [REDACTED] LPN 2 verified R19 setting was at [REDACTED] and stated that he was unaware R19's physician order was for [REDACTED] NJ Ex Order 26.</p> <p>During an interview on 03/07/24 at 1:29 PM, the [REDACTED] US FOIA (b)(6) ) said when a resident was on [REDACTED] NJ Ex Order 26.4b1 she expected staff to follow the physician order exactly.</p> <p>Review of the facility's policy titled "Respiratory Practices" dated 02/2024 revealed, "Oxygen therapy via nasal cannula is administered as ordered by a physician and includes correct flow rate."</p> <p>2. Review of the facility's policy titled, "Nebulizer" revised 04/2008 indicated the procedure included, " ... note pre-treatment data such as pulse and breath sounds ... note post treatment data (pulse, breath sounds and any side effects) and record in the medical record ..."</p> <p>Review of R221's "Admission Record" located in the EMR under the "Profile" tab indicated R221</p>	F 695	<p>residents monthly for 3 months to ensure that the right amount of oxygen is being administered.</p> <p>Director of Nursing/Designee will also conduct audits on 3 residents with order for nebulizer medication weekly for 4 weeks and then 3 residents monthly for 3 months to ensure that they are being assessed before and after administering the nebulizer medication.</p> <p>Results of the audits will be reported to the QA committee monthly.</p> <p>The QAPI Committee will make recommendations based upon the results of the audits.</p> <p>The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.</p>		

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FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: UCKJ11      Facility ID: NJ60732      If continuation sheet Page 21 of 32

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F 695	Continued From page 21  During an interview on 03/07/24 at 3:44 PM, the [REDACTED] was made aware of LPN4 not checking vital signs or checking [REDACTED] before or after administering [REDACTED] medication to R221. The [REDACTED] confirmed that it was her expectation that all nurses follow physician orders and check [REDACTED] and vital signs before and after [REDACTED] medication administration.	F 695			
F 700 SS=E	NJAC 8:39-27.1 Bedrails CFR(s): 483.25(n)(1)-(4)  §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.  §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.  §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.  §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.  §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced	F 700		4/29/24	

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F 700	<p>Continued From page 22</p> <p>by:</p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to ensure that [REDACTED] were maintained properly for seven of seven residents (Resident (R)7, R14, R38, R45, R96, R101, and R112) reviewed for [REDACTED] out of 27 sampled residents. This had the potential to cause [REDACTED] which could potentially [REDACTED].</p> <p>Findings include:</p> <p>Review of the facility's policy titled "Proper Use of Side Rails," revised date 02/24, revealed, "...3. If a bed or side rail is used, the facility must ensure correct installation, use and maintenance of bed rails, including, but not limited to, the following elements ...c. Ensure that the bed's dimensions are appropriate for the resident's size and weight. d. Follow the manufacturer's recommendations and specifications for installing and maintaining bed rails ...17. Inspection, evaluation, maintenance, and upgrade of equipment (beds/mattresses/side rails) must be completed prior to use to identify and remove potential fall and entrapment hazards and appropriately match the equipment to resident needs, considering all relevant risk factors."</p> <p>1. Review of the facility provided "Face Sheet" revealed that R38 was re-admitted to the facility on [REDACTED] with diagnoses including [REDACTED] NJ Ex Order 26.4b1, [REDACTED] NJ Ex Order 26.4b1, and [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of the facility provided "Order Summary Record" dated active orders as of [REDACTED] revealed, [REDACTED] NJ Ex Order 26.4b1 when in bed as [REDACTED] NJ Ex Order 26.4b1 and for [REDACTED] NJ Ex Order 26.4b1, every shift"</p>	F 700	<p>. The [REDACTED] NJ Ex Order 26.4b1 for Residents #7, #14, #38, #45, #96, #101 and #112 were [REDACTED] NJ Ex Order 26.4b1</p> <p>2. Residents using bedrails have the potential to be affected by the alleged deficient practice. All bedrails were checked by the Maintenance Department. No issues were identified.</p> <p>3. The [REDACTED] US FOIA (b)(6) was given a re-education by the Administrator to ensure bedrails are being checked on a regular basis.</p> <p>4. Administrator/Designee will conduct audits on 3 residents with bedrails weekly for 4 weeks and then 3 residents monthly for 3 months to ensure that the bedrails are not loose. Results of the audits will be reported to the QA committee monthly. The QAPI Committee will make recommendations based upon the results of the audits. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.</p>		



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F 700	<p>Continued From page 23 with start date of [REDACTED] NJ Ex Order 26.4b1.</p> <p>2. Review of R7's "Admission Record" located in the Electronic Medical Record (EMR) under the "Profile" tab indicated [REDACTED] was admitted to the facility on [REDACTED] NJ Ex Order 26.4b1 with diagnosis of [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of R7's Significant Change in Status "MDS" located in the EMR under the "MDS" tab with an ARD of [REDACTED] NJ Ex Order 26.4b1 included a "BIMS" score of [REDACTED] NJ Ex Order 26.4b1 indicating [REDACTED] had [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of R7's "Care Plan" located in the EMR under the "Care Plan" tab, initiated on [REDACTED] NJ Ex Order 26.4b1 included use of [REDACTED] NJ Ex Order 26.4b1 for [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of R7's "Admission/Readmission Nursing Evaluation Packet" located in the EMR under the "Assessment" tab dated [REDACTED] NJ Ex Order 26.4b1 indicated the resident wanted [REDACTED] NJ Ex Order 26.4b1 as an [REDACTED] NJ Ex Order 26.4b1 to promote [REDACTED] NJ Ex Order 26.4b1 and the [REDACTED] NJ Ex Order 26.4b1 did not prohibit resident's [REDACTED] NJ Ex Order 26.4b1 or [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of R7's "Clinical Physician Orders" located in the EMR under the "Orders" tab dated [REDACTED] NJ Ex Order 26.4b1 included [REDACTED] NJ Ex Order 26.4b1 when in bed as [REDACTED] NJ Ex Order 26.4b1 and for [REDACTED] NJ Ex Order 26.4b1.</p> <p>3. Review of R14's "Admission Record" located in the EMR under the "Profile" tab indicated [REDACTED] was admitted to the facility on [REDACTED] NJ Ex Order 26.4b1 with diagnoses of [REDACTED] NJ Ex Order 26.4b1 with [REDACTED] NJ Ex Order 26.4b1 or [REDACTED] NJ Ex Order 26.4b1.</p> <p>Review of R14's [REDACTED] NJ Ex Order 26.4b1 Day "MDS" located in the</p>	F 700			



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F 700	<p>Continued From page 24</p> <p>EMR under the "MDS" tab with an ARD of [REDACTED] included a "BIMS" score of [REDACTED] indicating [REDACTED] was [REDACTED].</p> <p>Review of R14's "Care Plan" located in the EMR under the "Care Plan" tab, revised on [REDACTED] included use of [REDACTED] for [REDACTED].</p> <p>Review of R14's "Admission/Readmission Nursing Evaluation Packet" located in the EMR under the "Assessment" tab dated [REDACTED] indicated the resident wanted [REDACTED] as an [REDACTED] to promote [REDACTED] and the [REDACTED] did not prohibit resident's [REDACTED] or [REDACTED].</p> <p>Review of R14's "Clinical Physician Orders" located in the EMR under the "Orders" tab dated [REDACTED] included [REDACTED] when in bed as [REDACTED] and for [REDACTED].</p> <p>4. Review of R45's "Admission Record" located in the EMR under the "Profile" tab indicated [REDACTED] was admitted to the facility on [REDACTED] with diagnosis of [REDACTED].</p> <p>Review of R45's [REDACTED] in Status "MDS" located in the EMR under the "MDS" tab with an ARD of [REDACTED] included a "BIMS" score of [REDACTED] indicating [REDACTED] had [REDACTED].</p> <p>Review of R45's "Care Plan" located in the EMR under the "Care Plan" tab, revised on [REDACTED] included use of [REDACTED] for [REDACTED].</p> <p>Review of R45's "Admission/Readmission Nursing Evaluation Packet" located in the EMR under the "Assessment" tab dated [REDACTED]</p>	F 700			

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F 700	<p>Continued From page 25</p> <p>indicated the resident wanted [redacted] as an [redacted] to promote [redacted] and the [redacted] did not prohibit resident's [redacted] or [redacted]</p> <p>Review of R45's "Clinical Physician Orders" located in the EMR under the "Orders" tab dated [redacted] included [redacted] when in bed as [redacted] [redacted] and for [redacted].</p> <p>5. Review of R96's "Admission Record" located in the EMR under the "Profile" tab indicated [redacted] was admitted to the facility on [redacted] with diagnosis of [redacted]</p> <p>Review of R96's Significant Change in Status "MDS" located in the EMR under the "MDS" tab with an ARD of [redacted] included a "BIMS" score of [redacted] indicating [redacted] had [redacted]</p> <p>Review of R96's "Care Plan" located in the EMR under the "Care Plan" tab, revised on [redacted] included use of [redacted] for [redacted]</p> <p>Review of R96's "Admission/Readmission Nursing Evaluation Packet" located in the EMR under the "Assessment" tab dated [redacted] indicated the resident wanted [redacted] as an enabler to promote [redacted] and the [redacted] did not prohibit resident's [redacted] or [redacted]</p> <p>Review of R96's "Clinical Physician Orders" located in the EMR under the "Orders" tab dated [redacted] included [redacted] when in bed as [redacted] and for [redacted].</p>	F 700			

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F 700	<p>Continued From page 26</p> <p>During an observation and interview on 03/04/24 at 10:33 AM R96's [REDACTED] was noted to be [REDACTED] R96 stated he had reported the [REDACTED] on multiple occasions, but no one had come to [REDACTED].</p> <p>6. Review of R101's "Admission Record" located in the EMR under the "Profile" tab indicated [REDACTED] was admitted to the facility on [REDACTED] with diagnoses of [REDACTED] and [REDACTED].</p> <p>Review of R101's "Care Plan" located in the EMR under the "Care Plan" tab, revised on [REDACTED] included use of [REDACTED] for [REDACTED].</p> <p>Review of R101's "Admission/Readmission Nursing Evaluation Packet" located in the EMR under the "Assessment" tab dated [REDACTED] indicated the resident wanted [REDACTED] as an enabler to promote [REDACTED] and the [REDACTED] did not prohibit resident's [REDACTED] or [REDACTED].</p> <p>Review of R101's "Clinical Physician Orders" located in the EMR under the "Orders" tab dated [REDACTED] included [REDACTED] when in bed as enabler for [REDACTED].</p> <p>7. Review of R112's "Admission Record" located in the EMR under the "Profile" tab indicated [REDACTED] was admitted to the facility on [REDACTED] with diagnosis of [REDACTED].</p> <p>Review of R112's Admission "MDS" located in the EMR under the "MDS" tab with an ARD of [REDACTED] included a "BIMS" score of [REDACTED] R 112 was [REDACTED] in the interview.</p>	F 700			

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F 700	<p>Continued From page 27</p> <p>Review of R112's "Care Plan" located in the EMR under the "Care Plan" tab, revised on [REDACTED] included use of [REDACTED] for [REDACTED].</p> <p>Review of R112's "Admission/Readmission Nursing Evaluation Packet" located in the EMR under the "Assessment" tab dated [REDACTED] indicated the resident wanted [REDACTED] as an enabler to [REDACTED] and the [REDACTED] did not prohibit resident's [REDACTED] or [REDACTED].</p> <p>Review of R112's "Clinical Physician Orders" located in the EMR under the "Orders" tab dated [REDACTED] included [REDACTED] when in bed as [REDACTED] and for [REDACTED].</p> <p>During an interview on 03/04/24 at 11:30 AM, R112's [REDACTED]. Resident's [REDACTED] prevented [REDACTED] from confirming status of [REDACTED] or if [REDACTED] used them for [REDACTED].</p> <p>During an interview on 03/05/24 at 5:00 PM, the [REDACTED] stated that the [REDACTED] and the maintenance team were responsible for ensuring that [REDACTED] were properly maintained and inspected.</p> <p>During an observation and interview on 03/05/24 6:45 PM-07:15 PM, [REDACTED] performed bed rounds and reported that every week two rooms are chosen on each floor for [REDACTED] inspections, some beds have a [REDACTED], and other beds have a [REDACTED], and confirmed the following [REDACTED].</p>	F 700			

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F 700	Continued From page 28 R7's NJ Ex Order 26.4b1 were NJ Ex Order 2 R14's NJ Ex Order 26.4b1 were NJ Ex Order 2 R45's NJ Ex Order 26.4b1 were NJ Ex Order 2 R96's NJ Ex Order 26.4b1 was NJ Ex Order 2 R101's NJ Ex Order 26.4b1 was NJ Ex Order 2 R112's NJ Ex Order 26.4b1 were NJ Ex Order 2 R38's NJ Ex Order 26.4b1 were NJ Ex Order 2  NJAC 8:39-27.1(a)	F 700			
F 880 SS=D	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p>	F 880			4/29/24

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

PRINTED: 07/24/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>03/07/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKHAVEN HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>120 PARK END PLACE</b> <b>EAST ORANGE, NJ 07018</b>		
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F 880	<p>Continued From page 29</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER  <b>BROOKHAVEN HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 PARK END PLACE</b> <b>EAST ORANGE, NJ 07018</b>		
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F 880	<p>Continued From page 30</p> <p>Based on observation, interview, record review and policy review, the facility failed to ensure nursing staff properly stored <b>NJ Ex Order 26.4b1</b> when not in use for one (Resident (R) 19 of one sampled residents.</p> <p>Findings include:</p> <p>Review of R19's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR) revealed admission to the facility on <b>NJ Ex Order 26.4b1</b> with diagnosis of <b>NJ Ex Order 26.4b1</b>.</p> <p>Review of R19's quarterly "Minimum Data Set (MDS)" under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of <b>NJ Ex Order 26.4b1</b>, revealed a "Brief Interview for Mental Status (BIMS)," score of <b>NJ Ex</b> out of 15 which indicated resident had <b>NJ Ex Order 26.4b1</b>.</p> <p>Observations on 03/04/24 at 11:30 AM, 03/05/24 at 5:30 PM and 03/06/24 at 2:35 PM revealed R19's <b>NJ Ex Order 26.4b1</b> was placed <b>NJ Ex Order 26.4b1</b> on the dresser by R19's bed. The <b>NJ Ex O</b> was not <b>NJ Ex Order 26.4b1</b>.</p> <p>Review of R19's "Care Plan," located under the "Care Plan" tab of the EMR dated <b>NJ Ex Order 26.4b1</b> revealed, "The resident had periods of <b>NJ Ex Order 26.4b1</b>. Administer <b>NJ Ex Order 26.4b1</b> treatment ..."</p> <p>During an observation and interview on 03/06/24 at 2:37 PM, Licensed Practical Nurse (LPN)5 stated the <b>NJ Ex Order 26.4b1</b> went in a <b>NJ Ex Order 26.4b1</b> that was dated and the <b>NJ Ex O</b> was <b>NJ Ex Order 26.4b1</b> to prevent <b>NJ Ex Order 26.4b1</b> in which was an <b>NJ Ex Order 26.4b1</b> issue. LPN5 observed R19's <b>NJ Ex Order 26.4b1</b> in an <b>NJ Ex Order 26.4b1</b> and stated that the <b>NJ Ex Order 2</b> was <b>NJ Ex Order 26.4b1</b> so</p>	F 880	<p>1. Resident 19 <b>NJ Ex Order 26.4b1</b> was changed. When not in use, the <b>NJ Ex Order</b> was <b>NJ Ex Order 26.4b1</b> and was properly stored in a <b>NJ Ex Order 26.4b1</b>.</p> <p>2. Residents on with orders of nebulizer medications medication have the potential to be affected by the alleged deficient practice.</p> <p>LPN5 was given a 1:1 in-service by the Infection Control Preventionist (ICP) that nebulizer masks should be kept in a sealed plastic bag when not in use.</p> <p>3. The ICP initiated an in-service to all licensed nurses and CNA's regarding placing nebulizer masks in a sealed plastic bag when not in use.</p> <p>This education will be provided to newly-hired licensed nurses and CNA's, and to all licensed nurses and CNA's annually and as needed.</p> <p>4. The ICP will audit 3 residents with order for nebulizer medication weekly for 4 weeks and then 3 residents monthly for 3 months to ensure that nebulizer masks are stored in sealed plastic bag when not in use.</p> <p>Results of the audits will be reported to the QA committee monthly.</p> <p>The QAPI Committee will make recommendations based upon the results of the audits.</p> <p>The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.</p>		



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NAME OF PROVIDER OR SUPPLIER  <b>BROOKHAVEN HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 PARK END PLACE</b> <b>EAST ORANGE, NJ 07018</b>		
(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 880	<p>Continued From page 31</p> <p>there was no way to <b>NJ Ex Order 26.4b1</b>.</p> <p>During an interview on 03/06/24 at 3:17 PM, LPN 6 said he was the <b>US FOIA (b)(6)</b> for both the <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> floors and that <b>NJ Ex Order 26.4b1</b> should be kept in <b>NJ Ex Order 26.4b1</b> that was <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> to prevent possible <b>NJ Ex Order 26.4b1</b> issues.</p> <p>During an interview on 03/07/24 at 1:29 PM, the <b>US FOIA (b)(6)</b> said <b>NJ Ex Order 26.4b1</b> should be stored in a <b>NJ Ex Order 26.4b1</b> for <b>NJ Ex Order 26.4b1</b> purposes.</p> <p>Review of the facility's policy titled "Infection Control" dated 01/2024 revealed, when not in use store masks and cannula in plastic bags labeled with the resident's name and date.</p> <p>NJAC 8:39-19.4(k)</p>	F 880			



New Jersey Department of Health

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S 000	Initial Comments  The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Based on 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.  Findings include:  Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were	S 560	1. There was no negative outcome to residents on the shifts identified as not meeting the NJ staffing requirements during the 7 a.m. to 3 p.m. (day shift) for the following days: 3/13/22, 3/14/22, 3/21/22, 3/22/22 4/10/22, 4/12/22, 4/13/22 7/3/22, 7/4/22, 7/9/22 7/31/22, 8/6/22, 8/7/22, 9/4/22, 9/10/22, 3/5/23, 3/9/23, 3/11/23, 3/13/23, 3/15/23 4/9/23, 4/10/23, 4/11/23, 4/12/23, 4/13/23, 4/14/23, 4/15/23 2/18/24, 2/19/24, 2/22/24, 2/23/24, 2/24/24, 2/25/24, 2/26/24, 2/27/24 2/29/24, 3/1/24, 3/2/24	4/29/24

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

Electronically Signed

TITLE

(X6) DATE

03/27/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. For the 2 weeks of Complaint staffing from 03/13/2022 to 03/26/2022, the facility was deficient in CNA staffing for residents on 4 of 14 day shifts as follows:</p> <p>-03/13/22 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-03/14/22 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-03/21/22 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-03/22/22 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>2. For the week of Complaint staffing from 04/10/2022 to 04/16/2022, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:</p> <p>-04/10/22 had 13 CNAs for 119 residents on the day shift, required at least 15 CNAs.</p> <p>-04/12/22 had 14 CNAs for 117 residents on the</p>	S 560	<p>2. All residents have the potential to be affected by the deficient practice of not meeting the NJ Staffing requirement ratios.</p> <p>3. The following measures have been put into place to prevent the deficient practice from recurring:</p> <p>a. Advertisement / Job postings for CNAs have been posted on social media websites as well as flyers posted in local supermarkets and stores that we are hiring.</p> <p>b. Incentives are offered to CNAs to work extra shifts such as gift cards and raffles.</p> <p>c. Administrator has reached out to CNA schools to advise we are hiring and willing to train new graduates.</p> <p>4. The Administrator/Designee will review the staffing schedule weekly to monitor the staffing ratio on the day shift for 3 months.</p> <p>a) All results of the monitoring will be presented to the QA committee for review and any additional monitoring or modification of this plan monthly for 3 months.</p> <p>b) The Quality Assurance and Performance Improvement Committee can modify this plan to ensure the facility remains in compliance.</p>	

New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>day shift, required at least 15 CNAs. -04/13/22 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs.</p> <p>3. For the week of Complaint staffing from 07/03/2022 to 07/09/2022, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:</p> <p>-07/03/22 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs. -07/04/22 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. -07/09/22 had 12 CNAs for 116 residents on the day shift, required at least 14 CNAs.</p> <p>4. For the 2 weeks of Complaint staffing from 07/31/2022 to 08/13/2022, the facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows:</p> <p>-07/31/22 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs. -08/06/22 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs. -08/07/22 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>5. For the week of Complaint staffing from 09/04/2022 to 09/10/2022, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:</p> <p>-09/04/22 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs. -09/10/22 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>6. For the 2 weeks of Complaint staffing from 03/05/2023 to 03/18/2023, the facility was</p>	S 560			

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S 560	<p>Continued From page 3</p> <p>deficient in CNA staffing for residents on 6 of 14 day shifts as follows:</p> <p>-03/05/23 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-03/09/23 had 12 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-03/11/23 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs.</p> <p>-03/12/23 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-03/13/23 had 11 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-03/15/23 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>7. For the week of Complaint staffing from 04/09/2023 to 04/15/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-04/09/23 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-04/10/23 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-04/11/23 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-04/12/23 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-04/13/23 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-04/14/23 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-04/15/23 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>8. For the week of Complaint staffing from 12/03/2023 to 12/09/2023, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>-12/03/23 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs. -12/09/23 had 14 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>9. For the 2 weeks of staffing prior to survey from 02/18/2024 to 03/02/2024, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows:</p> <p>-02/18/24 had 12 CNAs for 116 residents on the day shift, required at least 14 CNAs. -02/19/24 had 13 CNAs for 116 residents on the day shift, required at least 14 CNAs. -02/22/24 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. -02/23/24 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. -02/24/24 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs. -02/25/24 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs. -02/26/24 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs. -02/27/24 had 13 CNAs for 115 residents on the day shift, required at least 14 CNAs. -02/29/24 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs. -03/01/24 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. -03/02/24 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p>	S 560			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315268	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/17/2024
NAME OF FACILITY BROOKHAVEN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 120 PARK END PLACE EAST ORANGE, NJ 07018	

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 F0656	Correction	ID Prefix F0657	Correction	ID Prefix F0684	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.25	Completed
LSC	04/29/2024	LSC	04/29/2024	LSC	04/29/2024
ID Prefix F0688	Correction	ID Prefix F0695	Correction	ID Prefix F0700	Correction
Reg. # 483.25(c)(1)-(3)	Completed	Reg. # 483.25(i)	Completed	Reg. # 483.25(n)(1)-(4)	Completed
LSC	04/29/2024	LSC	04/29/2024	LSC	04/29/2024
ID Prefix F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/29/2024	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	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/7/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060732	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/17/2024
NAME OF FACILITY BROOKHAVEN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 120 PARK END PLACE EAST ORANGE, NJ 07018	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/29/2024	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/7/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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

PRINTED: 07/24/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/07/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKHAVEN HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 PARK END PLACE EAST ORANGE, NJ 07018</b>		
(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	E 000			
K 000	<p>An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 03/06/24. The facility was found to be in compliance with 42 CFR 483.73</p> <p>INITIAL COMMENTS</p> <p>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 03/06/24 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.</p> <p>Brookhaven Health Care Center is a three-story building that was built in 1987. It is composed of Type II protected construction. The facility is divided into six - smoke zones. The generator does approximately 50 % of the building as per the Maintenance Director. The current occupied beds are 110 of 122.</p>	K 000			
K 311 SS=F	<p>Vertical Openings - Enclosure CFR(s): NFPA 101</p> <p>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</p>	K 311			4/29/24

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

TITLE

(X6) DATE

Electronically Signed

03/27/2024

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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NAME OF PROVIDER OR SUPPLIER  <b>BROOKHAVEN HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 PARK END PLACE EAST ORANGE, NJ 07018</b>		
(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	<p>Continued From page 1</p> <p>If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain the vertical openings for one of nine stairway exit doors in accordance with NFPA 80 Standard for Fire Doors and Other Opening Protectives (2010 Edition) Section 6.4.4.2.3. The first-floor stairway door (#1) was equipped with the incorrect hardware. This deficient practice had the potential to affect all 110 residents who resided at the facility.</p> <p>Findings include:</p> <p>An observation on 03/06/24 at 12:15 PM revealed the stairway door on the first-floor stairway (#1) was equipped with panic hardware and not the required fire exit hardware. The fire door does not maintain its fire rating when equipped with panic hardware.</p> <p>During an interview at the time of the observation, the <b>US FOIA (b)(6)</b> verified the door was equipped with panic hardware and not fire exit hardware.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 80</p>	K 311	<p>1. The facility will immediately order and replace panic hardware on the first-floor stairway door (#1) with fire exit hardware compliant with NFPA 80 standards.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3 The maintenance department was educated on the NFPA 80 standards 6.4.4.2.3. The label shall differentiate between panic hardware, which is not acceptable for use on fire doors, and fire exit hardware.</p> <p>4. Audit will be done by the maintenance director/designee quarterly for 3 quarters to ensure the facility is up to date with the required NFPA 80 standards 6.4.4.2.3. Audit findings will be shared with the QAPI committee quarterly.</p>		
K 345 SS=F	<p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying</p>	K 345		5/15/24	

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NAME OF PROVIDER OR SUPPLIER  <b>BROOKHAVEN HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 PARK END PLACE EAST ORANGE, NJ 07018</b>		
(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 345	<p>Continued From page 2</p> <p>with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure smoke detection sensitivity testing of the smoke detectors were completed every alternate year in accordance with NFPA 72 National Fire Alarm and Signaling Code (2010 Edition) Section 14.4.5.3.2. This deficient practice had the potential to affect all 110 residents who resided at the facility.</p> <p>Findings include:</p> <p>A review of the facility's "Inspection and Testing Reports," dated 12/18/23, provided by the <b>US FOIA (b)(6)</b>, revealed the report had no reference to a smoke detection sensitivity test.</p> <p>An observation on 03/06/24 from 11:50 AM to 1:30 PM revealed the smoke detectors were in the corridors at the smoke barriers, and other concealed areas throughout the building.</p> <p>During an interview at the time of the observations, the <b>US FOIA (b)(6)</b> confirmed the smoke sensitivity testing was not completed on the smoke detectors.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72</p>	K 345	<p>K345</p> <p>Fire alarm system</p> <p>1.The facility reached out to their vendor to have the sensitivity testing of the smoke detectors completed.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. The maintenance department was educated on the regulation of having a sensitivity testing of smoke detectors every alternate year.</p> <p>4. Audit will be done by the maintenance director/designee annually to ensure the facility is up to date with the required smoke detector sensitivity testing. Audit findings will be shared with the QAPI committee quarterly.</p>		
K 353 SS=F	Sprinkler System - Maintenance and Testing	K 353		4/29/24	

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NAME OF PROVIDER OR SUPPLIER  <b>BROOKHAVEN HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 PARK END PLACE EAST ORANGE, NJ 07018</b>		
(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 353	<p>Continued From page 3 CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the sprinkler system pressure gauges were recalibrated or replaced every five years in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water Based Fire Protection Systems (2011 Edition) section 5.3.2.1. This deficient practice had the potential to affect all 110 residents who resided at the facility.</p> <p>Findings include:</p> <p>Observations on 03/06/24 at 11:57 AM revealed the sprinkler system gauges were not recalibrated or replaced and there were no dates on the gauges.</p>	K 353	<p>1.The facility will Schedule recalibration or replacement of all sprinkler system pressure gauges that have not been serviced within the past five years, in accordance with NFPA 25 standards to ensure all pressure gauges are appropriately labeled with the date of calibration or replacement.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. The maintenance staff will be educated on the requirements of NFPA 25 standards for the inspection, testing, and maintenance of water-based fire protection systems.</p> <p>4. Audit will be done by the maintenance</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/07/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKHAVEN HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 PARK END PLACE EAST ORANGE, NJ 07018</b>		
(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 353	Continued From page 4  During an interview at the time of the observation, the <b>US FOIA (b)(6)</b> confirmed the sprinkler system gauges were not recalibrated or replaced.  NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25	K 353	director/designee quarterly for 3 quarters in accordance with the NFPA 25 standards to check on the condition and accuracy of pressure gauges. Audit findings will be shared quarterly with the QAPI committee.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315268	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT 5/17/2024
NAME OF FACILITY BROOKHAVEN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 120 PARK END PLACE EAST ORANGE, NJ 07018	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/29/2024	LSC	05/15/2024	LSC	04/29/2024
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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/7/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			