

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

PRINTED: 01/06/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/08/2023
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(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	<p>INITIAL COMMENTS</p> <p>A Complaint survey was conducted on behalf of the New Jersey Department of Health.</p> <p>Complaint #: NJ00155895, NJ00157214, NJ00157728, NJ00157730, NJ00162483, NJ00164102, NJ00165721, NJ00156824, NJ00157817, NJ00158893, NJ00160393, NJ00160859, NJ00160921, NJ00161346, NJ00161348, NJ00161413, NJ00161634, NJ00161851, NJ00162571, NJ00163317, NJ00164266, NJ00164603, NJ00165425, NJ00167523, NJ00168214, NJ00168589, NJ00163925, and NJ00168706</p> <p>Survey Dates: 12/05/23 to 12/08/23</p> <p>Survey Census: 176</p> <p>Sample Size: 31</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000			
F 600 SS=D	<p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p>	F 600		1/10/24	

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

TITLE

(X6) DATE

Electronically Signed

12/28/2023

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 600	<p>Continued From page 1</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: NJ 167523</p> <p>Based on interview, record review, and policy review, the facility failed to protect the resident's right to be free from NJ Ex Order 26.4(b)(1) by another resident for one (Resident (R) 19) of nine residents reviewed for NJ Ex Order 26.4(b)(1). R23 approached R19, while the resident was in NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). R19's NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) during the NJ Ex Order 26.4(b)(1).</p> <p>Finding include:</p> <p>Review of a policy provided by the facility titled "Abuse, Neglect and Exploitation," dated July 2023 indicated ". . . It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse . . . 'Abuse' means the willful inflection of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse and certain resident to resident altercations . . . 'Willful' means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm . . ."</p> <p>1. Review of R19's electronic medical record (EMR) titled "Admission Record" located under</p>	F 600	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #19 and #23 were assessed for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) were noted. The residents were assessed by the nursing supervisor. Resident #19 and #23 were immediately NJ Ex Order 26.4(b)(1) by nursing staff. Resident #23 has had no further occurrences. The care plans were updated for both residents.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Director of Nursing /Designee in-serviced staff on the facility abuse policy and monitoring and managing residents with cognitive impairments.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are lasting:</p>		

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F 600	<p>Continued From page 2</p> <p>the "Profile" tab indicated the resident was admitted initially to the facility on [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>Review of R19's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [REDACTED] indicated R19 had a "Brief Interview for Mental Status (BIMS)" of [REDACTED] out of 15 which revealed the resident was [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>The assessment indicated R19 required [REDACTED] NJ Ex Order 26.4(b)(1) staff member for [REDACTED] and for [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>Review of R19's EMR titled "SBAR [Situation, Background, Assessment, and Recommendation]" "Progress Notes," located under the "Prog [Progress] Note" tab and dated [REDACTED] NJ Ex Order 26.4(b)(1), indicated R19 was approached by R23 when R19 was in her wheelchair and in [REDACTED] NJ Ex Order 26.4(b)(1) and had a "NJ Ex Order 26.4(b)(1)." The "SBAR" indicated R19 had [REDACTED] after the [REDACTED] NJ Ex Order 26.4(b)(1). The physician and the responsible party were notified of the [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>Review of R19's EMR titled "Care Plan" located under the "Care Plan" tab dated [REDACTED] NJ Ex Order 26.4(b)(1) indicated the resident was at risk for [REDACTED] NJ Ex Order 26.4(b)(1), and/or [REDACTED] NJ Ex Order 26.4(b)(1). The goal was not to experience any [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 12/05/23 at 12:46 PM, R19 stated [REDACTED] NJ Ex Order 26.4(b)(1) the name of the resident [REDACTED] had [REDACTED] NJ Ex Order 26.4(b)(1) with, but stated [REDACTED] was [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] was caused at the time of the [REDACTED] NJ Ex Order 26.4(b)(1). R19 stated [REDACTED] was in [REDACTED] NJ Ex Order 26.4(b)(1) and the resident came into [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1). R19 stated [REDACTED] NJ Ex Order 26.4(b)(1) and staff came in to [REDACTED] NJ Ex Order 26.4(b)(1) the resident [REDACTED] NJ Ex Order 26.4(b)(1). The resident stated [REDACTED] was [REDACTED] NJ Ex Order 26.4(b)(1) and had not seen the other [REDACTED] NJ Ex Order 26.4(b)(1).</p>	F 600	<p>The Director of Nursing or designee will complete audits on the units to monitor for compliance with protecting residents from abuse. The audits will contain interviews with residents to confirm there are no concerns relating to abuse, neglect, misappropriation of resident property, and exploitation. The audits will also contain and not limited to monitoring for increased behaviors with residents who are not interviewable. The audits will be conducted weekly x 4 weeks, then bi-weekly x 4 weeks, and then monthly x 1 month. Findings will be reported monthly x 3 months to the Quality Assurance Performance Improvement Committee.</p>		

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F 600	<p>Continued From page 3 resident again.</p> <p>2. Review of R23's EMR titled "Admission Record" located under the "Profile" tab indicated R23 was admitted to the facility on [redacted] with a diagnosis of [redacted] with [redacted].</p> <p>Review of R23's EMR titled "Care Plan" located under the "Care Plan" dated [redacted] indicated the resident had [redacted].</p> <p>Review of R23's EMR titled admission "MDS" with an ARD date of [redacted] revealed a "BIMS" score of [redacted] out of 15 which revealed R23 was [redacted]. The assessment indicated R23 had [redacted] which affected others. The assessment indicated R23 was [redacted].</p> <p>Review of R23's EMR titled "SBAR" "Progress Notes," located under the "Prog Note" tab and dated [redacted], indicated R23 was ". . . [redacted] another resident . . ." Prior to this incident, R23 would [redacted] the facility and was [redacted] by staff.</p> <p>An attempt was made to interview R23, the resident was [redacted].</p> <p>Review of a document provided by the facility titled "Investigational Summary," dated [redacted], indicated the [redacted] U.S. FOIA (b) (6) was notified of the [redacted] which involved R23 and R19. According to the report, both residents were [redacted] and a [redacted] sign was posted across the doorway of R19's room to [redacted] R23 from [redacted]. The investigative report indicated both residents did not [redacted].</p>	F 600			

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F 600	<p>Continued From page 4</p> <p>[redacted] from the [redacted] The report revealed the physician was notified and ordered [redacted] and [redacted] for both residents. In addition, [redacted] services were ordered for each resident. The report indicated the facility could not substantiate the [redacted]. The investigation was completed by the [redacted]</p> <p>During an interview on 12/05/23 at 1:57 PM, the former [redacted] stated when she worked at the facility, she would receive information on [redacted] from nursing so she could follow up with the resident. [redacted] stated her definition of [redacted] was anything that might [redacted] to the resident. [redacted] was asked if R19 was [redacted] R23, and she stated more than likely R19 was [redacted] R23. [redacted] stated R23 was [redacted] "NJ Ex Order 26.4(b)(1)," and R19 stated [redacted] but there were [redacted]</p> <p>During an interview on 12/06/23 at 4:34 PM, the [redacted] confirmed she investigated the [redacted] between R19 and R23.</p> <p>NJAC 8:39-4.1 a (5)</p>	F 600			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315257	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/12/2024
NAME OF FACILITY CEDAR GROVE RESPIRATORY AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094	

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 F0600	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.12(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/10/2024	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 12/8/2023		<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			