

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

PRINTED: 07/03/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/12/2025
NAME OF PROVIDER OR SUPPLIER  <b>CEDAR CREST/MOUNTAINVIEW GARDENS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444</b>	
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F 000	INITIAL COMMENTS  Complaint #: NJ184124  Survey Dates: 03/11/2025 & 03/12/2025  Census: 110  Sample: 3  THE FACILITY IS NOT COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR, PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)  §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.  §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.  §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives	F 578		4/14/25

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

TITLE

(X6) DATE

Electronically Signed

04/10/2025

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 578	<p>Continued From page 1 and applicable State law.</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #: NJ184124</p> <p>Based on interviews, record review, and review of other pertinent facility documentation on 03/11/2025 and 03/12/2025, it was determined that the facility failed to follow a resident's (Resident #2) wishes for a <b>NJ Exec Order 26.4b1</b> [REDACTED] who had a signed Physician's Order (PO) and a Practitioner Orders for Life-Sustainable Treatment (POLST) in their chart when the resident experienced a <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> [REDACTED]</p> <p>This deficient practice was identified for one resident (Resident #2), and is evidenced by the following:</p> <p>According to the Admission Record, Resident #2 was admitted to the facility with diagnoses which</p>	F 578	<p>Failure of F578 Request, Refuse, Discontinue Treatment; Formulate Advance Directive, CFR(s): 483.10(c)(6) (8)(g)(12)(i)-(v)</p> <ol style="list-style-type: none"> <li>What Corrective Action will be taken for those residents found to have been affected by the deficient practice?             <ol style="list-style-type: none"> <li>Resident #2 is <b>NJ Ex Order 26.4b1</b> in the facility.</li> <li>The director of nursing provided in-service education on the facility policy for CPR and Designation of Code Status to the <b>US FOIA (D)(6)</b> who failed to review the POLST/provider order for code status prior to initiating CPR.</li> </ol> </li> <li>How other residents with the potential to be affected by the same deficient practice will be identified?</li> </ol>	

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F 578	<p>Continued From page 2</p> <p>included but were not limited to: <sup>NJ Exec Order 26.4b1</sup> [REDACTED]</p> <p>[REDACTED]</p> <p>A review of the admission Minimum Data Set, an assessment tool used to facilitate the management of care dated <sup>NJ Exec Order 26.4b1</sup>, reflected that the resident had a Brief Interview for Mental Status score of <sup>NJ Exec Order 26.4b1</sup> out of 15, indicating that the resident's <sup>NJ Exec Order 26.4b1</sup> was <sup>NJ Exec Order 26.4b1</sup>.</p> <p>According to the Facility Reportable Events (FRE), a New Jersey Department of Health (NJDOH) document used by healthcare facilities to report incidents dated <sup>NJ Exec Order 26.4b1</sup>, with an event date of <sup>NJ Exec Order 26.4b1</sup> and a "time of event" of 8:20 P.M., revealed the following for Resident #2: on <sup>NJ Exec Order 26.4b1</sup>, at approximately 8:10 P.M., Resident #2 had a <sup>NJ Exec Order 26.4b1</sup> while in bed. <sup>NJ Exec Order 26.4b1</sup> were initiated following confirmation of <sup>NJ Exec Order 26.4b1</sup> by <sup>US FOIA (b)(6)</sup>. At 8:20 P.M., <sup>NJ Exec Order 26.4b1</sup> were discontinued and resident #2 was <sup>NJ Exec Order 26.4b1</sup> by the <sup>US FOIA (b)(6)</sup></p> <p>[REDACTED]</p> <p>A review of the Resident's Order Summary Form (OSF) with an order initiated on <sup>NJ Exec Order 26.4b1</sup> with a <sup>NJ Exec Order 26.4b1</sup> status <sup>NJ Exec Order 26.4b1</sup> and a signed <sup>NJ Exec Order 26.4b1</sup> form by Resident #2 and their physician on <sup>NJ Exec Order 26.4b1</sup></p> <p>On 03/12/2025 at 12:39 P.M. during an interview with the <sup>US FOIA (b)(6)</sup> she stated, I was called by the <sup>US FOIA (b)(6)</sup> [REDACTED] caring for the resident (Resident #2) who stated there was something going on with Resident #2. I got to the room and</p>	F 578	<p>a. all residents have the potential to be affected</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>a. The social worker or designee completed a whole house chart audit of resident advanced directives to ensure that each resident has an active POLST and/or provider code status order that reflects their end of life wishes. Any discrepancies or inconsistencies were reviewed with the provider and a new code status order/POLST was obtained promptly.</p> <p>b. The staff development coordinator or designee provided in-service education on the facility CPR and Designation of Code Status policies to all licensed nurses.</p> <p>c. The staff development coordinator or designee conducted baseline mock code drills on all three shifts to validate compliance with the facility CPR and Designation of Code Status policies.</p> <p>The staff development coordinator or designee conducted CPR competency evaluations for all licensed nurses to ensure compliance with the facility CPR and Designation of Code Status policies and AHA BLS standards.</p> <p>d. The staff development coordinator or designee will review the facility CPR and Designation of Code Status policies with all licensed nurses during new employee orientation.</p>	

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F 578	<p>Continued From page 3</p> <p>observed Resident #2 with [REDACTED] in place, head of bed elevated and [REDACTED] "I called the resident by their name, but he/she [REDACTED] NJ Exec Order 26.4b1." I than tried to call the [REDACTED] who had gone out to check the resident's [REDACTED] NJ Exec Order 26.4b1. I flattened the resident's bed at which time the resident [REDACTED] NJ Exec Order 26.4b1, I began [REDACTED] while still trying to confirm the resident's [REDACTED] on the phone with the [REDACTED] US FOIA. Someone than said, the resident was a [REDACTED] "I'm not sure who it was, it was all happening so fast. NJ Exec Order 26.4b1 was done for approximately [REDACTED] NJ Exec Order 26.4b1, it was so fast, and I don't recall the time, but it was not done for [REDACTED] [REDACTED]."</p> <p>During the same interview, the [REDACTED] US FOIA (b) stated, "I did not verify the resident's [REDACTED] NJ Exec Order 26.4b1 prior to initiating [REDACTED] NJ Exec Order 26.4b1. I saw the resident [REDACTED] NJ Exec Order 26.4b1 and try to [REDACTED] NJ Exec Order 26.4b1 because I was thinking, if the resident was a [REDACTED] NJ Exec Order 26.4b1, we need to [REDACTED] NJ Exec Order 26.4b1." When asked if the facility's policy was followed, the [REDACTED] US FOIA (b) said, "No, I should have verified the resident's [REDACTED] NJ Exec Order 26.4b1 prior to initiating [REDACTED] NJ Exec Order 26.4b1."</p> <p>On 03/11/2025 at 1:42 P.M. during an interview with the [REDACTED] US FOIA (b) she confirmed to be the [REDACTED] Resident #2 on [REDACTED] NJ Exec Order 26.4b1. She stated the resident was noted with [REDACTED] while doing a [REDACTED] NJ Exec Order 26.4b1. I called the [REDACTED] US FOIA (b) for assistance while I went to get another [REDACTED] NJ Exec Order 26.4b1, we were unsure of the resident's [REDACTED] NJ Exec Order 26.4b1. While away from the room, the [REDACTED] US FOIA (b) asked me to check Resident #2's [REDACTED] NJ Exec Order 26.4b1 in the front of their chart. While at the front desk, the [REDACTED] had initiated [REDACTED] NJ Exec Order 26.4b1. "I communicated with the [REDACTED] and told her the resident was a [REDACTED] and [REDACTED] NJ Exec Order 26.4b1 should be stopped. [REDACTED] was probably performed for [REDACTED]</p>	F 578	<p>4. How the Corrective action will be monitored to ensure the deficient practice is being corrected and will not recur?</p> <p>a. The staff development coordinator or designee will conduct CPR competency evaluations for 25% of licensed nurses monthly for 3 months to ensure compliance with the facility CPR and Designation of Code Status policies and AHA BLS standards. Any concerns noted will be addressed promptly.</p> <p>The staff development coordinator or designee will conduct a mock code drill monthly for 3 months to validate compliance with the facility CPR and Designation of Code Status policies. Any concerns noted will be addressed promptly.</p> <p>Audit findings will be reported to the Quality Assurance Performance Improvement (QAPI) committee for monthly review. Additional audits and education may be determined based on audit findings.</p>	

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F 578	<p>Continued From page 4</p> <p>approximately [REDACTED] " The [REDACTED] (b)(6) came in and [REDACTED] Resident #2 [REDACTED]. When asked by the surveyor if the facility's policy was followed, the [REDACTED] said "No, if a resident is a [REDACTED] we are not supposed to perform [REDACTED]" She continued to state, if a resident is [REDACTED], the first thing to do is check the resident's [REDACTED] and follow what the POLST says."</p> <p>On 03/11/2025 at 2:16 P.M. during an interview with the [REDACTED] she stated the resident's [REDACTED] is usually in the front of the resident's chart under the advance directive tab. Staff are aware to check the front of the chart to determine the status of the resident. She stated, her expectation is, once the nurse identifies an issue with the resident, a resident is found [REDACTED] or in a medical emergency, the resident's [REDACTED] should be determined prior to providing any form of treatment for the resident. When asked by the surveyor if the facility's policy was followed for Resident #2 on [REDACTED] she said, "No, the policy was not followed. The nurse should have determined the resident's [REDACTED] was identified prior to initiating [REDACTED] for Resident #2."</p> <p>A review of the facility's policy with a revision date of 07/2023 titled "Designation of Code Status" under "Purpose/Scope" revealed: "To maximize resident autonomy by discussing and documenting resident choices regarding life sustaining and end of life choices." Under "Policy" revealed: A designated code status and accompany physician order, helps the staff to</p>	F 578		

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F 578	Continued From page 5  understand and adhere to a resident's wishes regarding life sustaining treatment. The physician's order is the source document that drives the care of the resident. The code designation will be decided by the resident, or their legal surrogate decision maker, in consultation with the primary care provider.	F 578		
F 842 SS=D	N.J.A.C 8:39-9.6 (g) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law;	F 842		4/14/25

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F 842	Continued From page 6 (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.  §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.  §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.  §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:		F 842		

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F 842	<p>Continued From page 7 Complaint #: NJ184124</p> <p>Based on interviews, record review, and review of other pertinent facility documentation on 03/11/2025 and 03/12/2025, it was determined that the facility failed to completely fill out a Medical Record (MR) which contained the New Jersey Universal Transfer Form (NJUTF) for a resident (Resident #2) who was sent out to the Hospital.</p> <p>This deficient practice was identified for one resident (Resident #2), and was evidenced by the following:</p> <p>According to the Admission Record, Resident #2 was admitted to the facility with diagnoses which included but were not limited to: [NJ Exec Order 26.4b1] [REDACTED]</p> <p>A review of the Resident #2's Progress Notes (PN) revealed that on [NJ Exec Order 26.4b1] at 4:01 P.M., the [US FOIA (b)(6)] documented that Resident #2 needed to be sent out to the Emergency Room (ER) for [NJ Exec Order 26.4b1].</p> <p>A review of Resident #2's MR revealed the NJUTF for the [NJ Exec Order 26.4b1] transfer to the ER was not filled out completely.</p> <p>During an interview with the surveyor on 03/12/25 at 2:00 P.M., the [US FOIA (b)(6)] stated the transfer form should be entirely filled out by the nurse prior to sending the resident out to the hospital. When presented with Resident #2's transfer form, the [US FOIA (b)] confirmed the form</p>	F 842	<p>Failure of F842 Resident Records-Identifiable Information, CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)</p> <ol style="list-style-type: none"> <li>What Corrective Action will be taken for those residents found to have been affected by the deficient practice?             <ol style="list-style-type: none"> <li>Resident #2 is [NJ Exec Order 26.4b1] in the facility.</li> <li>The assistant director of nursing provided in-service education on the facility policy for Universal Transfer Form to the [REDACTED] who failed to complete the [NJ Exec Order 26.4b1] New Jersey Universal Transfer Form in its entirety.</li> </ol> </li> <li>How other residents with the potential to be affected by the same deficient practice will be identified?             <ol style="list-style-type: none"> <li>All residents have the potential to be affected</li> </ol> </li> <li>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?             <ol style="list-style-type: none"> <li>The staff development coordinator or designee provided in-service education on the facility Universal Transfer Form policy to all licensed nurses.</li> <li>The staff development coordinator or designee conducted Universal Transfer Form completion competency evaluations for all licensed nurses to ensure compliance with the facility Universal Transfer Form policy.</li> </ol> </li> </ol> <p>The staff development coordinator or designee will review the facility Universal Transfer Form policy with all licensed</p>	

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F 842	<p>Continued From page 8</p> <p>was not filled out completely, and it should have been completed prior to sending out the resident (Resident #2).</p> <p>A review of the facility's policy dated 6/2021 titled, " Universal Transfer Form (New Jersey)." Revealed under "Policy" A Universal Transfer form will be completed, including all required attachments and accompany each resident who transferred or discharged from Continuing Care.</p> <p>NJAC 8:39-35.2 (d) 12</p>		F 842	<p>nurses during new employee orientation.</p> <p>4. How the Corrective action will be monitored to ensure the deficient practice is being corrected and will not recur?</p> <p>a. The staff development coordinator or designee will conduct Universal Transfer Form completion competency evaluations for 25% of licensed nurses monthly for 3 months to ensure compliance with the facility Universal Transfer Form policy. Any concerns noted will be addressed promptly.</p> <p>The director of nursing or designee will audit 50% of Universal Transfer Forms completed monthly for 3 months to ensure compliance with the facility Universal Transfer Form policy. Any concerns noted will be addressed promptly.</p> <p>Audit findings will be reported to the Quality Assurance Performance Improvement (QAPI) committee for monthly review. Additional audits and education may be determined based on audit findings.</p>

## New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  60922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/12/2025
NAME OF PROVIDER OR SUPPLIER  <b>CEDAR CREST/MOUNTAINVIEW GARDENS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4 CEDAR CREST VILLAGE DRIVE</b> <b>POMPTON PLAINS, NJ 07444</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) COMPLETE DATE
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  The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.    This REQUIREMENT is not met as evidenced by: Complaint #: NJ184124  Based on interviews and review of facility documents on 03/11/2025 and 03/12/2025, it was determined that the facility failed to ensure staffing ratios were met for 1 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents.  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	S 560	Failure of S560 Mandatory Access to Care, NJ 8:39-5.1(a) 1. What Corrective Action will be taken for those residents found to have been affected by the deficient practice? Since the audit 2/23/25-3/8/2025, the facility has put measures in place to ensure the required direct care staff to resident ratios are met daily on all shifts. Since the audit, the facility has refreshed job postings, offered shift bonuses and spot awards in the event of a call out. Further, in the case of call outs the facility has offered overtime to all aides who are already internal and has instituted a shift	4/14/25

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

TITLE

(X6) DATE

Electronically Signed

04/10/25

STATE FORM

8899

CR0V11

If continuation sheet 1 of 3

## New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  60922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/12/2025
NAME OF PROVIDER OR SUPPLIER  <b>CEDAR CREST/MOUNTAINVIEW GARDENS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4 CEDAR CREST VILLAGE DRIVE</b> <b>POMPTON PLAINS, NJ 07444</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) COMPLETE DATE
S 560	<p>Continued From page 1</p> <p>nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and 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>For the 2 weeks of staffing prior to survey from 02/23/2025 to 03/08/2025, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows:</p> <p>On 03/06/25 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p>	S 560	<p>bonus for internal staff to pick up last minute coverage. The facility remains to have sign-on bonuses as well as contracts with agency to maintain required ratios.</p> <p>2. How other residents with the potential to be affected by the same deficient practice will be identified?</p> <p>All residents have the potential to be affected by this deficient practice</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The administrator or designee has reviewed the daily staffing for the last 2 weeks to validate that the facility met the minimum staffing requirements for certified nursing assistants.</p> <p>The administrator or designee will provide education regarding the required direct care staff to resident ratios to the clinical leadership staff and the scheduler. The administrator or designee will review call outs to identify trends and patterns to ensure appropriate ratios at all times.</p> <p>4. How the Corrective action will be monitored to ensure the deficient practice is being corrected and will not recur?</p> <p>The administrator or designee will review the certified nurse aide staffing and resident census to ensure compliance with the required direct care staff to resident ratios daily for one month and then weekly for 2 months.</p> <p>Audit findings will be reported to the</p>	

## New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  60922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/12/2025
NAME OF PROVIDER OR SUPPLIER  <b>CEDAR CREST/MOUNTAINVIEW GARDENS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4 CEDAR CREST VILLAGE DRIVE</b> <b>POMPTON PLAINS, NJ 07444</b>		
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S 560	Continued From page 2	S 560	Quality Assurance/Performance Improvement Committee (QAPI) monthly for review, additional audits and education may be determined based on audit findings.	

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315491	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 4/16/2025
NAME OF FACILITY CEDAR CREST/MOUNTAINVIEW GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 4 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444

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 F0578 Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v) LSC	Correction Completed 04/14/2025	ID Prefix F0842 Reg. # 483.20(f)(5), 483.70(h)(1)-(5) LSC	Correction Completed 04/14/2025	ID Prefix Reg. # LSC	Correction Completed 04/14/2025
ID Prefix Reg. # LSC	Correction Completed 04/14/2025	ID Prefix Reg. # LSC	Correction Completed 04/14/2025	ID Prefix Reg. # LSC	Correction Completed 04/14/2025
ID Prefix Reg. # LSC	Correction Completed 04/14/2025	ID Prefix Reg. # LSC	Correction Completed 04/14/2025	ID Prefix Reg. # LSC	Correction Completed 04/14/2025
ID Prefix Reg. # LSC	Correction Completed 04/14/2025	ID Prefix Reg. # LSC	Correction Completed 04/14/2025	ID Prefix Reg. # LSC	Correction Completed 04/14/2025
ID Prefix Reg. # LSC	Correction Completed 04/14/2025	ID Prefix Reg. # LSC	Correction Completed 04/14/2025	ID Prefix Reg. # LSC	Correction Completed 04/14/2025
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR		DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE		DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/12/2025		<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 60922	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 4/16/2025
NAME OF FACILITY CEDAR CREST/MOUNTAINVIEW GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 4 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444

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
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 04/14/2025	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	
FOLLOWUP TO SURVEY COMPLETED ON 3/12/2025		<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		