| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 315467 | A. BUILDING _____ B. WING _____ | C 03/23/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LITTLE BROOK NURSING AND CONVALESCENT HOME | 78 SLIKER ROAD CALIFON, NJ 07830 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS<br><br>C #: NJ00152476, NJ00152477, NJ00153273<br><br>Census: 29<br><br>Sample Size: 5<br><br>THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES, BASED ON THIS COMPLAINT VISIT. | F 000 | | |
| F 607 SS=D | Develop/Implement Abuse/Neglect Policies<br>CFR(s): 483.12(b)(1)-(3)<br><br>§483.12(b) The facility must develop and implement written policies and procedures that:<br><br>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,<br><br>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and<br><br>§483.12(b)(3) Include training as required at paragraph §483.95,<br>This REQUIREMENT is not met as evidenced by:<br>C #: NJ00152476, NJ00152477, NJ00153273<br><br>Based on interviews, record review, and review of other pertinent facility documents on 3/23/22, it was determined that the facility failed to obtain a pre employment criminal background checks in accordance with the facility Abuse Prohibition | F 607 | Immediate Corrective Action<br>F607 The following employee E#1 who received an allegation of staff to [NJ Exec Order 26] [redacted] was immediately suspended and terminated on [NJ Exec Order 26.4b1]. She had no documentation of a criminal background check. | 4/5/22 |

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

Electronically Signed | 04/05/2022

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

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| F 607 | Continued From page 1<br>Policy for 4 of 17 employees ( E #: 1, 4, 6 and 8) reviewed for the screening of newly hired employees from September 2020 to March 2022. The evidence was as follows:<br><br>According to the Facility Reportable Event (FRE) dated [redacted], the New Jersey Department of Health (NJDOH), received an allegation of staff to [redacted] involving E #1. The facility immediately suspended E #1 and terminated her employment on [redacted].<br><br>Review of the Employee File (E-file) on [redacted] at 10:47 am showed the following:<br><br>1. E #1, a Certified Nursing Assistant (CNA) was hired on [redacted]. E #1 file showed no documented evidence of criminal background checks. E #1 no longer employed.<br><br>2. E #4, a CNA was hired on [redacted]. E #4's file showed no documented evidence of criminal background checks.<br><br>3. E #6, a Licensed Practical Nurse (LPN), was hired on [redacted]. There was no documented evidence of criminal background checks. E #6 no longer works at the facility.<br><br>4. E #8, a CNA, was hired on [redacted]. There was no documented evidence of criminal background checks.<br><br>On 3/23/22 at 10:26 am, the surveyor conducted a telephone interview with the previous Administrator (A #1), she stated that they were unable to locate the criminal background checks for E #1. She was not sure if it was done or misfiled. | F 607 | The following employee E#4 was hired on [redacted]. She was provided a link twice to do the criminal background check and did not provide one. She was terminated on [redacted].<br><br>The following employee E #6 was hired on [redacted]. She did not provide a background check and only worked one day.<br><br>The following employee E #8 was not given a background check. He only worked [redacted]. He failed to show up for his next work shift and did not answer when called. He was removed from the payroll [redacted]<br><br>Identification of Others:<br>The facility has identified that all residents are at the potential risk of the deficient practice.<br><br>Systematic Changes:<br>Upon hire the Office Manager will receive the information for the future employee to complete the CBI. This CBI can be completed with their own personal computer to speed the process. The employee will not be able to start employment until the BOM has received the cleared background check.<br><br>Quality Assurance:<br>The Administrator will have a list of all newly hired employees. She or the Director of the Department the employee will work in, will not allow the employee to | |

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| F 607 | Continued From page 2<br><br>On 3/23/22 at 1:00 pm, the surveyor interviewed the current Administrator on record (A #2) she stated that E #4 and E #8 will not be scheduled to work until background checks are done.<br><br>On 3/24/22, the surveyor received an electronic mail (e-mail) from the facility's Human Resource (HR), the HR confirmed that background checks were not done for the aforementioned employees.<br><br>The facility policy titled, "Resident Abuse Prohibition Policy" undated showed "...It is the policy of [Facility name] to keep all residents free from all forms of abuse, mistreatment, neglect and misappropriation of property by staff, visitors and other residents...Prospective employees are interviewed, references are checked and the State/Federal criminal backgrounds checks are performed prior to hiring..."<br><br>The facility policy titled "Employee Handbook" issued on 1/2021, under The Hiring Process showed "...To ensure that individuals who join [facility name] maintains a safe and productive work environment, it is our policy to conduct pre-employment background checks on al applicants who accepts an offer of employment..."<br><br>NJAC 8:39-4.1(5)<br><br>NJAC 8:39-9.3(b) | F 607 | start employment until there is a cleared CBI. All new employees with cleared background checks will be presented at each quarterly QAPI meeting. | |

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

# POST-CERTIFICATION REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER | MULTIPLE CONSTRUCTION | DATE OF REVISIT |
|---|---|---|
| 315467 Y1 | A. Building<br>B. Wing Y2 | 4/12/2022 Y3 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LITTLE BROOK NURSING AND CONVALESCENT HOME | 78 SLIKER ROAD<br>CALIFON, NJ 07830 |

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 F0607 | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # 483.12(b)(1)-(3) | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | 04/05/2022 | 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 | |
|---|---|
| 3/23/2022 | ☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO |