

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

PRINTED: 10/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315433	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/11/2024
NAME OF PROVIDER OR SUPPLIER COUNTRY ARCH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 114 PITTSBOWN ROAD PITTSBOWN, NJ 08867		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ001547, NJ00173115, NJ00172367 Census: 110 Sample Size: 5 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.	F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(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(i) Medical records. §483.70(i)(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(i)(2) The facility must keep confidential all information contained in the resident's records,	F 842			6/28/24

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

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(X6) DATE

Electronically Signed

06/27/2024

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 842	<p>Continued From page 1</p> <p>regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(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.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>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: Complaint# NJ00172367</p> <p>Based on interviews, record review, and review of other pertinent facility documentation on 06/12/24, it was determined that the facility failed to maintain a complete Medical Record (MR) which contained the New Jersey Universal Transfer Form (NJUTF) for a resident who was sent out to the Hospital. This deficient practice was identified for one resident (Resident #3), and was evidenced by the following:</p> <p>According to the Admission Record, Resident #3 was admitted to the facility with diagnoses which included but were not limited to [REDACTED] NJ Exec Order 26.4b1</p> <p>A review of the Resident #3's Progress Notes (PN) revealed that on [REDACTED] NJ Exec Order 26.4b1 U.S. FOIA (b)(6) documented that Resident #3 needed to be sent out to the hospital for an [REDACTED] NJ Exec Order 26.4b1 area.</p> <p>A further review of the Resident #3's PN, dated [REDACTED] NJ Exec Order 26.4b1 and documented by [REDACTED] U.S. FOIA (b)(6) revealed as follows: "Return from [REDACTED] NJ Exec Order 26.4b1 [REDACTED] accompanied by [REDACTED] NJ Exec Order 26.4b1 [REDACTED] BP [REDACTED] pulse [REDACTED] respiration [REDACTED] and Pulse oximeter [REDACTED] on room air. [REDACTED] NJ Exec Order 26.4b1 [REDACTED] intact no complaint [REDACTED] NJ Exec Order 26.4b1 needs attended."</p> <p>A review of Resident #3's MR revealed no NJUTF</p>	F 842	<p>1) There was no negative outcome to resident 3.</p> <p>2) An audit of the past 6 months of transfers was completed to ensure that the New Jersey Universal Transfer Form has been completed.</p> <p>3) Education to nursing staff for completion of New Jersey Universal Transfer form has been performed by staff educator/designee.</p> <p>4) Director of nursing will review transfers out of the facility weekly x 4 weeks and then monthly x 4 months to ensure New Jersey Universal Transfer Form is in the medical record.</p> <p>5) Results of audits will be reported to QAPI for the next 6 months.</p>		

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F 842	<p>Continued From page 3 for the NJ Exec Order 26.4b1</p> <p>During an interview with the surveyor on NJ Exec Order 26.4b1 the U.S. FOIA (b)(6) stated she was unable to locate the U.S. FOIA (b)(6) NJUTF for Resident #3.</p> <p>A review of the facility's undated policy titled, " Transfers (Hospital or another facility)." Revealed under "Policy Statement" A patient transfer form is to be completed at the time of transfer to hospital or another facility.</p> <p>NJAC 8:39-35.2 (d) 12</p>	F 842			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/11/2024
NAME OF PROVIDER OR SUPPLIER COUNTRY ARCH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 114 PITTSTOWN ROAD PITTSTOWN, NJ 08867		
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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 that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 11 of 14 day shifts and 4 of 14 night shifts. The deficient practice was evidenced by the following: 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 as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in	S 560	1) There was no negative outcome to resident on the shifts identified as not meeting the NJ staffing requirements. 5/26/24 day shift, 5/26/24 overnight shift, 5/27/24 day shift, 5/28/24 day shift, 5/29/24 day shift, 5,30,34 day shift, 5/31/24 day shift, 6/1/24 day shift, 6/4/24 day shift, 6/4/24 overnight, 6/5/24 day shift, 6/6/24 overnight, 6/7/24day shift, 6/8/24day shift, 6/8/24 overnight shift. 2) All resident have the potential to be affected. 3) Staffing coordinator and Director of Nursing re-educated by licensed nursing	6/28/24

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

TITLE

(X6) DATE

Electronically Signed

06/27/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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>The surveyor requested staffing for the weeks of 05/26/2024 to 06/08/2024, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts, and deficient in total staff for residents on 4 of 14 overnight shifts as follows:</p> <p>-05/26/24 had 8 CNAs for 114 residents on the day shift, required at least 14 CNAs. -05/26/24 had 7 total staff for 114 residents on the overnight shift, required at least 8 total staff. -05/27/24 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs. -05/28/24 had 9 CNAs for 113 residents on the day shift, required at least 14 CNAs. -05/29/24 had 12 CNAs for 113 residents on the day shift, required at least 14 CNAs. -05/30/24 had 13 CNAs for 111 residents on the day shift, required at least 14 CNAs. -05/31/24 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs. -06/01/24 had 9 CNAs for 108 residents on the day shift, required at least 13 CNAs.</p>	S 560	<p>home administrator (LNHA) on the components of this regulation with an emphasis on C.N.A to resident ratios. Jobs are posted on internet job boards and adds purchased with elevated postings. Professional recruiters actively recruiting. Provide incentive bonuses to staff who refer CNA's. Contacted local schools to recruit new graduates. We provide staff housing. Utilization of staffing agencies.</p> <p>4) Licensed nursing home administrator /designee will conduct an audit 2x per week for 4 weeks, weekly x 2 months of the staffing schedule. The results will be reported to QAPI for the next 6 months</p>	

New Jersey Department of Health

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S 560	Continued From page 2 -06/04/24 had 9 CNAs for 107 residents on the day shift, required at least 13 CNAs. -06/04/24 had 6 total staff for 107 residents on the overnight shift, required at least 8 total staff. -06/05/24 had 11 CNAs for 107 residents on the day shift, required at least 13 CNAs. -06/06/24 had 7 total staff for 107 residents on the overnight shift, required at least 8 total staff. -06/07/24 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. -06/08/24 had 9 CNAs for 106 residents on the day shift, required at least 13 CNAs. -06/08/24 had 7 total staff for 106 residents on the overnight shift, required at least 8 total staff.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061006	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/16/2024
NAME OF FACILITY COUNTRY ARCH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 114 PITTSTOWN ROAD PITTSTOWN, NJ 08867	

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	06/28/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 6/11/2024		<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			